

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000756	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/27/2022
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NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-JACKSONVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 873 GROVE STREET JACKSONVILLE, IL 62650
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint 2240491/IL142617	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)1) 300.1210d)6) 300.3220f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care	S9999	Attachment A Statement of Licensure Violations	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>These Regulations were not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on interview and record review the facility failed to remove transdermal pain patch for 1 resident (R2) reviewed for pain management with transdermal pain patches. This failure resulted in R2's overdose of Fentanyl requiring emergency interventions and sent to the hospital.</p> <p>Findings include:</p> <p>R2's hospital Emergency Room (ER) assessment dated 1/12/2022 documents that R2 presented to emergency department for altered mental status. R2's ER assessment documents that R2 had 3 Fentanyl patches in place, and paramedic administered 2 milligrams (mg) of Narcan and R2 became more arousable. R2's assessment documents a Fentanyl patches removed in ER. R2's assessment documents a discharge diagnosis of overdose, accidental.</p> <p>The facility Risk Watch Classic dated 1/12/2022 at 6:00 PM documents medication error that R2 was sent to the hospital due to decreased level of consciousness, observed Fentanyl patch to left chest was intact and new patch intact to Right chest.</p> <p>R2's January 2022 Medication Administration Record (MAR) documents Fentanyl patch 72 hours 25 microgram (mcg)/hour Apply patch transdermally in the evening every 3 days, remove per schedule. R2's MAR documents that Fentanyl 25 mcg patch removed and Fentanyl 25mcg patch applied transdermally.</p> <p>R2' Face sheet dated 3/13/20219 documents diagnosis to include malignant neoplasm bilateral breasts, and pain Left shoulder.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 1/24/2021 at 3:45PM, V3, Corporate Nurse, stated R2 did have 2 Fentanyl patches on prior to leaving for the hospital. V2 stated the nursing staff did not remove the old patch prior to applying a new patch. V3 stated, "Of course, I would expect them to remove the old patch prior to placing a new patch."</p> <p>On 1/25/2022 at 1:55 PM, V2, Director of Nursing (DON), stated she did remember that R2 had 2 transdermal pain patches in place and that R2 received Narcan by ambulance personnel before going to the hospital. V2 stated that she checked the order to make sure it was documented to remove, and V2 stated the order was in place. V2 stated that she did a medication error report for risk management.</p> <p>The facility policy Medication Administration dated 1/11/10 documents it is the policy of the facility to accurately administer medication following physician's orders. The policy documents follow medication protocol for medicated patches.</p> <p>(A)</p>	S9999		