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 IL6009765 B. WING 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2265100/IL148522 survey of 7/7/22 Complaint Investigation: 2266108/IL149739 survey exit 8/4/22 \$9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.1210d)1)2)3 Section 300.1210 General Requirements for **Nursing and Personal Care** b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. Attachment A Statement of Licensure Violations 3) Objective observations of changes in a Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health FORM APPROVED									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY				
		A. BUILDING); <u>,</u>	COM	PLETED				
		11 0000707	D MINO		F	≀-C			
		IL6009765	B. WING		11/	17/2022			
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE					
WATSEK	A REHAB & HLTH CA	UVE O I IV	RAYMOND	ROAD					
	WATSEKA, IL 60970								
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU		DN (X5) D BE COMPLETE				
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE			
22.2.2		#:		DEFICIENCY)					
89999	Continued From page 1		S9999						
44	resident's condition, including mental and emotional changes, as a means for analyzing and					1			
				32.5					
	further medical eval	quired and the need for luation and treatment shall be		A ************************************					
Ε.	made by nursing sta	aff and recorded in the		¥.					
201	resident's medical r	ecord.		5.00					
	These Requirement evidenced by:	s were NOT MET as							
	evidenced by.		= -	27					
	Based on interview	and record review, the facility		***					
	failed to provide trea	atment and services to a		25		1 [
200	resident receiving H	emodialysis by failing to				**			
	provide pharmacolo	gical measures of Potassium as ordered to control blood		^/					
	Potassium levels. T	he facility also failed to have							
2.6	regular communicat	ion with the Dialvsis Center to							
```	coordinate care for a	a resident. These failures				. I			
	Dialysis on the semi	esidents (R4) reviewed for ple of 40. These failures	iii	16		177			
1	resulted in R4 susta	ining a critical level of		M.					
1.00	electrolyte imbalanc	e of blood Potassium.		•		] [			
<b>.</b>	resulting in multiple	hospitalizations and missing		i ii i					
0.00	a Hemodialysis trea have a heart attack	tment with the potential to		5		•			
	nave a neart attack	or death.	30 ²⁰	FD.		1.0			
	Findings include:					-			
		***							
8	R4's Minimum Data	Set dated 8/16/22 documents	- 11		}				
	behaviors including	ect and does not have any rejection of care. This MDS				9			
	does not document	R4's diagnosis of End Stage				100			
	Renal Disease (ESF	RD). This MDS documents R4							
	receives Dialysis.		150	20					
	R4's Care Plane dat	ed 10/4/22 document R4		* *					
		End Stage Renal Disease		30					
	(ESRD) with a Dialy:	sis Schedule of Monday.		ZH .		45			
	Wednesday and Frid	lay. This Care Plan							
	documents to obtain	assessment and treatment		7					

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 R-C IL6009765 B. WING 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) Continued From page 2 \$99.99 S9999 information from the center regularly. R4's "6 Month Cumulative" laboratory report documents R4's blood Potassium levels (mEq. (milliequivalents)/L (Liter)) as follows: 6/2/22 - 5.6 6/16/22 5.2 7/6/22 - 5.2 7/13/22 - 7.2 7/20/22 - 6.3 8/3/22 - 6.6 8/10/22 - 6.1 8/17/22 - 7.0 8/24/22 - 7.3 8/31/22 - 6.2 9/14/22 - 7.0 9/21/22 - 6.5 10/3/22 - 6.7 10/5/22 - 6,3 10/12/22 - 6.6 10/19/22 - 7.5 10/20/22 - 7.0 10/26/22 - 7.2 11/2/22 - 6.4 On 11/10/22 10:14am, V29, Dialysis Clinic Assistant Administrator stated the normal potassium reference normal values the Dialysis Clinic's lab uses is 3.5 to 5.0. R4's Physician's Orders dated August 2022 document R4's medication orders including Sodium Polystyrene Sulfate Powder 15gm bottle as directed on non-dialysis days. This medication is scheduled for four times weekly at 8:00am. Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ANDPLANOF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C IL6009765 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) \$9999 Continued From page 3 S9999 R4's August 2022 Medication Administration Record (MAR) documents R4 is to receive Sodium Polystyrene Sulfate Powder (Potassium binder) Kaexylate 15gm (grams), as directed on non-dialysis days and is scheduled 4 times weekly at 8:00am. This MAR does not document R4 received this medication as ordered on 8/2/22 and 8/4/22. R4's Progress Notes dated 8/5/22 at 7:50am document R4 was in bed and stated R4 did not feel well. R4's Oxygen Saturation was checked and found to be 47%. Oxygen applied at 5 liters per nasal cannula. R4's temperature 99.8 degrees Fahrenheit, pulse 108, Respiratory Rate 22 and R4 was pale in color. R4's skin was clammy. R4's Progress Notes dated 8/5/22 at 1:00pm, document R4 admitted to the hospital with diagnoses including Acute Pulmonary Edema and Hyperkalemia. R4's Progress Notes dated 8/6/22 at 6:10pm document R4 re-admitted to the facility. R4's handwritten Physician's Orders dated with "admission date" of 8/6/22 document R4's medication orders including Lokelma 10gm packet by mouth daily on non-dialysis days (Saturday, Sunday, Tuesday, Thursday). R4's MAR dated August 2022 documents R4 is to receive Lokelma 10gm packet "next dose due Sunday" with no date or additional directions for this medication. There is no documentation R4 received this medication as ordered 8/6/22-8/13/22. R4's Hospital records document R4 was admitted

Illinois Department of Public Health

to the hospital on 8/13/22 with diagnoses including Acute Hypoxic Respiratory Failure and

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 IL6009765 B. WING 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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) \$99.99 Continued From page 4 S9999 Hyperkalemia (Potassium level 6.9). R4's Progress Notes dated 8/15/22 with illegible time document, R4 returned from the hospital. There is no documentation in R4's Progress Notes documenting R4 going to the hospital on 8/13/22. R4's Physician's Orders dated August 2022 document R4's medication orders including Sodium Poystyrene Sulfate Powder 15gm bottle as directed on non-dialysis days. This medication is scheduled for four times weekly at 8:00am. R4's handwritten Physician's Orders dated 8/15/22 document R4's medication orders including Lokelma 10gm packet daily on non-dialysis days and scheduled for 8:00pm. This order has three lines drawn through it. R4's MAR dated 8/16/22 through 8/31/22 documents R4 is to receive Lokelma (Potassium Removing Agent/Potassium binder) 10gm packet daily on non-dialysis days and scheduled for 8:00pm. This MAR documents the Lokelma was not administered on Tuesday 8/16/22, and Thursday 8/18/22 as scheduled. R4's Progress Notes dated 8/19/22 10:00pm document R4 received new orders from Dialysis related to medication changes and diet. R4's handwritten prescription dated 8/18/22 documents an order for Lokelma 10gm (grams) by mouth daily for Potassium level of 7. R4's MAR dated 8/16/22 through 8/31/22 does not document R4 received the Lokelma medication as ordered on 8/18/22 or 8/19/22. This MAR documents Lokelma was administered

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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 R-C IL6009765 B. WING 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 5 S9999 to R4 8/20/22-8/31/22. On 11/10/22 at 10:00am, V28, Pharmacy Lead Order Entry Technician stated the pharmacy had not sent any additional doses or supply of R4's Lokelma after the 4 single dose packets were sent on 8/11/22 until 11/7/22 due to insurance needing a preauthorization to cover the medication so there would have only been four single doses available for the facility to administer until Lokelma was sent on 11/7/22. R4's Dialysis Clinic Progress Note dated 8/25/22 at 1:08pm, documents R4's Potassium level of 7.3. This note documents the Dialysis Clinic had contacted the nursing facility "last week" and the nursing facility stated R4 was non-compliant with R4's diet. This note documents the Dialysis Center notified the nursing facility R4's Lokelma was increased last week. R4's Physician's Orders dated September 2022 document R4's medication orders including Lokelma 10gram powder packet once daily for a diagnosis of Hyperkalemia and is scheduled for 8:00am. These orders also document R4 is to receive Sodium Polystyrene powder 15grams by mouth four times a week on non-dialysis days for a diagnosis of Hyperkalemia. R4's MAR dated September 2022 documents R4 did not receive R4's Lokelma medication as ordered on 9/5/22. This MAR has the Sodium Polystyrene Sulfate Powder with a line through it and there is no documentation it was administered R4's Progress Notes dated 9/5/22 at 9:15am, R4 sitting on the side of the bed with shortness of breath, emesis and clammy. R4's Blood Pressure 190/80. Sent to emergency room to evaluate,

