

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/26/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PRESENCE COR MARIAE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 MARIA LINDEN DRIVE ROCKFORD, IL 61114
---	--

(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 Statement of Licensure Violations Complaint Investigation 1912098/IL110646	S 000		
S9999	Final Observations Complaint Investigation 1912098/IL110646 Statement of Licensure Violations 300.610a) 300.1210b) 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	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
04/19/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/26/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PRESENCE COR MARIAE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 MARIA LINDEN DRIVE ROCKFORD, IL 61114
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 1</p> <p>Nursing and Personal Care</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to consistently provide pain medication for a resident. This failure contributed to unresolved prolonged pain.</p> <p>This applies to 1 of 3 residents (R1) reviewed for pain medications in the sample of 4.</p> <p>The findings include:</p> <p>R1's Minimum Data Set (MDS) dated March 15, 2019 shows R1 is cognitively intact, is on a scheduled pain regimen, and describes her pain as constant and a "9" on a 1-10 pain scale.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/26/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER PRESENCE COR MARIAE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 MARIA LINDEN DRIVE ROCKFORD, IL 61114
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>R1's Medication Administration Record for March 2019 shows R1 has diagnoses of acquired absence of other toe, chronic kidney disease, dependence on renal dialysis, peripheral vascular disease, type 2 diabetes mellitus with other diabetic kidney complication, and asthma.</p> <p>On March 26, 2019 at 1:35 PM R1 was sitting up in bed, both lower extremities were wrapped in gauze and up on pillows. R1 had facial grimacing with any slight movement of her legs. R1 stated while pointing to her legs "They hurt so bad. They want me to do therapy and I want to be able to walk so I can go home, but I can't do it when I'm in pain. One day, they ran out of my pain meds and they hurt so bad, I told that therapy lady I just couldn't do therapy."</p> <p>On March 26, 2019 at 3:45 PM, V10 R1's daughter said they had a Care Plan meeting with the facility on March 11, 2019 and no one from therapy was there to talk with, but they did discuss that R1 is supposed to be getting pain medication every 4 hours. V10 said they also discussed making sure R1 received pain medication before therapy. V10 said R1 has not been getting her pain medication every 4 hours as was discussed in the meeting.</p> <p>On March 26, 2019 at 9:24 AM, V3 Wound Licensed Practical Nurse said R1 had 2 toes amputated on the right foot and has calciphylaxis wounds on both lower legs which cause her a lot of pain.</p> <p>On March 26, 2019 at 11:25 AM, V4 Registered Nurse said R1 takes pain pills regularly and prefers Norco over Tramadol because she says Norco is more effective. V4 said R1 usually needs pain medication in the morning, before</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/26/2019	
NAME OF PROVIDER OR SUPPLIER PRESENCE COR MARIAE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3330 MARIA LINDEN DRIVE ROCKFORD, IL 61114		
(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
S9999	<p>Continued From page 3</p> <p>therapy, and after dialysis. V4 stated "R1 definitely wants Norco before therapy and after dialysis." V4 said on March 22, 2019 they ran out of R1's Norco. V4 stated there is Norco available in the facility's convenience box but she was not aware of that on that day (March 22, 2019) and did not give R1 any Norco that day.</p> <p>On March 26, 2019 at 11:06 AM, V7 Physical Therapist said R1 always complains of pain in her legs and gets Norco before therapy and Tramadol in between, but R1 tells her the Tramadol doesn't work. V7 said on March 22, 2019, R1 was really in a lot of pain that day and refused therapy because she didn't have her Norco. V7 said she went to the nurse and was told they were out of Norco and waiting for pharmacy to deliver it.</p> <p>On March 28, 2019 at 10:53 AM, V11 Nurse Practitioner said R1 has a very painful condition in her lower legs. V11 said if R1's pain medication is given consistently it would be effective in controlling R1's pain. V11 said R1 has expressed to her that R1 gets relief from her pain with the Norco.</p> <p>R1's Physical Therapy Plan of Care on March 9, 2019 shows "patient is unable to walk due to non weight bearing right lower extremity and pain on both legs. Pain has severe effect on function, and patient complains pain of 10/10 on both legs and 5/10 after pain pills."</p> <p>R1's Physical Therapy Note dated March 12, 2019 shows "Therapy withheld today, patient complains of severe pain."</p> <p>R1's Medication Administration Record (MAR) shows on March 12, 2019 R1 only received 2 doses of Norco (none after therapy).</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/26/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PRESENCE COR MARIAE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 MARIA LINDEN DRIVE ROCKFORD, IL 61114
