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 IL6007702 B. WING 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **312 WEST BELMONT** RANDOLPH COUNTY CARE CENTER SPARTA, IL 62286 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Investigation of Facility Reported Incident of March 31, 2022/IL146658 S9999 **Final Observations** S9999 Statement of Licensure Violations: 300.1210 d)1) 300.1630 d) 300.1650 a) 300.1810 g) 300.3210 t) Section 300.1210 General Requirements for Nursing and Personal Care 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. Section 300.1630 Administration of Medication d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. Section 300.1650 Control of Medications a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications. Section 300.1810 Resident Record Attachment A Requirements Statement of Licensure Violations g) A medication administration record shall be

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

TITLE

(X6) DATE

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bubble pack card as of 1/26/22.

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card as of 3/22/22.

03/22/22 with 0 pills remaining in the bubble pack

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The doors to the nursing station must be closed and locked at all times when we are out of the office. V5 stated as far as she knew, V7 (RN) on the 1st floor received the R3's Tramadol when the

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sharps container on the side of our med cart. Another nurse has to verify and witness, and both

On 05/05/22 at 11:51 AM, V6 (LPN) stated she first became aware of R3's missing Tramadol by

sign the Continuous Drug

Receipt/Record/Disposition Form.

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	S9999	not know what happened.	nge 11 03/14/22. At that time, we did pened, if they were misplaced When I interviewed with the onth it was fresher in my mind.	S9999			•		
		I was not a part of when they were physically searching for the missing pills. V2 (Director of Nursing/DON) and V3 were searching everywhere initially. To my knowledge the Tramadol was never found. The DON or ADON never asked staff to take a drug test. They never					-		
		asked me, at least. with V8 about the in remember exactly was completely out have had to pull a palways, R3 would getime. She is one that got four cards that n	Honestly, I did not get to talk cident. She could not what happened that night. R3 of the Tramadol, so V8 would ill immediately. Almost et 120 pills of Tramadol at a t gets the most at a time. She light." V7 stated she wished per mind, but it had been a						
	- 19	phone stated she way V19 confirmed she had Tramadol was missing happened to it. V19 to work on 03/31/22, V3 if they had any krito R3's missing Trananything about it to thad no idea what had drug test. V19 stated	AM, V19 (LPN) via cell as not working on 03/14/22. heard later two cards of R3's ng, and no one knows what stated also when she came she and V8 were asked by howledge of what happened hadol and if we knew ell the truth. V19 stated she ppened, and V8 asked for a I she always reconciles her hifts and to her knowledge at was incorrect.						
		to this facility on 02/1 include Parkinson's [Transient Ischemic A	decord documents admission 19/15 with diagnoses to Disease, Diabetes Mellitus II, ttack, Osteoarthritis, Benign a, and Overactive Bladder.						

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 IL6007702 B. WING 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **312 WEST BELMONT** RANDOLPH COUNTY CARE CENTER **SPARTA, IL 62286** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY** S9999 Continued From page 12 S9999 R5's quarterly MDS dated 03/22/22 documents a BIMS score of 7, indicating he is moderately cognitively impaired. R5's cumulative POS documents an order for Tramadol HCI (Hydrochloride) 50mg tablet, give 1 tablet by mouth three times a day. Apharmacy packing slip dated 01/13/22 documents 30 Tramadol pills were delivered for R5. Apharmacy packing slip dated 01/14/22 documents an additional delivery of 90 Tramadol pills were delivered for a total of 120 pills remaining in the bubble pack card. An unnumbered narc sheet for R5 dated 01/14/22 includes - Rx#: (prescription number) 5897231; Date Dispensed: 01/19/22; Resident Name: (R5); Doctor: V29; Drug/Name/Strength: Tramadol HCL tab 50mg; Directions: Take one tablet by mouth three times daily; Pharmacy: (out of town pharmacy); Quantity Dispensed: 90.00. An unnumbered narc sheet for R5 dated 01/14/22 (90.00 quantity dispensed on 01/19/22) documents administration began with a 30-pill Tramadol count on 01/15/22 through 01/24/22 with 0 pills remaining in the bubble pack card as of 1/24/22. Another unnumbered narc sheet for R5 dated 01/14/22 (90.00 quantity dispensed on 01/19/22) documents a 30-pill Tramadol count with administration beginning on 01/25/22 through 02/03/22 with 0 pills remaining in the bubble pack card as of 2/03/22.

