

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/21/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
--	---

(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 Complaint Investigation 2328583/IL165512	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) 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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999	Attachment A Statement of Licensure Violations	

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: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/21/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
---	---

(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>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements are not meet as evidenced by:</p> <p>Based on interview and record review the facility failed to follow a physician order and schedule a sonogram for 1 resident (R1) of 3 residents reviewed for diagnostic services. This failure resulted in the resident's treatment being delayed, causing him prolonged pain and a subsequent return visit to the emergency room for further treatment.</p> <p>Findings include:</p> <p>The Resident Rights Booklet/Policy dated 11/18, documents "You have a right to dignity and respect. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your rights to safety. Your facility must provide services to keep your physical and mental health, at their highest levels."</p> <p>On 10/19/23 at 4:17 PM, V8 (Emergency Room Doctor) stated that R1 has been to the hospital several times and she was familiar with R1. On 10/12/23, R1 was crying in pain and was not his usual self. R1 was to have an ultrasound on 9/13/23 and it was not done. The facility was called, and an unknown nurse said that the order was missed. R1 has been suffering because he</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/21/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPAM STREET HAVANA, IL 62644
--	--

(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>got an infection. R1 had pain due to getting an infection in both testicles and the gland above the testicles. Typically, only one side is affected but since R1 was not treated both sides were affected. R1 was treated in the Emergency Room/ER and returned to the facility the same day.</p> <p>On 10/20/23 at 2:33 PM, V10 (V9's Office Nurse) stated that V9 (R1's Primary Care Physician) ordered R1 to have an ultrasound done on 9/13/23 for scrotum pain. The ultrasound was not done until 10/12/23 at the hospital.</p> <p>On 10/20/23 at 3:08 PM, V9 (R1's Primary Care Physician) stated that he had ordered the sonogram of R1's testicles 9/13/23 due to R1 complaining of pain in his scrotum. R1 probably had an infection that could have been detected with the sonogram. It would have been beneficial to know so an antibiotic could have been started sooner. It may have prevented R1 from having to go to the hospital.</p> <p>On 10/20/23 at 3:13 PM, V3 (Interim Director of Nursing/Regional Quality Control) stated that if the sonogram had been done as ordered it could have prevented R1 from having pain and needing to go to the Emergency Room. Since there was an order, the sonogram should have been done right away.</p> <p>On 10/20/23 at 3:43 PM, V7 (Assistant Director of Nursing) stated that V9 (R1's Primary Care Physician) did put the order in on 9/13/23 for R1 to have a sonogram for scrotal pain. The sonogram was not scheduled but it should have been.</p> <p>On 10/20/23 at 4:25 PM, V12 (Previous Director</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/21/2023
NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644		
(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>of Nursing) stated that she had given her notice in August to leave the facility at the end of September 2023. There were a lot of things that happened at the facility after she gave her notice that she was not aware of. V12 was aware that R1 was complaining about his penis and scrotal pain. V12 did not know that V9 (R1's Primary Care Physician) had examined R1 and that V9 had ordered a sonogram of R1's testicles. V12 also stated "The sonogram should have been arranged immediately when (V9) ordered it."</p> <p>On 10/20/23 at 5:30 PM, V21 (Certified Nursing Assistant) stated that she was working on the day R1 went to the hospital (10/12/23). R1 was in the bathroom and put his call light on for help. R1 was complaining of a lot of pain in his private area. V21 helped R1 to bed and got V23 (Agency Licensed Practical Nurse). V23 assessed R1 and immediately called the ambulance to take R1 to the hospital.</p> <p>On 10/21/23 at 12:32 PM, V23 (Agency Licensed Practical Nurse) stated that on 10/12/23 R1 was crying and in pain. It was odd behavior for R1. V23 sent R1 to the ER and shortly after he got there an Emergency Room Nurse called to ask about a test that R1 was supposed to have had and wanted to know the results. V23 found where the doctor had ordered the sonogram on 9/13/23 but did not see that it was done. V23 took the order to V2 (Administrator in Training) to see if it had been scheduled and V2 did not know.</p> <p>On 10/21/23 at 1:00 PM, V4 (Transportation/Previous Business Office Manager) stated that at the beginning of this week she was assigned to do the transportation. The previous transportation person went back to working the night shift as a Certified Nursing</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/21/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644
--	---

