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:** COMPLETED A. BUILDING: _ B. WING IL6003578 01/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1390 SOUTH CRESCENT STREET, BOX 307 GILMAN HEALTHCARE CENTER **GILMAN, IL 60938** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) S 000 **Initial Comments** S 000 Complaint Investigation 2360319/IL155275 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)2) 300.1220b)7) 300.1220b)8) 300.3220f) ---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 Attachment A practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with

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

each resident's comprehensive resident care

TITLE

(X8) DATE

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orders.

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							E 8
	The St. Construction			40			61
55	I nese requirement by:	s were Not Met as evidenced					F.3
	W W	5 S		W 2			
		ion, interview, and record		ii at			
		ailed to ensure nurses were					
	weights and dialysi	s volume intake/output, and		25			
		the dialysis center to two (R1, R2) of two residents		~			31
		neal dialysis in the sample list		13			
	of four. This failure	resulted in R1 experiencing					8
	an 18-pound weigh hospitalized for fluid	t gain in 4 days and being	8				2.
	1105pitalized for star	a volume overload.					
	Findings include:				, tr		8
30		neal Dialysis (Continuous					
		dated as revised October This procedure must be	:				Age .
		se who has been specifically		-			
		dialysis procedures,		100			
		infection control for dialysis." and symptoms of fluid volume					
	overload (hypervole	emia) including, labored	10	8			
		d blood pressure, edema, and	- 0	<i>i</i> .		75	
200		n." Verify the dialysate ion, number of exchanges and			8		
***	infusion, dwell, and	drain times. Dwell times are			ú		==
		ix hours during the day. Obtair dent's weight and vital signs	ا	1			
		dent's weight and vital signs Iministering peritoneal dialysis.					
	Record the amount	of dialysate infused and	9				
		eritoneal fluid characteristics,					
,e		of the infusion, and h physician/dialysis center.		1			
	Notify the physician	of any discrepancies between	ا ا	-)			
	the fluid intake and	output.					

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		1200 801		, STATE, ZIP CODE ENT STREET, BOX 307			
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	10/4/22 documents	ty Assessment Tool dated s the facility provides dialysis an average of 3 residents who				*	
	3/25/22, 4/6/22, 9/9	vice Sign In Sheets dated 9/22, and 12/23/22 does not V17 Licensed Practical Nurses endance.	5			20	
33	and 4/16/22 docum Chronic Kidney Dis- Renal Disease (ES Renal Dialysis. R1's 4/26/22 document p administration - use	e three 2.5 % (dialysis solution)					
	bags at night with c milliliters (ml) times ml), and a last fill of PM and off at 4:30 weights. The order peritoneal dialysis d 2500 cc (cubic cent	eycler for 10.5 hours, 3000 a 4 bags (for a total of 12,000 of 2800 ml twice daily on at 6:00 AM, and to obtain daily dated 4/16/22 documents daily "Manual drain; fill with timeters/milliliters) with 2.5% is order does not indicate					
	(MAR) does not doe output after peritone and the dialysis adm as stopped at 4:30 / and 4/10/22. This M	dication Administration Record cument R1's dialysis volume eal dialysis administrations, ministration is not signed out AM as ordered on 4/8, 4/9, 1AR documents to obtain R1's e entries are blank and do not ght was obtained.			3 2		
	in R1's medical reco weights recorded in	e intake/output is not recorded ord. There are only two R1's medical record, an f 205 pounds (lbs) on 4/6/22				\$6	

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administered for wheezing, and R1 had 3 cc Illinois Department of Public Health

dialysis will be considered a missed dialysis. On

4/16/22 at 2:57 PM, R1's inhaler was

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Illinois Department of Public Health

dialysis.

brain natriuretic peptide (BNP) level, Edema, Volume Overload". R1's History and Physical dated 4/18/22 documents R1 had issues with receiving peritoneal dialysis at the nursing home and R1's family reported that the nursing home staff were not trained to handle peritoneal

On 1/17/23 at 11:48 AM, V3 (Registered Nurse/RN) stated daily weights are recorded on

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On 1/17/23 at 1:04 PM, V2 (Director of Nursing/DON) stated V2 was unable to locate R1's dialysis logs.

the nursing notes."

complications/changes in condition and record in

On 1/17/23 at 2:43 PM, V16 (Dialysis Center Registered Nurse) stated the nurses should be monitoring residents on peritoneal dialysis for fluid retention by monitoring daily weights, blood pressures, assessing for swelling/edema and shortness of breath. V16 stated signs of fluid yolume overload would include weight gain and increase in blood pressure, and V16 expects the facility to notify the dialysis center with any changes or signs of fluid volume overload. including a weight gain of 2 lbs or more in 24 hours. The facility should have been monitoring R1's weight daily, notified us of R1's weight gain. and we would have ordered a different type of dialysis solution of 4.5 % to help treat and reduce R1's fluid retention. On 1/18/23 at 9:22 AM, V16 stated the facility should have reviewed/clarified R1's peritoneal dialysis orders with R1's

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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	Nephrologist when hospital.	R1 readmitted from the		£	62		
*	has not had any for dialysis, and V2 had dialysis training with stated V17 vaguely	AM, V17 (LPN) stated V17 mal training on peritoneal "ran through" peritoneal V17 a few years ago. V17 recalls R1 and V17 had to	9	(f) (f)	5.5		
8	worked for the facili unidentified nurse of peritoneal dialysis. I unidentified nurse with do R1's peritoneal of R1 went to the hosp was "swollen." V17	fied nurse who formerly ity to guide V17 and another on how to administer R1's Neither V17 nor the working night shift knew how to dialysis. V17 remembers when bital (4/17/22) and stated R1 confirmed R1 was sent in for alysis complications per V17's	A 27			59	
	stated R1's weights solution volume into been recorded on F family may have tak was discharged. At stated V2 had provi	6 AM, V1 (Administrator) and peritoneal dialysis akes/outputs should have R1's dialysis logs, and R1's ken the logs home when R1 11:38 AM, V1 (Administrator) ded peritoneal dialysis training V1 has no documentation of	2				
	documents R2's dia Renal Disease with Dialysis. R2's orders exchanges two time 7.5% extraneal 200	mary Report dated 1/17/23 agnoses include End Stage dependence on Renal s include peritoneal dialysis as daily - "dwell 12 hours, use 0 ml at 6:00 PM and 2.5 % Fill and drain every 12 hours."	-(4	н			
		22 and January 2023 MAR and ment V5 (LPN) administered ysis.		6.1		8	

Illinois Department of Public Health

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