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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 IL6007702 B. WING 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT RANDOLPH COUNTY CARE CENTER SPARTA, IL 62286 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PRÉFIX **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 13 S9999 Yet another unnumbered narc sheet for R5 dated 01/14/22 (90.00 quantity dispensed on 01/19/22) documents a 30-pill Tramadol count with administration beginning on 02/04/22 through 02/13/22 with 0 pills remaining in the bubble pack card as of 2/13/22. After review of the facility documentation above, it is noted that R5 should have 30 out of 120 Tramadol pills on hand at this same time. Apharmacy packing slip dated 02/09/22 documents delivery of 90 Tramadol pills for R5. indicating per facility records R5 should have available a total of 120 Tramadol pills on 02/09/22 R5's unnumbered narc sheet dated 02/09/22 (90.00 quantity dispensed on 02/09/22) documents a 30-pill Tramadol count with administration beginning on 02/14/22 through 02/23/22 with 0 pills remaining in the bubble pack card as of 2/23/22. R5's unnumbered narc sheet dated 02/09/22 (90.00 quantity dispensed on 02/09/22) documents a 30-pill Tramadol count with administration beginning on 02/24/22 through 03/02/22 with 0 pills remaining in the bubble pack card as of 03/02/22, indicating R5 should have 60 out of 120 pills on hand at this same time. A pharmacy packing slip dated 03/03/22 documents delivery of 90 Tramadol pills for R5, indicating per facility records R5 should have a total of 150 Tramadol pills as of 03/03/22. R5's unnumbered narc sheet dated 03/03/22 (90.00 quantity dispensed on 03/03/22) documents a 30-pill Tramadol count with

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administration beginning on 03/06/22 through

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6007702 B. WING 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT RANDOLPH COUNTY CARE CENTER SPARTA, IL 62286 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 14 S9999 03/15/22 with 0 pills remaining in the bubble pack card as of 03/15/22. R5's unnumbered narc sheet dated 03/03/22 (90.00 quantity dispensed on 03/03/22) documents a 30-pill Tramadol count with administration beginning on 03/16/22 through 03/25/22 with 0 pills remaining in the bubble pack card as of 03/25/22. Apharmacy packing slip dated 03/23/22 documents delivery of 30 Tramadol pills, indicating per facility records R5 should have 120 pills available as of this same date. R5's unnumbered narc sheet dated 03/23/22 (30.00 quantity dispensed on 03/23/22) documents a 30-pill Tramadol count with administration beginning on 03/26/22 through 04/04/22 with 0 pills remaining in the bubble pack card as of 04/04/22. Apharmacy packing slip dated 03/29/22 documents delivery of 90 Tramadol pills, indicating per facility records R5 should now have 180 Tramadol pills available on 03/29/22. R5's unnumbered narc sheet dated 03/29/22 (90.00 quantity dispensed on 03/29/22) documents a 30-pill Tramadol count with administration beginning on 04/05/22 through 04/16/22 with 0 pills remaining in the bubble pack card as of 04/16/22. R5's unnumbered narc sheet dated 03/29/22 (90.00 quantity dispensed on 03/29/22) documents a 30-pill count with administration beginning on 04/17/22 through 04/26/22 with 0 pills remaining in the bubble pack card as of

04/26/22.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6007702 B. WING 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT RANDOLPH COUNTY CARE CENTER **SPARTA. IL 62286** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 15 S9999 R5's unnumbered narc sheet dated 03/29/22 (90.00 quantity dispensed on 03/29/22) documents a 30-pill Tramadol count with administration beginning on 04/27/22 through 05/06/22 with 0 pills remaining in the bubble pack card as of 05/06/22, indicating R5 should have 90 out of 180 pills on hand at this same time. Apharmacy packing slip dated 04/27/22 documents delivery of 90 Tramadol pills. indicating R5 should have 180 pills available as of 04/27/22. R5's narc sheet dated 04/27/22 (90.00 quantity dispensed on 04/27/22) marked "1 of 3" documents a 30-pill Tramadol count with administration beginning on 05/07/22 through 05/11/22 at 8:00 PM with 15 out of 30 pills remaining in the bubble pack card. R5 has two more narc sheets dated 04/27/22, each with a starting count of 30, marked "2 of 3", and "3 of 3" that have not yet been used. R5 should have available 165 Tramadol pills per facility documentation as of 5/11/22 at 8:00 PM. On 05/12/22 at 1:20 PM, a narcotic count was conducted for R5 in the 1st floor nursing station and medication room with V6 (LPN). V6 stated since 05/11/22 at 8:00 PM, an additional 2 Tramadol pills had been given to R5 as scheduled on 05/12/22 at 8:00 AM and 12:00 PM. Documentation by V6 on R5's narc sheet dated 04/27/22 shows 13 out of 30 pills remain, indicating R5 should have 163 pills at this time. Upon completion, R5's narcotic count confirmed one card with 13 pills remaining, and 2 full, unused cards of 30 pills each for a total of 73 pills available at this time. Per the above review and facility documentation showing R5 should have

