

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2023
--	---	--	--

NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSG & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure and Certification Complaint Investigation: 2390289/IL155250	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3) Section 300.610 Resident Care Policies a) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2023	
NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSG & RHB		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</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>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 made by nursing staff and recorded in the resident's medical record.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to follow its policy related to documentation, monitoring and physician notification related to bowel movement for one (R26) of three residents reviewed for quality of care. This deficiency resulted in R26 complaining of constipation for several days before being sent</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSG & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>to the emergency room for further evaluation and subsequently found to have fecal impaction in the rectum.</p> <p>Findings include:</p> <p>R26 is a 95-year-old, female, admitted to the facility on 10/12/21 with diagnoses of hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, morbid obesity due to excess calories and other sequelae of cerebral infarction.</p> <p>On 01/17/23 at 12:30PM, R26 was asked about her recent hospitalization. R26 stated, "It was five or six days that I did not move my bowels. I told staff that I cannot move my bowels and I was having abdominal pain. They are giving me Miralax (Polyethylene Glycol, laxative) every day, but it did not help me move my bowels. With Miralax, I move my bowels every day. I drink water pretty good, but I was constipated."</p> <p>The MAR (Medication Administration Record) from November 2022 to current showed that Miralax, 17 grams, oral once a day, was administered to R26 daily, as ordered.</p> <p>According to progress notes dated 12/28/22, R26 was seen by V17 (Nurse Practitioner) due to constipation and ordered to continue taking the prescribed Polyethylene Glycol once a day. Progress notes dated 01/02/23 documented that she (R26) complained of feeling constipated and with too much stool inside her intestines. KUB (Kidney, Ureter and Bladder) X-ray was ordered. KUB X-ray dated 01/02/23 recorded: Impression: Generalized ileus versus bowel obstruction.</p> <p>On 01/04/23, she (R26) was sent to the</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2023
--	---	--	--

NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSNG & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>emergency room for further evaluation for bowel obstruction.</p> <p>Hospital records dated 01/05/23, After Visit summary documented: Reason for visit: rectal pain; constipation Diagnoses: constipation, unspecified constipation type; fecal impaction in rectum.</p> <p>On 01/18/23 09:50AM, V11 (Certified Nurse Assistant, CNA) was asked regarding bowel movement (BM) monitoring of residents. V11 verbalized, "I do monitor for BM every two hours. I tell the nurse about BM to document the observation." V8 (Registered Nurse) was also asked regarding R26 and BM monitoring. V8 replied, "CNAs are responsible for monitoring the BM of resident. If a resident does not have a BM for three days, we have to let the physician know. If there is an order for a PRN (as needed) medication, we give the medication. But we still have to notify physician or NP for any additional orders. She (R26) has issues with constipation due to her underlying condition. Looking at her BM logs, I don't see any logs on 01/03/23; 12/25/22 and 12/29/22.</p> <p>R26's bowel movement logs recorded the following: November 2022: No BM on 11/09; 11/10; 11/11; 11/14, 11/15, 11/16; 11/20, 11/21, 11/22, 11/23; no record on 11/29.</p> <p>December 2022: No BM on 12/02; no records on 12/03 and 12/04; no BM on 12/10/22, 12/11/22, no record on 12/12/22; no BM on 12/16/22; no record on 12/17/22; no BM on 12/18, 12/20; on 12/21 at 9:28 AM, a small BM of 5 ml (milliliters) was documented; no BM on 12/22; no record on 12/25 and 12/29.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/19/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSG & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>January 2023: No BM on 01/01; on 01/02 at 11:19 AM, a medium sized BM of 10 ml was documented; no record on 01/03/23.</p> <p>Further review of R26's progress notes from November 2022 to current showed no documentation notifying physician or NP regarding not moving bowels for three days or more but on 12/28/22 that she (R26) started complaining of constipation.</p> <p>On 01/18/23 at 1:53PM, V17 (Nurse Practitioner) was interviewed regarding R26. V17 stated, "I was first made aware that she had issues with constipation last 12/28/22, I saw her and ordered to continue Miralax. On 01/02/23, she still complained of constipation, KUB was ordered. It showed possible bowel obstruction. She was sent out, readmitted back with diagnosis of fecal impaction. She had fecal impaction due to mobility deficit, diet and hydration. In order to prevent fecal impaction on R26, staff has to do turning and repositioning, hydration, and monitor bowel movement on a daily basis. If there is no BM for three days, I should be notified. She has history of CVA (stroke) which leads her to develop decreased mobility and affects bowel function. On R26, the fecal impaction is avoidable, staff has to monitor her BM daily and when needed and document findings and notify physician and NP if there is no BM for three days. Because constipation can lead to fecal impaction. Fecal impaction could lead to bowel obstruction, leading to complete blockage of stool and perforation of intestines."</p> <p>01/19/23 at 10:59 AM, V2 (Director of Nursing) was also interviewed regarding bowel movement monitoring. V2 verbalized, "I expect my staff to monitor BM every shift. CNAs are responsible for</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009443	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/19/2023
--	---	--	--

NAME OF PROVIDER OR SUPPLIER TRI-STATE VILLAGE NRSG & RHB	STREET ADDRESS, CITY, STATE, ZIP CODE 2500 EAST 175TH STREET LANSING, IL 60438
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>monitoring the BM. If it is something abnormal, they should notify the nurses. But if none, they document it in the point of care charting. If a resident does not have BM for three days, they have to notify physician or nurse practitioner."</p> <p>Facility's policy titled; "Bowel Program" dated 05/17 stated in part but not limited to the following: Objective: To maintain proper bowel health for each resident. Procedure: 1. Residents will be monitored daily to determine if they have had a bowel movement. 2. If resident has had a bowel movement it will be documented in the resident's permanent record. 3. After three consecutive days of resident not having a bowel movement the physician is to be notified and orders for treatment shall be obtained and administered. 8. This program may be used in conjunction with routine laxative and stool softener medications as order by the physician.</p> <p>(B)</p>	S9999		