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3)	(X3) DATE SURVEY COMPLETED	
		IL6009765	B. WING		9	R-C	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET AD			STATE, ZIP CODE		11/17/2022	
WATSE	KA REHAB & HLTH CA		RAYMOND				
		WATSEK	A, IL 60970				
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)		(X5) COMPLETE DATE	
\$9999	Continued From pa	ge 6	S9999				
	<b>5</b> 44 44 55 55	**	]		\$3		
	local emergency rocurrently on BIPAP	rds dated with an admission ment R4 presented to the om with respiratory failure and (Bilevel Positive Airway olgy and Nephrology to consult				100	
98	Potassium level was (milliequivalents)/L (	ent Hemodialysis. R4's blood s 7 (3.5-5.5 mEq (Liter)). These records			2. (1)	10 B	
	medications includir Sodium Bicarbonate	ng Calcium Gluconate and	** *			8	
	improve. R4 receive hospital and R4's Po	nent, R4's Potassium would d Dialysis twice at the otassium improved to 5.4. ment R4 will "continue on				11 <b>5</b> 3	
S#8	R4's Progress Notes readmitted to the fac	dated 9/8/22, document R4 sility.					
	September 2022 Phy Medication Administr	4's readmission to the facility				18.	
	document R4's medi	ers dated October 2022 cation orders including wder packet, one packet by				<u></u>	
	to receive Lokelma (located by mouth onco neluding to administed other medications. Robe administered at 8:	ober 2022 documents R4 is Potassium Binder) 10gm e daily with label warnings er 2 hours before or after 4's Lokelma is scheduled to 00am along with multiple his MAR documents R4 did			**************************************		

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 R-C IL6009765 B. WING 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 7 S9999 not receive the medication as ordered for 19 doses on 10/5/22, 10/11/22-10/13/22, 10/15/22-10/17/22, 10/19/22-10/24/22, 10/26/22-10/31/22. There is no documentation of reason for R4's Lokelma not being administered. R4's Dialysis Clinic Progress Notes dated 10/20/22 at 1:54pm, documents the nursing facility was notified of R4's pretreatment "critical" Potassium level of 7.5 mEq/L on 10/19/22. The nursing facility reported R4 is out of Lokelma at this time and the facility would be calling the pharmacy to follow up on R4's Lokelma medication. This note documents Lokelma is to be administered daily. R4's Dialysis Clinic Progress Notes dated 10/27/22 at 12:40pm, document R4's Potassium level was 7.2 mEq/L. V26, R4's Nephrologist "gave orders to call the nursing facility to "make sure (R4's) Lokelma" medication is being given. This note documents the facility reported R4 "has been out of the Lokelma" and that the facility reported trying to call and fax V26 with "no answer." The nursing facility was notified if R4 needed dialysis related refills, the facility needed to call the Dialysis Clinic for those refills. There is no documentation in R4's medical records related to the facility's report of trying to call and fax V26 with "no answer." R4's Progress Notes dated as follows documents: 10/27/22 1:15pm, received call from Dialysis facility regarding R4's elevated Potassium level of 7.5 mEq/L. Notified Dialysis Clinic that R4's Lokelma needs pre-authorization from the physician and the pharmacy was given the correct fax number to send forms to V26, R4's Nephrologist. 10/27/22 6pm-6am, R4 complaining of left shoulder pain. V30, R4's Primary Care Physician (PCP) was notified with orders for Tylenol Illinois Department of Public Health

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: _ R-C IL6009765 B. WING 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 received. 10/28/22 6pm-6am, R4 complaining of left shoulder pain. Tylenol administered. 10/30/22 6am-6pm, V30 R4's PCP notified regarding R4's complaints of pain to the left shoulder and muscle cramps as well as Potassium level of 7.5. V30 at this time stated that's a renal issue and V26, R4's Renal Physician at Dialysis needs to address. "Awaiting orders from Dialysis Facility." There is no documentation of follow up to address these concerns. 10/30/22 6pm-6am, R4 complaining of left arm and shoulder pain. There is no documentation V26 was notified. R4's Physician's Orders dated November 2022 document R4's medication orders including Lokelma 10gm powder packet, take one packet by mouth daily and scheduled to be administered at 8:00am. R4's MAR dated November 2022 documents R4 is to receive Lokelma 10gm powder packet by mouth once daily and is scheduled for administration at 8:00am. This MAR documents R4 did not receive Lokelma as ordered on 11/3/22 and 11/5/22-11/7/22. R4's Progress Notes dated as follows documents: 11/4/22 1:00pm, R4 returned from Dialysis early and dialysis staff stated R4's "pulse was too high and the K+ (Potassium) as well. R4 told to go to the Emergency Room and refused to do so." Skin color was pale. R4 stated R4 was tired. R4's Pulse 100. 11/4/22 4:00pm, explained to R4 that R4 could die from refusing to go to the hospital and R4 stated R4 did not care. An unidentified physician was updated.

