

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008213	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/27/2023
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NAME OF PROVIDER OR SUPPLIER SANDWICH REHAB & HCC	STREET ADDRESS, CITY, STATE, ZIP CODE 902 EAST ARNOLD STREET SANDWICH, IL 60548
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S 000	Initial Comments Complaint Investigation 2314817/IL160815	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 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 300.1210 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.	S9999	<p>Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>These requirements are not meet as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to coordinate a resident's care to ensure a resident received therapy, failed to ensure a resident received a wheelchair, and failed to coordinate discharge planning for a resident wishing to transfer to another facility in a timely manner. These failures resulted in R1 feeling depressed and hopeless with his current situation.</p> <p>This applies to one of one resident (R1) reviewed for care and services in the sample of 11.</p> <p>The findings include:</p> <p>The facility face sheet for R1 shows diagnosis of paraplegia and major depressive disorder and was admitted to the facility on 5/26/2023 at the age of 29. The facility assessment dated 6/7/2023 shows R1 to be totally dependent on staff for all activities of daily living. The same assessment describes his mood as little interest in doing things, feeling down, depressed or hopeless, trouble falling asleep, no energy and low appetite nearly every day. The Physician progress note dated 5/27/2023 shows R1 to be a paraplegic from a recent gunshot wound, right shoulder injury related to gunshot wound and a sacral pressure ulcer. The note goes on to show R1" is not at all happy about being in the nursing home, being so far away from home and a very difficult situation for this very young individual and will require close monitoring".</p> <p>On 6/16/2023 at 9:10 AM, R1 was observed laying in his bed in his room. The curtains were</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>drawn, and the room was dark. No wheelchair was observed in the room. R1 said he is not sure why he ended up in a nursing home 4 hours away from his family and wants to leave this facility. R1 said he can't leave against medical advice because he has no one to care for him and no wheelchair to get around in. R1 said he feels like no one in the facility is trying to help him get closer to his family. R1 said he has not received any therapy since being at the nursing home. R1 said he calls 911 for himself frequently hoping he won't have to come back to the facility. R1 said he does not feel like the facility is caring for his pressure ulcer the right way and just wants to get out of this facility and be closer to his family.</p> <p>On 6/16/2023 at 10:30 AM, V13 Therapy Director said R1's therapy has been delayed due to his insurance and waiting on approval to start care. V13 said a referral for a specialized wheelchair has just been sent out.</p> <p>On 6/16/2023 at 10:45 AM, V1 Business office manager said R1 is a charity case and the corporate staff had to review the paperwork to approve therapy and a wheelchair for R1. On 6/27/2023 at 9:16 AM, V1 said she submitted the paperwork to corporate the week after R1 was admitted and she never heard back if it was approved until just recently.</p> <p>On 6/16/2023 at 2:20 PM, V1 said she sent an e-mail to the corporate hospital liaison for R1's request to be moved to another facility. V1 said she sent the request when she was officially notified of R1's request to leave the facility. (The e-mail is dated 6/14/23, 19 days after admission)</p> <p>On 6/20/2023 at 11:40 AM, V3 Activity Director said he has been doing some of the social</p>	S9999			

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S9999	<p>Continued From page 3</p> <p>service work since the facility does not have a social service director. V3 said R1 made it very clear when he came to the facility that it was too far away from his family and wanted to be placed somewhere else. V3 said R1 was promised therapy before he came to the facility and the therapy has been delayed due to him being a charity case and no one following up on the paperwork to make the therapy happen. V3 said many things at the facility are not being followed up on due to the lack of directors.</p> <p>On 6/27/2023 at 9:35 AM, V2 Director of Nursing said the facility has not had any administration staff in the facility for a long time, and things are not being followed up on as they should be. V2 said the IDT (interdisciplinary team) team discusses a residents care in their daily meetings and the resident needs are determined and followed-up on. V2 admits there has been a delay in R1's care due to lack of follow-up by IDT team.</p> <p>The facility mood assessment dated 5/26/2023 shows R1 to have moderate to severe depression.</p> <p>A nursing progress note dated 6/1/2023 shows communication between facility staff and R1's mother regarding the disappointment regarding the lack of therapy being provided to R1. The facility told R1's mother the paperwork had been submitted and the facility was waiting on the approval.</p> <p>A nursing note dated 6/1/2023 shows at 12:05 AM, R1 was asking staff about leaving the facility against medical advice.</p> <p>R1's clinical record shows no referral for any</p>	S9999		

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S9999	Continued From page 4 Psychiatric services for his history of depression and ongoing depressed mood. R1's facility care plan for ineffective coping related to new diagnosis of paraplegia shows to provide education on psychiatry and for his sad/depressed mood to encourage psychiatry services. The facility undated job description for the Social Service Director shows: will assist in planning, developing, organizing, implementing and directing social service programs in accordance with current existing federal, state and local standards as well as our established policies and procedures in order to assure that the medically related emotional and social needs of the resident are met and maintained on an individual basis. (B)	S9999		