

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012165</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/02/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>RIVER CROSSING OF PEORIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1500 WEST NORTHMOOR ROAD PEORIA, IL 61614</b>
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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
S 000	Initial Comments	S 000		
	Annual Health Survey			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)1)</p> <p>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.</p> <p>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.</p> <p>c) Each direct care-giving staff shall review</p>			

**Attachment A  
Statement of Licensure Violations**

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>and be knowledgeable about his or her residents' respective resident care plan.</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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to administer pain medication for one resident (R88) of three reviewed for closed records in a sample of 37. This failure resulted in resident suffering severe pain and transferring to the hospital for pain control.</p> <p>Findings include:</p> <p>The facility's Pain Screening and Management policy, revised 3-26-21, documents, "Standard: It will be the standard of this facility to screen residents and attempt to provide effective pain and comfort management...4. Administer pain medications according to physician's orders and resident request for 'PRN' (as needed) medications."</p> <p>R88's current Physician Order Sheet/POS documents R88 was admitted on 3-16-23, with diagnoses including Orthopedic Aftercare, Osteoarthritis left knee, Fibromyalgia, and Morbid Obesity. This same POS includes orders for Acetaminophen 500mg (milligrams) two tabs every eight hours as needed for mild pain (dated 3-20-23), Fentanyl patch 72 hour 100 mcg/hr</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>(micrograms per hour) apply one patch transdermally every 72 hours for pain and remove per schedule (dated 3-16-23), and Morphine Sulfate ER (Extended Release) oral tablet one by mouth every eight hours as needed for pain total left knee replacement (dated 3-16-23), and Tramadol HCL (Hydrochloride) 50mg tablet one by mouth every six hours as needed for pain left total knee replacement (dated 3-16-23).</p> <p>R88's current Care Plan documents R88 receives opiate medications related to: Pain not managed by alternate interventions, recent left total knee arthroplasty, bilateral knee and foot pain. Interventions include to administer medication as prescribed by the physician.</p> <p>R88's March 2023 Medication Administration Record/MAR documents the following: R88 had a Fentanyl 72 hour patch placed on 3-16-23 at 9:05pm. R88 received Tramadol 50mg on 3-19-23 at 4:02pm for pain level of 10/10 and again on 3-20-23 at 1:53am for a pain level of 10/10; both doses were documented as ineffective. On 3-20-23, at 5:28am, Acetaminophen 1000mg was given for 6/10 pain and documented as ineffective. This MAR documents that R88's Fentanyl patch was not replaced at the 72 hour mark on 3-19-23, and no Morphine was given.</p> <p>R88's Progress note, dated 3-20-23 at 12:35am, documents, "This resident is upset and agitated about not receiving fentanyl patch yet. This nurse and nurse from day shift phoned pharmacy in regards to not receiving order yet. Per pharmacy it needed a new script...resident states 'she will go through withdrawal without it.'"</p> <p>R88's Progress note, dated 3-20-23 at 8:45am,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documents, "Resident c/o (complained of) pain 10/10, PRN Tramadol given, resident requesting to be sent to ER (Emergency Room) for uncontrolled pain, EMS (Emergency Medical System) called and resident sent to (named local hospital) via EMS ambulance."</p> <p>On 6-2-23, at 9:10am, V2, Director of Nursing/DON, stated, "They are supposed to come with a script from pharmacy for narcotics such as (R88's) Fentanyl, and it didn't come. (R88) was admitted on a Friday night." This same date, at 1:20pm, V2, DON, stated R88's Morphine and Fentanyl patches were never delivered. "We do not have Morphine or Fentanyl patches in our back up. (R88) was on a high dose of Fentanyl; (R88) had to have been miserable."</p> <p>(B)</p>	S9999		