

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005961</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>152 WILMA DRIVE</b> <b>MARYVILLE, IL 62062</b>
---	---

(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	S 000		
S9999	<p>Complaint Investigations: 2242348/IL145031 &amp; 2242376/IL145071</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.1210b) 300.1630b) 300.1630d) 300.1630f)</p> <p>Section 300.1210 General Requirements for 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 300.1630 Administration of Medication</p> <p>b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005961	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/01/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ELMWOOD NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 152 WILMA DRIVE MARYVILLE, IL 62062
--	---

(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>non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> <p>f) Nurses' stations shall be equipped as per Sections 300.2860 or 300.3060 and shall have all necessary items readily available for the proper administration of medications.</p> <p>These Requirements were Not Met as Evidenced by:</p> <p>Based on interview and record review, the facility failed provide pain medications to manage severe back pain for 1 of 4 residents (R2) reviewed for pain management in the sample of 4. This failure resulted in R2 being readmitted to the hospital for uncontrolled pain three days after he was admitted to the facility. This failure resulted in R2 not receiving his pain medications and related medications prescribed to manage his pain, causing him to experience uncontrolled pain, requiring rehospitalization for pain control.</p> <p>Findings include:</p> <p>R2's Face Sheet documents he was admitted to the facility on 3/19/22 from the hospital with the diagnoses of Lumbago (low back pain) with Sciatica, Right Side; Lumbago with Sciatica, Left Side; Essential Hypertension; and Constipation.</p> <p>R2's Progress Note dated 3/19/22 at 2:04 PM documents, "Resident has arrived at this time to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005961</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>152 WILMA DRIVE MARYVILLE, IL 62062</b>
---	---

(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>the facility via ambulance and stretcher, resident assisted by Emergency Medical Service (EMS) to bed with moderate assist; alert and oriented x 4; mood is pleasant; history of spinal surgeries; he stated he has no feelings in his legs; no skin issues noted; no complaint of pain or discomfort at this time."</p> <p>R2's Progress Note dated 3/20/22 at 12:15 AM documents, "Resident continues as new admit. Expressions of pain earlier in shift. PRN (as needed) pain medication administered as soon as it arrived."</p> <p>R2's Progress Note dated 3/20/22 at 10:07 AM documents, "Spoke with pharmacy regarding Celebrex not being available in EKit (Emergency Medication Kit). He stated it was still waiting for authorization and it is not a life saving med and not available for ERun (Emergency Run). Stated it would be here by 4:00 PM in time for evening dose." This progress note was entered as a Late Entry on 3/29/22 at 10:16 AM.</p> <p>R2's Progress Note dated 3/20/22 at 11:13 AM documents, "Spoke with (V16) NP (Nurse Practitioner) regarding resident's orders; NP agrees with all orders but wants to decrease Gabapentin 300 mg to once daily. NP feels that is more appropriate for a hospital and is over the recommended dose." This progress note was entered as a Late Entry on 3/29/22 at 11:15 AM.</p> <p>R2's Progress Note dated 3/21/22 at 4:45 PM documents, "Resident request to go to (hospital) stating he is having uncontrolled back pain, states the prn pain medication is not helping him."</p> <p>R2's Progress Note dated 3/21/22 at 5:21 PM documents, "EMS here with two emts</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005961</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>152 WILMA DRIVE</b> <b>MARYVILLE, IL 62062</b>
---	---