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ C B. WING IL6007702 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **312 WEST BELMONT** RANDOLPH COUNTY CARE CENTER **SPARTA, IL 62286** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 16 S9999 163 pills available at this time but only has 73, this indicates a 90-pill discrepancy. 3. R1's Admission Record documents admission to this facility on 09/02/21 with diagnoses to include Parkinson's Disease, hypertension, heart failure, unspecified psychosis. R1's cumulative POS documents an order for Tramadol HCI 50 mg give 1 tablet by mouth every 8 hours as needed for pain. Start date: 09/25/21 Arevision to this medication dated 01/17/22 documents - Tramadol 50 mg HCl give 1 tablet by mouth at bedtime for back pain. R1's order for as needed Tramadol remains active, as well. R1's most recent quarterly MDS dated 03/11/22 documents a BIMS score of 9, indicating he is moderately cognitively impaired. A Pharmacy packing Slip from an out-of-town pharmacy documents 30 Tramadol pills were delivered to the facility for R1 on 12/03/21 at 8:00 PM, signed for by V19 (LPN). R1's Controlled Drug Receipt/Record/Disposition Form (commonly referred to as a narc sheet) dated 12/03/21 documents 30 Tramadol pills were received from the pharmacy, dispensed on 12/03/21, and contains the following instructions in part - "Tramadol HCL tab 50 mg take one tablet by mouth every 8 hours as needed ... Every dose must be accounted for and requires charting on the Medication Administration Record (MAR)." On 01/01/22, R1's unnumbered narc sheet documents 18 out of 30 pills remain from the 12/03/21 delivery. According to this narc sheet, R1 was given Tramadol on 01/01/22 through

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01/23/22 with 0 (zero) Tramadol pills remaining in

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 IL6007702 B. WING 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT RANDOLPH COUNTY CARE CENTER SPARTA, IL 62286 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 17 S9999 the bubble pack card on 01/23/22. R1's narc sheet documents Tramadol was administered on 01/01 at 9:00PM; 01/02 at 5:15 AM; 01/03 at 4:30AM; 01/04 at 8:00AM; 01/05 at 1:00AM; 01/15 at 8:00PM, and 01/16 at 8:00PM. R1's January 2022 MAR is blank for these dates and times indicating a 7-pill discrepancy. A Pharmacy packing Slip from an out-of-town pharmacy documents 30 Tramadol pills were delivered to the facility for R1 on 01/06/22. R1's unnumbered narc sheet dated 01/06/22 documents 30 Tramadol 50 mg pills (take one tablet by mouth every 8 hours as needed) were received from the pharmacy, dispensed on 01/06/22, with administration from this delivery beginning on 01/24/22 through 02/22/22 with 0 pills remaining in the bubble pack card on 02/22/22. On 05/12/22 at 10:00 AM, V3 (Assistant Director of Nursing - ADON) stated R1's pharmacy packing slip dated 01/06/22 would be the last one that came from pharmacy supply. After that R1's insurance changed and V20 (Family Member/POA - Power of Attorney) would bring in a home supply of Tramadol from the local pharmacy that would come in a brown bottle of 90 pills at a time. V3 also confirmed R1's Tramadol was ordered as routine on 01/17/22 in addition to his PRN (as needed) prescription. R1's unnumbered narc sheet dated 02/05/22 documents 90 Tramadol 50 mg pills were received from home supply (per V3) with no pharmacy dispense date. Hand-written instructions document - "Tramadol HCL 50 mg take 1 tablet as needed every 8 hours and 1 tab

