PRINTED: 09/07/2023 FORM APPROVED

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: \_\_ COMPLETED C IL6007496 B. WNG\_ 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 614 NORTH SUMMIT **COLLINSVILLE REHAB & HEALTH CC** COLLINSVILLE, IL 62234 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint 2346445/IL162792 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)3) 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 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. 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: 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 Attachment A made by nursing staff and recorded in the Statement of Licensure Violations resident's medical record. Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

STATE FORM

R1X811

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY					
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	him. V10 stated, that she was informed that the		[							
		ng care. V10 stated, that								
	they are supposed to	be trained to care for R3.	1 1							
	V10 stated, that she v	vas told that in May his								
	feeding came out during a transfer. V10 stated,									
		s in pain and that she felt	1 1							
	helpless.									
	On 9/0/2022 of 2:44 E	DRA V/44 I DRI protect also								
	On 8/9/2023 at 3:44 PM V11, LPN, stated, that she provided care for R3. V11 stated, that R3's									
g-tube was pulled out a couple tim										
	staff turned him and cleaned him. R3 stated, that									
		the cover and got pulled in								
	the process. V11 state	ed, that R3 could not move								
	his arms and could no	t have pulled them out								
	himself.									
	On 8/10/2023 at 2:00	PM V4, LPN, stated, that				l				
ı	R3 was a quadriplegic		1			ļ <b>!</b>				
		e. V4 stated, that R3 could				1				
		/4 stated, that R3's g- tube								
	came out multiple time	es. V4 stated, that she was	1 1							
		nes. V4 stated, R3 was not			İ					
		tubing out, V4 stated, that								
		en R3's g-tube was pulled								
ŀ		V4 stated, she was able to			1					
		rgency Room for g-tube d, that it was a while ago	1 1							
	and she was unable to		1			ŀ				
		that it was pulled out during	1							
		that R3 did not have an								
	abdominal binder. V4:	stated, that they asked for a								
	longer tubing, but did r	not get one. V4 stated, that				1				
	the binder would have	probably worked and kept								
his tubing from being pulled out, but they did not										
	get one.									
	On 8/14/2023 3 56 PM	V14, Doctor, stated, that								
	with the number of time									
	dislodged, he would ha									

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			<del></del> -	DEFICIENC	Y)							
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	interventions have be	en put into place. V14	İ									
	stated, that an abdon	ninal binder may or may not										
	be appropriate depen	ding on the patient, because										
	it compresses breathi	ng. V14 stated, that other										
	interventions could ha	ave been put in place to										
	out then positioning the	like if the resident is pulling	İ									
	out then positioning the tubing so that the patient could not reach. V14 stated, that if the g-tube is being dislodged during care then getting a longer											
						1 4						
	tube. V14 stated, that if the tubing was leaking					[ ]						
	then getting the appro	priate tubing. V14 stated,	1									
	that a dressing could	have been applied to help										
	expect interventions to	/14 stated, that he would										
	expect interventions to	o be put in place.				i i						
	On 8/14/2023 at 4:05	PM V11, LPN, stated, that				18						
,	the initial pull through the opening would cause											
	R3 pain.											
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	(B)		-									
	(6)		1			1						
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