FORM APPROVED **Illinois Department of Public Health** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z 000 **COMMENTS** Z 000 LICENSURE SURVEY INSPECTION OF CARE Z9999 **FINDINGS** Z9999 Statement of Licensure Violations: 350.620a) 350.1210b) 350.1210c) 350.1240b)3) 350.1420a) 350.1430b) 350.1450b) Section 350.620 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: Nursing services to provide immediate Attachment A supervision of the health needs of each resident Statement of Licensure Violations by a registered professional nurse or a licensed

inois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 1 Z9999 practical nurse, or the equivalent. Dental services to provide evaluation, diagnosis, treatment and annual review, including care for dental emergencies, administered by or under the supervision of a dentist licensed in the State to practice dentistry or dental surgery. Section 350.1240 Dental Services There shall be comprehensive treatment services for all residents which include, but are not limited to, the following: A recall system that will assure that each resident is reexamined at specified intervals in accordance with his needs, but at least annually. Section 350.1420 Compliance with Licensed Prescriber's Orders All medications shall be given only upon a) the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 350.1610. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time. Section 350.1430 Administration of Medication 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

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AND PLAN OF CORRECTION I IDENTIFICATION NUMBER: I		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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Z9999	Continued From pa	ge 2	Z9999				-
	Medication records name, diagnoses, k medications, dosag available, a history non-prescription me resident during the the facility. Section 350.1450 (b) All Schedule be stored so that tw different keys, must substances. This m several methods, su locked medicine roc securely fastened be locked medicine cat medication carts the medicine rooms who medication carts con	edications taken by the 30 days prior to admission to Control of Medications el II controlled substances shall to separate locks, using two be unlocked to obtain these hay be accomplished by uch as locked cabinets within the locked cabinets within the locked cabinets within a locked portable at are stored in locked en not in use; or portable intaining a separate locked and medication cart, when such					
	These requirements	are not met as evidenced by:					l
	failed to ensure that monitoring, follow-up were provided to ind individualized needs	o, and preventative services ividuals based upon their with the potential to harm all a facility (R1 - R8), when					
2.	injuries, and an illnes Emergency Room vi	sample (R2) who had ss that required an sit received assessments btain appropriate treatment.					

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: A. BUILDING: _ COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN. IL 62656 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Z9999 Continued From page 3 Z9999 2. 1 individual in the sample (R3) who had multiple health issues, received required annual physical, preventative screenings, recommendations; and that follow up appointments were completed. 3. 1 individual in the sample (R3) who is required to have an annual vision and hearing screening, was scheduled. 4. 1 individual in the sample (R1) who has required routine labs to monitor Epilepsy, had those labs done and checked. 5. 1 individual in the sample (R1) who needs required nursing services in accordance with their needs. 6. 1 individual in the sample (R1) who has no evidence of a current or previous dental examand 1 individual (R2) who has no evidence of a follow up consultation addressing R2's need for dental extractions. 7. 1 individual in the sample (R3's) medication is administered without errors. 8. 1 individual in the sample (R3) and 3 individuals outside the sample (R4, R5, R6) received recommended teaching and training during medication administration. 9. Controlled Substances are double locked and appropriately secured affecting 8 of 8 individuals living in the facility (R1-R8). 10. A shift to shift count is being conducted for controlled substances for 1 individual in the

