

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000244	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/20/2015
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NAME OF PROVIDER OR SUPPLIER HEARTLAND OF NORMAL	STREET ADDRESS, CITY, STATE, ZIP CODE 510 BROADWAY NORMAL, IL 61761
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1010h) 300.1220b)3) 300.3240a)</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> <p>Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 09/08/15
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S9999	Continued From page 1 each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel,	S9999		
	<p>representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to timely assess R8 for pain, failed administer pain medication prior to treatment, and failed to identify pain on the care plan for one (R8) of four residents reviewed for pain on the sample of 17. This failure resulted in R8 moaning and crying out expressing pain for 2 consecutive days during positioning and treatment of R8's stage IV pressure ulcer.</p> <p>Findings include: R8's Minimum Data Set (MDS) dated 6/4/15 documents that R8 requires extensive assistance with bed mobility, transfers, and toileting.</p> <p>R8's Physician Order Sheet (POS) dated August 2015 documents diagnoses include Senile Dementia, Congestive Heart Failure, Transient Ischemic Attacks, Diabetes, Methicillin Resistant</p>			

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S9999	<p>Continued From page 2</p> <p>Staphylococcus Aureaus of the groin area, and Stage IV Pressure Ulcer of the coccyx. R8's Physician's Order dated 6/24/15 documents "cleanse wound to coccyx with normal saline, pat dry, skin prep peri wound, apply medi honey to wound base, cover with Calcium Alginate, cover with foam dressing." R8's POS documents an order dated 4/24/15 for Tylenol Extra Strength Tablet 500 milligrams (mg), give one tablet by mouth every four hours as needed for pain. The Focused Wound Exam by Z1 (Wound Physician) dated 8/12/15 documents wound measurements to coccyx of 5.8 cm by 2.3 cm by 0.5 cm (centimeters) with 0.3cm of undermining.</p> <p>On 8/17/15 at 12:00 pm R8 moaned and cried out as E19 Licensed Practical Nurse (LPN) and E20 Certified Nursing Assistant (CNA) repositioned R8 to the right side for R8's pressure ulcer treatment. R8 cried out and jerked each time E19 cleansed and applied treatment to R8's pressure ulcer. E19 stated that R8 did not receive pain medication prior to the treatment. E19 also stated that R8 jerked with the pressure ulcer treatment on this day at 10:00 am. E19 stated that R8 did not receive pain medication prior to the treatment at 10:00 am.</p> <p>R8's Pain Assessment dated 8/17/15 documents "facial grimacing" and "Unable to console, distract or reassure."</p> <p>R8's Medication Treatment Record documents that R8 last received Tylenol for pain on 8/1515.</p> <p>R8's Progress Note dated 8/18/15 at 5:46 am documents "res (R8) unable to sleep during shift, let out loud screaming noises throughout the shift..."</p>	S9999		

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S9999	Continued From page 3 On 8/18/15 at 9:45 am E26 CNA stated "(R8) has been yelling out-moaning" and reported to E19. On 8/18/15 at 9:50 am E19 LPN stated that R8 had been calling out. E19 stated E19 gave R8's 8:00 am dose of Clindamycin (antibiotic) capsule 300 mg. E19 stated that E19 did not administer R8's pain medication. E19 stated that R8 has Tylenol ordered for pain. E19 stated that the last time R8 received Tylenol for pain was on 8/15/15.	S9999		
	<p>On 8/18/15 at 10:00 am E32 (CNA) stated that when E32 came in on shift at 6:00 am "(R8) was crying out." E32 stated that E19 LPN asked E32 who was crying out and "I stated it was (R8)." E32 stated that E32 provided incontinence care and repositioned R8 about 6:30 am on 8/18/15 and R8 was moaning and crying out. E32 stated "(R8) said 'it hurts' throughout incontinence care, turning, repositioning ." E32 stated that R8 cried out during incontinence care and repositioning again at 9:00 am.</p> <p>On 8/18/15 from 9:00 am to 11:00, R8 remained positioned on R8's right side without repositioning based on 15 minutes or less observational intervals. R8 cried out at 9:00 am, 9:45 am, 10:00 am, and 11:00 am. R8 remained positioned on the right side from 11:00 am to 11:30 am based on continuous observation and continued to cry out at 11:10 am, 11:13 am, 11:14 am.</p> <p>On 8/18/15 at 10:30 am E19 stated "I have not done a pain assessment yet on R8."</p> <p>On 8/18/15 at 10:45 am E31 CNA stated "I just went into check on (R8) because she was calling out. I repositioned the nasal canula but R8 continues to cry out. (E19) is aware."</p>			

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S9999	Continued From page 4 On 8/18/15 at 11:01 E19 stated that she had not treated R8 with pain medication yet.	S9999		
	<p>On 8/18/15 at 10:20 am E2 Director of Nursing stated that if R8 verbalized pain then R8 should have received pharmacological or non pharmacological interventions for pain. E2 stated "Moaning or crying out is a sign of distress and should be addressed in a timely manner."</p> <p>On 8/20/15 at 10:30 am Z4 Nurse Practitioner, stated that R8 has Osteomyelitis of Sacrum and has had Stage IV Pressure Ulcer since admission (3/7/15). Z4 stated that Z4 examined R8 on 8/17/15 and R8 was in "Multi System Organ Failure" based on R8's laboratory tests and current mental status decline. Z4 stated that Z4 ordered R8 to be NPO (nothing by mouth) and ordered all oral medications to be held. Z4 stated, "I was not told R8 had pain during repositioning or dressing changes on 8/17/15. Z4 stated that on 8/18/15 at 12:06 pm Z4 received a fax (facsimile), which asked if R8's oral Tylenol order could be changed to suppository form due to R8's decline in mental status and due to R8's Nothing by Mouth (NPO) status. Z4 stated that the fax did not mention that R8 was having pain. Z4 stated that on 8/19/15 at 12:15 pm E23 Licensed Practical Nurse and E9 Registered Nurse stated to Z4 "(R8) was crying out in pain all through the night, every time (R8) was turned or moved or touched." Z4 stated "I have never been told (R8) was having pain until 8/19/15 when I walked into the facility. If I would have known about (R8) having pain on 8/17/15 with the dressing change I would have considered a higher dose of the Tylenol. (R8) should have been given Tylenol one hour prior to the treatment (pressure ulcer dressing change). I should have been notified."</p>			

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	<p>R8's Care Plan dated 3/9/15 does not document pain interventions. On 8/18/15 at 2:00 pm E2 confirmed that pain is not addressed on R8's Care Plan dated 3/9/15. E2 stated R8 should have had pain addressed on the Care Plan on admission.</p> <p>The facility Pain Practice Guide dated 2011 includes the following: "If a patient has evidence of pain, the physician is notified to obtain orders for pain medication. . . . An effective pain management intervention plan addresses. . . .analgesia. . . .Some conditions that may be associated with pain include. . . .pressure ulcers and skin conditions. . . . Create a comprehensive interdisciplinary care plan. . . The interdisciplinary team designs the patient's care plan to focus on all of the patient's issues including those associated with pain symptoms."</p> <p style="text-align: center;">B</p>			