Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6009674			(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED 04/19/2024	
		B. WING		04/		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
WABASH	SENIOR LIVING & R	REHAB	LEGE BOULE IL 62821	VARD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Certification Licensure Survey	and First Probationary				
S9999	Final Observations		S9999			
	Statement of Licensure Violations					
	300.610a) 300.1210b) 300.1210d)2					
	Section 300.610 R	esident Care Policies				
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory conformed and othe policies shall complement to facility and shall by this committee, cand dated minutes of the solution of the written policies.	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating I be reviewed at least annually documented by written, signed				
	b) The facility shall and services to atta practicable physical well-being of the reseach resident's complan. Adequate and care and personal of					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Electronically Signed** 

TITLE

(X6) DATE 04/25/24

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ B. WING IL6009674 04/19/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

VABASH	CARMI, I	L 62821		
(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) COMPLETI DATE
	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG S9999	CROSS-REFERENCED TO THE APPROPRIATE	
	3/14/24 and 3/19/24.  Findings Include:  R77's "Admission Record" documented R77 was 92 years old with an admission date to the facility of 03/08/2023. Diagnoses listed in their entirety on this document are: Alzheimer's Disease with late onset; Essential Hypertension; Dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and			

STATE FORM

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6009674 04/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 216 COLLEGE BOULEVARD WABASH SENIOR LIVING & REHAB **CARMI, IL 62821** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 2 S9999 anxiety. R77's Progress Note dated 3/8/2024 with a time of 1:48 P.M. documented V12 (Physician) was here for rounds in which he reviewed medications, labs, vitals and weights. Received new order to start "Duo nebs" BID (twice daily) x 7 days and "Zaroxolyn" 5mg (milligrams) daily for 5 days. R77's Progress Note dated 03/18/2024 with a time of 2:23 P.M. documented R77 was complaining of dizziness, reported to V12. New orders were received for a CBC (Complete Blood Count), CMP (Complete Metabolic Panel), UA (Urinalysis Analysis) and orthostatic B/P (blood pressure). R77's Progress Note dated 03/19/2024 with a time of 12:44 A.M. documented R77 is currently receiving 2 diuretics, "Furosemide" 40 mg two times a day and "Zaroxolyn" 5 mg in the morning. R77 was noted to be experiencing dizziness, dry mouth, and urinating less this shift. Had to ambulate to the bathroom with one assist. A Progress Note dated 03/19/2024 with a time of 1:31 P.M. documented R77 was prescribed "Zaroxolyn" on 03/08/2024 intended for 5 days. Medication was ordered in the system for an indefinite end date therefore R77 has been receiving "Zaroxolyn" since 03/09/2024. Held this

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03/19/2024.

AM (03/19/2024) due to symptoms. V12 notified to discontinue medication and V13 (Nurse Practitioner/NP) will see R77 today.

documented "Zaroxolyn" was administered daily from 03/09/2024 - 03/18/2024 and held on

R77's Medication Administration Record

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AND FLAN OF CORNECTION		DEIVIN IOVITORIBEIX.							
IL6009674		B. WING		04/19/2024					
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
WABASH SENIOR LIVING & REHAB  216 COLLEGE BOULEVARD CARMI, IL 62821									
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S9999	R77's Progress Notime of 1:31 P.M. d Potassium 40 meq three times a day a (IV) bolus. R77 was 100 milliliters per h with a BMP daily fo for fluid overload. A "Furosemide" was for 3 days. A docum 03/19/2024 docume urea nitrogen) 96 (I Creatinine 2.8 (high Sodium 134 (low) r (Low) normal 3.5-5 >90. R77's Medical dated March 2024 d intravenous fluids of Normal Saline Solu completed as order R77's Progress Not time of 6:20 P.M. d nurse assistant rep Progress Note date 7:15 P.M. documer with no success. R attempts. R77's Pro that on 03/20/2024 reapproached and the IV. R77 tolerate no concerns. IV of 100 ml / hr (hour). G a note documented BMP at this time. A	te dated 03/19/2024 with a ocumented new orders for (milliequivalent) by mouth and a 500 milliliters intravenous at then to have an additional our times two hours, along and additionally, R77's to be decreased to 20mg BID ment labeled CBC/CMP dated ents the following: BUN (blood nigh) normal value 7-25, a) normal value 0.6-1.3, aromal 136-145, Potassium 2.3 and GFR 14 (low) normal tion Administration Record documented the bolus and ordered to be given were attended on the date of the that IV attempts were made ordered to the that IV attempts were made ordered to the that IV attempts were made ordered to the start of the that IV attempts were made ordered to the start well, and voiced Normal Saline was hung at 20 no 3/20/2024 at 05:15 A.M., I that lab was here to draw the nurses note dated 03/20/2024	\$9999	DEFICIENCY)					
	notified of a BUN coreceived to give bold back to 100mL per	3 A.M. documented V13 was ritical at 100new order lus of 500mL NS (Normal then hour at previous dosage). A 3/20/2024 with a time of 10:40							

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FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6009674 04/19/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 216 COLLEGE BOULEVARD WABASH SENIOR LIVING & REHAB **CARMI, IL 62821** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 A.M. documented an IV of 500mL bolus NS infused and hung new bag, set rate at 100mL per hour. IV site patent at this time and no redness, no edema noted. A nurse note dated 03/20/2024 with a time of 12:06 P.M. documents R77 pulled out IV line. R77 does not comprehend what IV is or what it is for. A nurse note dated 3/20/2024 with a time of 2:40 P.M. documented received order from V13 to send to (name of local hospital) for direct admit. The local hospital discharge summary dated 3/22/24 documented R77 had an admission date to the hospital of 03/20/2024 with a diagnosis of Acute Kidney Injury. This same document noted R77 was having worsening edema in the long term care facility and more aggressive diuretics were ordered however, the length of treatment was extended beyond what was initially ordered. R77 experienced a decline in renal function, R77 had received IV fluids at the facility however, R77 continued to remove the IV. During R77's hospitalization R77 was treated with IV fluids for the Acute Kidney Injury, and diuretics were held. R77 initially had a creatine of 2.9 (No reference range given although lab results indicated high). creatine down to 1.7 (no reference rance, although a high but improving level is noted). A "Progress Note" dated 03/20/2024 with a time of 2:20 P.M. documented R77 admitted back to facility around 12:30 PM.

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On 04/19/2024 at 8:53 A.M., V3 (Director of Nursing/DON) stated she was made aware of the medication error by V14 (Licensed Practical Nurse). After reviewing the incident, it was

discovered that when V10 (LPN) placed the order in the Electronic Medical Record (EMR) system with no end date. The EMR system places an end

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receiving metolazone (Zaroxolyn) from

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