sample (R3); 1 individual outside the sample

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:** A. BUILDING: _ COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) Z9999 Continued From page 4 Z9999 (R5); and 1 individual (R9), who was discharged from the facility on September 22, 2021. Findings include: In review of a report to the Illinois Department of Public Health (IDPH), dated 12/10/21, R2 was sent to the Emergency Room (ER) with fever and vomiting. R2 was discharged with diagnoses of UTI (Urinary Tract Infection) and Cystitis. In another report to IDPH dated, 1/17/22, R2 was struck by R10 "with open hands on both knees." R2 has a "Progress Note" dated 12/28/21 that documents, E6 (Direct Service Person - DSP) noted that R2 had blood on her sheet in the morning. No visible sign of injury was noted. R2 pointed to her her mouth. At breakfast staff noted blood on her tongue. Staff checked and could not find any injury. E5 (Register Nurse-Trainer -RN-T) was notified. There is no documented evidence of nursing assessing R2 for the blood in R2's mouth. in a "Progress Note" dated 2/2/22 at 3:45 PM, E6 (DSP) document that R2 had vomiting and diarrhea. Temperature 99.6 and E5 (RN-T) was notified. Another "Progress Note" dated 2/2/22, unknown time, documents that R2 continues to have vomiting and diarrhea. E5 (RN-T) was

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dated 10/29/21.

injuries.

notified at 7:20 PM.

There is no documented evidence of nursing monitoring and assessing of R2 illnesses or

The current "Nursing Note" in R2's record is

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		year old male, who f Intellectual Disability of Cerebral Palsy, S, Hyperlipidemia, Ator Type 2 Diabetes, Ba Presbyopia, and Ost Services/Guardiansh died of a heart attack lived with had a hear brother who lived at theart attack in 2013. cancer." Under "Oth documents "In the pa diagnosed with Type Esophagus. R3 has R3 has a "Consultatio documenting "Reflux	eoporosis. Under "Social hip" documents "R3's father k, as well as, his brother he t attack in 2008. R3's other the facility with him died of a R3's mother died of her Medical Comments" ast year, R3 has been 2 Diabetes and Barrett's a history of elevated PSA"					
	:	There is no evidence scheduled or complet	of a Colonoscopy being ed in the chart for R3.					
	r	Disability Professiona 2/17/22 at 1:33 PM (p we found on R3 was i 2021 that it had been refusal. It appears to b	1, Qualified Intellectual I (QIDP)/Administrator, on er email)/ documents "What in the scheduling book from canceled because of be noted by a direct support no other documents."					
	E C	Esophagogasstroduod Bastroenterologist on	denoscopy (EGD) with 9/16/20, documents Strict Anti-reflux measures.					

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staff. No seizure activity. Appetite and intake within normal. R3 completes all meals and

snacks, no signs of GERD or

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		Sleep and activity part E5, Registered Nurs There is no evidence follow-ups, and asses into the medical care Service Plan for R3. In an interview with E 2/17/22 at 1:33 PM (confirmed not done, physical, audio, vision the doctor wants to he following up on the part Interview with E5, RM 1:58 PM, E5 was askneviewing consults, late health of individuals responsible." In an interview with E2/18/22 at 8:46 PM, (RNT, was unable to learn the rapy." R3's Individual Service documents R3 is a 56 functions at a Profour Level with current Dia Spasticity, Anemia, E	Meds taken as ordered. atterns unchanged. Signed by the Trainer (RNT)." that the recommendations, the saments are incorporated to plan and/or the Individual E1, QIDP/Administrator on the per email), documents I have staff following up on the follow up EGD, how than and the Colonoscopy, and the staff following up on the follow up EGD, how than and the Colonoscopy, and the staff following up on the follow up EGD, how than and the Colonoscopy, and the staff following up on the follow up EGD, how than and the Tolonoscopy, and the staff following up on the follow up EGD, how than and the following up on the follow up EGD, how the following up on the following	Z9999				
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Per Facility Policy NO: 5.57, Physical Injury and Illness/individual Medical Emergencies: adopted

