Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6004089 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **609 NORTH HARPHAM STREET** HAVANA HEALTH CARE CENTER HAVANA, IL 62644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident Investigation IL148411/of 6/21/22 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)1) 300.1210d)2) 300.1210d)3) 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 300.1210 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 Attachment A each resident's comprehensive resident care Statement of Licensure Violations plan. Adequate and properly supervised nursing

inois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED C IL6004089 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **609 NORTH HARPHAM STREET** HAVANA HEALTH CARE CENTER HAVANA, IL 62644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 S9999 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. severi-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements are not met as evidenced by: A. Based on observation, interview, and record review, the facility failed to ensure a resident was repositioned in a safe manner, assess pain, and provide pain medication in a timely manner for one of three residents (R1) reviewed for injury in the sample of three. This failure resulted in R1 sustaining a fractured humerus, severe pain and mental anguish. B. Based on observation, interview, and record review, the facility failed to assess pain and provide pain medication to one of three residents (R1) reviewed for pain in the sample of three.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER IL6004089		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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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	
S9999	Continued From pa	ge 2	\$9999			+	
····	and mental anguish	from a fractured humerus					
Á.,	Findings include:				* 5		
4 ₁	Policy and Procedur following: "Moving a friction reducing dev	ted Lift Resident Handling res (undated) documents the Resident Up In Bed: 4. Use a rice or draw sheet and work in er to slide the resident up in	ar an				
	policy (revised 12/7/ "2. Assessment of p changes in the resid of pain or evidence of the presence of p	revention and Treatment 17) document the following: ain will be completed with ent's condition, self reporting of behavioral cues indicative ain and documented in the he Pain Management Flow					
	Sheet. This will inclurating, treatment interesponse," and "3. The Sheet will be initiated not limited to: routine	ude, but is not limited to, date, ervention and resident he Pain Management Flow of for those residents with but a pain medication, daily pain, nticipate pain (i.e., arthritis.			89 - F	- 40 - 41 - 43	
	diagnoses: Chronic E Vascular Accident) waffecting right side, a current care plan doc staff for cares, uses a	document the following Back Pain, CVA (Cerebral ith Aphasia, Hemiparesis and Morbid Obesity. R1's cuments she is dependent on a bariatric bed, and "Ensure correct size for resident."		Worth Table 1			
F	document her June 2 pounds. R1's Minimu assessment dated 6/	022 weight as 225.2 m Data Set (MDS)	- V			- MPC 18	

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Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED С IL6004089 **B. WING** 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **609 NORTH HARPHAM STREET HAVANA HEALTH CARE CENTER** HAVANA, IL 62644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 cognitively impaired, requires extensive assistance with bed mobility and is totally dependent on staff for transfers. On 6/29/22 at 11:20am, incontinence care and repositioning were provided for R1 by V4, V14, and V15, Certified Nursing Assistants (CNA), and R1 winced and cried due to pain from movement of her right arm/shoulder. At this time, R1 stated her right arm/shoulder pain is so bad it makes her nauseated, upset, and she cries a lot, and rated her pain as a 10 out of 10 on the pain scale (a score of 10 being the worst pain). R1 stated on 6/21/22 before supper, V10 and V13, Certified Nursing Assistants (CNA), pulled her up in bed by placing their hands/arms under her armpits and pulling her up in bed. R1 stated she screamed and cried because her right arm/shoulder "hurt so bad," she had "excruciating pain," and she heard her shoulder "pop". R1 stated her right arm "doesn't go anywhere, just hangs" since her stroke that affected her entire right side. R1 stated the Certified Nursing Assistants (CNA) (V10 and V13) said there was not enough sheet for them to grasp and slide her up in bed, so they reached under her armpits and pulled her up towards the head of the bed. R1 stated she heard her shoulder pop, she had excruciating pain, she cried, and screamed. R1 stated they had never moved her like that before and when they put their hands under her arms.