--	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>R1's Physical Therapy Note dated March 13, 2019 shows "Patient complains of pain in bilateral lower extremity with exercise at 9/10, patient required rest breaks between each set for pain to settle."</p> <p>R1's MAR shows on March 13, 2019 R1 only received 2 doses of Norco (none after therapy).</p> <p>R1's Physical Therapy Note dated March 14, 2019 shows "Patient only willing to use right lower extremity for exercises due to pain in left lower leg, patient states she hit her leg in dialysis treatment and pain is 9/10."</p> <p>R1's MAR shows on March 14, 2019 , R1 only received 2 doses of Norco and not until 6:03 PM.</p> <p>R1's Physical Therapy Note dated March 21, 2019 shows "Patient session was shortened today due to uncontrolled pain on both lower legs."</p> <p>R1's MAR shows on March 21, 2019, R1 received 2 doses of Norco (one at 7:27 AM and then none until 10:05 PM).</p> <p>On March 26, 2019 at 10:33 AM, V8 Rehab Manager said her therapists come in every day telling her R1 is refusing to participate due to uncontrolled pain. V8 said R1 should be on a pain medication schedule.</p> <p>R1's Physical Therapy Note dated March 22, 2019 shows "patient refused physical therapy treatment today due to uncontrolled pain to both legs and pain pills are not available." R1's Physical Therapy Discharge Summary from the same day shows "patient discharged from</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/26/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PRESENCE COR MARIAE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 MARIA LINDEN DRIVE ROCKFORD, IL 61114
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>physical therapy due to uncontrolled pain on both legs, and unable to progress functionally secondary to pain."</p> <p>R1's MAR for March 2019 shows on March 22, 2019 R1 did not receive any dose of Tylenol or Tramadol, and only received one dose of Norco 5/325 mg tabs at 3:59 AM (none before therapy). This same MAR does not show R1 is receiving her pain medication every 4 hours.</p> <p>On March 26, 2019 at 12:10 PM, V2 Director of Nursing said the facility has Norco 5/325 mg tablets in the emergency/convenience box and if the resident has a prescription for Norco, the nurse can call the pharmacy and get an access code to open the emergency box.</p> <p>On March 26, 2019 at 11:50 AM, V6 Pharmacist from the facility's pharmacy said R1 had a prescription for Norco 5/325mg and their records show no access code was given for the emergency box that day.</p> <p>R1's Physician Orders dated March 8, 2019 show R1 has orders for Tylenol 650 mg every 6 hours as needed for pain, Norco 5/325mg 1 tab every 4 hours as needed for pain, Norco 5/325mg 2 tabs every 4 hours as needed for severe pain, and Tramadol 50 mg every 6 hours as needed for pain. The same orders show an order for "pain assessment at 6:00 AM, 2:00 PM, and 10:00 PM was not ordered until March 21, 2019 and not started being monitored until March 22, 2019 (the day R1 was discharged from physical therapy).</p> <p>R1's Most Recent Care Plan does not include pain management.</p> <p>On March 26, 2019 at 2:00 PM, V9 Care Plan,</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005771	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/26/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER PRESENCE COR MARIAE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3330 MARIA LINDEN DRIVE ROCKFORD, IL 61114
---	--

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 6</p> <p>Restorative, and MDS coordinator stated " I'm not sure why R1 has no Care Plan for her pain, I did hear about her refusing therapy due to pain." V9 said she had a Care Plan meeting with R1 and R1's family and they discussed pain medications for R1.</p> <p>The facility's Pain Assessment and Management Policy dated December 2017 shows "Pain management is defined as the process of alleviating the resident's pain to a level that is acceptable to the resident and is based on his or her clinical condition and established treatment goals."</p> <p>(B)</p>	S9999		
-------	---	-------	--	--