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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED 08/15/2023	
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	procedures governing facility. The written be formulated by a fill Committee consisting administrator, the admedical advisory confinersing and other	ivisory physician or the mmittee, and representatives services in the facility. The				
y 10 min dy spyly , dochod familik 1000 feg	The written policies the facility and shall	with the Act and this Part. shall be followed in operating be reviewed at least annually ocumented by written, signed of the meeting.			Android Parish Annual III hay a compagning to	
	Section 300.1210 G Nursing and Person	ieneral Requirements for all Care	2		th do very + approximated and an account	
	and services to attain practicable physical, well-being of the res each resident's comp plan. Adequate and	rovide the necessary care n or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing	-	eli	* :	
	care and personal ca	are shall be provided to each total nursing and personal		Attachment A Statement of Licensure Violations		

(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: COMPLETED A. BUILDING B. WING 1L6000756 08/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **873 GROVE STREET GROVE HEALTH & REHAB CTR, THE** JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC (DENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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 interview, observation and record review, the facility failed to provide pain medication to control pain for 1 of 2 residents (R202) reviewed for pain control in the sample of 43. The failure resulted in R202 being in severe pain from 8:00 AM until 4:40 PM on 8/8/23. Findings include: R202's Admission Record, dated 8/14/23. documents, that R202 was admitted on 8/7/23 and has diagnosis of Diverticulitis of Large Intestine with Perforation and Abscess without Bleeding, Encounter for Palliative Care. Neoplasm of the Parotid Salivary Glands. Malignant Neoplasm of Liver and Intrahepatic Bile Duct, Anxiety and Depression. R202's, Medication Administration Record, (MAR), for August 2023 beginning 8/7/23 documents, "Morphine Sulfate (Concentrate) Oral Solution 10 MG (milligram) / 0.5 ML (Morphine Sulfate) Give 0.25 ml by mouth every 4 hours as needed for pain moderate. Start date 8/7/2023 8:15 PM. D/C, (discontinue), date of 08/08/23 at

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6000756 08/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **873 GROVE STREET GROVE HEALTH & REHAB CTR, THE** JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX **PREFIX** DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **DEFICIENCY**) \$9999 Continued From page 2 \$9999 1:38 PM. This MAR documents, that this dosage of morphine was not given. Morphine Sulfate (Concentrate) Oral Solution 20 MG/ML (Morphine Sulfate) Give 0.5 ml by mouth every 2 hours as needed for severe pain (7-10). Start date of 08/08/23 at 12:30 AM D/C date of 8/14/23 at 1:04 PM. This MAR documents, that this dosage of morphine was not given until 8/8/23 at 4:40 PM for a pain level of 7. Morphine Sulfate (Concentrate) Oral Solution 20 MG/ML give 0.25 ml by mouth every 2 hours as needed for moderate pain (4 -7)/SOB, (shortness of breath). Start date of 08/08/23 at 12:15 AM D/C date of 8/14/23 at 1:03 PM. This MAR documents, that this dosage of morphine was not given until 8/9/23 at 11:00 AM. R202's Health Status, Note, dated 8/7/2023 at 4:57 PM, documents, "pt, (patient), arrived at 4:40 PM, via facility transport, pt is (local) hospice, pt is friendly and clean in appearance. BP, (blood pressure), 116//59, pulse, 82, O2, (oxygen), 96%, temp, (temperature), 97.1. R202's Health Status Note, dated 8/7/23 at 8:32 PM, documents, "Hospice RN, (Registered Nurse), here to evaluate resident. New orders received, to admit to (local) Hospice, new med, (medication), orders received. Family at bedside and spoke with RN regarding orders." R202's Hospice Note, dated 8/8/2023 at 8:15 AM, documents, "Writer spoke with Hospice Nurse who came in to evaluate resident, about her narcotic scripts and us needing them from the Physician. She stated that she had spoken with the MD, (Medical Director), and was just waiting for the Doctor to sign the scripts, (prescription), and then they would send them to Pharmacy as well as us. She stated that it shouldn't be long.

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: 8. WING IL6000756 08/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **873 GROVE STREET GROVE HEALTH & REHAB CTR, THE** JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 3 \$9999 Writer explained the importance of having those scripts for the resident was in discomfort. Resident was given PRN, (as needed), Tylenol at her 08:00AM Med. (Medication), pass, will continue to monitor." R202's Health Status Note, dated 8/8/2023 1:43 PM, documents, "Spoke with (local) Hospice to clarify orders. Able to d/c some morphine and Ativan orders from hospital and d/c hydrocodone. (V20 RN) stated, she would be sending the scripts over to the Pharmacy to get filled. Awaiting Pharmacy at this time." R202's Health Status Note, dated 8/8/23 at 3:46 PM, documents, "Writer spoke with nurse from hospice about the residents Narcotic scripts. Hospice nurse stated that she is waiting for the doctor to sign the script and send to pharmacy. She asked if I could call (pharmacy) at 4:30 PM to see if pharmacy has the scripts yet. Writer stated she would." R202's Health Status Note, dated 8/8/23 at 4:13 PM, documents, "Called pharmacy to ask if hospice has sent over scripts. Pharmacist stated that they had them and this writer could get them out of the Pyxis. Writer and second nurse went to get medication from Pyxis. Once given access code, writer obtained morphine and administered residents PRN dose at 4:40 PM." R202's Health Status Note, dated 8/8/23 at 6:42 PM, documents, "Administrator assisted with getting clarification from (Pharmacy) regarding fentanyl scripts. This writer was able to access Pyxis with second nurse to obtain fentanyl patch. Placed onto residents left chest after removing old patch from right side of chest with (V18 RN) to verify placement."

