Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OFCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
-		IL6003362	B. WING		C 11/03/2022	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
INTEGRITY HC OF HERRIN 1900 NORTH PARK AVENUE HERRIN, IL 62948						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
S 000	Initial Comments		S 000			
	Complaint Investiga	ation #2258699/IL152825	20	et.		
S9999	Final Observations		S9999			
	Statement to Licens	sure Violations:		**	N.	
8) 8) T	300.610a) 300.1210b) 300.1210d)2)		\$5			
	Section 300.610 R	esident Care Policies		i i		
237 X	procedures govern facility. The written be formulated by a Committee consisti administrator, the a medical advisory of	shall have written policies and ing all services provided by the policies and procedures shall Resident Care Policying of at least the advisory physician or the admittee, and representatives or services in the facility. The			\$ 5 E	
	policies shall comp The written policies the facility and shal	ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed	### ##################################		= 0	
***	Section 300.1210 Nursing and Person	General Requirements for nal Care	127		AX.	
	care and services to practicable physical well-being of the re- each resident's con- plan. Adequate and care and personal	shall provide the necessary o attain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident.		Attachment A Statement of Licensure Viola	tions	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		IL6003362	B. WING		11/0	; 3/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S		TITOGIZOZZ	
INTEGRI	ITYHC OF HERRIN		RTH PARK AV	/ENUE		
W	<u> </u>	HERRIN, I	IL 62948			-
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S9999	Continued From pa	ige 1	S9999			
	nursing care shall in	o subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
. #1	2) All treatmer administered as ord	nts and procedures shall be dered by the physician.				
	failed to provide time including assessment accordance with factoristic residents reviewed sample of 9. This factoristic facto	and record review, the facility nely pain management ent and treatment in cility policy for 1 (R2) of 3 for pain management in the ailure resulted in R2 eived pain after orthopedic than 24 hours.			æ	. 1)
	The findings include	e: cumented an admission date				
ė	of 10/15/22, with a continuous of the office of the office of Subsequent Encourage Routing Healing." Redocumented a fract Right knee joint, fract the right fibula, a 5th metatarsal joint.	diagnosis of "Encounter for Iftercare" and "Displaced If Shaft of Right Tibia, Inter for Closed Fracture with				
	PM). R2's Discharg of Stay documents R2's 10/19/22 Minin documented a Brief (BIMS) score of 14, cognitively intact. So	pe Plan Instructions and Recap a discharge date of 10/26/22. mum Data Set (MDS) f Interview of Mental Status which indicated R2 was ection G of the same MDS an extensive assist with				8

JTJX11

PRINTED: 12/07/2022 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: COMPLETED A. BUILDING: IL6003362 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1900 NORTH PARK AVENUE INTEGRITY HC OF HERRIN **HERRIN. IL 62948** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 personal hygiene, toilet use, dressing, transfer and bed mobility. On 11/2/22 at 2:58pm, R2 said that she was in terrible pain when she arrived to the facility (on 10/15/22). R2 stated she "had just rode in a box car [van] and was bouncing all over the place." R2 said when she was discharged from the out of state hospital, they did not give her anything for pain prior to her leaving. R2 said she did ask for pain medication after she arrived to the facility, and also through the night into the next day. R2 said she finally got pain medicine the next evening. On 11/2/22 at 1:40pm, V2 (Director of Nursing/DON) said she admitted R2 to the facility. V2 said she helped R2 get off the cart when she arrived. V2 said that R2 did not have any pain. When V2 was asked if she did an assessment on R2, she replied "no" and that "she just kind of looked at her and had her squeeze her hands." V2 said she did not chart any assessment, V2 said she also did not fax any orders to the pharmacy and that V14 (Licensed Practical Nurse/LPN) was to fax the orders. V2 said that a pain assessment should be done when admitting a resident and expects it should be done within 20 minutes of admission to the facility and it is not acceptable for an assessment to be done at 9am the next day. V2 said R2's medication should have been delivered the evening of 10/15/22, V2 said there is no cut off time to send new orders to pharmacy to receive the same night. V2 said that

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it is unacceptable R2's medications were not delivered to the facility the night of 10/15/22 and that someone should have been on the phone

medications in their emergency kit. V2 said that their cube x (emergency kit) was exhausted since

long before that. V2 was asked about

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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 B. WING IL6003362 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1900 NORTH PARK AVENUE **INTEGRITY HC OF HERRIN HERRIN, IL 62948** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 that was their 4th admission of the weekend. V2 said she is not aware of any staff notifying pharmacy that the cube x was exhausted. When asked about R2's pain medications, V2 acknowledged that R2 went over 24 hours without any pain medication. V2 said that V10 (MDS Coordinator/LPN) does not work on the weekends and was not present on 10/15/22 when R2 was admitted. V2 said V10 completed the initiat pain assessment. On 11/2/22 at 2:00pm, V3 (Regional Clinical Director) said that the cube x was not exhausted and there was plenty of oxycodone to be given if needed. On 11/2/22 at 2:49pm, V14 (LPN) said she worked on 10/15/22 6am to 6pm and believes it was her that faxed R2's medication orders to the pharmacy on the evening of 10/15/22 when R2 was admitted. V14 said that she also worked 10/16/22 6am to 6pm. V14 said that R2 was lethargic and tired. V14 said R2 told her she was exhausted from the long ride to get to the facility on 10/15/22. V14 said that R2 never complained of "out right" pain on her shift on 10/16/22. V14 said that R2 "slept most of the day except when her family was here." On 11/2/22 at 3;20pm, V4 (Registered Nurse/RN) said that she came on her shift on 10/16/22 at 6pm. V4 said when she went to assess R2, since she was a new resident, she asked her about pain. V4 said R2 stated she was "miserable" and "has been here a day and could not even get a f\*\*\*ing Tylenol." V4 said R2 did take oxycodone but she said they make her loopy and she would rather take Tylenol. V4 said she passed this on in report. Illinois Department of Public Health