(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>(Emergency Medical Technicians) at this time to transport resident to (out of state hospital)."</p> <p>R2's Hospital Report, "Inpatient Discharge Summary" dated 3/19/22 at 11:24 AM documents he was admitted to the hospital on 3/10/22 and discharged on 3/19/22. Under "Details of Hospital Stay: Presenting Problem/History of Present Illness" it documents, "Per admission history and physical: The patient is a 38 year old male with a history of chronic low back pain status post multiple surgeries in the past, complicated by infection in the summer of 2021, who presents to the hospital with a one-week history of worsening lower back pain and tingling down his legs. Patient tells me at his baseline he has chronic low back pain occasionally discomfort down his legs. However, a few days ago he states the pain worsening lower back and became persistent with numbness and tingling down both legs. He feels as though he has been sitting on a nerve in the lower back down the legs constantly. He has been unable to get significant sleep." R2's Discharge Summary documents, "(R2) has a history of 2 spinal surgeries and associated chronic low back pain. This has been recently exacerbated with radicular symptoms. MRI (Magnetic Resonance Imaging) demonstrates known L5-S1 laminectomy and diffuse disc bulging as well as scar tissue with mass effect on S1 nerve roots. He was seen by Neurosurgery in the Emergency Department and recommended non-operative management. He was admitted for pain control and started on PO (by mouth) and IV (intravenous) opioids. Pain management was consulted, and patient underwent a caudal epidural spinal injection on 3/15 with some improvement of symptoms. His pain regimen at time of discharge was APAP (Acetaminophen) 1gram (g) QID (4 times a day), Duloxetine (nerve</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005961	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/01/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ELMWOOD NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 152 WILMA DRIVE MARYVILLE, IL 62062
--	---

(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>pain medication) 60 milligrams (mg), Gabapentin (nerve pain medication) 900 mg TID (three times a day), Baclofen (muscle relaxant) 15 mg TID, Lidocaine topical patches, and Oxycodone 20 mg every 3 hours as needed (prn). "</p> <p>R2's Hospital Discharge Instructions dated 3/19/22 at 11:24 AM document: Discharge Medications: Current Medications: Take these medications:</p> <ul style="list-style-type: none"> <li>-Acetaminophen 500 mg capsule: Take 2 capsules --(1,000 mg total) by mouth every 6 (six) hours for fever/pain.</li> <li>-Baclofen 5 mg tablet: Take 3 tablets (15 mg total) by mouth 3 (three) times a day with meals.</li> <li>-Celecoxib 100 mg capsule: Take one capsule (100 mg total) by mouth 2 (two) times a day. Commonly known as Celebrex.</li> <li>-Duloxetine 60 mg capsule: Take one capsule (60 mg total) by mouth daily. Start taking on March 20,2022.</li> <li>-Gabapentin 300 mg capsule: Take 3 capsules (900 mg total) by mouth 3 (three) times a day.</li> <li>-Lidocaine 5 %: Place one patch on the skin daily. Remove and discard patch within 12 hours or as directed by MD (Medical Doctor).</li> <li>-Naloxone 4mg/actuation spray, non-aerosol: Administer 1 spray into affected nare (s) as needed for opioid reversal or respiratory depression. Call 911. Administer a single spray in one nostril. Repeat every 3 minutes as needed if no or minimal response. For: decrease in rate and depth of breathing due to opioid drug, opioid overdose. Commonly known as Narcan.</li> <li>-Oxycodone 20 mg: Take 1 tablet (20 mg total) by mouth every 3 (three) hours as needed for pain.</li> <li>- Ramelteon 8 mg tablet: Take 1 tablet (8 mg total) by mouth nightly as needed for sleep. For difficulty falling asleep.</li> <li>- Senna 8.6 mg tablet: Take one tablet by mouth</li> </ul>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005961</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>152 WILMA DRIVE MARYVILLE, IL 62062</b>
---	---

(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>nightly; Senna-Docusate 8.6-50 mg: Take 2 tablets by mouth 2 (two) times a day for constipation.</p> <p>R2's Physician Orders in his Electronic Medical Record (EMR) dated 2/28/22 through 3/31/22 document his medication orders as:</p> <ul style="list-style-type: none"> <li>-3/19/22 Baclofen 5 mg one tablet TID (per hospital discharge orders dated 3/19/22 R2 was to receive Baclofen 15 mg TID).</li> <li>-3/19/22 Gabapentin 300 mg TID (per hospital discharge orders dated 3/19/22 R2 was to receive Gabapentin 900 mg TID. Gabapentin order was changed on 3/20/22 to 300 mg TID by NP, but R2 should have received Gabapentin 900 mg TID on 3/19/22 at 8:00 PM and on 3/20/22 at 8:00 AM as the dose was not decreased by the NP until 3/20/22 at 11:13 AM)</li> <li>-3/19/22 Ramelteon 8 mg Q HS (every hour of sleep) (per Hospital Discharge Order dated 3/19/22, this was to be prn not routine).</li> <li>-3/19/22 Senna 8.6 mg ii BID (twice a day) (this was wrong medication; hospital discharge order dated 3/19/22 included order for Senna-Colace 8.6-50 mg ii BID).</li> <li>-3/19/22 Tylenol 500 mg ii prn (per hospital discharge orders, R2 was ordered to receive Acetaminophen (Tylenol) 500 mg ii every 6 hours).</li> </ul> <p>Comparison of R2's Hospital Medication Discharge Orders dated 3/19/22 at 11:24 AM to the orders transcribed on R2's Physician Orders in his Electronic Medical Record when he was admitted to the facility on 3/19/22 showed the following medication errors: R2 did not received the correct doses of Baclofen, Gabapentin, or Tylenol, and his order for Senna-Colace was omitted from his orders.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005961	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 04/01/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  ELMWOOD NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 152 WILMA DRIVE MARYVILLE, IL 62062
--	---

