**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: A. BUILDING: COMPLETED B. WING IL6014674 06/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE #1 MYRTLE LANE **CALHOUN NURSING & REHAB CENTER HARDIN, IL 62047** 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) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG DEFICIENCY**) S 000 **Initial Comments** S 000 Annual Licensure and Certification S9999 Final Observations S9999 Statment of Licensure Violations: 300.610a) 300.1210b) 300.1210d)1)3) 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. 300.1210 Section 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

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

care needs of the resident.

plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal

TITLE

Attachment A Statement of Licensure Violations

(X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDIBIN	or oor accorner	IDENTIFICATION	THOMBETE	A. BUILDING:			LLILD	
		IL6014674		B. WING		06/	05/2023	
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		,	
CALHOU	IN NURSING & REHA	B CENTER	#1 MYRTI HARDIN,					
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE			
S9999	Continued From pa	nge 1		S9999				
	d) Pursuant to subscare shall include, and shall be practic seven-day-a-week	at a minimum, the ced on a 24-hour, basis:	e following					
	intravenous and int administered.							
	3) Objective observersident's condition emotional changes determining care refurther medical evaluate by nursing stresident's medical	<ul> <li>including menta</li> <li>as a means for equired and the null attention and treatment</li> </ul>	al and analyzing and eed for ment shall be					
	These Regulations	were not met as	evidence by:					
	Based on interview review, the facility f have a system in p for a resident in a t residents (R51) reviservices, in the sar R51 to holler out as physical signs of part on 5/30/23.	ailed to provide p lace to obtain pai imely manner for viewed for pain ar nple of 36. This fand moan in pain a	ain relief and n medication 1 of 16 nd pharmacy ailure caused and show					
	Findings include:			:				
	R51's Face Sheet, documents that R5 has diagnoses of D Urgency of urinatio	1 was admitted o Dementia, Type 2	n 1/21/22 and					
	R51's Minimum Da documents that R5							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED			
	IL6014674	B. WING		06/0	5/2023		
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE				
CALHOUN NURSING & REHAB CENTER  #1 MYRTLE LANE HARDIN, IL 62047							
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE			
documents, "Resid 2:25 AM per (local EMT's (Emergency Resident has a left for Hydrocodone 5/ (by mouth) Q (ever Zofran 4 mg (millig weight bearing and (V18 Orthopedic Donoted."  R51's Nursing Note documents, "Resid Tylenol given for dis Called pharmacy a (emergency run) for would get here sportechnician) and he needed to be sent at this was at 830am lots of pain called preparmacy Technician gotten a hard copy told him that was for the initial order was 6 hours he research said it has not been way now. Contacted time stat dose of transport to resident."  R51's Nursing Note documents, "Resid	e, dated 5/30/23 at 2:41 AM, ent returned to facility about hospital) ambulance by 2 Medical Technicians). pubic fx (fracture). New orders 325 1 or 2 tabs (tablets) PO y) 6 hours PRN (as needed), rams) PO Q 6 hours PRN, No to make an appointment with octor) on 5/30/23 for follow up e, dated 5/30/23 at 6:27 PM, ent very restless this am scomfort with no relief noted. In asked them when the e-run rethe Norco (Hydrocodone) ke with (V19, Pharmacy said he did not know it but but he would take care of it and 1130 resident still having charmacy and spoke with (V20, an) and he said he had just from (V21, Nurse Practitioner) or addition meds (medications) as for 15 pills and 1 -2 pills every hed and found the order and in sent earlier but was on its d (V21) and receive order for 1 amadol 50 mg po 2 tabs. Fifth some relief. At 4pm m pharmacy and meds given this shift and was	S9999					

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PRINTED: 08/09/2023 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 IL6014674 06/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **#1 MYRTLE LANE CALHOUN NURSING & REHAB CENTER HARDIN, IL 62047** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 R51's Hospital Emergency Department Disposition, arrival date of 5/29/23, documents, "Instructions: No weight bearing. Prescription Medications: Hydrocodone / APAP 5 mg / 325 mg: take 1 to 2 orally every 6 hours as needed for acute pain, Dispense fifteen (15), No refills." R51's Pelvis X-ray, dated 5/29/23 at 11:20 PM. documents, "Impression: Left pubic fracture." R51's Medication Administration Record, dated 5/30/23, documents that R51 got her first dose of Hydrocodone /APAP at 4:00 PM and a dose of Tramadol 100 mg at 2:00 PM. On 5/30/23 at 10:48 AM, R51 was sitting up at the nurses station in a recliner geriatric chair. R51 was observed to be fidgeting in the seat throwing her left leg across the arm of the chair, holding her left buttock, moaning and having facial grimaces. On 05/30/23 from 1200 PM to 12:50 PM, R51 stated several times the she was in pain and was uncomfortable. Throughout meal service, R51 was sitting up in a high back reclining geriatric chair with her left leg hanging off of the chair, when staff attempted to reposition R51, she groaned out in pain, expressed facial grimacing and did not want the pillow underneath her which is what they were trying to do for comfort.