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID. PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 9 Z9999 12/90, revised 10/17, page 2, I, documents "The administrator shall review any progress notes (GP-15) bi-weekly at a minimum, this includes any issues that pose a safety risk to an individual. such as change in condition and unusual incidents (either resulting in observable injury or not resulting in observable injury", K., documents "Any follow-up action or medication prescribed by the physician shall be summarized in the monthly QIDP (Qualified Intellectual Disability Professional) Summary (GP-99) and in the Nursing Notes (GP-35), Per Facility Policy NO: 7.02, Nursing Services; Adopted: 10/84, Revised 02/19, page 2, #4, documents "The Registered Nurse Trainer shall complete individual's health assessments, review monthly physician's orders and lab results, provide consultation with appropriate medical professionals and management staff during routine scheduled and PRN visits to homes." In review of the 2/2022 Physician's Order Sheet (POS), R2 has diagnoses of Severe Intellectual Disability. Down Syndrome, Insomnia, Depression, and Dementia. In further review of the POS, R2 receives Zoloft (Sertraline) 100mg, 2 tablets daily; Remeron (Mirtazapine) 15mg. 1 tablet at bedtime; and Desyrel (Trazodone) 50mg, 1/2 tablet at bedtime. R2's last Tardive Dyskinesia (DISCUS) screening was dated 11/3/2020. There is no evidence of a more current DISCUS screening. E5 (RN-T) confirmed in an email on 2/18/22 at 8:49 PM, there is no documented assessments

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for R2's illnesses and possible injuries.

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	functions at a Profot Level with current Di	rice Plan (ISP) dated 3/2/21, 60 year old male, who and Intellectual Disability agnosis of Epilepsy, Anemia, Gastroesophageal Reflux				
	There is no evidence dental exam in chart	of a current or previous for R1 to be reviewed.				
	Disability Professional 11:30 AM, E1 state	1, Qualified Intellectual al/ Administrator on 2/17/22, ed "R1's mom has not I with pediatric dentistry."				
	(r∪3), K∠ is a 50 yea	2 Physician's Order Sheet ar old female with diagnoses Disability, Down Syndrome, , and Dementia.				
	In review of a "Consul 11/26/21, it document of 10 non restorable to sedation."	Itation Report" dated s that R2 needs "extraction eeth under outpatient IV				
a	There is no evidence of addressing R2's need	of a follow up consultation for the extractions.				
(4	n an interview on 2/16 Administrator) stated wardian is taking care	6/22 at 11:00 AM, E1 no it is not done yet, R2's of this recommendation.				
L	ಚ was observed rece osartan 100mg's, Las	iss on 6/15/22 at 6:37 AM, iving Protonix 20mg's, ix 20mg's, Aspirin 81mg's, aberpentin 100mg's, Fish				

Observation of breakfast on 6/15/22 at 7:40 AM, inois Department of Public Health FATE FORM

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him water. E3 said here is your Losartan. then E3, said here is your Lasix, switching out med

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 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 TAG DATE **DEFICIENCY**) Z9999 Continued From page 13 Z9999 cup and water for R3. Then his Aspirin. Then came his Metformin, then he received his Gaberpentin, and then he received his fish oil. Observation on 2/15/22 at 4:00 PM, E3, DSP. was passing medications again. E3, DSP, called in R6 to come and receive his medication. E3, DSP, punched out his Docusate and said here is your Docusate. E3, DSP punched out his Bethanocol and said here is your Bethanocol. Then E3, DSP, punched out his Daily Vitamin and said here is your vitamin. Your done, can you send in R4. At 4:05 PM, R4 came in to receive his medication. E3, DSP again said we are going to take your calcium and punched out his pill in the med cup and gave it to him. Then E3, DSP said here is your Eloquist. Here is your Potassium. This is your Pepcid. Here is the last one your Folic Acid. a) According to R5's Physician Order Sheet (POS) dated February 2022; documents R5 functions at a Moderate Intellectual Disability Level with current diagnosis of Hyperlipidemia, Down Syndrome. Osteoarthritis, Seizure Disorder, Osteoporosis, Hypothyroidism, Gastroesophageal Reflux Disease (GERD), Degenerative Disc Disease, Sleep Apnea, Dementia, and Hypokalemia. In further review of the 2/22 POS, R5's 7 AM medication is as followed: Cymbalta 60mg's every morning for Neck Pain; Tegretol XR 100mg's twice daily for Seizures; Biotene mouthwash 15ml's twice daily for Plaque. There is no evidence of Tylenol 1000 mg's three

