STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007561	A. BUILDING: _____ B. WING _____	05/19/2022

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PRAIRIE CITY REHAB & H C	825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY, IL 61470

(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 Annual Health Certifiaction Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.610a 300.1210b)2 300.1210b)4 300.1210b)5 300.1210c) 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 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.	S9999		

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S9999	Continued From page 2 These Requirements were NOT MET as evidenced by: Based on observation, record review and interview, the facility failed to ensure residents with functional limitations in range of motion received services to prevent further decline, for three of three residents (R2, R16, R22) reviewed for mobility in a sample of 20. These failures resulted in R16 experiencing a functional decline, from the ability to transfer with the assistance of a gait belt and two staff, to needing to use a mechanical lift for all transfers. These failures also resulted in R2 experiencing a functional decline, from the ability to transfer with assistance of a gait belt and two staff, and performing bed mobility, ambulating and dressing with extensive assistance of two staff to R2 no longer being able to ambulate, needing to use a mechanical lift for all transfers, requiring total assistance of two staff for bed mobility and dressing. Findings include: The Facility's Restorative Nursing Programs policy dated 9/27/17, states "It is the policy of (the facility) to facilitate resident independence in Activities of Daily Living and assist the resident to reach and maintain his/her highest practicable physical, mental and psychosocial needs through the use of Restorative Nursing Programs where appropriate. Perform comprehensive assessments of each resident to establish needs and strengths to determine the resident's readiness/capacity to learn and physical ability to participate. Documentation of the Program: A. Assessment within 14 days of admission; B. Reassessment every 90 days or sooner if determined appropriate for level of care/needs established by IDT (interdisciplinary team); C.	S9999		

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S9999	Continued From page 3 Care plan of problem/strength/needs, interventions and goals reviewed every 90 days or sooner if determined appropriate for level of care/needs established by IDT; D. Participation record as established by program type; E. Monthly note while program is optional and may be completed by anyone familiar with the resident's response to the program; F. Progress note will be written by Licensed Nurse Addressing resident progress, participation, and response/tolerance to the program every 90 days or sooner if determined appropriate for level of care/needs established by IDT; G. Documentation of discontinuation of a Restorative Program will include an physical, cognitive or affective factors potential to the resident considered in the IDT decision that the program would no longer benefit the resident." 1. On 5/17/22 at 10:44 a.m., R16 was sitting in her wheelchair with her left foot resting on a foot pedal and her right foot dragging on the floor. R16's knees were bent inward towards each other. At that time, R16 demonstrated that she can slightly lift her right leg upward, but does not have full extension at the knee or hip, and that her left leg can be slightly lifted at the hip, but not extended at the knee. R16 stated she is now unable to move her left leg independently and she has frequent pain in the left leg. R16 explained that in the last year she has lost strength and movement of her legs. R16 stated she is not receiving any physical or occupation therapy and the facility staff do not help her with any range of motion exercises. R16 became visibly upset, stating she has exercises she needs to be doing, but is unable to do them on her own. At that time, R16 took two pieces of paper off of her bedside table, which detailed a "Home Exercise Program (dated 3/02/22)" and stated those were the	S9999		

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S9999	Continued From page 4	S9999		

exercises she was supposed to be doing, but she didn't have the equipment or ability to do them on her own. R16 pointed to one exercise, which requires a exercise band, and another that requires a hip adduction ball, and stated she doesn't have the ball or exercise band to even do those exercises. R16 stated she has gone from being able to transfer with the help of staff, to needing a mechanical lift to transfer, over the course of the last year.

A Minimum Data Set assessment, dated 6/30/21, documents R16 was admitted to the facility on 6/17/2020, with no cognitive impairment, and the diagnoses of Traumatic Brain Injury, Abnormal Posture and Arthritis. The Minimum Data Set assessment (6/30/21) documents R16 has a functional limitation in range of motion in both upper and lower extremities, utilizes a wheelchair or walker for mobility, requires two staff to extensively assist in transfers (resident involved in activity, staff provide weight-bearing support), and is not receiving active or passive range of motion of the extremities.

A Range of Motion Assessment completed on 10/12/21, documents R16 scored "11" which indicates R16 is at "moderate risk" for functional decline in range of motion and treatment options are as follows: "Treatment may include, but is not limited to basic ROM (range of motion), positioning, turning, ambulating, as indicated by individual resident needs."