(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>Assistant about a month ago and there was not a specific person assigned to do the job. There was no scheduler, and the nurses have no idea what they are supposed to do to schedule an appointment. V4 also stated that she did not hear that R1 was to have a sonogram done until she heard V23 (Agency Licensed Practical Nurse) talking about the hospital calling to see if it was done.</p> <p>On 10/21/23 at 3:20 PM, V1 (Administrator/Regional Manager) stated that after the nurse confirmed the order for the sonogram a "Trip Ticket" should have been left for the Director of Nursing so the appointment could be scheduled. Usually, the transport person does the scheduling and then takes the resident to the appointment. Until recently there has not been an assigned transport person. V1 also stated that there is no policy on scheduling the appointments the staff should just follow what the doctor orders.</p> <p>On 10/21/23 at 3:40 PM, R1 stated that he went to the hospital because he "Hurt really bad." R1 motioned towards his groin stating, "It was all red and gave me pains."</p> <p>R1's Nursing Note dated 9/13/23 at 5:41 PM, documents "(V9/R1's Primary Care Physician) here on rounds, new order for a sonogram of scrotum, d/t (due to) scrotal pain."</p> <p>R1's Order Audit Report dated 10/20/24 at 3:38 PM, documents on 9/13/23 at 4:13 PM, there was an order put in by V9 (R1's Primary Care Physician) for a sonogram of the scrotum for scrotal pain. The order was confirmed by V7 (Assistant Director of Nursing) on 9/13/23 at 5:40 PM.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 10/21/2023
NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPHAM STREET HAVANA, IL 62644		
(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 5 The Facility Appointment Book for 2023 was reviewed from 9/13/23 to 10/12/23 and did not have R1 scheduled for an appointment to have a sonogram. R1's Nursing Note dated 10/12/23 at 2:12 PM, documents that R1 has not been feeling well over the last few days. V9 (R1's Primary Care Physician) was notified on 10/11/23 and wanted a Urinary Analysis/UA with Culture and Sensitivity. The UA came back and was normal. Today R1 is complaining of overall not feeling well, burning with urination, pain with urination, and slightly weak. R1 requested to go to the hospital. R1 is weak, pale, clammy, and in tears. Emergency Medical Services were called and R1 will be going to the hospital. R1's Nursing Note dated 10/12/23 at 4:19 PM, documents that R1 is returning to the facility from the Emergency Room/ER. The ER did a sonogram and R1 has epididymitis. R1 will discharge to the facility on an antibiotic. R1's Nurses Clinical Report (from the hospital) written by V11 (Emergency Room Nurse) dated 10/12/23 at 5:31 PM, documents that R1 arrived at the Emergency Room/ER on 10/12/23 at 2:22 PM. The Chief Complaint was "Pain with urination." R1 reported chills and a generalized feeling of unwell. R1 also reported he had one emesis today (10/12/23). Physical Assessment- Abdominal tenderness in the suprapubic area and burning with urination that is associated with frequency. It was noted in R1's chart from the facility that R1 had a Testicular Sonogram ordered on 9/13/23. V11 called the facility to obtain the results and (unknown nurse) reported R1 does have an order for the sonogram, but it	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/21/2023
NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPAM STREET HAVANA, IL 62644		
(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 6 has not been completed. Hospital Nursing Notes - R1's testicles also assessed with V8 (Emergency Room Doctor). There were no enlargement present, mild redness noted, moderate tenderness to R1's right testicle, and mild tenderness to his left testicle. At 3:30 PM, a testicular sonogram was done at R1's bedside. At 3:47 PM, "(R1) attempted to urinate and is unable to at this time." R1 was given Naproxen 500 milligrams/mg and Levaquin 500 mg in the ER. At 4:11 PM, V11 called the facility and gave report to V23 (Agency Licensed Practical Nurse) and R1 was discharged to the facility at 4:45 PM. R1's Physicians Clinical Report (from the hospital) written by V8 (Emergency Room Doctor) dated 10/12/23 at 8:17 PM, documents that R1 arrived at the ER on 10/12/23 at 2:22 PM. Chief Complaint: Dysuria. R1 has had discomfort with urination and the problem is described as moderate. R1 is a well-known patient to the ER. R1 is tearful today which is not his usual self. Labs and a Testicular Sonogram were done. Impression: "Hyperemia of the bilateral testicles and epididymis suggestive of bilateral epididymitis and orchitis." Course of Care: "Review of (the facility) records show that (R1) had a testicular ultrasound ordered on 9/13/23 by (R1's Primary Care Physician). These results were not in our system, so we contacted (the facility). Spoke with (unidentified nurse) at (the facility) and asked if they had results of the sono (sonogram). Nurse reported that she did see the order when she looked for it after we asked about it but that it appeared that it was missed previously and never completed." R1 was given his first doses of medication in the ER. R1 was discharged back to the facility with Levaquin 500 mg and Naproxen 500 mg for pain.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/21/2023
NAME OF PROVIDER OR SUPPLIER HAVANA HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 609 NORTH HARPAM STREET HAVANA, IL 62644		
(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 7 R1's Hospital Prescription dated 10/12/23, documents an order for Levaquin 500 milligrams/mg to be taken every 12 hours for 10 days and Naproxen 500 mg to be taken every 12 hours for 10 days as needed for pain. (B)	S9999		