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she said "That arm won't move (right arm)!", but before she could get the words out to request to not move her that way (with their hands/arms under her armpits), they did it anyway. R1 stated that they did it so fast she couldn't say "No!". R1 again stated the pain in her right shoulder that night was so bad that she cried, screamed, and felt nauseous. R1 stated she told V10 and V13

FORM APPROVED <u>Illinois Department of Public Health</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C B. WING IL6004089 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA HEALTH CARE CENTER **HAVANA, IL 62644** 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 4 S9999 she wanted to see a nurse, and V10 went out of the room and then returned saying "The nurse is too busv." The abuse investigation dated 6/22/22 for R1 documents on 6/21/22 before the supper meal, approximately between 4:00pm-4:30pm, V10, Certified Nursing Assistant (CNA) and V13, CNA, pulled R1 up in bed by placing their hands and arms under R1's armpits and pulling. The report documents R1 stated "she heard a pop and started to cry more." The investigation documents V1, Administrator, was notified of the allegation of abuse at approximately 11:00pm, by V8. Licensed Practical Nurse (LPN), who called V1 on the phone. The investigation also documents V1's interview with R1 about the incident on 6/22/22 in which V1 stated "During the explanation, R1 had to stop and calm down from crying multiple times," and R1 requested that V13 not be allowed in her room anymore. R1's right humerus X-ray dated 6/22/22 documents "Sclerotic density of humeral neck with mild irregularity of cortex compatible with acute impacted fracture or old healed fracture. Correlate clinically for point tenderness." R1's Nurse's notes document the X-ray was performed at 2:00am on 6/22/22. R1's Orthopedic Consultation on 7/1/22 with V18. Orthopedic Surgeon, documents R1's diagnosis of "Closed Nondisplaced Fracture of Proximal End of right Humerus." On 7/7/22 at 9:23am, V18, Orthopedic Surgeon, stated "A proximal humerus fracture is a very painful injury, especially initially- it is a painful injury." On 6/29/22 at 1:34pm, V10, CNA, stated on

6/21/22 she and V13, CNA, pulled R1 up in bed

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Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6004089 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **609 NORTH HARPHAM STREET** HAVANA HEALTH CARE CENTER HAVANA, IL 62644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 by placing their hands under her arms and pulling her up. V10 stated as soon as they did this, R1 started screaming and crying more and saying, "My arm is broken, something's broke!" V10 stated she went right out of R1's room and told a nurse (does not remember which nurse) about the incident, and that R1 thought her shoulder was broken. V10 stated R1 was crying and screaming at them (V10, V13) throughout the procedure, and "against my better judgement, I pulled her up using my hand under her right armpit. (V13) helped me. This was a busy time, and a lot of call lights were going off." V10 stated it is not her usual practice to pull a resident up in bed by placing her hands and arms under a resident's armpits. On 6/29/22 at 2:22pm, V13, CNA, stated she assisted V10 with pulling R1 up in bed by placing her arms under R1 armpits and pulling R1 up in bed. V13 stated R1 was yelling and screaming prior to pulling her up in bed, that R1 was mad about her pencils being moved, but as soon as they did pull her up in bed, she screamed even more and cried and stated her arm popped. V13 stated the lift sheet was completely underneath R1, and they couldn't get any hold on it, so they put their arms under her armpits and pulled her up. V13 stated "(R1) screamed even more, crying and saying her arm or shoulder popped. When she's having these behaviors-screaming and yelling and crying, we just wanted to get her done as quickly as possible." On 6/29/22 at 1:55pm V7, Licensed Practical Nurse (LPN)/the nurse assigned to take care of R1 on second shift 6/21/22, stated "I saw R1 earlier in the shift (before the incident) when I checked her pain scale, but I didn't see her after

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only." The faxed response sheet documents the response and new order was "Noted 6/24/22" by V7. Licensed Practical Nurse (LPN), and "C2

FORM APPROVED <u>lilinois Department of Public Health</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6004089 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **609 NORTH HARPHAM STREET** HAVANA HEALTH CARE CENTER **HAVANA. IL 62644** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 7 S9999 (Controlled substance, Schedule Two) form faxed to PCP (V3). On 6/29/22 at 12:00pm, V2, Director of Nursing (DON), stated "(V3, PCP), gave an order on 6/24/22 for Norco 5/325mg (prn) for R1's pain from her fractured shoulder. After (the surveyor) asked about (R1's) pain management, we looked and found that order and the medication is not here. On 6/28/22 V9, RN, noted that it had not yet been delivered, but did not follow up until today (6/29/22). We did not know that R1 was in so much pain until (the surveyor) told us R1 reported her pain as a ten on a scale of one to ten (ten being the worst)." At this time V2 stated the Norco is available in their convenience box in the facility. On 6/29/22 at 12:00pm, R1's Medication Administration Record (MAR) does not document that R1 received any doses of Norco for her severe pain from 6/23/22-6/29/22. Rt's Pain Management Flow Sheet (to be completed each shift) from 6/21/22-6/29/22 documents the following: 6/21/22 no pain on any shift; 6/22/22 second shift documents "yes" for pain but records no location, intensity, or intervention; 6/23/22 first and third shift no pain, second shift not completed; 6/24/22 third shift not completed, no pain on first shift and second shift documents pain in arm and shoulder, rates it as three on a scale of one to five, and interventions provided; 6/25/22 and 6/26/22 no pain; 6/27/22 no pain on first and third shift and second shift not completed; 6/28/22 third shift not completed and first and second shift no pain; and 6/29/22 third shift not completed and no pain on day shift. On 6/29/22 at 12:00pm, V2, DON stated R1's