A Minimum Data Set assessment, dated 1/12/2022, documents R16 continues to have no cognitive impairment and still has a functional limitation in range of motion in both upper and lower extremities, but no longer utilizes a wheeled walker, only a wheelchair for mobility. The

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S9999	Continued From page 5 Minimum Data Set assessment (1/12/2022) documents R16 now is totally dependent (full staff performance) on two staff for all transfers and R16 continues to not receive any active/passive range of motion. On 5/17/22 at 10:50 am, V5 (Certified Nursing Assistant) denied knowledge of R16 having a exercise program for her lower extremities, or that R16 receives any structured active/passive range of motion with the assistance of staff. V5 stated the facility does not have a specific staff member responsible for range of motion services, but R16 "does get her legs and arms lifted when they put her on the bed pan." On 5/18/22 at 12:46 pm, V9 (Certified Nursing Assistant) stated that over the last year, R16 has gone from being able to transfer with the assistance of two staff and a gait belt, to needing a mechanical lift. V9 concluded that R16 can no longer stand to do a pivot transfer, like she used to be able to a year ago. According to V9, structured range of motion is not something they are doing for residents at this time. On 5/18/22 at 2:06 pm, V3 (Director of Nursing/DON) stated she was unaware that R16 had a structured exercise plan that she was to be completing and stated R16 would not be able to complete any exercise program without the help of staff. 2. On 5/16/22 at 10:29 a.m., R2 was sitting in a recliner with her legs elevated, in her room. R2 was only able to move her legs in very small motions. R2 stated she was able to walk 15-20 feet with a walker when she was admitted to the facility in September of 2021 but now is unable to walk at all. R2 stated the only reason she came to	S9999		

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S9999	Continued From page 6	S9999		

the facility was for therapy. R2 stated "I hadn't been in the hospital or anything. I wanted to get stronger so I could be better when I went on trips with my sisters. Now I'm worse than I was when I came in. I didn't get therapy for months because there were some issues with payment, and it had to go through the corporate office. It was ridiculous. I would have been better off at home. Then I ended up in the hospital which made me even worse. I've only gotten about a month of therapy since I've been here and that wasn't the best experience because I got sick. If they had started right when I got here it could have worked out much better. I'm not on any kind of exercise program. I move my arms when I get dressed but that's it. Staff don't do anything. I've asked numerous times to be put back on therapy and it falls on deaf ears. I doubt I ever get to go home now because I can't walk, so I don't know how that would ever work."

R2's Admission Minimum Data Set assessment dated 10/8/21 documents the following: R2 scored 15 out of 15 on the Brief Interview for Mental Status, indicating R2 is cognitively intact; R2 required extensive assistance of two staff for bed mobility, transfers, ambulation, and dressing and had no impairment of functional limitation of range of motion in upper or lower extremities; and received no therapy services or restorative nursing services.

R2's Care Plan dated 9/27/21, states "Uses 1-2 assist and gait belt for all transfers. Uses 1-2 assist and gait belt for all ambulation. Device for ambulation 4 wheeled walker."

R2's Care Plan dated 9/27/21, states "(R2's) discharge immanent. (R2) desires discharge to non-nursing home level of care. Family/caregiver

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S9999	Continued From page 7 support of discharge. (R2) admitted to facility wanting therapy to discharge home." R2's Minimum Data Set assessment dated 1/7/22, documents the following: R2 scored 15 out of 15 on the Brief Interview for Mental Status, indicating R2 is cognitively intact; required total assistance of two staff members for bed mobility and transfers (mechanical lift) and was unable to ambulate; and had functional limitation of range of motion to bilateral upper and lower extremities; received no therapy services and was on an active range of motion program and a transfer and bed mobility restorative program. R2's Physical Therapy Notes document R2 was not admitted to therapy until 12/6/21 and discharged from therapy on 1/12/22. R2's medical record does not include any further documentation of therapy services received. R2's Care Plan does not include any documentation regarding R2's restorative programs. R2's medical record does not include any progress notes on R2's restorative nursing programs, R2's functional decline or that R2 decline is unavoidable. On 5/19/22 at 9:00 a.m., V12 (Physical Therapy Assistant) stated R2 was on physical therapy from 12/6/21 to 1/12/22. V12 stated she is not aware of the reasoning for R2 not receiving therapy when she was admitted to the facility. V12 stated nursing refers residents to therapy and therapy evaluates from that point. V12 stated R2 was discharged from therapy on 1/12/22 due to an unexpected hospitalization. V12 stated we expected her to be put back on therapy when she returned. V12 stated she was in the hospital for quite a while and then was never referred back to	S9999		

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S9999	Continued From page 8	S9999		

therapy upon her return to the facility. V12 stated "I'm not sure why she was not referred back to therapy. I don't know if it was a payment issue or if she didn't want therapy or what the issue was. She has definitely declined since her original admission and that's too bad because I thought she had good potential to rehab back to home. She's (cognitively intact) and was able to follow directions and had a goal to get back home. I feel bad for her."

