(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6001457		B. WING		C <b>10/10/2024</b>	
NAME OF I				STATE, ZIP CODE	1 10/10/2021
		302 WFS	T BURWASH	,	
ACCOLA	DE HEALTHCARE OF	SAVOY SAVOY, I			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
S 000	Initial Comments		S 000		
	Complaint Investiga	ation			
	#2467904/IL17865	59			
S9999	Final Observations		S9999		
	Statement of Licens 300.610a) 300.1210a) 300.1210b) 300.1210d)3)	sure Violations:			
	Section 300.610 Re	esident Care Policies			
	procedures governi facility. The written be formulated by a Committee consisting administrator, the a medical advisory conformation of nursing and othe policies shall complete the facility and shall	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed			
	Section 300.1210 ( Nursing and Persor	General Requirements for nal Care			
	facility, with the part the resident's guard applicable, must de comprehensive care	sive Resident Care Plan. A ticipation of the resident and dian or representative, as evelop and implement a le plan for each resident that le objectives and timetables to			

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

10/21/24 **Electronically Signed** 

TITLE

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					С	
		IL6001457	B. WING		10/1	0/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ACCOLA	DE HEALTHCARE OF	F SAVOY 302 WEST SAVOY, II	ΓBURWASH <sub>-</sub> 61874			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
\$9999	and psychosocial nesident's comprehallow the resident to practicable level of provide for dischargestrictive setting baneeds. The assess the active participater resident's guardian applicable. (Section b) The facility care and services to practicable physical well-being of the releach resident's complan. Adequate and care and personal cresident to meet the care needs of the releach resident to meet the care needs of the releach resident to meet the care needs of the releach resident's condition emotional changes determining care refurther medical evaluate and personal cresident's condition emotional changes determining care refurther medical evaluate and personal changes d	medical, nursing, and mental eeds that are identified in the ensive assessment, which a attain or maintain the highest independent functioning, and ge planning to the least ased on the resident's care sment shall be developed with tion of the resident and the or representative, as a 3-202.2a of the Act)  shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with a properly supervised nursing care shall be provided to each the total nursing and personal esident.  subsection (a), general and the practiced on a 24-hour, basis:  observations of changes in a possible in a possible in a properly and the need for luation and treatment shall be aff and recorded in the	S9999			
	Based on record review and interview the facility					

failed to provide pain management by not having

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		IL6001457	B. WING		10/1	10/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		
ACCOLA	ADE HEALTHCARE O	F SAVOY	ST BURWASH IL 61874			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S9999	the correct pain me admission to the fa R1 experiencing se joint replacement s was not available. reviewed for pain me three. This past co 9/26/24 to 9/27/24.  Findings include:  The facility policy timevise date 7/23 do facilitate resident in resident comfort and The purpose of this mission through an program, providing receive necessary independence, and involvement. We withrough: Screen for residents to self-regiminimizing anticipal using pain mediation resident's desired leavoidance of unacconsequences."  R1's Progress note was admitted to the approximately 6:30 dated 9/26/24 at 6:30 dated 9/26/24 at 6:30 admitted to make morder Sheet (POS)	edication available for R1 upon cility. This failure resulted in evere pain from R1's recent aurgery when pain medication R1 is one of three residents nanagement in a sample of ompliance occurred from the defendence of the preserve resident dignity. It is policy is to accomplish that a effective pain management our residents the means to comfort, exercise greater and endine every shift. Encourage port pain. Preventing and ted pain when possible and on judiciously to balance the evel of pain relief with the ceptable adverse a dated 9/26/24 documents R1 and facility on 9/26/24 at PM. The same Progress note and oriented times 4 needs known. The Physician's dated September 2024				
	Order Sheet (POS) dated September 2024 documents R1 was admitted with the following diagnoses: "Aftercare following Joint Replacement Surgery and Chronic Lymphocytic Leukemia of B-Cell type not having achieved					

