PRINTED: 11/14/2022 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C **B. WING** IL6007496 09/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **614 NORTH SUMMIT** COLLINSVILLE REHAB & HEALTH CC COLLINSVILLE, IL 62234 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint # 2246742/IL150473; F684, F773 Complaint # 2247027/IL 150813: F684, F678, F773 S9999 **Final Observations** S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.1820c)3) 300.3210t) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h)The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health. safety or welfare of a resident, including, but not Attachment A limited to, the presence of incipient or manifest Statement of Licensure Violations decubitus ulcers or a weight loss or gain of five

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED				
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	from each resident changes in the resident condition.	s established goals, and dent's physical or emotional	at a	a d						
	subjected to physic:	ensure that residents are not al, verbal, sexual or a, neglect, exploitation, or	60			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	These regulations w	ere not met as evidenced by:		· (i)						
	failed to timely notify levels which delayed residents (R2) review physician notification sample of 8. This far experiencing naused days and being administration of the sample of the s	and record review the facility physician of abnormal lab treatment for 1 of 3 wed for quality of care and for of laboratory results in the illure resulted in R2 a and vomiting for multiple itted to the hospital on c shock and small bowel				8				
	Findings include:		*5							
	R2's Face Sheet doo the facility on 4/21/20	cuments R2 was admitted to 022.		ia ·						
	pulmonary disease, I pain, vitamin D defici	sis of chronic obstructive hypertension, chronic back ency, blind, degenerative ementia. (The log does not		ifi						
73)	documents R2 was a person for toilet use.	Set (MDS) dated 8/3/2022 in extensive assist of one The MDS documented R2 commode, bedpan, or urinal,	,							

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION		(X3) DAT	(X3) DATE SURVEY		
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	Reguloid (medication powder Sugar Free tablespoon in liquid as needed (PRN).	er, dated 5/31/22 documents on to treat constipation) 284 Grams. Mix 1 and take by mouth twice daily Side effects: esophageal al impaction, gastrointestinal					
10)	"Resident complaint says he has had serepisode being yester and not distended.  4. Says he had a veright (BM) on 8/12/2022 I Vital signs 99.3 tem 76 (pulse rate) 20 (r	s dated 8/15/2022 at 4:48 AM, ing constipation, nausea and veral bouts of emesis with last orday evening. Abdomen soft BS (Bowel Sounds) present x ery small Bowel Movement but he just feels like crap. perature (slightly elevated), espiratory/ rate of breathing), ure), 91. Medical Director					
W	(Kidney, Ureter, and	s dated 8/15/2022 "STAT KUB bladder X-ray." s dated 8/15/2022 5:42 AM.					
	"STAT LABS called in R2's Physician Order 8/15/2022 (no time) (complaint of) constitution Fleets enema x 1 Colonce daily, Bisacody Miralax 18 grams by (immediately) KUB, count) with differential (comprehensive meteory 4 hours for the no signature or name	or Sheet (POS) dated document D/T (due to) c/o pation, nausea and vomiting ompazine 10 mg by mouth, 15 mg by mouth once daily, mouth in water daily. STAT STAT CBC (complete blood					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6007496 09/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **614 NORTH SUMMIT** COLLINSVILLE REHAB & HEALTH CC **COLLINSVILLE, IL 62234** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 R2's Progress Notes dated 8/18/2022 at 6:01 AM, "Emergency Medical systems, (EMS) called to transport resident to (hospital) for treatment and evaluation. " R2's Progress Notes dated 8/18/2022 at 12:20 PM. "Resident is being admitted to (Hospital) Intensive care unit with diagnoses of small bowel obstruction, perforated bowel, hyperkalemia and Acute Kidney Injury and Chronic kidney disease. Power of Attorney update." R2's Hospital Records dated 8/18/2022 at 3:58 PM, "66 year old male with COPD (chronic obstructive pulmonary disease), HTN (Hypertension), and chronic back pain. Here for abdominal pain and found to have septic shock. Patient was complaining of constipation with nausea and vomiting for the past three days. On 8/15/2022 lab work drawn at that time shows a white count 11k (thousand), otherwise normal. CBC comprehensive shows a BUN (blood urea nitrogen) 48 (normal 10:1 and 20:1), creatinine 4.3 (normal 0.6 to 1.2 milligrams (mg) per deciliter (dl) in adult males. KUB showed multiple nondilated gas filled loops of bowel on that day. Patient is alert and oriented times three most days but today he was only orientated x 1. " R2's Death certificate dated 8/23/2022. documented R2's cause of death as "Sepsis. Perforation of intestine (non-traumatic)." On 8/31/2022 at 10:20 AM, during a phone interview V8, Medical Director stated, "(Facility) is all paper records so I cannot pull anything up to review. I have not seen that patient. (V6, Nurse Practitioner/NP) would be more familiar with the case then me. Give her a call and see what she

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