

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
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NAME OF PROVIDER OR SUPPLIER EDWARDSVILLE NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY DRIVE EDWARDSVILLE, IL 62025
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S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 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		

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

TITLE

(X6) DATE
04/02/24

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S9999	<p>Continued From page 1</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the Facility failed to ensure safe transfers were being performed for 2 of 7 residents (R31, R53) reviewed for accidents and hazards, in the sample of 38. This failure resulted in R31 and R53 both being sent out to the hospital after sustaining injuries.</p> <p>Findings include:</p> <p>1. On 3/14/2024 at 9:54 AM, R31 was sitting in her wheelchair, oxygen on and looking out the window.</p> <p>On 3/14/2024 at 9:56 AM, R31 stated, "I remember the fall, I was going to the bathroom and tripped and fell and had to go to the hospital. I am not sure why I tripped. There was no staff with me when I fell."</p> <p>R31's Physician Order Sheet (POS) for March</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>2024 documented diagnoses of Heart failure, Chronic Kidney Disease, Gastrointestinal hemorrhage, unspecified (History of); Hyperlipidemia, unspecified; Age-related Osteoporosis without current pathological fracture; Dependence on renal dialysis; Type 2 diabetes mellitus without complications; Vitamin D deficiency, unspecified; Chronic Obstructive Pulmonary Disease, unspecified; Iron deficiency Anemia, unspecified; Anxiety disorder, unspecified; Chronic systolic (congestive) heart failure; Gastro-Esophageal Reflux Disease without Esophagitis; Essential (primary) Hypertension; Anemia in chronic kidney disease.</p> <p>R31's Minimum Data Set (MDS), dated 12/8/2023, documented that she was moderately impaired for cognition of activities of daily living, requires partial/moderate assistance, helper does more than half the effort, helper lifts, holds, trunk or limbs, but provides less than half the effort. The MDS also documented that R31 used a wheelchair. The ability to move from sitting on side of bed to lying flat on the bed requires substantial/maximal assistance.</p> <p>R31's Care Plan with a target date of 6/9/2024 documented, "Resident will be free from falls." R31's Care Plan also documented, "Problem: Resident is at risk for falls due to Age-related Osteoporosis without current pathological fracture. I am at risk for decline in my ability to transfer due to weakness, with start date of 9/15/2022."</p> <p>R31's Progress Notes, dated 1/4/2024 documented, "Resident was transferring to toilet with CNA while wearing slippers, slipped on the ground and fell face first into ground. Actively bleeding from forehead, pressure dressing</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>applied, skin tear to right hand, bruising to nose. 911 notified of transport."</p> <p>R31's Progress Notes [Recorded as Late Entry on 01/08/2024 12:34 PM],"IDT (intradisciplinary team): FALL: on 1/4/24 resident was walking to the bathroom with a walker and assist of one CNA (certified nursing assistant). Resident was wearing slippers and her foot slipped on the ground and resident fell face first into the ground. Active bleeding noted to forehead, pressure dressing applied, bruising to nose. 911 notified of transfer to hospital. Upon further review and discussion with IDT (intradisciplinary team, resident will be wearing non-skid socks. MD (medical doctor) and POA (power of attorney) updated."</p> <p>R31's Progress Notes, dated 1/4/2024 at 6:15 PM, documented, "Resident came back from ER (emergency Room) this evening. C/o (complain of) head and neck pain. PRN (As needed) Tylenol given as ordered with little relief. MD (Medical Doctor) notified. Bruising noted underneath both eyes and bridge of nose. Abrasion noted to left knee. Skin tear to right wrist. CT (computerized tomography) scan negative per (Hospital) ER (Emergency Room). Appetite poor. PO fluids (by mouth) encouraged. Respirations even and unlabored. No s/s (signs and symptoms) of distress. Call light within reach. Will continue to monitor."</p> <p>R31's Progress Notes dated 1/8/2024 at 1:14 PM, [Recorded as Late Entry on 01/09/2024 11:21 AM] documented, "Resident is noted to have a laceration to the forehead that she received in a fall in an attempt to transfer herself to the toilet. Resident received 4 stitches to her forehead. Site is clear from redness and infection. No bleeding</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>noted. Resident has no s/s (signs and symptoms) of discomfort. Will continue to monitor. Stitches will be removed on 01/11/24. MD, POA, Resident notified."</p> <p>R31's Incident Report dated 1/4/2024 at 1:03 PM, documented, "What resident was doing just prior to fall, transferring to toilet, with severe pain to the head and neck, bleeding from forehead, skin tear to right hand, bruising to nose. Interventions: non-skid footwear."</p> <p>On 3/15/2024 at 10:04 AM, V3, Assistant Director of Nursing, stated, "(R31) was using a walker and was walking to the bathroom when (R31) slipped and fell requiring her to have stitches. (V36) was the certified nursing assistant that was with her. I did not witness it."