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times a day on R5's POS.

b) According to R3's POS dated February 2022;

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Prostatic Hyperplasia, Neurogenic Bladder,

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 15 Z9999 Hypokalemia, Depression, Osteoporosis, Constipation, GERD, Deep Vein Thrombosis, and Acute Pain. In further review of the 2/22 POS, R4's 4 PM medication is as followed: Caltrate 600mg's daily for Osteoporosis; Eliquis 5mg's twice daily for history of Deep Vein Thrombosis: K-Dur 20 MEQ three times daily for Hypokalemia; Pepcid 20 mg's daily for GERD; Folic Acid 1 mg every evening for Anemia. There is no evidence of teaching/training during the 7 AM and 4 PM medication pass for R5, R3, R6, and R4. In an interview with E3, Direct Support Personnel (DSP) on 2/15/22 at 4:55 PM, E3, confirmed she didn't teach them about the medication, stated "I didn't realize I had to". "59 Illinois Administrative Code Ch I. Section 116.110b)4)" states "Each program shall have written policies and procedures to include the governing of: 4) storage and safekeeping of medications." In review of the facility's policy titled " 7.18 Nursing Controlled Substances", dated "revised 03/19", documents that "1. Controlled substances will be properly stored in a double locked area and the keys will be in the possession of an authorized DSP at all times." 2. All medications shall be stored in locked compartments or within the locked medication container, cabinet or closet. All controlled medications shall be locked and stored within the locked medication container, cabinet, or closet. 3. Access to medications shall be limited to licensed

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and authorized direct care staff. Each home shall

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: A. BUILDING: _ COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 16 Z9999 maintain an up-to-date list of authorized direct care staff." According to the facility submitted roster that validates level of functioning, undated, 3 individuals who functions in the Moderate range of Intellectual Disability Level (R4, R5, R7); 3 individuals who function at a Severe Intellectual Disability Level (R2, R6, R8), and 2 individuals who function at a Profound Intellectual Disability Level (R1, R3). Observation of medication room on 2/15/22, at 4:50 PM, with E3 (DSP) and E1 Qualified Intellectual Disability Professional (QIDP)/Administrator. E3 was asked to remove and open Controlled box from cabinet. E3 removed it and clicked the buttons open. The box opened easily without putting any combination code in to release the box. In an interview with E1 QIDP/Administrator, and E3, DSP, on 2/15/22 at 4:51 PM, confirmed it is not secure. There is no evidence of the controlled medications being double locked. "59 Illinois Administrative Code Ch. I. Section 116.70 e) 9)", states "e) An inventory and a record of use of controlled substances shall be maintained by the registered professional nurse in the program, and each substance shall require a separate sheet indicating the: 9) Documentation of a shift count done by authorized direct care staff. Any discrepancies shall be reported to the nurse-trainer for review and action in accordance with written policy. A) A shift count must be

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completed when the responsibility for

