

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002174	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 06/02/2024
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NAME OF PROVIDER OR SUPPLIER PEARL OF ORCHARD VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 2330 WEST GALENA BOULEVARD AURORA, IL 60506
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S 000	Initial Comments	S 000		
S9999	<p>Complaint Investigation: 2474017/IL173503</p> <p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3)</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p>	S9999		

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

TITLE

(X6) DATE
06/14/24

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S9999	<p>Continued From page 1</p> <p>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.</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: 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> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to successfully notify the physician of a significant change in condition in a timely manner and failed to notify administration when the physician's answering service did not respond. As a result of this failure, there was a delay in obtaining treatment and pain relief for R1 for 2 days after swelling and pain was noted. R1's radiology revealed a supracondylar fracture with anterior angulation of the fracture site and a supracondylar fracture of the distal femur with</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>anterior angulation at the fracture site. This applies to 1 of 3 residents (R1) reviewed for pain and injuries of unknown origin.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) shows R1, was a 93-year-old, admitted to the facility on 5/25/2016. The EMR also shows R1's diagnosis that included heart failure, other disorders of psychological development, cardiomyopathy, restlessness and agitation, encounter for palliative care, underweight, personal history of Covid-19, osteoarthritis, fracture right femur (5/10/2024), and mild protein calorie malnutrition.</p> <p>The most recent MDS (Minimum Data Set) dated 12/15/2023 showed R1's ADL's (Activities of Daily Living) regarding functional level. The MDS showed that R1 required extensive assistance for bed mobility, transfer, dressing and toileting. R1 was also assessed as severely impaired with decision making.</p> <p>The nurses' notes dated 5/9/2024 at 3:40 A.M. showed that R1 was noted yelling and was guarding her right leg. The documentation also showed that V3(Registered Nurse/RN) had called V18 (R1's Attending Physician) for 4 times regarding R1's pain but there was no response from V18.</p> <p>On 5/29/2024 at 7:30 P.M., V4 (Certified Nurse Assistant/CNA) said that on 5/9/2024 at around 3:30 A.M., R1 was yelling "I am wet!!". V4 said she assisted R1 out of bed, transferred to wheelchair and to the toilet seat. V4 added that she then assisted R1 back to the wheelchair</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>nearby the toilet seat using a pivot transfer. V4 added that she then propelled R1 next to the bed. V4 added that immediately after she propelled R1 next to bed, R1 complained of pain and saying non-stop "my leg, my leg, it hurts." V4 said "it was unusual of (R1), so I informed (V3 Registered Nurse) immediately."</p> <p>On 5/29/2024 at 8:30 A.M., V3 (RN) stated said that she placed a call to V18's (Attending Physician) answering service when R1 had a significant change regarding the pain to the right leg and that it needed medical attention. V3 also added that she had not received a return call from V18 nor any on call physician. V18 said she did not call administration for further directives when V18 had not returned the call.</p> <p>On 5/30/2024 at 1:00 P.M., V12 (Licensed Practical Nurse) said she took care of R1 the evening of 5/8/2024. V12 said that R1 was at her baseline, no complaints of pain, or swelling of the right leg, no bruises to the leg and left arm.</p> <p>On 5/28/2024 at 9:25 P.M. V6 (CNA) said that she took care of R1 on 5/8/2024 during the dinner time. V6 said that R1 did not complained of right leg pain, no swelling on the right leg, no bruise to the left arm, no skin tear to the left arm. V6 added that on 5/9/2024 around 8:00 A.M., she heard R1 yelling of right leg pain. V6 said she saw R1's right leg that was swollen from right mid-thigh through the mid leg area. V6 also noted a reddish-purplish discoloration of the right leg, and on R1's left arm that had extended from the armpit through the elbow. V6 also said that she called V13 (Licensed Practical Nurse/LPN/Wound Treatment Nurse) to have a look at R1 on 5/9/2024 around 8:00 A.M. V6 added that she saw R1 again on 5/10/2024 around 8:00 A.M. and</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>at this time, R1 was sitting in her wheelchair in her room. V6 said that R1 was still yelling of right leg pain. V6 said she again told V13, and both informed V9 (Registered Nurse).</p> <p>On 5/28/2024 at 1:16 P.M., V13 said that on 5/9/2024 at around 8:00 A.M., V6 called her because R1 was having any pain of the right leg. V6 said that together with V6, they both went to see R1. At that time, R1 was in her room. R1 was sitting in her wheelchair. V13 said that R1 continuously yelling "my leg my leg." V13 said she saw R1's right leg that was swollen and described it double the size of the left leg. V13 also said that the swollen area was from mid-thigh down to mid lower leg. V13 also said that the swollen right leg was discolored, bruised with reddish purplish discoloration.</p> <p>On 5/28/2024 at 1:40 P.M., V9 said had not report from the outgoing nurse regarding R1's swollen right leg/pain and bruises. V9 said it was V6 and V13 that had informed her regarding R1. V9 then immediately informed V2 (Director of Nursing), V17 (Physician Assistant of V18) regarding R1's injury. V9 said that R1's face sheet/profile sheet was up to date with contact number of providers including V17 and V18. V9 added that when she called V17 at 8:29 A.M. on 5/10/2024, V9 had responded at once.</p> <p>The incident report dated 5/10/2024 at 3:55 P.M. showed that incident report made regarding R1's swollen bruised knee. The incident also showed that it was only on 5/10/2024 that the following were notified:</p> <ul style="list-style-type: none"> -R1's POA (Power of Attorney) was notified at 10:46 A.M. -V2 (Director of Nursing) at 8:29 A.M. -V17 (V18's Physician Assistant) at 8:29 A.M. 	S9999		

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S9999	<p>Continued From page 5</p> <p>The x-ray of the knee was done on 5/10/2024 with result as follows: -right knee: "supracondylar fracture with anterior angulation of the fracture site" -right femur: "supracondylar fracture of the distal femur with anterior angulation at the fracture site."</p> <p>On 5/28/2024 at 2:50 P.M., V17 (Physician Assistant) said that "the facility should have known that I am always available by 7:00 A.M., either they call or text me a message I always available. However, I have not received notification from the facility not until 5/10/2024 from (V9). This was my first time to hear that they called answering service and no one had called back. If the answering service did not call back, they know better to call or message me at 7:00 A.M. on 5/9/2024 since I am always available."</p> <p>On 5/28/2024 at 4:50 P.M., V18 (R1's Attending Physician) said that "this was the first time I heard that the facility had called the answering service, and no one had called back. I will find out what happened. This was a definite change in medical condition and facility should have called us on 5/9/2024. Maybe they made a mistake with phone numbers. This obviously had caused a delay of treatment such as x-ray and pain management."</p> <p>The facility's policy entitled Resident Change in Condition Notification dated 2/18/2021 shows: "Policy Statement: Our facility will ensure and provide appropriate services and treatment to help residents ...to extend possible. 1. The nurse will notify the resident's physician, on call, or NP when there has been a significant occurrence, accident, or incident involving a resident's physical, medical and mental condition ...7. If a</p>	S9999		

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S9999	Continued From page 6 significant change in the resident's physical, medical or mental condition occurs, a comprehensive assessment of the resident's condition will be required. "B"	S9999		