

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009765	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2024
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NAME OF PROVIDER OR SUPPLIER WATSEKA REHAB & HLTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA, IL 60970
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S 000	Initial Comments Annual Licenaure & Certification Survey & Complaint Survey: 2466560/IL176873	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2) 300.610a) 300.1210b) 300.12010c) 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	S9999		

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

TITLE

(X6) DATE
09/19/24

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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to effectively manage pain, routinely assess for pain, and timely implement pain medication orders for one (R45) of two residents reviewed for Hospice in the sample list of 36. This failure resulted in R45 experiencing uncontrolled pain as evidenced by grimacing, moaning, and yelling out.</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 that may anticipate pain". "Information collected on the Pain Assessment Form will be used to formulate and implement a resident specific Pain Treatment Plan documented in the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>resident's care plan."</p> <p>On 8/25/24 at 8:34 AM R45 was lying in bed moaning. V7, V9, and V10 Certified Nursing Assistants (CNA) entered R45's room. V9 stated R45 is on hospice and "does that a lot", in regards to R45's moaning. V9 stated V9 will try to see what R45 needs. On 8/25/24 at 8:42 AM R45 had been repositioned. V4 Registered Nurse entered R45's room and R45 reported having back pain when V4 asked about R45's pain.</p> <p>On 8/25/24 at 4:15 PM V7, V9, V28 CNAs entered R45's room, provided urinary catheter care, and transferred R45 with a full mechanical lift from the bed into a reclining geriatric chair. During the catheter care R45 grabbed hold of the privacy curtain and moaned when staff turned and moved her. During the transfer R45 had facial grimacing and cried out "ow", it hurts, hurry hurry". V7 and V9 were asked about R45's pain and moaning, and stated that was normal for R45.</p> <p>On 8/26/24 at 3:33 PM R45 was heard moaning from R45's room. V9 stated V9 will check on R45.</p> <p>R45's ongoing Diagnoses List documents R45 has Cirrhosis of the liver, Acute Kidney Injury, Hyperuricemia, and Esophageal Varices. R45's Minimum Data Set dated 7/8/24 documents R45 has severe cognitive impairment, and during the last five days R45's pain was almost constant, frequently affected sleep, and almost constantly affected daily activities. R45 rated the worst intensity of pain as "very severe, horrible" during the last five days. There is no documentation that R45's pain is routinely assessed besides on admission and when PRN (as needed) pain medication is administered.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R45's Care Plan dated 7/23/24 documents R45 is at risk for pain and documents interventions to anticipate need for pain relief and respond immediately to complaints of pain, monitor/document probable cause for pain episodes, remove/limit causes of pain when possible, monitor and report signs of pain to the nurse. This care plan does not document new interventions were developed/implemented to address R45's pain after 7/23/24.</p> <p>R45's July 2024 Medication Administration Record documents Percocet (narcotic pain medication) 5-325 milligrams (mg) one tablet twice daily for pain from 6/29-7/16/24, Fentanyl (narcotic) 12 micrograms (mcg) (incorrectly noted as 25 mcg) patch apply every 72 hours starting 7/17/24, Percocet 5-325 mg one tablet every 4 hours PRN from 6/29/24-8/15/24. 20 doses of PRN Percocet was given in July, and there were four times that R45's pain was rated 7-9 on a 1-10 scale between 7/10/24 and 7/16/24.</p> <p>R45's Hospice Physician Order Form dated 8/14/24 documents an order to discontinue Fentanyl 12 micrograms (mcg) and start Fentanyl 25 mcg patch apply every 72 hours. There is no documentation that this was implemented prior to 8/25/24 (11 days after the order). R45's August 2024 MAR documents Fentanyl 12 mcg patch was administered every 72 hours from 8/1-8/25/24, excluding 8/19/24 in which this entry documents to refer to R45's nursing notes. R45's nursing notes do not document why this medication was not administered.</p> <p>R45's August 2024 MAR documents Morphine Sulfate concentrate 20 mg/ml (milliliters) give 5 mg or 10 mg every hour PRN for pain initiated</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>8/15/24, Percocet 5-325 mg one tablet every 4 hours PRN discontinued 8/15/24. This MAR documents Tylenol 650 mg PRN was given on 8/20/24 at 10:20 AM for pain rated 9, and 15 doses of Morphine 10 mg and seven doses of Morphine 5 mg were given. R45's pain was rated 7-10 for 11 of the Morphine administrations, and 6 of these doses are documented as being ineffective in pain relief. There is no documentation that R45 refuses pain medication.</p> <p>R45's Controlled Substances Proof of Use dated 8/15/24-8/25/24 documents three Morphine Sulfate 0.5 ml (10 mg) administrations 8/24/24 at 8:00 PM, and 8/25/24 at 12:00 AM and 5:00 AM that are not documented on R45's MAR or nursing notes. There are no pre and post pain assessments documented for these administrations.