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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ COMPLETED. IL6002901 09/20/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 215 EAST WASHINGTON **EVENGLOW LODGE** PONTIAC, IL 61764 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010b)h) 300.3240a) (1 of 2) 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.

b) The facility shall have and follow a written program of medical services which sets forth the

Section 300.1010 Medical Care Policies

following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee, if the

Attachment A **Statement of Licensure Violations**

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

TITLE

(X6) DATE

10/12/18

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Doctor) orders.

abnormalities to Registered Staff and Give medication for infection as per MD (Medical

R1's Nurses progress notes reviewed from 7/1/18-7/9/18 document no communication with Physician V14 related to issues with R39's catheter dislodging, not draining, complaints of abdomen pain, cloudy dark urine, blood tinged

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ZEVS11

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study showed "Severe Bilateral Hydronephrosis /hydroureter. " The report was electronically

On 9/20/18 at 11:45 am Physician V14 stated during telephone interview that according to his records V14 was not informed by the facility of any symptoms related to R39's catheter from 7/1/18 -7/9/18. V14 confirmed that he was also

signed by Physician V24 on 7/10/18.

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Indications of potential or actual infection, or a

The procedure says a description of the change

need to alter the resident's treatment.

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V10 provided a blank copy of the

of Medication for Evenglow Shelter Care Residents" dated 5/3/17 documents; "A

consent/assessment entitled "Self-Administration

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