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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: R-C IL6009765 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) \$9999 Continued From page 9 S9999 R4's Dialysis Clinic Progress Notes dated 11/4/22 at 10:33am, document R4 entered the Dialysis Clinic with "wobbly gait;stumbles when walking." This note documents R4's Apical pulse of 148 and irregular and that R4 "too unstable to dialyze outpatient." The Dialysis Clinic educated R4 on the potential dangers of Hyperkalemia and Tachycardia and that R4 "could pass away if (R4) will not go to emergency room to be treated." R4's Dialysis Clinic Progress Notes dated 11/4/12:56pm, document the Dialysis Clinic contacted the nursing facility regarding R4's Potassium binder medication (Lokelma) to ask if R4 has been taking the Lokelma. R4 reported to Dialysis that R4 had not been receiving the medication at the nursing facility. The nursing facility told the Dialysis Clinic that the medication was not being covered by insurance. As of 11/7/22 at 2:00pm, there are no Nurse's Notes/Progress Notes after 11/4/22 at 4:00pm notes of follow up with V26, R4's Nephrologist or the Dialysis Center. On 11/10/22 at 10:00am, V28, Pharmacy Lead Order Entry Technician stated R4's Lokelma (Potassium Binding) medication was first ordered on 8/11/22. When the order was entered, the pharmacy received notification that R4's insurance would not cover the Lokelma without a prior authorization from R4's Physician, V28 stated that the request for the preauthorization sheet would have been faxed to the facility for completion. V28 stated the pharmacy sent 4 single dose packets of medication at no charge so that R4 could begin receiving the medication until they were able to submit the preauthorization once the facility was able to get it from the doctor and back to the pharmacy. V28 stated the

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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: _ R-C IL6009765 B. WING 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES 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) Continued From page 11 \$99.99 S9999 cannot filter toxins out themselves and depend on those medications as well as dialysis to filter out the toxins their kidneys/body cannot. V29 stated the Dialysis Clinic cannot even dialyze a patient with a critical potassium level (unless approved by the Nephrologist) due to the risks of not only kidney but also heart related risks including heart attack and that the resident could die. On 11/10/22 10:14am, V29 stated if a fax would have come through, V29 is the one who takes care of those as the fax machine is in V29's office for the dialysis clinic. V29 stated there is no documentation the Clinic received notification of R4 's left shoulder and arm pain or muscle cramping on 10/27/22, 10/28/22 and 10/30/22. V29 stated V26, R4's Nephrologist or the Dialysis Clinic, who can contact V26 as needed, should be contacted related to all renal/dialysis related questions/concerns. On 11/15/22 at 1:10pm, R4 stated the facility was not getting R4's Lokelma medication due to R4's insurance would not cover it. R4 stated R4 had not received it on multiple days over several months because of this issue. R4 stated R4 was having consistent severe neck, left shoulder and back pain as well as shortness of breath and some chest pain at times. R4 stated R4 was also having times where R4's muscles would cramp and spasm so bad that R4 could barely walk and would get extremely dizzy. R4 stated R4 "finally" began receiving R4's Potassium lowering medication last week sometime and R4 has had improvement in all of R4's symptoms R4 was having. 2. On 11/2/22 at 10:38 am, R24 stated R24 was still waiting on R24's morning medications, which R24 believes are scheduled for 8:00 am.

