

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005631	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2023
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NAME OF PROVIDER OR SUPPLIER COUNTRYVIEW CARE CENTER-MACOMB	STREET ADDRESS, CITY, STATE, ZIP CODE 400 WEST GRANT STREET MACOMB, IL 61455
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S9999	<p>Continued From page 1</p> <p>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:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>These requirements are not meet as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to administer pain medication as ordered and assess pain on a daily basis following a fall that resulted in a fracture for one of one resident (R30) reviewed for pain in the sample of 23. These failures resulted in R30 having intractable pain related to a new rib fracture.</p> <p>Findings include:</p> <p>The facility's Pain Prevention & Treatment policy, dated 12/7/17, documents, "It is the facility policy to assess for, reduce the incidence of and the severity of pain in an effort to minimize further health problems, maximize ADL (Activities of Daily Living) functioning and enhance quality of life. Assessment of pain will be completed with changes in the resident's condition, self reporting of pain or evidence of behavioral cues indicative of the presence of pain and documented in the nurses notes or on the Pain Management Flow Sheet. This will include, but is not limited to, date, rating, treatment, intervention and resident response. The Pain Management Flow Sheet will be initiated for those residents with but not limited to: routine pain medication, daily pain, diagnosis</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>that may anticipate pain (i.e. arthritis, wounds, fractures, etc.). Information collected on the Pain Assessment Form will be used to formulate and implement a resident specific Pain Treatment Plan documented in the resident's care plan."</p> <p>On 10/15/23 at 11:10 AM, R30 was alert lying in bed with oxygen on at 4 L/min (Liters/minute). R30 stated, "I fell a few days ago. I was walking with my walker to the bathroom, and my walker got caught on my oxygen tubing. It pulled me back and I fell onto my bed and the footboard of my bed. I instantly felt cracks and had lots of pain. I went to the ER (Emergency Room) and they said I have rib fractures." R30 had to stop speaking several times due to the pain it was causing her to speak and each breath she took. Grimacing repeatedly R30 stated, "The pain is awful. I'd say it's an '8' (on a scale of 0-10) right now. It's always sharp and stabbing. If I move my arms or my body, I can't take it the pain is so bad."</p> <p>On 10/18/23 at 10:45 AM, R30 was drowsy and falling asleep as she stated, "I sleep a lot, but that doesn't mean I'm not in pain. I'm just always so drowsy especially since I came back from the hospital. They don't wake me up at night to give me any pills. I want to be woke up because I end up waking up in the morning, and my pain is awful. I can't take the pain. My pain is still at an '8' especially when I'm trying to talk to you. It's a constant sharp stabbing pain into my chest."</p> <p>R30's (Quarterly) Pain Assessment, dated 7/2/23, documents that R30 has occasional pain with the worst in the previous five days being a "4" on a scale of 0-10.</p> <p>R30's Hospital History and Physical, dated</p>	S9999		

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S9999	Continued From page 3 10/8/23, documents, "Chief Complaint: Fell out of bed unwitnessed, (R30) states that she has right sided rib pain, unsure if she hit her head. History of present illness: (R30) states she was in her usual state of health today and had gotten up to use the bathroom with her walker. Unfortunately, her walker wheels were stuck in her oxygen tubing which resulted in a fall. She hit her right side of the chest and the hip. She could not get up and was in excruciating pain. She heard some crack according to (R30). She was brought to ER and work-up revealed right anterior ninth rib fracture. She was given Norco and fentanyl and was further admitted for intractable pain." A Facility Reported Incident, dated 10/13/23, documents, "(R30) with a BIMS (Brief Interview of Mental Status) of 14 (Cognitively Intact) had an alleged fall. After interviewing the resident, it was determined that (R30) got out of bed to go to the toilet. She started ambulating with her walker towards the bathroom, as she approached the end of the bed. She tripped on her oxygen tubing resulting in her falling over the end of her bed and falling to the floor. Complaining of right sided pain she thought she heard a bone crack. Sent to ER x-ray results show a 9th rib fracture. She was admitted to the hospital for intractable pain. Returned to the facility on 10/9/23." R30's Physician's orders, dated 10/9-10/31/23, documents that a new order was obtained on 10/11/23 for Norco (narcotic pain medication) 5/325 mg (milligrams) one tablet by mouth every four hours. The orders also document that R30 receives Norco 5/325 mg one tablet by mouth every six hours as needed for pain. R30's MAR, dated 10/9/23-present, documents that on 10/11/23 at 12:00 p.m., R30's scheduled	S9999		

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S9999	<p>Continued From page 4</p> <p>every four hours Norco began. The MAR also documents that R30's 12:00 a.m. dose is circled as not given for each day 10/11-10/17/23. The MAR has no documentation of a daily pain assessment with the administration of R30's scheduled pain medication.</p> <p>R30's Quarterly Pain Assessment, dated 10/9/23, documents that R30 is having almost constant pain that makes it hard to sleep at night and limits her day-to-day activities. The assessment also documents that in the last five days the worst her pain was on a scale of 0-10 was a "10".</p> <p>On 10/18/23 at 10:25 AM, V4 (Registered Nurse) stated, "The nurses are circling that they are not giving (R30) her 12:00 a.m. dose because she is sleeping at those times. She hasn't refused the Norco. We just don't want to wake her up to give her the medications since she is sleeping." V4 confirmed that R30 receives a scheduled pain narcotic, and when it is administered there is no formal pain assessment that is completed.</p> <p>On 10/18/23 at 12:22 PM, V2 (Director of Nursing) stated pain assessments are to be completed with every med pass and after each PRN administration. R30's pain assessment should be done before each scheduled Norco that they administer. I'm not sure where they should be documenting those pain assessments. The purpose of around the clock is to try and keep the pain down." V2 confirmed that R30's 12:00 a.m. dose of Norco has repeatedly not been given.</p> <p>(B)</p>	S9999		