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: \_ С IL6008866 B. WING 07/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 767 30TH STREET ST ANTHONY'S NSG & REHAB CTR ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint 2225458/ IL148932 S9999 **Final Observations** S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)1)3) 300.1220b)2) 300,1630d) 300.3240a) 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 Attachment A well-being of the resident, in accordance with each resident's comprehensive resident care Statement of Licensure Violations

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

TITLE

(X6) DATE

Illinols 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: \_\_ IL6008866 B. WING 07/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 767 30TH STREET ST ANTHONY'S NSG & REHAB CTR ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL 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 1 S9999 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: Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 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. Section 300.1220 Supervision of Nursing Services The DON shall supervise and oversee the nursing services of the facility, including: Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements. psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. Section 300.1630 Administration of Medication

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6008866			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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	medication order caprescriber shall be reasonable, dependent notation made in the Section 300.3240 All a) An owner, license agent of a facility sharesident. (Section 2-These Regulations viby:  Based on observation review, the facility famedication as ordered to address a resident interventions for one pain medication. This	buse and Neglect e, administrator, employee or all not abuse or neglect a					
de	revised 12/2012, doc be administered in a as prescribed. 3. Med administered in acco including any require must be administered prescribed time, unle R1's physician order documents "May sen evaluation and treatm left hip/side."	ing Medications" policy suments "Medications shall safe and timely manner, and dications must be redance with the orders, d time frame. 4. Medications d within one hour of their ss otherwise specified."  sheet (POS) dated 6/5/22 d to Emergency room for nent due to increased pain of 1/22 documents "Fentanyl"					

patch 12 micrograms (mcg) applied to posterior

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 \_ IL6008866 B. WING 07/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **767 30TH STREET** ST ANTHONY'S NSG & REHAB CTR **ROCK ISLAND, IL 61201** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE 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 3 S9999 flank every 72 hours." R1's POS dated 6/23/22 documents "Fentanyi patch 25 mcg. Place one patch on location close to pelvis that have fat - subcutaneous tissue every 72 hours. Discontinue Fentanyl 12 mcg patch when 25 mcg arrive." R1's medication administration record (MAR) dated 6/1/22 through 6/31/22 documents "Fentanyl 12 mcg patch applied on 6/21/22 and removed on 6/24/22". The MAR documents the Fentanyl 12 mcg patch was discontinued on 6/25/22 with the words "Apply when arrives" written on the Fentanyl 25 mcg order with a start date of 6/25/22. R1's MAR documents that R1 did not receive the Fentanyl 25 mcg patch from 6/25/22 to 6/31/22. R1 received the Fentanyl 25 mcg patch on 7/1/22. R1's current care plan documents "I have (chronic) pain related to Arthritis. Administer analgesia as per orders. Give half an hour before treatments or care. Anticipate my need for pain relief and respond immediately to any complaint of pain." On 7/16/22 at 11:45 AM, V4, Licensed Practical Nurse (LPN), stated "We're having a jot of staffing issues. The CNAs (Certified Nursing Assistant) are shorthanded, and things aren't getting done. They don't have the time. The call lights will go off for an hour sometimes, they can't get the residents repositioned when they need to. and they're double padding the (Incontinence pads) to prevent the urine from leaking through." On 7/16/22 at 12:05 PM, V5, CNA, stated "There's no staff, so yeah, there are things that

don't get done. I don't see how were supposed to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY		
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	turn and reposition t	the residents when there's						
	only one CNA on the	e floor. There are days I don't						
	even get a lunch bre	eak we're so short staffed. I	l					
	hate to admit it, but	they're double padding the		1				
	often."	on't have to change them as	1					
	On 7/16/22 at 2:55 F	PM, R1 sitting in recliner						
	pushing herself up in	n the chair, grimacing and					١	
	recliner. R1 stated "	dy to the other side of the Oh good, you're finally here to		·			1	
ls.	move me to bed. My	back is really hurting. You're					1	
	not here to move me	? I asked to be moved to my					١	
37	bed at 1:00 PM, which	ch was two hours because					ĺ	
	hannens all the time	nd need to lay down. This . They don't have enough					1	
	staff to help me from	the recliner to the bed and					١	
	once I'm in bed, I'll s	tay there until the next					1	
1	morning."						I	
	On 7/16/22 at 3:00 B	M, R1 stated "I had a fall last					ı	
	month (6/5/22) and r	ny hip and back have been					١	
	hurting really bad eve	er since. I had a pain patch					I	
	the doctor ordered, b	out for some reason the		1			ı	
1	facility wasn't giving i	t to me. The nurse kept					I	
	lot of pain and had to	for it to come in." I was in a sit here like that until it		ĺ			I	
	came in. I don't think	that's right. I shouldn't have					ĺ	
- 19	had to sit here in pair	like that."					l	
1	On 7/47/22 at 44,40	ANA D4 habour for the state						
1	bospital gown and sh	AM, R1 lying in bed in ifting body side to side. R1						
1	stated "I've been in b	ed since 3:00 PM yesterday.						
	I need to get up, my t	back and hip hurt. I just need					I	
	to sit up for a bit. Can	you please help me or find						
	someone who can ge pain."	et me up? I'm in a lot of					ľ	
	palli.							
	On 7/17/22 at 12:10 F	PM. V1. Administrator						

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