night at HS (hour of sleep)." This form

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 IL6007702 B. WING 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **312 WEST BELMONT** RANDOLPH COUNTY CARE CENTER **SPARTA, IL 62286 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX 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 18 S9999 documents administration from this 90-pill supply began on 02/23/22 through 03/23/22 at 8:00 PM with 59 pills remaining in the bubble pack card, documented by V8 (former LPN). R1's unnumbered narc sheet dated 03/24/22 at 8:00 PM documents 49 pills were on hand. indicating a 10-pill discrepancy from last dose on 03/23/22 at 8:00 PM as documented on the 02/05/22 narc sheet by V8 (LPN). According to R1's March 2022 MAR, no Tramadol was administered between 03/23/22 at 8:00 PM and 03/24/22 at 8:00 PM. Administration began on 03/24/22 at 8:00 PM through 05/06/22 at 8:00 PM, with 0 pills remaining in the bubble pack card as of 05/06/22. R1's unnumbered narc sheet dated 3/24/22 also documents that on 03/30/22 at 5:15 AM, R1 was given a PRN Tramadol; and on 04/28/22 at 4:00 AM, R1 was given a PRN Tramadol. There is no documentation on the March 2022 or April 2022 MAR to show that Tramadol was administered to R1 on 03/30/22 at 5:15 AM or on 04/28/22 at 4:00 AM, indicating an additional discrepancy of 2 Tramadol pills. R1's unnumbered narc sheet dated 05/02/22 documents a 90-pill home supply was provided by V20. Administration began on 05/07/22 at 7:00 AM through 05/10/22 at 8:00 PM. At this date/time of 5/10/22 at 8:00 PM, 85 pills are documented to remain. On 05/12/22 at 12:10 PM. a narcotic count of R1's Tramadol was conducted with V13 (RN) with no further discrepancies since

last administered on 05/10/22 at 8:00 PM.

On 05/05/22 at 11:38 AM, V20 was visiting R1 in his room. When asked if V20 ever had an issue with R1 not receiving his Tramadol or the facility

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 С IL6007702 B. WING 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT RANDOLPH COUNTY CARE CENTER **SPARTA, IL 62286** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 19 S9999 reporting Tramadol pills missing, she stated there was an instance when a bottle she had brought from home was misplaced by the facility, but staff found it in a drawer, and to her knowledge there were no pills missing. On 05/06/22 at 2:00 PM, R1 stated he is not aware he had any missing Tramadol. He stated he usually hurts at night and gets his pain pill before bedtime. On 05/06/22 at 12:00 PM, V2 (DON) stated she did investigate R1's missing Tramadol on 03/24/22 when V19 (LPN) called to report R1's Tramadol count was off when she went to give him a dose. V2 stated R1 gets his Tramadol from a home pharmacy that V20 brings to the facility. V2 stated there were 9 pills in the bottle and the rest of the pills had been split in quantities of 10 and placed in pill crusher pouches, stapled shut. then put inside a specimen bag. V2 stated she and V19 both searched the medication cart. V2 stated she thought maybe some got thrown away by accident, and to her knowledge were never found. An undated typed statement by V2 documents the following - "I was called to the 2nd floor nurse's station by (V19) on 03/24/22. Nurse stated her narcotic count for (R1's) Tramadol was short by 10 pills. According to the count sheet there should have been 59 Tramadol but there was only 49 Tramadol present and accounted for. (V19) and I searched the cart and lock box. I noted the medication for this resident was in a large pill bottle that was originally brought from home. The pills were separated into 4 small packs of 10 each with 9 loose pills in the bottle. The packs were not stored in the bottle but in a

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"specimen" bag. Upon further investigation of the

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 B. WING IL6007702 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **312 WEST BELMONT** RANDOLPH COUNTY CARE CENTER **SPARTA, IL. 62286** 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 20 S9999 bag, the outer sleeve of the bag was open on both ends. Some of the packs were in the part of the bag and some, in addition to the large bottle, were in the inner sleeve which was closed on one end and had a zip lock on the other end. I noted that the night nurse had given a prn dose at 4:30 AM this same day (3/24/22). When re-enacting taking the bag out of the lockbox and placing on top of med cart, several times some of the loose small packs landed in the trash can attached on the right side of the med cart at same level as the top of the cart. A new narcotic count sheet was started with correct count." On 05/06/22 at 12:00 PM, when V2 was shown R1's March 2022 MAR that documents the PRN dose of Tramadol she referred to in her investigation (noted above) was given on 03/21/22 at 4:30 AM and not on 03/24/22 at 4:30 AM, V2 stated she must have looked at it wrong and the count must have been off prior to 03/24/22. From 12/03/21 through 5/12/22, R1's record contains a 19-pill total discrepancy related to Tramadol administration and missing pills. 4. R2's Admission Record documents admission to this facility on 04/04/22 with diagnoses to include Multiple Sclerosis, stiffness in left and right knee, and other reduced mobility. R2's cumulative POS documents an order for Tramadol HCI tablet 50 mg give 1 tablet by mouth every 6 hours as needed for pain, start date 04/04/22, end date 04/23/22; Hydrocodone-Acetaminophen tablet 5/325 mg give 1 tablet by mouth every 6 hours as needed for pain, start date 04/21/22.

