

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005946	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/14/2024
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NAME OF PROVIDER OR SUPPLIER MCLEAN COUNTY NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 901 NORTH MAIN NORMAL, IL 61761
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(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	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.690a) 300.690b) 300.690c) Section 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry	S9999		

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

TITLE

(X6) DATE
09/05/24

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S9999	<p>Continued From page 1</p> <p>hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to report an incident of choking resulting in hospitalization and a diagnosis of aspiration pneumonia for one (R62) of five residents reviewed for incidents/accidents from a total sample list of 35 residents.</p> <p>Findings Include:</p> <p>R62's undated continuity of care document documents the following diagnoses including Congestive Obstructive Pulmonary Disease, Vascular Dementia with Behavioral Disturbances, Rheumatoid Arthritis, Alzheimer's with late onset, Otalgia of the Left Ear, Dysphagia, Anxiety and Delusional Disorders.</p> <p>R62's progress note dated 5/14/24 at 5:22PM, documents that R62 was noted to be choking in the dining room at dinner. R62 was taken to his room and the Heimlich maneuver was performed. The food was dislodged and R62 was taken by ambulance to the hospital.</p> <p>R62's progress notes dated 5/20/24 at 12:00PM, document the local hospital called to report that R62's admission diagnosis is aspiration pneumonitis. Additionally, R62 failed a swallow study, is not following commands, speech is unclear, lungs are diminished and R62 has a congested cough. R62's progress note dated 5/20/24 at 4:55PM documents that R62 was returned to the facility under hospice care.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R62's hospital records dated 5/20/24 document admission and discharge from 5/14/24 to 5/20/24 due to choking and subsequent aspiration pneumonia.</p> <p>On 8/14/24 at 10:30AM, V2 Director of Nursing said that she submits reportable events to the state agency but did not realize that she needed to submit one for an incident of choking.</p> <p>On 8/14/24 at 11:30AM, V1 Administrator said that the facility has no policy to guide when to report incidents and accidents.</p> <p>(C)</p>	S9999		