Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6001341 03/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET INTEGRITY HC OF BELLEVILLE BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification Survey \$9999 Final Observations \$9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)1) 300.1210d)2) 300.1210d)3) 300.3240a) 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. Section 300.1210 General Requirements for Nursing and Personal Care Attachment A b) The facility shall provide the necessary care and services to attain or maintain the highest **Statement of Licensure Violations** 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

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

**Electronically Signed** 

TITLE

(X6) DATE 03/22/19

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pain scale is at a '7'. I was hit by a semi truck on

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documentation or assessment related to R96's pain in the Nurses Notes or on the MAR for

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Hydroco/APAP on 2/01, 2/06, 2/09, 2/12, 2/13, 2/15 through 2/19, 2/22, 2/23 and 2/24/2019.

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going on."

have my pain medication. I don't know what's

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6001341 03/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET INTEGRITY HC OF BELLEVILLE BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 11 S9999 On 2/28/19 at 1:41 PM, V22 (Pharmacist) stated. "(R45) doesn't have a script for Norco to refill. The last Norco was sent 1/16/2019. We have sent out notices to sign a refill order to (V25) on 2/26/2019. We have not gotten any complaints. I talked to my supervisor about this, and no issues have been reported. The (facility) Pharmacist (V24) said the nurse would have to bring it to her (V24) attention if there was a problem. I got a note from January that the NP wrote a script on 1/16/2019." On 2/28/19 at 2:00 PM, V12 (Care Plan Coordinator) stated, "(V25) swears he sent the pharmacy a signed script for (R45) the day before yesterday. I asked V11 (LPN) if it (Norco) came in, and she said it wasn't here. (V25) was supposed to come here today, and he called and cancelled. He told me to text him again and when he got home this evening, he would refax it to the pharmacy. I also asked him to fax it to the facility. The problem is (V25's) NP (V27), used to come here. She quit coming to nursing homes. He wants to do the building himself. He's over extended. The nurses come to me when they are not getting prescriptions signed from (V25). He has every resident in this facility but 2". R45's current Care Plan, dated as revised 2/06/2017, documents, in part, "Is at risk for pain related to diagnoses Psoriatic Arthritis, Crohn's Disease and GERD (gastro enteritis reflux disease). Administer pain medications as ordered. Evaluate the effectiveness of pain interventions, Is able to call for assistance when in pain, reposition self and ask for medication, tell you how much pain is experienced, and tell you what increases or alleviates pain."

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6001341 03/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET INTEGRITY HC OF BELLEVILLE **BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 12 S9999 4. R86's POS for January 2019 documents in part diagnoses of wedge compression fracture of first thoracic vertebra, Atrial Fibrillation, Scoliosis and Congestive Heart Failure. R86's MDS dated 01/15/2019 documents a BIMS score of 15 out of 15 (cognitively intact). On 02/26/2019 at 9:37 AM, R86 stated, "I do not always get my pain medication; they are always running out of it. I am supposed to get it 4 times a day." R86's POS January 2019 document R86 was prescribed (2) 50 mg tramadol tablets with a start date of 11/21/2018, 4 times a day, 8:00 AM, 12:00 PM, 4:00 PM, 8:00 PM. Acetaminophen 2 tablets (650 mg) by mouth every 4 hours as needed. R86's Care Plan with an initiated date of 10/16/2018 documents "(R86) is at risk for pain related to his diagnosis of atrial fibrillation. scoliosis and congestive heart failure." R86's Care Plan also documents "Administer medication as per Physician Orders. Notify Physician if medication is not effective." R86's MAR documents tramadol was not given on 02/13/2019, 02/14/2019, 02/15/2019, MAR for 01/2019 document no pain assessment before or after medication administration for 01/10/2019, 01/16/2019, 01/17/2019 and 01/24/2019. January and February's MAR is blank on the other side and there are no charting codes documented. The Facility's Pain Management Policy (2015) documents in part, "Purpose: To facilitate resident independence, promote resident comfort and

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6001341 B. WING 03/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 727 NORTH 17TH STREET INTEGRITY HC OF BELLEVILLE BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 13 S9999 preserve resident dignity. The purpose of this policy is to accomplish that mission through an effective pain management program, providing our residents the means to receive necessary comfort, exercise greater independence, and enhance dignity and life involvement. General Guidelines: The facility will achieve these goals through - Promptly and accurately assessing and managing pain to the greatest extent possible - Encouraging residents to self-report pain - Aggressively assessing pain in non-verbal and cognitively impaired residents - Optimizing the resident's ability to perform activities of daily living (B)

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