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: \_ C B. WING IL6002588 05/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1203 EGYPTIAN TRAIL TUSCOLA HEALTH CARE CENTER** TUSCOLA, IL 61953 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2363925/IL159731 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1010h) 300,1210a) 300.1210b) 300.1210d)1)3)6) 300.1620e) Section 300.610 Resident Care Policies 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 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including. but not limited to, the presence of incipient or Attachment A manifest decubitus ulcers or a weight loss or gain Statement of Licensure Violations of five percent or more within a period of 30 days. The facility shall obtain and record the physician's

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

TITLE

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d)

resident to meet the total nursing and personal

nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,

Pursuant to subsection (a), general

care needs of the resident.

seven-day-a-week basis:

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exacerbation of Congestive Heart Failure (CHF) on 4/21/23. This same MAR documents physician orders to obtain blood pressure, pulse, and weight daily. This same MAR's does not

document R3's blood pressure, pulse, and weight

R3's Treatment Administration Record (TAR) April

from 4/1/23-4/21/23 and 4/28-4/30/23.

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of Exacerbation of CHF due to 'having worsening shortness of breath and weight gain over the past few weeks. (R3) lower legs also showed significant swelling indicative of an acute exacerbation of Chronic Heart Failure (CHF) likely due to not receiving (R3's) proper diuretic regimen at facility'.

On 5/23/23 at 1:00 PM V2 Director of Nurses (DON) stated "The missed medications mostly came from two agency nurses that are no longer here. They (V11, V12) just signed off medications and did not give the medications to the residents. (R3) did not receive her Lasix like it had been ordered. (R3) has been on Lasix for a long time. The physician increased the dose for four days and it should have been clarified as to what dose (R3) should have received after those four days were up but again those agency nurses failed to do their jobs. Unfortunately (R3) ended up in the hospital because of it." V2 stated "(R3's) Medical Record had daily vital signs and daily weights listed as orders for months that have not been completed. (R3's) weekly weights have been documented but I don't have any documentation of daily weights or vital signs." V2 stated R3 had a physician order to monitor R3's edema and shortness of breath. V2 stated R3's monitoring of

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general expectation for any CHF resident. Daily weights should have been done, monitoring of (R3's) swelling should have been done. The nurses should notify the Physician or Nurse Practitioner when there is an increase of three pounds in a day or five pounds in a week."

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