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 IL6000251 **B. WING** 11/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **200 MARTIN AVENUE** PEARL OF NAPERVILLE, THE NAPERVILLE, IL 60540 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(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) S 000 Initial Comments S 000 Complaint Investigation 2278974/IL153196 S99991 Final Observations S9999 Statement of Licensure Violations: 300.1210 b) 300.1210 c) 300.1210 d)1) Section 300.1210 General Requirements for Nursing and Personal Care 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. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. These requirements are not met as evidenced by: Attachment A Statement of Licensure Violations Based on observation, interview, and record review, the facility failed to provide medications

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

TITLE

(X6) DATE

**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 IL6000251 B. WING 11/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MARTIN AVENUE PEARL OF NAPERVILLE, THE NAPERVILLE, IL 60540 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 TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 for fecal impaction and address the resident's cries of pain related to the impaction. This failure led to R1 suffering pain and anxiety related to fecal impaction and R1 needing to call 911 emergency services for assistance. This applies to 1 of 3 residents (R1) reviewed for pain. The findings include: R1's quarterly MDS (Minimum Data Set), dated 10/13/22, showed R1 was cognitively intact. Hospital ER (Emergency Room) records, dated 10/31/22, showed R1 fell in ER room and sustained a fracture to right tibia and had an immobilizer. R1's care plan, revised 10/27/22, included R1 has constipation related to impaired mobility, polypharmacy - potential drug adverse reaction with goal (target date 1/4/22) R1 will pass soft. formed stool at the preferred frequency through the review date). Interventions included to administer stool softeners, laxatives as ordered. Monitor/document/report as needed signs and symptoms of complications related to constination: Change in mental status, new onset: confusion, sleepiness, inability to maintain posture, agitation, Bradycardia (slow, low pulse). abdominal distension, vomiting, small loose or stools, fecal smearing, bowel sounds. diaphoresis, abdomen: tenderness, guarding, rigidity, fecal compaction. R1's care plan for pain for the same period

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included resident will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the review date (target date 1/4/22). Interventions included to anticipate the resident's need for pain relief and respond immediately to

PRINTED: 12/08/2022 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: B. WING IL6000251 11/14/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 200 MARTIN AVENUE PEARL OF NAPERVILLE, THE NAPERVILLE, IL 60540 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 2 S9999 any complaint of pain, monitor/record/report to nurse resident complaints of pain or requests for pain treatment. R1's EMR records document R1 was readmitted to the facility on 11/10/22, with diagnoses including acute and chronic respiratory failure with hypoxia, other chronic pain, secondary pulmonary arterial hypertension, acute kidney failure with medullary necrosis, other bacterial infections of unspecified site, acute on chronic diastolic (congestive) heart failure, carpal tunnel syndrome, bilateral upper limbs, panic disorder [episodic paroxysmal anxiety]. R1's POS (Physician Order Sheet) included multiple standing orders for stool softeners including Fleet Enema 7-19 GM/118ML/milliliter (Sodium Phosphates) Insert 133 milliliter rectally every 24 hours as needed for constipation (status active), Magnesium Citrate Solution 1.745 GM/30ML Give 296 ml by mouth every 24 hours as needed for constipation (status active). The same POS also included Bisacodyl Suppository 10 MG every 24 hours as needed for constinution (status active) and PEG 3350 Packet (Polyethylene Glycol 3350) Give 17 gram by mouth two times a day for constipation (status active), Colace Capsule 100mg (Docusate Sodium) give one capsule by mouth two times a day for constipation (status active). R1's MAR (Medication Administration Records) printed on 11/12/22 at 13:26:22 showed Fleet Enema and Magnesium Citrate Solution were not

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given on 11/11/22 and on 11/12/22. The same MAR showed PEG 3350 Packet 17 gram was given on 11/11/12 (1700) was ineffective, and Colace Capsule 100mg given on 11/11/22 (1700) was ineffective. The MAR also showed Bisacodyl

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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S9999	Continued From pa	ge 3	S9999		20	
	Suppository 10 mg was only given on 11/12/22 (1149).					
	R1's EMR included 11/12/2022 05:26, of "Resident complaint don't know when last [Nurse Practitioner] aware, ordered Bisarectally daily as nee [tablets by mouth] d Resident keep on seher, placed resident	nurses notes, dated documented as follows: ats that she is constipated, st bowel movement. NP made aware was made acodyl supp [suppository] 1 added, and Senna 2 tab po daily. Given Supp 1 rectally, creaming to push it out for ton her side to be able to help o pharmacy called for				12
	On 11/12/22 at 10:3 out repeatedly from me." R1's cries were the hallway. On entrying in bed and app was grimacing and eyes and stated, "Time with her fingers. stated she is constip "excruciating" pain. morning for pain relat the hospital after leg was noted to be kept crying out "Help When R1's hallway member, one CNA/0 a nurse (V7), who we seen further down the R1's room was. And the adjacent hallway	32 AM, R1 was heard yelling her room "Somebody help he heard from all the way down ry to R1's room, R1 was seen beared very distressed, and moaning with tears in her he nurse will not get it out of "On further enquiry, R1"				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		-	(X3) DATE SURVEY COMPLETED	
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IL6000251			B. WING			11/14/2022	
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S9999	R1 was heard askir On 11/12/22 at 10:4 yelling from her roo	ire about her concerns, and	S9999				8
	to finish giving the r medications before	esidents in her hallway their she attends to R1. V7 stated enema to give to R1.					3+
	and appeared very dialing the phone ar excruciating pain. T enema and gave m me to wait. I am cal	7 AM, R1 was lying in bed distressed and was seen and stated, "I am still in hey said they don't have an e another suppository and told ling my brother to ask him to be Dulcolax [laxative] and			F 87	7977	
	med cart passing medical control of pain and took out what I size of the stool feed doctors can remove called the Nurse Pragive additional Sent this morning. She as	1 AM, V7 was seen at her edications and R1's ongoing neerns of not getting an . V7 stated, "It's been an last night and maybe before a history of constipation, and ed. I looked into her rectum was able to see outside. The slike a big ball and only the it digitally. The night nurse actitioner and got an order to a 2 tablets daily and I gave it also received a suppository				9.	
. 4	Citrate and was una (Director of Nursing gave another suppo On 11/12/22 at arou	ity did not have Magnesium lble to locate Enemas. V2 ) was notified about it and she sitory this morning."  nd 12:15 PM, the concern of cry's of pain were relayed to ).			•		

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