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On 05/30/23 at 1:20 PM, V23, Certified Nurse Aide (CNA), and V8, CNA, transferred R51 from her geriatric reclining chair to her bed using a full mechanical lift. During the transfer R51 hollered out in pain. Once in bed. V23 and V8 attempted

mechanical lift sling and provide incontinent care.

to roll R51 to the side to remove the full

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
IL6014674		B. WING		06/05/2023		
NAME OF PROVIDER OR SUPPLIER  CALHOUN NURSING & REHAB CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  #1 MYRTLE LANE HARDIN, IL 62047						·
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\$9999	R51 hollered out in R51 continually atte V23 and V8 both qu V8 left the room to V3, Registered Nur Coordinator. V23 a again. R51 hollered attempted to hold hroom and went and Administrator/RN). was made. R51 ho hold her left buttool stated to V23 and value is and she was about R51.  On 05/30/23 at 3:10 with her eyes close on her left buttock.  On 5/30/23 at 9:20 (RN), stated, "(R51 her pelvis. The hos order of Vicodin for pharmacy to delive Tylenol for pain. She has a follow up orthopedic doctor (nothing they can do just pain control an sees (V18)."  On 5/30/23 at 10:50 Occupational Thera "(R51) was transfer chair using the full questioned how V2	pain and refused to move. empted to hold her left buttock. uestioned what they should do. get help. V8 came back with se (RN) / Staff Development nd V8 attempted to roll R51 d out in pain and continually ier left buttock. V3 left the	\$9999			

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PRINTED: 08/09/2023 FORM APPROVED 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 IL6014674 06/05/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **#1 MYRTLE LANE CALHOUN NURSING & REHAB CENTER HARDIN, IL 62047** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) \$9999 S9999 Continued From page 5 On 5/30/23 at 2:02 PM, V7 stated, "Pharmacy has still not delivered the Vicodin for (R51). I have been trying to get it for her. They tell me it is on the way. I just spoke to (V21) and she sent a prescription for Tramadol to the pharmacy. Our emergency pharmacy kit does not have Vicodin in it. That is why the order for Tramadol. Once pharmacy gets that I can access the emergency pharmacy kit and get the Tramadol out of it to give to her." On 6/1/23 at 12:50 PM, V2, Director of Nurses, stated, "When a resident comes from the hospital with a prescription for narcotics, the hard copy of the prescription has to go to the pharmacy. When she came back it was in the middle of the night and we did not have staff to drive it to Alton to get it filled. The pharmacy came in the morning and picked up the prescription and took it to the pharmacy in St. Louis Missouri which even took longer. I don't know why (V7) didn't try to get her Tramadol earlier and why she waited. I agree the

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delay in getting narcotics."

order to get her Tramadol should have been done earlier so she could have some pain relief while waiting on the Vicodin. (V21) sent the script for Tramadol over to the pharmacy electronically. That is how the pharmacy is getting that

prescription so it can be processed. I know in the future if the Emergency Room is going to send a resident back with a narcotic the hospital doctor needs to electronically send the prescription directly to the pharmacy and not send a hard copy for narcotics that way there will not be a long

On 6/1/23 at 1:54 PM, V5 stated, "I was mortified when I saw her. I can't believe the hospital sent her back and did not admit her. I even called the hospital on Wednesday to make sure she was supposed to be out of bed and they said they

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AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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\$9999	wanted her up and back they should had pain." V5 was questof the delay of Vico was getting Tylenol we were waiting on The policy Pain Evand 1/15, documents, finds pain above ac physician. 5. Notify response to their matisfactory to deverelief of pain."  The policy Ordering form Pharmacy, da "Medications are or pharmacy in a time. The policy Controlled dated 8/16/23, documents only if original writtel law) prescription had pharmacy. Schedul medications are dewritten or verbal prorequirements has be pharmacy. Only the	not bed rest. If they save pre-medicating hetioned as to what her din was, V5 stated, "Vand she got a Trama the Vicodin."  Aluation / Managemer d. If no relief or if the receptable levels notify the physician if reside edication or treatment of properties and Receiving Medication further intervention and Receiving Medication dered and received from the physician if reside edication or treatment of the dered and received from the physician if reside edications Admirated 8/16, documents, dered and received from the physician same delivered to the edit of the facility of the physician with all legal even received by the prescriber or their against with a legal prescription with all legal prescription with all legal prescription or their against with a legal prescription with a legal prescri	er for opinion Vell she dol while  It, dated resident the ent's at is not ons for cations  rom the histration, !! he facility by state he led only if a all gent can	\$9999				

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