PRINTED: 01/19/2022 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 IL6000293 11/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5600 GLEN ELM DRIVE** GENERATIONS AT PEORIA **PEORIA, IL 61614** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY)** S 000 **Initial Comments** S 000 Complaint Investigation: 2128762/IL140667 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.696a) 300.696b) 300.696c)5) 300.1010h) 300.1030a)5) 300.1210d)3) Section 300.610 Resident Care Policies 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 300.696 Infection Control

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

facility. The policies and procedures must be

consistent with and include the requirements of the Control of Communicable Diseases Code,

policies and procedures for investigating. controlling, and preventing infections in the

Each facility shall establish and follow

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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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 IL6000293 11/30/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5600 GLEN ELM DRIVE GENERATIONS AT PEORIA PEORIA, IL. 61614** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 and the Control of Sexually Transmissible Infections Code. Each facility shall monitor activities to ensure that these policies and procedures are followed. A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections. Each facility shall adhere to the following c) guidelines and toolkits of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, and Agency for Healthcare Research and Quality Guideline for Prevention of Nosocomial Pneumonia Section 300.1010 Medical Care Policies The facility shall notify the resident's h) 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. Section 300.1030 Medical Emergencies The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various

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critical condition.

FINDINGS INCLUDE:

sample of three. This failure resulted in a delay of treatment, resulting in R3 being hospitalized in

(X3) DATE SURVEY

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		A. BUILDING:			COMPLETED				
05		IL6000293	B. WING		11/3	0/2021			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5600 GLEN ELM DRIVE									
GENERATIONS AT PEORIA PEORIA, IL 61614									
(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			
\$9999	Continued From pa	ge 3	S9999						
C4	documents, "The pudetermine what restor residents competed operations and emeassessment to make care staff needs as provide services to Part 2. Services and Our Resident's Need conditions-Assessment of the pulmonary disease, such as UTI (urinary gastroenteritis, pnear failure, diabet pulmonary disease, such as UTI (urinary gastroenteritis, pnear faility Resource Competent Support Population Every Distaff training/educal Identification of residentification of residentification problems to identify when me	nent Tool completed 07/13/21 urpose of the assessment is to ources are necessary to care etently during both day-to-day ergencies. Use this the decisions about your direct well as your capabilities to the residents of your facility. It care We Offer Based on eds: Management of medical ment, early identification of ion, management of medical eptoms and conditions such as es, chronic obstructive gastroenteritis, infections y tract infection) and umonia, hypothyroidism. Part as Needed to Provide and Care for Our Resident ay and During Emergencies: tion and competencies-dent changes in condition, entify medical issues to determine if symptoms in need of intervention, how dical interventions are causing relieve suffering and improve							
		ian Order Sheet documents ed to the facility on 11/03/21.							
3	Physical, performed documents, "(R3) w Emphysema, Hyper Generalized Anxiety (local hospital) from for Left Hip Intertroo	lursing Facility) History and I on 11/05/21 by V6 Physician with a past medical history of tension, Bipolar Disorder, and Disorder was admitted to 10/27/21 through 11/03/21 chanteric Fracture status post tion Internal Fixation). R3's		5					

(X2) MULTIPLE CONSTRUCTION

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Illinois Department of Public Health

(Emergency Department)."

R3's electronic Progress Notes, dated 11/09/21 at 8:51 PM document, "X-ray results called to on call agency. New order to do vitals every 4 hours and have (R3) see (V7) in AM (morning) if pulse ox drops or resident becomes anxious, send to E.D.

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7/4			A. BUILDING:		1	
		IL6000293	B. WING		C 11/30/2021	
NAME OF	PROVIDER OR SUPPLIER	STATE, ZIP CODE				
GENERA	TIONS AT PEORIA	/E				
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	Continued From page 5		S9999			
	R3's electronic Productor 12:27 AM document Temperature 97.7, 77/regular, Respiration AM, by V3 Retail 10	gress Notes, dated 11/10/21 at at R3's vital signs, Blood Pressure 119/71, Pulse tions 18 and SpO2 97%." gress Notes, dated 11/10/21 at egistered Nurse document, ain medication) for c/o to left hip and leg. Noted that c. BP (Blood Pressure) 84/50, Pulse Ox 90% on 2 liters B (short of breath). Will k after her pain med to work." gress Notes, dated 11/10/21 at egistered Nurse document, ent (R3). State's pain is better ow-77/50, Pulse 160. 2 liters oxygen. Increased Pulse ox 88%. Remains (sounds) diminished the rales anteriorly. Will notify				
	Physician) of (R3's) send to hospital for	condition. Orders received to evaluation related to current d labs and CXR (chest X-ray)			1	
	12:05 PM documen Medical Transport)	gress Notes, dated 11/10/21 at t, "Called AMT (Advanced to transport (R3) to (local , AMT left with (R3) for				
	R3's Hospital Histor	y and Physical, dated				

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On 11/29/21 at 2:53 PM, V3 Registered Nurse stated, "I was aware on the morning of 11/10/21 that R3 had an elevated white count and (R3's) chest x-ray, 'didn't look good'. I assessed (R3) at 11:10 AM and noticed (R3) was diaphoretic. tachycardic and had a low BP (Blood Pressure) and Oxygen Saturation. I did not call the doctor at that time but administered a pain pill to (R3) and thought I would reassess (R3) later. I didn't think of it as sepsis, I thought (R3) was just having pain." V3 verified R3 "is usually Hypertensive and has never had a pulse rate of 180." V3 stated, "I reassessed (R3) about forty minutes later and

to acute blood loss due to recent hip surgery. 2 PRBC. Thrombocytosis: Likely secondary to acute blood loss. Acute on Chronic Hypoxemia: Related to RLL (Right Lower Lobe) Pneumonia and Atelectasis. Elevated Liver Enzymes. May be

secondary to Septic Shock as above.

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