On 5/19/22 at 10:51 a.m., V3 DON stated "(R2) was admitted for therapy on 9/27/21 but there was an issue with payment, and we have to submit that for approval through our corporate office. Yes, we took her as a resident knowing she was coming for therapy and should have known all that information prior to admitting her. If we admitted her, we should have been able to provide a therapy or rehab service of some kind. At that time, therapy was the only reason she was here. We don't want the residents to decline. It appears that (R2) has declined since she was admitted. We don't have a restorative nurse and we have a poorly executed restorative program. I don't know what restorative programs (R2) is on. I'm not doing any documentation on restorative programs, including care planning or quarterly progress notes."

On 5/18/22 at 2:10 p.m. V11 (Certified Nurse Aide/CNA) stated R2 is on Active Range of Motion according to the restorative nursing book that the CNA's sign off each shift. V11 stated R2 can move her arms for the most part but not her legs. V11 stated staff have to help her move her legs when transferring in and out of bed with the mechanical lift. V11 stated V11 doesn't do range of motion exercises to each joint of R2's arms and legs even though R2 is not able to do it

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S9999	Continued From page 9 independently. V11 stated she thinks this is a decline for R2 and she has not reported this to anyone in management. 3. A Minimum Data Set assessment, dated 2/24/22, documents R22 was admitted to the facility on 2/17/2022 with functional limitations in range of motion of the lower extremities, extensive cognitive impairment, and requiring the total dependence of staff for all Activities of Daily Living. The 2/24/22 Minimum Data Set assessment documents R22 as not receiving active or passive range of motion or restorative programming. R22's current Plan of Care (no date) identifies R22 has "potential risk for decline in current ROM (range of motion) ability of all extremities" and instructs staff to "Encourage resident to perform ROM exercises to BUE (bilateral upper extremity) and BLE (bilateral lower extremity) joints (twice per day), using 5 (repetitions) to each joint." R22's medical record fails to document any range of motion exercises being completed twice per day. On 5/17/22 at 10:52 a.m., V5 (Certified Nursing Assistant) stated R22 did not have a routine range of motion exercise plan that she was aware of. At that time, R22 was laying in bed with her arms up to her chest and her right hand contracted inward. V5 indicated R22's arms and legs are moved when she is dressed in the morning. On 5/18/22 at 12:46 pm, R22 required the total dependence of V9 (Certified Nursing Assistant) to turn in bed. V9 stated R22 was unable to move her legs independently. On 5/18/22 at 2:06 pm, V3 (Director of Nursing) stated the facility currently does not have anyone	S9999		

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S9999	Continued From page 10 overseeing the Restorative Programming, which would include range of motion exercises. According to V3, there is no one in the facility to determine who exactly is to receive restorative services, or supervise/instruct on accurate range of motion by the staff. V3 stated, at one point all residents in the building had some type of restorative program, but due to lack of resources, there is no one responsible for those services currently. On 5/18/22 at 2:10 p.m. V11 (Certified Nurse Aide/CNA) stated she would not be able to demonstrate range of motion exercises to each joint because "it's been a while" since V11 was trained on range of motion exercises. V11 stated there are no residents residing in the facility on passive range of motion that she is aware of. V11 stated "I guess I wouldn't" be able to properly show a resident how to exercise each joint for a proper range of motion program. (B) 2 of 2 Licensure Findings 300.610a) 300.1210b) 300.1210c) 300.1210d)1 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	S9999		

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S9999	Continued From page 11 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 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. These Requirements were NOT MET as evidenced by: Based on observation, record review and interview, the facility failed implement their policy regarding pain management and failed to recognize, assess and manage pain for a cognitively impaired resident, for one of one	S9999		

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S9999	Continued From page 12 residents (R22) reviewed for pain management in a sample of 20. This failure resulted in R22 experiencing pain on 5/17/22 and 5/18/22, after the staff failed to pre-medicate R22 with her prescribed narcotic prior to wound care. Findings include: The facility policy, titled "Pain Prevention & Treatment (revised 12/07/17)," documents "It is the facility policy to assess for, reduce the incidence of and the severity of pain in an effort to minimize further health problems, maximize ADL (activities of daily living) functioning and enhance quality of life." The policy further documents, "Definition: Pain - an unpleasant sensor and emotional experience associated with actual or potential tissue damage or described in such terms of such damage. Pain is subjective and should be documented as perceived by the resident. Pain Management - the assessment of pain and if appropriate, treatment in order to assure the needs of residents who experience problems with pain are met. Pain Modalities - an intervention implemented to reduce pain which may include the use of medication, medical devices or treatments that may include, but are not limited to heat or cold, massages, transcutaneous electrical nerve stimulation, acupuncture, and neurolytic techniques such as radio frequency coagulation and crofter. Pain Rating - a tool that is age cognitive and culturally appropriate to the resident population to which it is applied and which results in an assessment and measurement of the intensity of pain. Pain Treatment Plan - a plan based on information gathered during a resident pain assessment that identifies the resident's needs and specifies appropriate interventions to alleviate pain to the extent feasible and medically appropriate.	S9999		