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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 **B. WING** IL6000756 08/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **873 GROVE STREET** GROVE HEALTH & REHAB CTR, THE JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 On 8/8/23 at 3:40 PM, this surveyor is standing at the nurse's station speaking with V18. Registered Nurse. V20, Hospice Nurse, came up to the nurse's station and starts talking with V18 regarding a hospice patient that she is caring for. V17, R202's Power of Attorney, came up to the nurse's station and asked to speak with V18 regarding R202, V17 asked, V18 if R202 can have some Morphine, because she is in pain. V18 stated, that she did not have any pain medication available to give to R202 because, it had not been delivered to the facility yet. V18 stated, that when she was discharged from the hospital yesterday, the hospital did not send R202 with a written Prescription for the Morphine, V18 explained that a narcotic requires a written Prescription, or an electronic prescription sent directly to the Pharmacy from the Doctor. V17 asked, "Well what do I need to do to get her some Morphine?" V18 stated, that R202 is going to have to wait and that the Hospice Nurse has been here and V6. Assistant Director of Nurses. is aware of the issue and is working on it. V17 asked, "Well can I go to the hospital and get a Prescription from them, she is in pain?" V18 stated, that the hospital would not give her a Prescription for medications for R202, V17 asked again if she could go to the hospital. V18 told her that would not work, she knows R202 is in pain and that she did give R202 a Tylenol this morning for pain. V17 stated, that R202 does have a Fentanyl patch on that is dated 8/5/23 and it is only good for 3 days, so it needs to be changed. V18 told V17 that none of R202's pain or anxiety medications had been delivered yet. V18 stated. that Hospice was here last night and admitted R202 and wrote orders for R202 but then none of the medications were available and then the hospice nurse was here again this morning and

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: B. WING IL6000756 08/15/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **873 GROVE STREET GROVE HEALTH & REHAB CTR. THE** JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) \$9999 Continued From page 5 S9999 wrote orders for her but none of the medications are available yet and that V6 has been working on getting the problem solved. V7, Licensed Practical Nurse Unit Manager, came to the nurse's station and spoke with V17 about V17's concerns and then they both walked down to R202's room. V20 spoke up and said to V18 let me try and figure out what is going on because I know that V19, Hospice Nurse assigned to R202, was here and should have had those orders completed. V20 then called V19 on the phone while standing at the nurse's station. V20's phone conversation was overheard. V20 said to V19 why is R202's medications not available. There was a pause. V20 then said V19 you need stop what you're doing and put those orders in right now so that the Hospice Doctor can sign off on them and the Prescription can be sent to the Pharmacy. V20 then hung up the phone. V20 told V18 that V19 was going to put the orders in and to call the Pharmacy at 4:30 PM to see if they have the Prescription. V20 then walked down to R202's room. V19 then told this surveyor that she was not sure what happened, but the Hospice Nurses have been here twice and that V6 was working on it. V19 said R202 is in pain because. she is full of cancer and that she did give her a Tylenol this morning for her pain. V7 returned to the nurse's station and told V18 to call the Pharmacy at 4:30 PM to see if the Prescription has been sent. On 8/8/23 at 3:55 PM, R202's room was entered. R202 is lying in bed on her back with her face turned toward the wall. R202 is very pale. V17 is sitting in the room. V17 stated, that R202 is a lot of pain and she doesn't understand why if she was admitted yesterday afternoon none of her medications are available to her. R202 was asked if she was having pain, R202 slowly moved her

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6000756 08/15/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **873 GROVE STREET GROVE HEALTH & REHAB CTR, THE** JACKSONVILLE, IL 62650 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 6 head and nodded yes. R202 was asked where her pain was, R202 very softly said, "stomach." R202's face was grimacing, and she then very slowly turned her head back to the wall. V17 then showed this surveyor R202's Fentanyl patch that was on her chest and the Fentanyl patch was dated 8/5/23. V17 stated that it needs to be changed but the facility does not have one of those for her either. On 8/8/23 at 4:02 PM, V6 and V1, Administrator were interviewed. V6 was questioned regarding R202's medications. V6 stated, that she spoke with the hospice nurse around 1:30 PM and that she was told that R202's medications would be available. V6 was informed that R202 still did not have any pain medication available to her. V6 stated that she was not aware of that. V6 stated. that when R202 was admitted her medications were never reconciled and she worked on them from home that night and then the Hospice Nurse, (V19) had come again this morning and wrote orders and that she said she was going to send them to the Pharmacy. V6 and V1 were told of this surveyor's observation of R202 that just happened was of a Hospice resident lying in bed in pain. V6 stated, that R202 is full of cancer, and she has a perforated intestine. V1 and V6 both stated that R202 not having her pain medication is "ridiculous" and that they would figure out what exactly is going on and get to the bottom of the problem. V1 and V6 both agreed that the whole point of hospice is to die with dignity and to not be in pain. On 8/9/23 at 8:30 AM, V1, stated, "I am going to take responsibility for this, but we are not the only ones that failed. I think it was an all-around failure including hospice and the pharmacy. I did talk to hospice and with the help of V20 we were able to

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Illinois Department of Public Health

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