</p> <p>On 3/15/2024 at 10:14 AM, V36, Certified Nursing Assistant (CNA), stated, "I was taking (R31) to the bathroom, she fell in the bathroom. (R31) had a gait belt on her and she had on some slipper shoes and one shoe fell off. We were getting ready to go on the toilet. I was holding on to the gait belt, (R31) was holding on to the walker, I was trying to help her turn and then she fell and hit her head. I never lowered her to the floor, she just fell. I did not fall with her. It just happened so fast."</p> <p>On 3/15/2024 at 10:32 PM, V37, Physical Therapist stated, "If a resident is being transferred with a walker and a gait belt and the resident was starting to fall, the resident would fall forward usually on their knees and staff should be holding on to them and lowering them to the ground."</p> <p>2. R53's Face sheet documented an admission date of 6/6/2023. Diagnoses included Dysphasia,</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Chronic Atrial Fibrillation, Lymphedema, Type 2 Diabetes.</p> <p>R53's Minimum Data Set, MDS, dated 2/19/2024, documented that R53 is significantly cognitively impaired. R53 is dependent on staff for rolling left to right, sitting to lying and sitting up on bedside.</p> <p>R53's Care Plan, dated 3/13/2024, documented, "I have experienced an actual fall on 8/19/23, 1/2/24, 1/25/24, 3/12/24. Interventions include geri care to be ordered by hospice, dycem added to wheelchair, interdisciplinary to review fall and provide interventions as indicated, increased supervision, laid down after meals."</p> <p>R53's fall risk assessments, dated 3/12/2024, documented, "(R53) is at high risk for falls." R53's fall risk assessments, dated 1/2/2024, documented that R53 was at high risk for falls.</p> <p>R53's progress notes, dated 3/12/2024 at 1:50PM, "Called to room by Certified Nursing Assistant, CNA. (R53) laying on the floor beside bed on her right side. The over bed table legs under (R53) had a large amount of blood noted from (R53's) head. (R53) alert and oriented to person. Complains of difficulty breathing through nose. Oxygen saturation 99% on room air. (R53) denies pain. Complains being cold and wanted off floor. 911 called. (R53) repositioned to remove table legs from under her. (R53) slowly rolled on her back supporting head and neck. Area to middle of forehead cleaned. Bleeding stopped and cool ice pace on forehead and bridge of nose. Nose purple in color and crooked. Power of Attorney called hospital. Called report to Emergency Room nurse. Emergency Medical Services, EMS, came and transported (R53) to hospital. (R53) was previously in bed resting with</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>call light within reach. (R53) recently returned from lunch. (R53) is on hospice. Call placed to hospice nurse."</p> <p>R53's progress notes, dated 3/12/2024 at 6:54PM documented, "(R53) returned to facility via EMS. Dressing intact to middle of forehead. Swelling and discoloration noted to bridge of nose and under both eyes. Denies pain currently. Awaiting delivery of new mattress. Will continue to monitor."</p> <p>R53's hospital discharge paperwork, dated 3/12/2024, documented, "There is frontal scalp soft tissue swelling. There are likely changes of ocular lens replacement surgeries. There are fractures of the nasal bones and nasal process of maxilla, new from 1/25/2023. There is mild mucosal thickening in the paranasal sinuses. The mastoid air cells are normal."</p> <p>On 3/14/2024 at 1:45PM, V2, Director of Nursing, (DON) entered R53's room. R53 in room in geri chair with door closed. R53's room is several doors down from nurse's station. V2 stated, "When (R53) fell the other day, she rolled out of bed and her face hit the bedside table leg. We assessed her immediately and called 911. I would expect (R53's) door to always be open."</p> <p>On 3/14/2024 at 11:00AM, V26, CNA, stated, "I don't know of anything new we have to watch for on (R53) since she fell."</p> <p>On 3/14/2024 at 3:30PM, V27, CNA, stated, "I wasn't here the day (R53) fell. I don't know of any new precautions we are taking with (R53). R53 did not have dycem in Geri chair. When asked about dycem not being in R53's Geri chair, V27, stated, "We lose dycems a lot and we have to get</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>new ones from therapy."</p> <p>On 3/14/2024 at 3:45PM, V16, CNA Coordinator, stated, "I wasn't here when (R53) fell. I was told she rolled out of bed. I would expect her door to always be open."</p> <p>On 3/14/2024 at 2:15PM, V28, Advanced Practice Nurse, (APN), stated that she would expect R53, a resident with a high risk of falling, to be monitored more closely and not in room alone. She continued to state that monitoring is very important in a resident that is not alert and oriented.</p> <p>The facility's Fall policy, with a revision date of 7/2022, documented, "The facility is committed to maximizing each resident's physical, mental, and psychosocial wellbeing. While preventing all falls is not possible, the facility will identify and evaluate those residents at risk for falls, plan for preventative strategies, and facilitate as safe an environment as possible. All residents' falls shall be reviewed, and the and the residents existing plan of care shall be evaluated and modified as needed."</p> <p>(B)</p> <p>Statement of Licensure Violations 2 of 2: 300.610a) 300.1210b) 300.1210d)1)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>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.</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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</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>	S9999		

