

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009120	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER ST PAUL'S SENIOR COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1021 WEST E STREET BELLEVILLE, IL 62220		
(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	S 000		
	Annual Licensure and Certification			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.1610a)1)2)			
	Section 300.1610 Medication Policies and Procedures			
	a) Development of Medication Policies			
	1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.			
	2) Medication policies and procedures shall be developed with the advice of a pharmaceutical advisory committee that includes at least one licensed pharmacist, one physician, the administrator and the director of nursing. This committee shall meet at least quarterly.			
	This Requirement is NOT MET as evidence by:			
	Findings include:			
	Based on interview and record review the Facility failed to ensure pain medications were provided/available for 1 of 3 residents (R2) reviewed for medication policies in the sample of 5.			

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

TITLE

(X6) DATE

Electronically Signed

02/12/25

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S9999	<p>Continued From page 1</p> <p>Findings include:</p> <p>R2's Physician Order Sheet (POS) dated January 2025 documents a diagnosis of basal cell carcinoma skin of scalp and neck, allergic rhinitis due to pollen, gastrointestinal hemorrhage, lymphedema, zoster without complications, hypertension, localized edema.</p> <p>On 1/14/2025 at 8:45 AM, R2 stated, "I recently had shingles and it was quite painful and everything has healed, and I am not contagious anymore, but I am still in a lot of pain. I had a rough night last night and was hollering last night in pain and they never gave me anything and this morning I still did not get anything, not even a Tylenol pill. I don't understand because nobody even assessed me, and I really would like a pain pill. I am still in pain this morning. I know I have an order for Tylenol if I am in pain, but nobody is even asking me if I am in pain, and I am in a lot of pain from the shingles. I am in pain right now."</p> <p>R2's Progress Notes dated 12/24/2024 at 11:40 PM, "Resident asked this nurse for something for pain to left side and back when this nurse looked at area resident has a red blotchy rash running from her front side under left breast to the middle of her back and she stated it been there for about two weeks, it appears the resident may have shingles, will notify MD (Medical Doctor) and will continue to monitor resident for rash and pain."</p> <p>R2's Progress Notes dated 12/24/2024 at 5:02 AM, Tylenol extra strength oral table 500 mg (milligrams) give 2 tablets by mouth every 8 hours as needed for pain."</p> <p>R2's Progress Notes dated 1/3/2025 at 1:10 PM,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>"Continues on antiviral valacyclovir for shingles, today resident was taken off isolation precautions."</p> <p>R2's Medication Administration Record (MAR) documents an order for Tylenol extra strength oral tablet 500 mg (milligrams) give 2 tablets by mouth every 8 hours as needed for pain with a start date of 6/4/2024.</p> <p>R2's MAR does not document any Tylenol was given for the entire month of January, or any other pain medications, with the exception of the Aspercreme Lidocaine external cream 4% (Lidocaine HCL) apply to neck and shoulders topically three times a day for pain/discomfort; kept at bedside, resident applies. (started date 6/27/2024).</p> <p>On 1/14/2025 at 5:15 PM, V10, Licensed Practical Nurse (LPN) stated, "Whenever a resident has a PRN (as needed) pain medication we are supposed to assess them for pain every time we pass out medications. We usually pass out the PM medications around 7:30 PM. I know (R2) told me she was in pain last night, but I was not working the floor last night. I was not here. Normally, we have a nurse that works both sides of the building so they would provide care for the North and South halls. I do not see any pain assessment in (R2's) MAR to score her pain. I am not sure what happened, but I reminded (R2) to put her light on if she needs any pain pills. I am not sure if she had the light on last night or not."</p> <p>On 1/17/2025 at 9:30AM V2, Director of Nursing, DON, stated I expect a resident on PRN pain medication to be assessed for pain and for the pain assessment to be documented on the medication administration sheets.</p>	S9999		

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S9999	Continued From page 3 On 1/16/2025 at 9:00AM V2, stated "The facility does not have a pain policy." (B)	S9999			