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: B. WING IL6003362 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1900 NORTH PARK AVENUE INTEGRITY HC OF HERRIN **HERRIN, IL 62948** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 11/3/22 at 10:06am, V16 (Certified Nurse's Assistant/CNA/CNA Supervisor) said she was present when R2 arrived at the facility on 10/15/22. V16 said that R2 did complain of pain from the ride to V16 and the nurse gave R2 some Tylenol. R2's Pain Questionnaire noted a Reason for Screen was assessment at admission. This document was dated 10/18/22 at 11:08am and signed by V10 (MDS Coordinator/LPN), Section B noted R2 was alert, had pain daily, intensity of pain was moderate, other observations of pain such as facial expressions, guarding, moaning, restlessness, rubbing area. The same document notes a score 5 or greater indicates comprehensive assessment was needed. The document also noted R2 had a pain score of 7 at that time. R2's Comprehensive pain assessment for admission was signed on 10/18/22 at 11:25am noted the location of pain as right ankle (inner) and right lower leg (rear) and the most recent pain level was 5 on 10/18/22 at 0808 (8:08 am). pain is relieved by medication, throbbing and discomfort as pain characteristics, receives as prn (as needed) medications and medication is effective. The conclusion noted pain management intervention is necessary, refer to resident plan of care. R2's Care Plan Meeting noted the type as 48 hour/initial dated 10/20/22. Document labeled Baseline Care Plan noted that R2 had presence of pain. Pain location noted is Right lower leg (rear) and right ankle (outer). Most recent pain level and date was left blank. R2's progress note dated 10/16/22 written by V14

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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:** COMPLETED A. BUILDING: B. WING IL6003362 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1900 NORTH PARK AVENUE INTEGRITY HC OF HERRIN **HERRIN, IL 62948** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 (LPN) documented in part " ...this nurse has spoke with pharmacy twice this shift regarding resident's medications. Pharmacy has assured me that meds will be in this evening including pain medications. Will continue to monitor... R2's Physician's Order Summary Report documents the following active orders: "Admit to (Name of Facility) with an order date of 10/15/22. "Pain Management" with an order date of 10/15/22, but no start date listed. "Monitor and document pain level every shift for pain management" with an order date of 10/15/22 and a start date of 10/17/22. "Acetaminophen Tablet 325mg (milligrams) Give 2 tablets by mouth every 4 hours as needed for prophylaxis" with an order date of 10/16/22 and a start date of 10/16/22. "Oxycodone HCI tablet 5 mg Give 1 tablet by mouth every 4 hours as needed for pain" with an order date of 10/16/22 and a start date of 10/16/22. R2's Medication Administration Record (MAR) dated 10/1/22-10/31/22 notes sections that correlate with the above orders. The section for "Monitor and document pain level every shift for pain management" notes a start date of 10/17/22 and discharge date of 10/26/22. The MAR has "X's" for 10/15/22 and 10/16/22, indicating this had not yet started. The first entry in this section of the MAR was on 10/17/22 for day shift and noted a pain level of 8. The night shift pain level was documented as 4. These entries continued as required after 10/17/22 through R2's date of discharge on 10/26/22. The section for "Acetaminophen Tablet 325mg Give 2 tablet by mouth every 4 hours as needed (PRN) for

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prophylaxis" notes a start date of 10/16/22 and

discharge date of 10/26/22. The MAR documents "X's" for R2's admission date of

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: B. WING IL6003362 11/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1900 NORTH PARK AVENUE INTEGRITY HC OF HERRIN **HERRIN, IL 62948** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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 6 S9999 10/15/22, indicating this had not yet started. The dates of 10/16/22 and 10/17/22 are blank for both pain level rating and PRN given. The dates of 10/18/22 and 10/19/22 document pain levels of 5 and 7, respectively, with the medication being administered and marked as "E" for effective. The dates of 10/20/22 and 10/24/22 are also blank. The dates of 10/21-10/23/22 and 10/25-10/26 all documented pain ratings with the medication being administered and marked as "E" for effective. The section for "Oxycodone HCI tablet 5 mg Give 1 tablet by mouth every 4 hours as needed for pain" notes a start date of 10/16/22 and discharge date of 10/26/22. The MAR documents "X's" for R2's admission date of 10/15/22, indicating this had not yet started. A pain rating of 9 is documented on 10/16/22 at 2011 (8:11pm), with a checkmark to indicate the medication was administered with an "E" marked for effective. This was the first documentation of pain medicine being administered to R2 and was over 24 hours after her admission. The are 3 other entries for the rest of that day left blank. On 10/17/22, the following pain ratings were documented: 7 at 0336 (3:36am); 8 at 0744 (7:44am); 8 at 1204 (12:04pm), 9 at 1606 (4:06pm), all with a checkmarks to indicate the medication was administered, and an "E" marked for effective. There is no documentation to show oxycodone was given from 10/18/22 thru discharge on 10/26/22, as those entries are all blank. The facility Pain Management policy documents in part, the purpose is to facilitate resident independence, promote resident comfort and preserve resident dignity. The purpose of this policy is to accomplish that mission through an effective pain management program, providing

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our residents the means to receive necessary

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	LIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	enhance dignity and will achieve these gaccurately assessing greatest extent posnotes under Pain Mpain will be assesse fashion especially if Nursing Commitme documents, a Pain completed with inpudmission, readmis in condition or wher					
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