

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006597	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/19/2022
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NAME OF PROVIDER OR SUPPLIER WHITE HALL NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 620 WEST BRIDGEPORT WHITE HALL, IL 62092
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S 000	Initial Comments	S 000		
	<p>Complaint Investigation 2243446/IL146502</p> <p>S9999 Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1010 h) 300.1210 b) 300.1210 d)1)</p> <p>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.</p> <p>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 limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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 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. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to administer medications for pain management for 1 of 6 residents (R23) reviewed for pain in the sample of 24. This failure resulted in R23 being in constant pain.</p> <p>Findings include:</p> <p>R23's Nurses notes, dated 5/8/2022 at 3:04PM, document new order for Tylenol 500 milligram (mg) po (by mouth) q (every) 6 hours as needed for pain and fever.</p> <p>R23's Medication Administration Record, dated May 2022, documents R23 is prescribed</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Oxycodone -Acetaminophen (a narcotic pain medication) 5/325mg; give one tablet every 6 hours as needed for pain. R23's MAR documents R23 did not receive any prn pain medication on 5/3, 5/4, 5/6, 5/7, 5/8, 5/9 or 5/10/2022.</p> <p>R23's Minimum Data Set (MDS), dated 5/10/22, documents R23 is cognitively intact, requires extensive assistance and two plus physical assistance for bed mobility, transfer and toileting.</p> <p>R23's nursing notes, dated 5/10/22 at 12:45PM, documents R23 resting quietly in bed, complaint of pain in right leg foot 6 out of ten on the pain scale. Documents resident is currently on intravenous antibiotics for osteomyelitis.</p> <p>R23's pain skilled charting, dated 5/10/2022 at 12:32PM, documents location of pain feet/legs chronic, burning, aching and throbbing. Documents frequency as continuous and activity triggers the onset pain intensity documented 6-7 severe pain (restless, bracing, guarding and grimacing) documents acceptable level of pain as no pain. Charting documents interventions as medication, PT (physical therapy), OT (occupational therapy), positioning, resident/family education regarding pain management, side effects and medication regime.</p> <p>R23's Pain skilled charting, dated 4/30/2022 at 12:24PM, documents the exact same thing as documentation on 5/10/2022. 5/1/2022 at 1:45AM pain skilled charting document the exact same information as documented on 5/10/2022. Pain charting, dated 5/2/2022 at 2:32AM, documents the exact same information as 5/10/2022. This remains the same as 5/10/2022 for 5/5/2022 at</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>1:58PM, 5/6/2022 at 3:42PM, 5/6/2022 at 11:38PM, 5/7/2022 at 6:23PM, and 5/8/2022 at 11:33PM.</p> <p>On 5/10/22 at 1:50PM, R23 was sitting up in a wheelchair, and stated he is supposed to get pain medication every 6 hours as needed. R23 stated he asked for medication the night before at 7:00PM, and did not get get medication until 10:00PM. R23 stated he has neuropathy, and if he does not get medication timely, he cannot get ahead of the pain. R23 stated he had a wound on his heel and sides of his foot.</p> <p>On 5/10/2022 at 2:10PM during treatment and dressing change to R23's wounds, R23 was complaining of pain. R23 stated his foot hurts like a heart beating in his heel. At no time did V13, Wound Nurse, ask R23 to rate his pain, or offer R23 any pain medication. V13 stated there had been no change in his treatment plan. V13 told R23, "After this last dressing, you can go to sleep."</p> <p>On 5/10/2022 at 2:45PM V2, Director of Nursing (DON), stated she would expect R23's pain to be addressed.</p> <p>On 5/17/2022 at 2:06PM, V34, Physician, stated he would expect as needed (prn) medication to be given to R23. V34 stated he had not been made aware of the extent of R23's pain.</p> <p>The facility Pain Evaluation/Management policy, dated history 1/15, documents; if no relief or if the resident finds pain above acceptable level notify physician, notify physician if residents response to their medication is not satisfactory to develop further interventions for pain.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>The facility policy Medication Administration guidelines, dated history 8/16, documents medications are administered as prescribed. The policy documents when prn medications are administered the following documentation is provided</p> <ul style="list-style-type: none"> *date and time of administration, dose, route of administration, if other than oral *complaints or symptoms for which the medication was given *resident pain evaluation per facility policy <p>(B)</p>	S9999		