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			71. BOILBING.	7. Bolebino.		С	
		IL6001457	B. WING			10/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
ACCOL	ADE HEALTHCARE O	F SAVOY	T BURWASH IL 61874				
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\$9999	remission."  R1's hospital transi 9/26/24 document prescribed to receid doctor's orders, R1 the following medic for pain "Oxycodor mouth every 6 hou R1 stated per phor 12:05 PM " Yes, I vidays I was at the night came in a and I told her not a some pain medicate to go to the nursing need the pain med would be able to slimy pain medication have my pain medication have my pain medication have my pain medication have the night nurse (V6 pain mediation was your pain medication was your pain medication and did not get later that day."  On 10/9/24 at 2:27 nurse working the mis medication ordered pharmacy by the action of the medication should be able to slim the medication ordered from the pain medication ordered from the medication ordered from the medication should be able to slim the medication ordered from the pain medication ordered from the medication should be able to slim the medication ordered from the pain medication ordered from the pain medication ordered from the medication should be able to slim the medication ordered from the pain medication ordered from the pain medication ordered from the medication should be able to slim the pain medication ordered from the p	fer/discharge orders dated the medications R1 was ve at the nursing home. Per was to receive the following					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
July 1 Day of Gorales from Service (1997)		A. BUILDING:				
IL6001457		B. WING		10/1	0/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ACCOLA	ADE HEALTHCARE OF	SAVOY	F BURWASH			
		SAVOY, II				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
\$9999	not call the Nurse PDoctor) to get an ormedication." V5 stated the medication on the medication of the medication accord V7 stated V7 went the Medication accord v7 stated the medication of the medication accord v7 stated v7 went the medication of the medication accord v7 stated v7 went the medication of the medication of the medication accord v7 stated v7 went the medication accord v7 stated v7 went the medication of the medication accord v7 stated v7 went the medication accord v7 stated v7 went the medication of the medication accord v7 stated v7 went the medication of the medication accord v7 stated v7 went the medication accord v7 stated the medication of the medicat	Practitioner (V7) or V11 (R1's der for a substitute ated "we did not have amergency Box, we only had enol."  PM per phone interview V7, stated, "I went to visit (R1) in AM to 10:00 AM on 9/27/24 to ing. I was shocked because ating pain you could see it in wements. (R1) looked really. I asked him if he received, he stated 'no the facility does pain medication.' He stated not arrive with his other ing to the night nurse (V6)." to the nurse (V3, ADON) (of Nursing) and asked her why his medication for pain and V3 on was not received from the emergency box only had V7 stated V7 immediately with an emergency order for at two doses which is available fox. V7 stated "I then had the medication from the digive it to (R1). Then called sent the prescription that was ceive his Oxycodone 5 mg." did not have been in pain like one called V7 or the doctor.	S9999			
	when R1 was admitted for an order for a different type of pain medication.  On 10/9/24 at 12:11 PM, V8 Pharmacist confirmed V7 called in an emergency order on 9/27/24 at 12:03 PM for R1, and the pharmacy received the prescription for R1's Oxycodone 5mg at on 9/27/24 at 3:49 PM.					

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		IL6001457		3. WING		D 1 <b>0/2024</b>
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STATE, ZIP CODE	1 10/1	0/2024
ACCOLA	DE HEALTHCARE OI	F SAVOY 302 WEST	ΓBURWASH - 61874			
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S9999	Continued From pa	ige 5	S9999			
	wrote new prescript pain medication and	PM V3, ADON stated "Yes V7 tions for (R1) to receive his d I faxed to our pharmacy the or (R1) to receive his				
	"We did not have the Emergency Box and	PM V1, Administrator stated ne medication in the d the nurse did not pick up the nurse practitioner or the doctor the medication."				
		titled " Admission Orders and evised date of 7/23 documents f 1 and 2"				
	"1. Physician orders for the resident immediate care will be obtained prior to or upon admission/readmission."					
	for the care of the r physician or his/her attending physician contacted, the DON notified and the Me	ursing staff shall obtain orders resident from the resident's designee. If the resident's or his/her designee cannot be (Director of Nursing) will be dical Director will be contacted rs for care of the resident."				
		date of 10/10/24, the facility actions to correct the				
	and R1 was informed had been ordered we processing his ordered administered by V3 2. On 9/27/24 a pla	was interviewed by V3 ADON ed an alternative medication while the pharmacy was ers and pain medication was 5 on 9/27/24 at 1:32 PM. an was implemented to audit residents for narcotics orders				

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S9999	in the emergency b on 9/27/24.  3. On 9/27/24 all not the narcotic process order for a narcotic emergency supply. be placed in the Nureference. The admorders for narcotics by ADON on 9/27/24. Audits are in place ensure alternative rordered by the provinarcotics arrived from be completed for earther esults of these facility Quality Assu Improvement (QAP trends, and continuing process monitoring)	e list of available medications ox. Completed by V3 ADON ursing staff were educated on a and how to obtain a one time that is available in the The emergency supply list will urse Resource Binder for quick hissions nurse will screen when received. Completed 4 be for each new admission to harcotics are available and rider until original ordered om pharmacy. This audit will each admission by the ADON. It is audits will be reviewed by the rance Performance and improvement. Completed loing with each new admission with each new admission				

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