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S9999	<p>Continued From page 9</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide consistent pain relief and timely management of pain pump for 1 of 2 residents (R138) reviewed for pain management in the sample of 38. This failure resulted in R138's pain not being managed properly.</p> <p>Findings Include:</p> <p>R138's Face sheet documented that he was admitted on 3/4/24.</p> <p>R138's Minimum Data Set (MDS), dated 3/8/24, documented that R138 was moderately cognitively impaired.</p> <p>R138's Pain Care Plan, dated 3/9/24, documented, "Problem: I have potential for pain/discomfort R/T (Related to) Acute and chronic respiratory failure with hypoxia and weakness. Approach: Record/report to Nurse any s/sx (signs and symptoms) of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow); Vocalizations (grunting, moans, yelling out, silence); Mood/behavior (changes, more irritable, restless, aggressive, squirmy, constant motion); Eyes (wide open/narrow slits/shut, glazed, tearing, no focus); Face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, rigid, rocking, curled up, thrashing). Approach: Observe the effectiveness of pain interventions q shift. Review for compliance alleviating of symptoms, dosing schedules and resident satisfaction with results, impact on functional ability and impact on cognition. Approach: Notify MD if interventions are unsuccessful or if current complaint is a significant change from my past experience of</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>pain." R138's Pain Care Plan did not document anything about R138's Morphine Pain Pump nor did the Pain Care Plan document anything about side effects of Morphine. It also did not document the use of Narcan.</p> <p>03/12/24 09:30 AM R138 complained of pain in his right arm and butt pain. He stated," I haven't got anything for pain yet."</p> <p>R138's Medication Administration Record for the month of March, documented an order for, "Acetaminophen 325 mg 2 tabs q 6 hours PRN (whenever necessary)." The Acetaminophen was only given on the March 9, 10, and the 12. R138's Medication Administration Record for the month of March also documented an order for, "Ibuprofen 400mg every 8 hours PRN for three days" and it was not given at all.</p> <p>R138's Physician Order Sheet (POS), dated 3/13/24, documented, "Nurse to go down to residents' room to help him deliver bolus pain medication 4 times a day."</p> <p>R138's Progress Note, dated 3/13/24, documented, "Med (Medicare) A charting for muscle weakness, unsteadiness on feet, gait and mobility, dysphagia, cognitive and OT (Occupational Therapy) still evaluating. Glucose monitored and controlled. O2 as ordered. No signs/symptoms of respiratory distress. Helped resident to administer pain pump dose. Says he feels his pain is in much better control when he uses pain pump around the clock. Treatment completed to buttocks. Resting in bed with call light in reach. Will monitor."</p> <p>On 3/13/24 at 1:30 PM V38, Pain Doctor, stated, "(R138) was on the morphine pump for lower</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>back pain and ridicular. His (R138) was a continuous morphine pump totaling 450mcg per 24 hours including bolus. He should only get the bolus unless he complains of pain, after the fourth dose the machine locks out after 4 bolus. The dosage is Morphine 18.8 mcg continuous." The facility was unaware of the continuous dosing and the dosages of morphine.</p> <p>On 3/14/24 at 3:00 PM, V2, Director of Nursing stated, "We are going down and helping him to use his Morphine pump every 6 hours at 12:00, 6:00, 12:00, 6:00PM. He is supposed to be able to administer it himself, but he cannot. No, I was not aware of the dosage for that (the morphine) or that it (the morphine) was continuous. We called (the local respiratory hospital) and they only had the information that it was for pain, and it was loaded 2 days before his discharge. My Nurse did call the pain clinic, but they did not say it was continuous."</p> <p>03/13/24 02:44 PM, V15 LPN, stated, "It's a pain control pump. It's given at 12AM, 6AM, 12PM 6PM. We have to open the app on his telephone so he can administer pump for self."</p> <p>On 3/13/24 at 3:00 PM, V35, RN, stated, "It's implanted pump with morphine you go on his cell phone. You go on the cell phone you lay it on the pump and then it is administered. We don't change it (the pain pump)."</p> <p>On 3/14/24 at 2:20 PM, V28, Nurse Practitioner, stated, "He is on Morphine. (R138) was ordered Tylenol and Ibuprofen (which he did not receive). So I ordered him Tramadol 50mg every six hours, because his POA (power of attorney) said it worked well for him at home. He receives the Morphine every six hour per pump. No, I did not</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002729	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2024
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NAME OF PROVIDER OR SUPPLIER EDWARDSVILLE NSG & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 401 ST MARY DRIVE EDWARDSVILLE, IL 62025
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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
S9999	<p>Continued From page 12</p> <p>know it is also continuous. That was not clarified to me. No, I didn't know the dosage was 18.8 micrograms. I have not been in contact with the pain clinic."</p> <p>The facility's policy entitled Pain-Clinical Protocol dated March 2018 documents the physician and staff will identify individual who have pain or whom are risk for having pain. The nursing staff will assess each individual for pain upon admission to the facility. The physician will help identify causes of pain.</p> <p>(B)</p>	S9999		