| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6005979 | A. BUILDING: _____ B. WING _____ | 02/26/2025 |

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| HALLMARK HC OF CARLINVILLE | 826 NORTH HIGH CARLINVILLE, IL 62626 |

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| S 000 | Initial Comments<br><br>Annual Health Survey | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.610 a)<br>300.1210 b)<br>300.1210 d)1)<br><br>Section 300.610 Resident Care Policies<br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br>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.<br>d) Pursuant to subsection (a), general | S9999 | | |

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| S9999 | Continued From page 1 | S9999 | | |

nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:
1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

These requirements are not met as evidenced by:

Based on interview, observation, and record review, the facility failed to provide pain relief for 1 of 1 resident (R34) reviewed for pain in the sample of 43. This failure resulted in R34 not having Morphine available for 9 hours and not having R34's pain controlled.

Findings include:

R34's Face Sheet, print date of 2/25/25, documents R34 was admitted in 10/3/23 and has diagnoses of Hyperkalemia and Dementia.

R34's Physician Order, dated 2/24/2025 at1:15 PM, documents, "Lorazepam Oral Tablet 0.5 MG (Lorazepam) Give 0.5 mg by mouth every 2 hours as needed for restlessness and agitation."

R34's Physician Order, dated 2/24/2025 at 1:15 PM, documents, "Morphine Sulfate (Concentrate) Solution 20 MG/ML (milliliter) Give 0.25 milliliter by mouth every 2 hours as needed for pain and shortness of breath."

R34's Hospice Notes, dated 2/24/2025 11:30 PM, documents, "Resident cont (continued) with hospice care. Respirations labored with "gurgling" noted. Breath sounds wet, not moving secretions out. Skin cool & clammy to the touch. Afebrile. Occasional moan noted. SPO2 (oxygen saturation) 94% 4L (liters) O2 (oxygen) via mask.

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| S9999 | Continued From page 2 | S9999 | | |

Residents eyes open & resting in bed with HOB (head of bed) elevated. PRN (as needed) morphine et (and) ativan not yet delivered from pharm (pharmacy). Unable to pull from backup. Hospice notified. NOR (new order received) to start Hyoscyamine (used for secretions) 0.125 SL (sublingual) q (every) 4 hrs (hours) PRN et 650 mg (milligram) acetaminophen rectal suppositories q 4 PRN. Hospice to f/u (follow up) on Rx (prescription) that was sent last week to (pharmacy) to get delivered asap (as soon as possible)."

R34's MAR documents R34 received Tylenol on 2/24/25 at 11:20 PM for pain of a 4 on a 0 - 10 scale. No other doses of Tylenol given.

On 2/25/5 at 9:08 AM, R34 is lying in bed, eyes closed and open mouth breathing. R34 has a nonrebreather oxygen mask on. R34 is twitching his left arm and hand. R34 has twitching of his bilateral feet.

On 2/25/25 at 9:11 AM, V10, Licensed Practical Nurse, stated, "(R34's) Morphine and Ativan are not in from pharmacy yet. They got a prescription sent into the local pharmacy that just opened up. (Pharmacy) is our regular pharmacy but they haven't delivered it yet. I checked on (R34) earlier I think he is comfortable. He does have the Tylenol and Hyoscyamine if he needs it."

R34's MAR documents R34 received Morphine on 2/25/25 at 9:35 AM for pain of a 4 on a 0 - 10 scale.

On 2/25/25 at 12:12 PM, R34 is lying in his bed, eyes closed, and open mouth breathing. R34 has a nonrebreather oxygen mask on. R34 is lying still, no twitching observed.

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| S9999 | Continued From page 3<br><br>On 2/25/25 at 12:14 PM, V10, stated, "The facility was able to get the morphine and ativan. I gave it to him about 20 minutes after I talked to you this morning. He is more comfortable now."<br><br>On 2/25/25 at 2:49 PM, V1, Administrator, stated, "We sent the order to pharmacy. They have cut off times. At night when we didn't have it, the nurse tried to get into (facility medication dispensing machine) to get the medication, and she was unable to. (V2) even came up and she was not able to get into it either. There was a problem with the (medication dispensing machine) which is fixed now. We called again this morning and the pharmacy was able to get it to us. We did end up getting the medication from our pharmacy and not the local one because our pharmacy was on the way before the in town pharmacy opened."<br><br>On 2/25/25 at 2:52 PM, V2, stated she did come up the night before and try to get the Morphine and Ativan out of the (medication dispensing machine), but she was unable to.<br><br>The policy Management of Pain, dated 5/16/22, documents, "Our mission is to facilitate resident independence, promote resident comfort and preserve resident dignity."<br><br>(Pharmacy) Illinois Pharmacy Information, undated, documents, "for new orders on Monday - Friday the cutoff Time is 11:00 AM and 11:00 PM. Medication Ordering Reminders. If a medication is needed before the next delivery will arrive, call the pharmacy to request a STAT delivery."<br><br>(B) | S9999 | | |

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