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 IL6002711 10/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1095 UNIVERSITY DRIVE UNIVERSITY NSG & REHAB CENTER** EDWARDSVILLE, IL 62025 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Survey 2348478/IL165389 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)1) Section 300.610 Resident Care Policies 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 each resident's comprehensive resident care plan. Adequate and properly supervised nursing Attachment A care and personal care shall be provided to each Statement of Licensure Violations resident to meet the total nursing and personal care needs of the resident.

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

TITLE

(X6) DATE

PRINTED: 12/19/2023 **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 IL6002711 10/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1095 UNIVERSITY DRIVE** UNIVERSITY NSG & REHAB CENTER **EDWARDSVILLE, IL 62025 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 1 59999 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 meet as evidenced Based on interview and record review, the facility failed to refill medications timely for 1 of 3 (R2) residents reviewed for medication administration in a sample of 10. This failure resulted in R2 being admitted to the hospital for breakthrough seizure activity. Findings include: On 10/17/2023 at 11:30 AM, R2 stated that she was sent to the hospital because she was having seizures. She continued to state they didn't give her seizure medicine to her for at least a day or 2 and it sent her into full active seizures. She stated that they told her that they didn't have it and it was unacceptable to her. She continued to state that she was on top of her medication and it has happened before when they have run out of different medications for her. R2's Minimum Data Set, dated 9/20/2023.

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documented that her cognition was intact.

Twice A Day, by mouth twice a day.

R2's Physicians order sheet, dated 10/2023, documented an order for Clonazepam 3 mg, oral.

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Physician.

R2's Nurses Note, dated 10/04/2023 at 09:15 PM, "Called to resident room, resident is in active seizure. Resident laid to left side head is free from clutter. Resident lasted in seizure for 30 seconds. Is now awake and oriented x3. States

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nursing home). Her past medical history is most

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