

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005029	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/08/2024
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NAME OF PROVIDER OR SUPPLIER ROYAL OAKS CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 605 EAST CHURCH STREET KEWANEE, IL 61443
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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 Investigation of Facility Reported Incident of March 30, 2024/IL172141 Investigation of Facility Reported Incident of March 28, 2024/IL172148	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.690c) Section 300.690 Incidents and Accidents 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 hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to complete a thorough investigation, failed to record incidents, and failed to report to the	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 05/21/24
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S9999	<p>Continued From page 1</p> <p>state agency an initial report within 24 hours and final report within 7 days after the occurrence regarding choking incidents for two (R1 and R2) of three residents reviewed for accident/incidents in a sample of three.</p> <p>Findings include:</p> <p>1. R1's single page state notification form, with a date of the incident as 3/30/24 at 6:20 PM, documents "(R1) had an episode of choking during dinner. Heimlich performed, and (R1) sent to the Emergency Room for evaluation and treatment. Progress Notes for (R1) document R1 was eating a biscuit with no teeth in. Intervention is for (R1) to have pureed bread until able to see the dentist to get his dentures readjusted."</p> <p>R1's initial notification report to the state agency was dated 4/1/24, and R1's final notification report to the state agency was dated 4/9/24.</p> <p>2. The A.I.M.'s (Assessment, Intercommunication, Manage) form for R2, dated 3/28/24, documents R2 had a choking incident on 3/28/24 and went to the local hospital for evaluation.</p> <p>The Initial Notification Form for R2, documents the incident was reported to the State Agency on 4/1/24. The Final Notification Form for R2, documents the final was reported to the State Agency on 4/9/24.</p> <p>On 5/7/24 at 12:00PM, V2 (Director of Nursing) stated and verified she conducted no interviews with other residents or staff who may have had knowledge of the incidents with R1 and R2. V2 verified she had no other reports other than the</p>	S9999		

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S9999	Continued From page 2 single page description faxed to the state agency. V2 further acknowledged that she did not submit the initial reports within 24 hours and the final reports within the required days of the incidents. V2 stated "I can perform incident reports from home and (R1's) happened on a Saturday (3/30/24). (R1 and R2) have not had a speech evaluation." "B"	S9999		