PRINTED: 12/17/2019 **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: COMPLETED A. BUILDING: _____ B. WING IL6006258 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH WALNUT MOMENCE MEADOWS NURSING & REHAB** MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation #1977282/IL116300 S9999 Final Observations S9999 Statement of Licensure Violations: 300.1210b) 300.1210d)2) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care 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. d)Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 2)All treatments and procedures shall be administered as ordered by the physician. Attachment A Section 300.3240 Abuse and Neglect **Statement of Licensure Violations** a)An owner, licensee, administrator, employee or

Illinois Department of Public Health

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

agent of a facility shall not abuse or neglect a

resident. (Section 2-107 of the Act)

Electronically Signed

TITLE

(X6) DATE 10/25/19

PRINTED: 12/17/2019 FORM APPROVED

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A. BUILDING: C B. WING 10/04/2019 IL6006258 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH WALNUT MOMENCE MEADOWS NURSING & REHAB** MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 These requirements were not met evidenceed by: Based on interview, and record review, the facility failed to make timely notifications to the physician of critical lab values which delayed hospitalization. Also, based on interview, and record review, the facility failed to monitor physician ordered Vancomycin levels after every third dose and then failed to hold Vancomycin doses after levels were elevated. Also, based on interview, and record review, the facility failed to follow the physician's orders and hold an intravenous (IV)Vancomycin when blood levels were elevated resulting in a significant medication error. This failure resulted in R1 being hospitalized with Acute Kidney Injury secondary to Vancomycin toxicity and requiring dialysis. This applies to 1 of 3 residents (R1) reviewed for change in condition notifications in a sample of 9. Findings include: R1 's Physician Wound Note, completed by V6 (Wound Physician), dated 9/6/19 documents R1 with morbid obesity with severe debility and multiple ulcers with cellulitis to the left buttock and hip. This same note documents to start intravenous (IV) Vancomycin 1 Gram (gm) every 8 hours. R1's September 2019 Medication Administration Record (MAR) documents R1 receiving Vancomycin IV, 1 gram every 8 hours (6 AM, 2 PM, 10 PM). This same MAR documents R1

Illinois Department of Public Health

continuously being administered Vancomycin

PRINTED: 12/17/2019 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: COMPLETED A. BUILDING: _ B. WING IL6006258 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH WALNUT MOMENCE MEADOWS NURSING & REHAB** MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 every 8 hours up until 9/12/19 at 6 AM when this dose was held. R1 then received Vancomycin again 9/12/19 at 2 PM, 10 PM and 9/13/19 at 6 AM. All other doses of R1's Vancomycin are documented as held beginning 9/13/19 at 10 PM. R1's Order Recap Report dated 9/6/19 through 10/1/19 documents an order on 9/6/19 to complete a Vancomycin levels every third dose. R1 's Laboratory Report documents a Vancomycin level completed on 9/11/19 as critically high at 65.6 (normal range 10-20). This same report also documents this high level was called to the facility to V14 (Nurse) on 9/11/19 at 23:57 PM. R1's Order Recap Report dated 9/6/19 through 10/1/19 documents an order on 9/6/19 to complete a Vancomycin levels every third dose. This order also documents to hold Vancomycin from 9/12/19 at 6:22 AM through 9/13/19 at 6:21 AM. In addition, further orders document to hold Vancomycin 9/13/19 beginning at 2:35 PM through 9/18/19. R1's Laboratory Report documents a Vancomycin level completed on 9/11/19 as critically high at 65.6 (normal range 10-20). This same report also documents this high level was called to the facility to V14 (Nurse) on 9/11/19 at 23:57 PM. R 1 's Laboratory Report dated 9/13/19 documents critically high values as follows;

Illinois Department of Public Health

Vancomycin level of 64.5 (normal 10-20), a Blood Urea Nitrogen (BUN) of 184 (normal range 5-28), and creatinine of 9.7 (normal 0.6-1.2). This same report also documents these high levels were called to the facility to V15 (Nurse) on 9/14/19 at

6899

PRINTED: 12/17/2019

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: COMPLETED. A. BUILDING: _ B. WING IL6006258 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 SOUTH WALNUT **MOMENCE MEADOWS NURSING & REHAB** MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 2:50 AM. On 10/2/19 at 2:23 PM V3 (Assistant Director of Nursing) stated once the facility became aware of the critically high lab values the physician should have been notified. V3 confirmed the facility did not notify the physician timely and there is no evidence any physician was contacted by V14(nurse) or V15(nurse). V3 stated R1 was sent to the hospital on 9/16/19 due to abnormal lab values from 9/13/19 when V3 contacted V16 (Physician). On 10/2/19 at 1:40 PM V9 (Pharmacist) stated Vancomycin is metabolized by the kidneys and monitoring of Vancomycin includes Vancomycin levels and BUN and creatinine levels per physician discretion. V9 stated elevated Vancomycin levels can cause kidney damage. V9 stated on 9/12/19 the Pharmacy saw R1's elevated Vancomycin level from 9/11/19 and contacted V4 (Medical Director) who ordered to hold the Vancomycin and repeat a Vancomycin level on 9/13/19 at 1 PM On 10/3/19 at 12:50 PM V6 (Wound Doctor) stated he was unaware of R1's critically high lab values from 9/13/19 and if he was notified R 1 would have been sent to the hospital for evaluation. V6 stated lack of notification delayed hospitalization and treatment for Vancomycin toxicity. V5's (Nephrologist) hospital Nephrology Progress

Illinois Department of Public Health

secondary to Vancomycin toxicity.

Note dated 9/19/19 documents R1 with Acute Kidney Injury with Chronic Kidney Disease likely

7TFG11

PRINTED: 12/17/2019 FORM APPROVED

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6006258 10/04/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH WALNUT MOMENCE MEADOWS NURSING & REHAB** MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) \$9999 Continued From page 4 S9999 On 10/3/19 at 9:30 AM, V5 confirmed R1 was hospitalized with Acute Kidney Injury likely secondary to Vancomycin toxicity. V5 stated if a Vancomycin level is 20-25 it should be held until it comes down to normal range and then re-dose it. V5 stated R1 already had Chronic Kidney Disease stage 3 prior to receipt of Vancomycin. V5 stated as a result of the toxic Vancomycin level she was hospitalized and is now receiving dialysis due to the kidney injury. V5 stated he is not sure if the damage to her kidneys is permanent. V5 further stated, he is "100% positive" if R1's Vancomycin was monitored and dosed correctly R1 would not have needed dialysis. (A)

Illinois Department of Public Health

7TFG11