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	11. 11.	IL6009765	B. WING			-C 17/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE	1111112022		
WATSEK	A REHAB & HLTH CA	⁽¹⁾	RAYMONE				
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(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	
89999	Continued From page 12		S9999		3		
- #1	documents Diagnos Artery Disease, Cer Diabetes, End Stag	022 Physician Orders ses of Mental Illness, Coronary rebrovascular Accident, e Renal Disease, Congestive	3.2	** ***			
	and Rage, and Sch. Orders document R check with sliding s Insulin) coverage to 11:00 am, 4:00 pm,	ar with Psychotic Episodes izophrenia. These Physician 124 is to have a blood glucose scale Novolog (Fast Acting be administered at 6:00 am, and 8:00 pm along with 17 units TID at 6:00 am, pm.	£ .	· ·	**	× · · · · ·	
28 28 25	On 11/2/22 at 10:55 Nursing) confirmed R24's scheduled 6:0 and prepared them am, V2 checked R2 was 569. This is hig scale coverage cove to have to call V30 F	am, V2 DON (Director of that R24 had not received 00 am or 8:00 am medications for administration. At 11:20 4's blood glucose level, which her than the ordered sliding ers so V2 stated V2 was going Physician for orders due to		A A A A A A A A A A A A A A A A A A A	O P	43	
	R24's blood glucose On 11/2/22 at 11:38 ordered a one time of sliding scale coverage 11:40 am. V2 stated scale Novolog insuling counting this administiding scale dose are dose. V2 did not admam or 8:00 am 17 ur On 11/3/22 at 8:39 a conly gave the 12 united	am, V2 DON stated V30 dose of 12 units of Novolog ge and administered that at since R24 is to get sliding n again at 11:00 am, V2 was stration as R24's 11:00 am nd just skipped the 6:00 am ninister the scheduled 6:00 nits of Novolog insulin either. m, V2 DON confirmed V2 as sliding scale coverage on 72 didn't see R24 had 17				20	
;	3.) R31's November	2022 Physician Orders			88	F .	

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 R-C IL6009765 B. WING 11/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 715 EAST RAYMOND ROAD WATSEKA REHAB & HLTH CARE CTR WATSEKA, IL 60970 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 59999 Continued From page 13 S9999 documents a Diagnosis of Diabetes with orders for Lispro 100 units/ml (milliliter) - give 5 units TID (three times a day) at 8:00 am, 11:00 am, and 4:00 pm. On 11/2/22 at 10:35 am, V2 DON (Director of Nursing) started to prepare R31's ordered Lispro Insulin. At this time, V2 noticed R31's Lispro Injection Kwik Pen did not have a date when opened documented on it. V2 went to check the medication room for a new Kwik Pen and at 10:50 am stated V2 would need to call the pharmacy due to there not being any extra doses, therefore the medication was not given. (A) Illinois Department of Public Health