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 IL6007702 B. WING 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 312 WEST BELMONT RANDOLPH COUNTY CARE CENTER SPARTA, IL 62286 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 21 S9999 R2's Admission MDS documents a BIMS of 15 indicating he is cognitively intact. Apharmacy packing slip dated 04/04/22 documents 30 Tramadol pills were delivered from the pharmacy. R2's unnumbered narc sheet dated 04/04/22 (30.00 dispensed on 04/04/22) documents a 30-pill count with administration beginning on 04/09/22 through 04/21/22 with 0 pills remaining. This narc sheet documents Tramadol was signed out as administered on: 04/09/22 at 7:00 PM; 04/10/22 at 4:00 AM; 04/10/22 at 6:00 PM; 04/11/22 at 1:15 AM; 04/13/22 at 6:00 PM; 04/17/22 at 2:00 PM; and 04/18/22 at 8:00 PM. However, upon review of R2's April 2022 MAR these dates and times are blank, indicating a 7-pill discrepancy. On 05/06/22 at 1:55 PM, R2 stated he used to take Tramadol, but it didn't really help with his pain and due to his insurance, had issues getting it. The facility changed his prescription at his request to Vicodin on 04/21/22. On 05/05/22 at 11:00 AM, V4 (CNA) stated she only heard rumors from nursing that some narcotics were missing but had no other information. She stated since the missing Tramadol incident, the facility had implemented no one except the nurses are allowed in the nursing station unattended. The nursing station is in a room behind closed doors and is kept locked if the nurse has to step out for any reason. V4 stated she did not see the narcotics when the pharmacy delivered them on 03/14/22 nor did she see them on the 2nd floor med cart or counter when the nurse from the 1st floor brought them up that evening.

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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 IL6007702 05/12/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **312 WEST BELMONT** RANDOLPH COUNTY CARE CENTER SPARTA, IL 62286 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 22 S9999 On 05/05/22 at 12:31 PM, V2 (DON) stated that through the facility's investigation process regarding the missing Tramadol, it was determined there was no procedure in place regarding medication. "We are implementing new procedures and a policy is being written on how to handle medications including narcotic medication when we receive them from the pharmacy and how they are delivered to the respective nursing station." V2 stated she would have V3 (ADON) come and talk with this surveyor because (V3) handled the investigation and remedies. The facility schedule was reviewed and noted the following staff working the 2:00 PM to 10:00 PM shift on 3/14/22: V7 (RN), V8 (LPN), V22 (CNA), V23 (CNA), V24 (CNA) and V25 (CNA). On 05/06/22, the following attempts were made to contact the following staff members via cell phone for interviews: V8 at 9:00 AM, V22 at 10:39 AM, V23 at 10:48 AM, V24 at 10:50 AM and V25 at 10:52 AM. Messages were left with no return phone calls. On 05/06/22 at 9:44 AM, via cell phone interview. V21 (CNA) confirmed she did not see V7 bring any medication to the 2nd floor the evening of 03/14/22 when she was working. V21 stated if she were to have seen any medication in the nursing station on 03/14/22 or any other time, she would not bother them because she doesn't handle medications. V21 stated prior 03/14/22. there were instances where the nursing station door would be open, but now she has noticed after the medication went missing the nurses keep their door closed and locked if they are out of the room. V21 stated everyone is "stumped" by medication being missing.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IN MARCH		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY						
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S9999	Continued From pa	ge 23	S9999									
	03/31/22 she sent a nursing. V3 stated because they do not the nursing station. prior policy for narce distributing them afficulty of the nursing station. On 05/12/22 at 2:00 (DON), and V3 (AD following documents discrepancies for Tr discrepancy; R2: 7-l discrepancy; R5: 90 asked if any further discrepancies could all stated "No," they discrepancy with Trainvestigation of 10 nursing stated "No," they discrepancy with Trainvestigation of 10 nursing stated "No," they discrepancy with Trainvestigation of 10 nursing stated "No," they discrepancy with Trainvestigation of 10 nursing stated "No," they discrepancy with Trainvestigation of 10 nursing stated "No," they discrepancy with Trainvestigation of 10 nursing stated "No," they discrepancy with Trainvestigation of 10 nursing station.	ramadol. R1: 19-pill pill discrepancy; R3: 121-pill pill discrepancy. When information regarding the be provided, V1, V2, and V3 were not aware of any amadol other than R1's nissing Tramadol that was nd R3 missing 60 Tramadol ed on 03/31/22, with										
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