(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>R2's Medication Administration History dated 3/19/22 to 3/21/22 documents he did not receive his Oxycodone 20 mg for pain until 11:55 PM on 3/19/22, almost 10 hours after he was admitted. It also documents he did not receive his scheduled doses of Tylenol 1,000 mg on 3/20/22 or 3/21/22, Gabapentin 900 mg on 3/19/22 at 8:00 PM or on 3/20/22 at 8:00 AM, he did not receive his Baclofen at 4:00 PM on 3/19/22 and only received Baclofen 5 mg TID on 3/20/22 and 3/21/22 instead of Baclofen 15 mg TID as ordered, and he did not receive his Senna-Colace as ordered on 3/19/22, 3/20/22 or 3/21/22.</p> <p>On 3/29/21 at 8:50 AM V1, Administrator, stated when she came in on Monday morning (3/21/22) she went to see R2 and she didn't think he remembered her because he was complaining about not getting his medications to her, even though she was the nurse the day before and had given him his medications. V1 stated he was upset because Physical Therapy (PT) had not been in yet to see him but stated R2 was in so much pain, PT would not have been able to do much with him anyway.</p> <p>On 3/29/22 at 9:00 AM, V11, Social Service Director, stated she came to the facility on Saturday, March 19 at 4:00 PM because V1 had asked her to go help the nurse get R2 settled. V11 stated R2 had gotten to the facility around 2:00 PM and the nurse still hadn't faxed his script for his Oxycodone to the pharmacy, so she reminded her to do it.</p> <p>On 3/29/22 at 9:10 AM V2, Director of Nursing (DON), stated she saw R2 before he left for the hospital on 3/21/22 and he was very anxious and in a lot of pain. She stated he complained that he didn't get his medications the way he was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005961</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>152 WILMA DRIVE MARYVILLE, IL 62062</b>
---	---

(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 7</p> <p>supposed to.</p> <p>On 3/29/22 at 10:58 AM V6 Licensed Practical Nurse (LPN) stated if they don't have someone's medication, they can get it out of the e-kit and if it is not in the e-kit the pharmacy will e-run it out to the facility. V6 stated she admitted R2 on 3/19/22. She stated she was very busy that day because she had another admission along with R2's admission. V6 stated she had called V1, Administrator and told her she needed some help. V6 stated R2 was having some pain when he was admitted and had an order for Oxycodone 20 mg. V6 stated the hospital had sent a script for the Oxycodone, but it was not in the e-kit, so she had to fax the script to the pharmacy and request they do an e-run to bring it out for R2. V6 stated R2 had complained of pain and said he couldn't feel his legs, but he was able to transfer in and out of his chair with two assist.</p> <p>On 3/30/22 at 10:00 AM during a telephone interview, V13, Pharmacy Tech with the facility's pharmacy, stated the only medication the facility requested for R2 on 3/19/22 was his Oxycodone 20 mg tablets. V13 stated the pharmacy received a script for R2's Oxycodone on 3/19/22 at 7:57 PM, and then at 8:18 PM on 3/19/22 the facility requested an e-run for the Oxycodone to be sent out stat. V13 stated the pharmacy did not receive any further orders for R2 until 3/20/22 at 11:53 AM when V1 sent R2's admission orders to the pharmacy. V13 stated V1 then called the pharmacy at 12:05 PM and requested R2's medications all be sent out on that day. V13 confirmed that this was all the communication between the pharmacy and the facility regarding R2 on 3/19/22 and 3/20/22. She stated all notes, whether from the back up pharmacy or the main pharmacy, are all documented in the system she</p>	S9999		
-------	--	-------	--	--