Pain Management Flow Sheets are not being

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S9999	Continued From pa	ge 8	S9999				
	flow sheet has man only one entry (6/24	y the nurses, and that (R1's) y blanks. V2 stated there is /22 on 2nd shift) after the which documents R1's pain			120		
	policy (revised 12/7/ "2. Assessment of p changes in the resid of pain or evidence of of the presence of p nurses notes or on t Sheet. This will inclu rating, treatment inte response," and "3. T Sheet will be initiated not limited to: routine	Prevention and Treatment 17) document the following: ain will be completed with ent's condition, self reporting of behavioral cues indicative ain and documented in the he Pain Management Flow ude, but is not limited to, date, ervention and resident he Pain Management Flow of for those residents with but a pain medication, daily pain, nticipate pain (i.e., arthritis, tc.)."					
s L	diagnoses: Chronic E	document the following Back Pain, CVA (Cerebral ith Aphasia, Hemiparesis and Morbid Obesity.					
er (2.547.7.7.1)	doguments R1 was ir in fed when V10 and Assistants (CNA) pull their arms through he	tion report dated 6/21/22 njured when being pulled up V13, Certified Nursing ed her up in bed by hooking er armpits and pulling her up. uments that R1 screamed vas pulled up in bed.				and the second of	
e const	documents "Sclerotic with mild irregularity o acute impacted fractu Correlate clinically for	t humerus dated 6/22/22 density of humeral neck of cortex compatible with re or old healed fracture. point tenderness." R1's on on 7/1/22 with V18,	596-14 O	· · · · · · · · · · · · · · · · · · ·			

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Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED С IL6004089 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **609 NORTH HARPHAM STREET** HAVANA HEALTH CARE CENTER HAVANA, IL 62644 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 11 S9999 6/24/22 for Norco 5/325mg (prn) for R1's pain from her fractured shoulder. After (the surveyor) asked about her pain management, we looked and found that order and the medication is not here. We contacted V3 and he said he signed the order for it and his staff faxed it to the pharmacy. Today (6/29/22) the pharmacy stated the order for the Norco was not received. Today (6/29/22) we sent another request/order for V3 to sign and fax to the Pharmacy. On 6/28/22 V9, RN, noted that it had not yet been delivered, but did not follow up until today (6/29/22). We did not know that R1 was in so much pain until (the surveyor) told us R1 reported her pain as a ten on a scale of one to ten (ten being the worst)." V2 also stated Norco is available on site at the facility in the convenience box. On 6/29/22 at 12:00pm, R1's Medication Administration Record (MAR) does not document that R1 received any doses of Norco for her severe pain. R1's Pain Management Flow Sheet (to be completed each shift) from 6/21/22-6/29/22 documents the following: 6/21/22 no pain on any shift; 6/22/22 second shift documents "yes" for pain but records no location, intensity, or intervention; 6/23/22 first and third shift no pain, second shift not completed; 6/24/22 third shift not completed, no pain on first shift and second shift documents pain in arm and shoulder, rates it as three on a scale of one to five, and interventions provided, 6/25/22 and 6/26/22 no pain; 6/27/22 no pain on first and third shift and second shift not completed; 6/28/22 third shift not completed and first and second shift no pain; and 6/29/22 third shift not completed and no pain on day shift. On 6/29/22 at 12:00pm, V2, DON, stated the Pain

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G:	(X3) DAT	E SURVEY (PLETED		
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	correctly by the nurs has many blanks- the on 2nd shift) after the documents pain and	Sheets are not being filled ones, and that (R1's) flow shours is only one entry (6/24, the incident (of 6/21/22) which interventions. V2 stated she nurses to use the pain theets correctly.	eet /22		U _M An (An)		
	Physician, stated R1 Norco fer her pain m since he ordered it of	m, V3, R1's Primary Care I should have received the nanagement before 6/29/22 on 6/23/22, and the facility d up on the medication not lacy before 6/29/22.	2			7. (*) 14. (*) 14. (*)	
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