PRINTED: 12/07/2023 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ B WING IL6008379 09/28/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **515 NORTH MAIN PAVILION ON MAIN STREET, THE** SANDWICH, IL 60548 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 **Initial Comments Annual Licensure Survey** \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)1) 300.3210t) 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. 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

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

care needs of the resident.

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

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE S	
		IL6008379	B. WING		09/2	8/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PAVILIO	N ON MAIN STREET,	THE 515 NOR1	TH MAIN TH, IL 60548			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	(X5) COMPLETE DATE
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		care-giving staff shall review able about his or her residents' care plan.				
	nursing care shall it	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
		s, including oral, rectal, enous and intramuscular, shall stered.				
	Section 300.3210 (General				
	subjected to physic	ensure that residents are not al, verbal, sexual or e, neglect, exploitation, or f property.				*1
	These requirement by:	s were not met as evidenced				
	review the facility fa a resident with frac (R289) reviewed fo R289 experiencing	ion, interview, and record ailed to provide pain control for tured ribs for 1 of 1 resident r pain. This failure resulted in difficulty sleeping, difficulty apy and uncontrolled pain.				
	The findings includ	e:				
	the facility on 9/20/ multiple fractures of assistance with per gait and mobility, of	showed she was admitted to 23 with diagnoses to include of ribs, left side, need for sonal care, abnormalities of pioid dependence, spinal pain, and intervertebral disc				

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FORM APPROVED Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: __ B. WING IL6008379 09/28/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 515 NORTH MAIN **PAVILION ON MAIN STREET, THE** SANDWICH, IL 60548 PROVIDER'S PLAN OF CORRECTION **SUMMARY STATEMENT OF DEFICIENCIES** (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LISC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 degeneration lumbar and lumbosacral region. R289's 9/20/23 Clinical Admission note entered at 7:19 PM showed R289 reported an aching and radiating pain to left lower back at a 4 on the pain scale with the frequency of the pain being constant. R289's care plan initiated 9/21/23 showed. "[R289] has acute/chronic pain related to disease process and multiple left rib fractures... [R289] will verbalize adequate relief of pain or ability to cope with incompletely relieved pain through the review date... Administer analgesia as per orders.... Evaluate the effectiveness of pain interventions per facility policy. Review for compliance, alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition." R289's September 2023 Physician Order Sheet showed R289 was admitted with an order for oxycodone-acetaminophen 10-325 (1 tablet) to be administered as needed every 4 hours for pain. R289's 9/20/23 Admission Summary entered at 8:07 PM showed, "Resident arrived to facility at 3:40 PM. Resident alert and oriented x 3... Resident admitted to the facility for therapy due to a fall at home. Resident does complain of pain to left ribs due to multiple non-displaced fractures of the 6-10 ribs..." On 9/28/23 at 10:29 AM, R289 said, "Over the weekend, I think it was Sunday (9/24/23). I had pain in my shoulder and side. I have 6 broken

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ribs. I guess they didn't get my oxycodone from the pharmacy. Then last night at bedtime I asked for my pain medication and they said they didn't

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE S COMPL	
		IL6008379	B. WING		09/2	8/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
PAVILIO	N ON MAIN STREET,	THE 515 NORT	'H MAIN 'H, IL 60548			
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\$9999	have it. They said to oxycodone so they instead. I've been to didn't make sense. When I requested it 8 at that time. When where the oxycodor up and walked out on ight so it was hard didn't sleep becaus. On 9/28/23 at 11:07 Nurse) said R289 do oxycodone but she facility) currently. Vipulled so she believe the record showed (the day of this interest does have a supply the pharmacy that so oxycodone. At 1:28 not receive oxycodor. At 1:28 not receive oxycodor and was going to che with the prescription take anything from without the prescription oxycodone at this till broken ribs so of collections.	nere was not an order for the gave me a muscle relaxer aking the oxycodone here so it it was about 7-8 PM last night for pain. I rated my pain at an it asked the nurse last night ne was, she threw her hands of my room. I didn't sleep last to do therapy this morning. I e I was in pain all night." AM, V8 RN (Registered oes have an order for doesn't have any here (in the 3 said the sticker had been red it was reordered. V8 said it was last ordered on 9/28/23 rview). V8 said the facility of common medications from the thought included and said the NP (Nurse the facility today and said he ent in the prescription this ne NP was going to his office neck and see what happened in V8 said the nurses cannot the convenience supply tion first so they were waiting the me. V8 said, "Well, she has purse she is requesting it"	S9999			

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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:** COMPLETED A BUILDING B. WING IL6008379 09/28/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **515 NORTH MAIN PAVILION ON MAIN STREET, THE** SANDWICH, IL 60548 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRFFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) 59999 S9999 Continued From page 4 The facility's pharmacy requisition dated 9/24/23 at 9:09 PM showed R289's supply of oxycodone was received at the facility (16 hours after R289's last dose was administered). The facility's Controlled Drug Receipt/Record/Disposition Form for R289's supply of oxycodone received on 9/24/23 at 9:09 PM showed R289's supply of oxycodone was exhausted again on 9/27/23 at 11:03 AM. R289's September 2023 eMAR (electronic Medication Administration Record) showed R289's last dose of oxycodone was given on 9/27/23 at 11:02 AM (approximately 26 hours prior). On 9/28/23 at 1:49 PM, V2 DON (Director of Nursing) said, "We typically reorder medications before they run out which is the goal. We have the [convenience supply] we can get medications out when that happens so we don't leave the resident without their medication. Sometimes we do need a new prescription. It is important to treat the resident's pain because it can cause a lot of other issues for the resident." The facility's policy and procedure revised 10/2020 showed, "Pain Assessment and Management; Purpose: The purposes of this procedure are to help the staff identify pain in the resident, and to develop interventions that are consistent with the resident's goals and needs and that address the underlying causes of pain... 1. The pain management program is based on a facility-wide commitment to resident comfort. 2. "Pain Management" id defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: ___

(X3) DATE SURVEY COMPLETED

IL6008379

B. WING_

09/28/2023

NAME OF BROWINGS OR SHOPLIED

STREET ADDRESS CITY STATE 210 CODE

PAVILION ON MAIN STREET, THE		515 NORTH MAIN					
	**************************************	SANDWICH, IL 6054		_			
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