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005961</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>152 WILMA DRIVE MARYVILLE, IL 62062</b>
---	---

(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 8</p> <p>was looking at during the interview.</p> <p>On 3/30/22 at 12:00 PM V2, stated she had been on vacation when R2 was admitted and by the time she had reviewed his chart he was already discharged to the hospital. V2 stated she did see R2 before he left, and he was in a lot of pain. V2 stated the nurse who had admitted R2 had been a problem and had been terminated yesterday. V2 stated she was not aware of the multiple medication errors that were made concerning R2's medications when he was admitted. She stated she was not aware the wrong dose of Baclofen was given, or that his Acetaminophen was supposed to be given routinely and not prn. V2 stated R2's medications should have been transcribed correctly and sent to the pharmacy to be filled as soon as he was admitted. V2 stated she thought his medications had been checked with the nurse practitioner on 3/19/22 when he arrived, and that she had decreased his Gabapentin dose then. V2 stated this should not have waited until 3/20/22 to be done by V1 the next day.</p> <p>On 3/30/22 at 12:10 PM during phone interview, V14, Hospital Physician, stated he had seen R2 in the hospital and had completed his discharge instructions when he was discharged to the facility on 3/19/22. V14 stated R2 had some previous surgeries on his back and had come to the hospital when his back pain had gotten worse at home. V14 stated R2 was admitted to the hospital with significant back pain on 3/11/22. V14 stated the medications R2 was discharged on when he went to the facility were found to be the combination of medications that gained him the most relief, but not entirely stopped his pain. V14 stated by R2 only receiving Baclofen 5 mg TID instead of 15 mg TID as ordered, Gabapentin 300</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005961</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>152 WILMA DRIVE</b> <b>MARYVILLE, IL 62062</b>
---	---

(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 9</p> <p>mg TID instead of the ordered 900 mg TID, and not receiving Acetaminophen 1000mg Q6H, he was only receiving about 33% of his pain control and this would have precipitated him requiring to be readmitted back to the hospital to get his pain under control again. V14 stated R2 would have probably required another few days in the hospital to get his pain under control again and get him back on the right combination of medication to decrease his pain. V14 stated when a patient is discharged from the hospital, he makes sure to complete all that person's discharge orders and make sure the scripts are sent to the facility to ensure the orders can be followed through, without delays or interruption of their care. V14 stated he would expect the nurses to follow his orders as written, unless they have a question, then they should call and clarify the orders.</p> <p>On 3/30/22 at 12:45 PM V1, Administrator, stated the nurse who admitted R2 on 3/19/22 just did not do what she was supposed to do. V1 stated V11, Social Service Director came to the facility to try to help V6, LPN, and told V6 to fax R2's orders to pharmacy, but she still didn't do it. V1 stated when a resident is admitted, faxing the orders to pharmacy is one of the first things that should be done so you can get those medications in the building. She stated the entire admission process might take 24 hours, and more than one nurse to complete it, but notifying pharmacy of new admits and their orders needs to be done right away. V1 also stated they sometimes have problems with the fax machine when faxing orders, and stated if this was the case, V6 should have called pharmacy and confirmed they had received R2's orders. V1 stated again, "(V6) just did not do what she was supposed to do. She was terminated yesterday."</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005961</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/01/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELMWOOD NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>152 WILMA DRIVE</b> <b>MARYVILLE, IL 62062</b>
---	---

(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 10</p> <p>On 3/31/22 at 8:50 AM V1 stated, "We do not have a policy regarding pain or getting medications from pharmacy."</p> <p>The facility's policy, "Administering Medications" revised April 2019, documents, "Policy Statement: Medications are administered in a safe and timely manner, and as prescribed. Medications are administered in accordance with prescriber orders, including any required time frame. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: Enhancing optimal therapeutic effect of the medication."</p> <p>(B)</p>	S9999		