administering medications changes from one

Illinois Department of Public Health **FORM APPROVED** STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Z9999 Continued From page 17 Z9999 authorized direct care staff or nurse to another authorized direct care staff or nurse. B) The authorized direct care staff or nurse passing on responsibility for medication administration will count the controlled substances with the authorized direct care staff or nurse assuming responsibility for medication administration. C) The count completed when a controlled substance is administered is not considered a shift count." Facility provided policy 7.18, "Controlled Substances" Revised: 03/19, Procedure: 5. Any discrepancies shall be reported to the grogram administrator and the Nurse Trainer for review and action in accordance with written policy. a. A shift count must be completed when the responsibility for administering medication changes from one authorized direct care staff or nurse to another authorized direct care staff or nurse." R3's medication card for Lorazepam 1 mg's take 2 mg's 1 hour prior to Scheduled Dental Procedure on 5/20/21 is dated 5/17/21. Current quantity in card is 2 pills. R3's "Controlled Substances Record" dated 1/11/22 documents Lorazepam 1 mg's take 2 tablets by mouth 1 hour prior to dental appointment. R3's Shift to Shift count is not consistent with each shift from 1/11/22 through 2/12/22. There is only 20 entries listed. 5 entries for double count has E4, DSP in training, signing as the second counter. R5's medication card for Tramadol 50 mg's 1 tablet by mount twice daily as needed for pain dated 11/24/21. Current quantity in card 17.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6012041 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2324 NORTH KICKAPOO STREET LINCOLN TERRACE LINCOLN, IL 62656 (X4)ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) Z9999 Continued From page 18 Z9999 R5's "Controlled Substances Record" dated 11/24/21, documents R5's Shift to Shift count is not consistent with each shift from 1/24/21 through 2/12/22. There is 20 entries listed with double signatures, only 3 entries of a pill being given. 6 entries for double count has E4, DSP in training, signing as the second counter. R5's medication card for Diphenoxylate+Atropine, 2.5 mg/s take 1 tablet as needed every 6 hours dated 2/5/22. Current count in card is 19 pills available. R5's Shift to Shift count is not consistent with each shift from 2/5/22 to 2/12/22. There is only 2 entries listed. 1 entry for double count has E4's DSP in training's signature. Count went from 20 doses to 19 doses. No entry's of any medication given. R9's medication card for Chlordiazepoxide 5mg's every night at bedtime dated 6/25/21. Current count of medication in card is 2. R9's Shift to Shift count is not consistent with each shift from 1/11/22 to 2/12/22. There is 20 entries listed. 6 entries for double count has E4's DSP in training's signature. R9's medication card for Chlordiazepoxide 5mg's every night at bedtime dated 6/01/21. Current count of medication in card is 4 R9's Shift to Shift count is not consistent with each shift from 8/9/21 to 2/12/22. There is 27 entries listed. 5 entries with only 1 signature. 6 entries for double count has E4's DSP in training's signature. R9's medication card for Chlordiazepoxide 5mg's

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STATEME	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION	(V2) D 41	FF 01 1-1
ANDID	IN OF CORRECTION	IDENTIFICATION NUMBER:		NG:		TE SURVEY
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PREFIX TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	LACH CORRECTIVE ACTION SHOL	II ID DE	(X5) COMPLETE
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	count of medication	ne dated 8/01/21. Current				
	or modication	ir card is 5.				ik :
	R9's Shift to Shift co	ount is not consistent with				The same of
	each shift from 1/11	/22 to 2/12/22. There is 20				
	DSP in training's sig	ries for double count has E4's				
	Dor in training's sig	nature.				
	R9's medication care	d for Chlordiazepoxide 5 mg's				
	every night at bedtim	ne dated 9/1/21. Current				
	count of medication	in card is 11.				
	R9's Shift to Shift co	unt is not consistent with				
	each shift from 2/12/	22. Only 1 entry is made for				
	2/12/22.	, , , , , , , , , , , , , , , , , , , ,				
	There is no ovidence					
	There is no evidence	ached to the card per rule 116			3	
	and policy, and there	is no evidence of an				
	accurate shift count b	peing done.			1	è
	RQ is no langue a	idant at the feature				
	discharged at the end	ident at the facility, he was			11	
		(6	
	In an interview with E	3, DSP, on 2/15/22 at 3:59				
	PM, E3 stated "E5, R	NT (Registered Nurse -	ì			1
- 1	Trainer), said E4 coul	d count with us."				3
	There is no evidence	of RNT's monitoring				
1	controlled medication	and counts.	80			3
	la on intonious site =:	5 DNT OVER				- 1
	III an interview with Et	5, RNT, on 2/18/22 at 1:58 NT, confirmed it is the			1	- 1
	nurses responsibility t	o destroy controlled				1
	substances but we jus	st have not had two nurse's	3.			
11	there to complete it.					
		1				
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