</p> <p>On 8/25/24 at 10:48 AM V4 Registered Nurse (RN) stated R45 gets Fentanyl, Morphine, Tylenol and Ativan for pain, some of these medications are scheduled and some are given PRN. V4 stated we have been giving R45's PRN medications "around the clock". V4 stated it was passed on in shift report today that R45 was uncomfortable and was up until 3:00 AM. At 11:36 AM V4 stated R45 had only one Fentanyl 12 mcg patch on this morning, which V4 removed and applied two patches.</p> <p>On 8/26/24 at 9:31 AM V14 Licensed Practical Nurse stated V14 was not sure why V14 did not administer R45's Fentanyl patch on 8/19/24, and possibly R45 refused the medication.</p> <p>On 8/26/24 at 12:00 PM V26 Hospice RN stated V26 consults with the nurses about R45's pain during each visit and the facility calls when R45</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>has increased pain. V26 confirmed the facility should call hospice if there are problems managing R45's pain. V26 stated V26 ordered Fentanyl 25 mcg from the hospice pharmacy on 8/18/24 and discovered during narcotic count on 8/20/24 that the facility still only had the 12 mcg patches. V26 confirmed not administering Fentanyl as ordered could contribute to R45 having increased pain.</p> <p>On 8/26/24 at 3:49 PM V21 LPN stated R45 was in a lot of pain on Saturday night (8/24/24), and R45 is usually in a lot of pain when R45 is laying down. V21 stated R45 rated R45's pain that night as a 10, we repositioned R45, V21 administered Haldol, Morphine, and Ativan and R45 slept for a few hours. V21 stated R45 woke up again moaning around 1:30-2:00 AM and then again at 6:00 AM. V21 stated Morphine does help relieve R45's pain and it helped that night. V21 stated if the medication administration is not documented on the MAR then it would be on the count sheets. V21 stated sometimes it doesn't show up on the MAR when V21 documents PRN medication administration. V21 stated R45 moans, yells out, and thrashes about when R45 has pain.</p> <p>On 8/25/24 at 3:42 PM V2 Director of Nursing (DON) stated pain should be documented in a progress note, pain should be assessed on an hourly basis for hospice residents, and hospice should be consulted for any uncontrolled pain. When asked about pain assessment documentation, V3 Assistant DON stated "we chart by exception" and pain scales are documented when PRN medications are given. V3 stated 12 mcg was ordered on 7/17/24 and V3 put an order in today to increase to 25 mcg and may apply two 12 mcg patches until the 25 mcg patches arrive. At 3:51 PM V2 reviewed R45's</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>hospice binder and confirmed order to increase Fentanyl 25 mcg on 8/14/24. On 8/27/24 at 3:55 PM V2 stated hospice nurses give the facility their notes and order forms, and verbally tell the nurses of any new orders.</p> <p>(B)</p> <p>Statement of Licensure Violations (2 of 2)</p> <p>300.1210b)</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>These Requirements were NOT MET as evidenced by:</p> <p>Based on interview and record review the facility failed to provide dialysis services to one (R15) of two residents reviewed for dialysis services from a total sample list of 36. This failure resulted in R15 being hospitalized for Hypervolemia.</p> <p>Findings include:</p> <p>On 8/27/24 at 1:10PM, R15 stated, "I missed nearly two and a half months of dialysis because V11 Social Services Director didn't understand that I needed dialysis and didn't get a nurse involved. I ended up in the hospital really sick. I</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>was doing dialysis three times a week before I came here."</p> <p>R15's undated census report documents that R15 was initially admitted to the facility on 12/18/23.</p> <p>R15's undated diagnosis sheet documents that R15 was admitted with a diagnosis of kidney failure.</p> <p>R15's admission record dated 12/18/23 documents that R15 was admitted to the facility with a renal shunt for dialysis.</p> <p>R15's medical record documents that R15 was admitted to the hospital on 1/30/24 for Hypervolemia.</p> <p>R15's hospital discharge notes dated 2/6/24 document that R15 needs three times a week dialysis, to follow up with nephrology and to have a renal diet.</p> <p>On 8/27/24 at 2:30PM, V1 administrator stated , "R15 was admitted urgently in December of 2023. The day of admission R15 was supposed to have dialysis; however the facility could not provide transportation on that date and after that I'm not sure what happened because (V11 Social Services Director) was handling it (dialysis appointments)."</p> <p>On 8/27/24 at 2:45PM, V2 Director of Nursing said that nursing issues such as dialysis should be managed by nursing and that now they are being done so.</p> <p>On 8/27/24 at 1:50PM, V32 Dialysis Registered Nurse said that R15's first treatment at their facility was on 2/9/24 after she had been being</p>	S9999		

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S9999	Continued From page 8 dialyzed at the hospital. V32 said that R15 has kidney failure that requires dialysis three times a week and that the risks of not receiving dialysis three times a week could result in critical fluid overload including hospitalization. (A)	S9999		