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PRAIRIE CITY REHAB & H C	825 E MAIN STREET, RR #2, BOX 97 PRAIRIE CITY, IL 61470

(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	Continued From page 13 Procedure: 1. Each resident will be assessed for pain using the Pain Assessment Form, including an appropriate pain rating scale upon admission. The MDS (Minimum Data Set) Coordinator will complete the Pin assessment form at least quarterly and with any significant change in resident condition. 2. Assessment of pain will be completed with changes in the resident's condition, self reporting of pain or evidence of behavioral cures indicative of the presence of pain and documented in the nurses notes or on the Pain Management Flow Sheet. This will include, but is not limited to, date, rating, treatment intervention and resident response. 3. The Pain Management Flow Sheet will be initiated for those residents with but not limited to: routine pain medication, daily pain, diagnosis that may anticipate pain. 3. Information collected on the Pain Assessment Form will be used to formulate and implement a residents specific Pain Treatment Plan documented in the resident care plan." A Minimum Data Set assessment, dated 2/24/2022, documents R22 was admitted to the facility on 2/17/2022 for "medically complex conditions" and has severe cognitive impairment. A Pain Assessment completed on 2/18/22, documents R22 has displayed pain indicators (non-verbal sounds, vocal complaints of pain, facial expressions, and protective body movement/posturing) daily out of the previous five days of the assessment period. A repeat Pain Assessment completed on 4/27/22, when R22 returned to the facility from a hospital admission, documents R22 as "hollering out 'my butt hurts.' Readmit from (hospital). Assisted to bed (without further complaint). Does have PRN (as needed) Norco ordered." R22's current Plan of Care (no date) fails to identify that R22 has the potential for	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 14	S9999		

pain or interventions to prevent pain from occurring, and R22's medical record does not include a Pain Management Flow Sheet as outlined in the Pain Prevention & Treatment Policy. A Physician's Order Sheet, dated 5/01/22, documents R22 is prescribed Hydrocarbon-Acetaminophen (NORCO) 5-325 mg (milligrams) every six hours as needed for pain and Acetaminophen 650 mg every six hours as needed for pain/fever.

On 5/17/2022 at 2:03 pm, V4 (Licensed Practical Nurse) was assisting V 6 (Wound Doctor) with R22's wound care. As V4 removed the dressing from the wound on R22's mid-back, R22 cried out. While V4 cleansed the wound bed, V 22 continued to yell "ouch!" V4 went on to removed the dressing from R22's sacral wound and R22 yelled out, again. V4 was asked at that time, if R22 typically had pain with wound care and V4 stated R22 does usually cry out with her daily wound treatment, along with other cares given. V4 stated R22 did have pain medication prescribed that she could be pre-medicated with, but V4 did not administer the medication to R22 on 5/17/22 because she was unaware the Wound Doctor was coming early. V4 went on to cleanse the sacral wound as R22 yelled out in pain. V 6 then examined both wounds and derided them, which took about one minute. R22 continued to yell out in pain, up until the wounds were covered and dressed.

On 5/18/22 at 12:46 pm, V3 (Director of Nursing) provided R22's wound care. As V3 removed R22's dressings on the mid-back and sacrum, cleansing the wounds, R22 cried out, "Ouch! You're hurting me!" V3 apologized to R22, and then stated that R22 will sometimes cry out like that with just repositioning. R22 cried out as the

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S9999	Continued From page 15	S9999		

dressings were put into place on both wounds. Once the wound care was complete, R22 did not express further evidence of pain. V3 stated she was aware that R22 had pain medication prescribed, but stated she was uncertain if R22 had been given pain medication prior to her wound care that day. Documentation in the Medication Administration Record would confirm that R22 had not received any pain medication on 5/18/22.

The Medication Administration Record for the month of May 2022 documents R22 only received Norco 5/325 mg one tablet on 5/07/22 at 8:00 am, 5/08/22 at 6:00 am, 5/09/22 at 6:00 am, 5/11/22 at 5:00 pm and 5/15/22 at 4:00 pm. The Acetaminophen 650 mg every six hours that R22 had been prescribed had not been given during the month of May 2022.

On 5/18/22 at 2:06 pm, V3 (Director of Nursing) stated stated if a resident has evidence of frequent pain that should be included in an individualized, resident centered plan of care. V3 confirmed that pain management was not included in R22's plan of care. V3 concluded that ensuring pain medication is given prior to painful wound care is something that needs to be done and confirmed that R22's wound care was completed daily.

(B)