Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CI IA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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IL6008510		B. WING		11/11/2023		
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S 000	Initial Comments		S 000			
	Complaint Survey:	2369349/IL166505				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations				
	300.610a)					
	300.1210b)					
	300.1210d)1					
	300.1210d)2					
	Section 300.610 R	esident Care Policies				
	procedures governifacility. The written be formulated by a Committee consisti administrator, the a medical advisory coof nursing and othe policies shall complicies the facility and shall by this committee, cand dated minutes	dvisory physician or the ommittee, and representatives or services in the facility. The by with the Act and this Part. I shall be followed in operating the reviewed at least annually documented by written, signed of the meeting.				
	Nursing and Persor	General Requirements for nal Care				
	and services to atta practicable physical well-being of the re- each resident's con plan. Adequate and care and personal of	provide the necessary care in or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each to total nursing and personal		Attachment A Statement of Licensure Violatio	ns	
Ilinois Department of Public Health						

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

TITLE

(X6) DATE

PRINTED: 01/17/2024 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 **!L6008510** 11/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** ARC AT NORMAL **NORMAL, IL 61761 SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 care needs of the resident. 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. 2) All treatments and procedures shall be administered as ordered by the physician. These Requirements were not met as evidenced Based on observation, interview, and record review the facility failed to ensure a resident's PICC (Peripherally Inserted Central Catheter) infusion line and IV (Intravenous) pump were patent (open and not blocked) and infusing a physician ordered IV antibiotic 24/7 (24 hours a day/seven days a week) for one of two residents (R1) reviewed for PICC lines in the sample of three. These failures resulted in the facility failing to administer R1's physician ordered continuous IV (Intravenous) antibiotic as ordered for the treatment of R1's Sepsis and Epidural Abscess (infection of the spine or skull), R1 experiencing numerous occasions of mental anguish, and R1 experiencing an unwanted visit to the Emergency Room (ER) room to gain vascular access.

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Findings include:

The facility's Facility Assessment Tool dated 08/2022 through 10/2023 documents, "Purpose: The purpose of this assessment is to determine what resources are necessary to care for

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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IL6008510		B. WING		C 11/11/2023		
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	intact.	uments R1 is cognitively				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008510			(X2) MULTIPLE CONSTRUCTION A. BUILDING;		(X3) DATE SURVEY COMPLETED C 11/11/2023	
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74) ID	SI MADV STA	NORMAL, TEMENT OF DEFICIENCIES	1			
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S9999	Continued From page 3		59999	-		
	10-20-23 document infection of your new surgery and antibiotics and need 12-4-23. Principal I and Epidural Absce by PICC placement R1's Hospital Disch 10-20-23 document Antibiotic) 12 grams (milliliters) infusion, (Intravenous) every R1's Active Order S the following orders Intravenous Solution Sodium) use 12 grams (Sodium Chloride) 8 over 24 hours. Flus with five ml of norminfusion at bedtime. R1's Care Plan date has a peripheral mid	arge Transfer Order dated s, "Nafcillin (Penicillin in 0.9% (percent) 880 ml infuse 12 grams IV 24 hours."				
	R1's Nursing Note of and signed by V4 (A Practical Nurse) doc stating air in line. N DON (Director of Nu	lated 10-27-23 at 1:40 AM agency LPN/Licensed cuments, "IV pump beeping o RN present to maintain line. Irsing/V2) and on-call IV pump being shut off due to				
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

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	EU2,
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
ARC AT NORMAL 509 NORTH ADELAIDE NORMAL, IL 61761	
(XA) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CACH CORRECTION SHOULD BE CACH CORRECTIVE ACTION SHOU	(XS) COMPLETE DATE
S9999 Continued From page 4 R1's Nursing Note dated 10-29-23 at 2:17 AM and signed by V7 (Agency LPN) documents, "(R1) in bed resting at this time. (R1) has a PICC line and has fluids that should be running, but due to the line having air in it and there is not an RN on staff, (R1) was informed that she could wait till (until) morning or she would be sent to the hospital. (R1) requested to lot sent to the lot of this nurse informed on-call and (V2)." R1's Emergency Department Notes dated 10-29-23 at 3:53 AM document, "Chief complaint: Vascular Access Problem. (R1) is currently living a (nursing home) for septic arthritis that (R1) was diagnosed with approximately one month ago. (R1) sent by nursing home staff due to her PICC not working properly in order for her to receive her nightly medication through her PICC line. (R1) is currently at the facility to receive 24-hour IV antibiotic therapy for septic arthritis. Per (R1) she has not received her antibiotics routinely as scheduled. Call (nursing home) and spoke with nurse (V7/Agency LPN) who advised that (R1) was sent into the emergency department for administration of her antibiotics infusion because he was advised by the nurse manager to do so because there is not a registered nurse in the building. LPN (s) are not allowed to administer medications through PICC line. An RN not on staff until day shift today." R1's Nursing Note dated 11-1-23 at 2:22 AM and signed by V7 (Agency LPN) documents R1's IV PICC line was not running and was displaying air in line. On 11-10-23 at 9:45 AM R1 was sitting in her bed with Nafcillin 12 GM in 0.9 % Normal Saline infusing at 42 ml/hour through a PICC line in the right upper arm. R1 was crying with visible tears	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PEAR OF CORRECTION		DENTI PONTON NORMER	A. BUILDING:		COMPLETED	
IL6008510		B. WING		C 11/11/2023		
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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S9999	and stated, "When machine (IV pump) machine off. I have seven nights now. antibiotic) for seven to the ER one night should not have to middle of the night turned back on. I shospital before consick, and I have an that was caused by not want to go with set-back. I am afra (antibiotic). I called and told her I am af giving me my antibious on 11-10-23 at 10:0 stated, "I know (R1) her pump was been shift. There was not told the nurses to shave RNs in this bud day/seven days a w (Inter-Disciplinary T together and we know that she had a PICO On 11-10-23 at 10:0 LPN/Licensed Pract working third shift of (R1). At 1:38 AM the started to malfunction and to shut off (R1's new to shut	a RN isn't here, and my acts up the staff shut my e gone without my antibiotic. Two nights I went without it (IV hours. I have had to be sent just to get the IV restarted. I be sent out of the facility in the just to get my IV fixed and pent over a month in the ning to this facility. I was very infection in my blood stream an infection in my spine. I do out my antibiotics and have a lid I will die without it (V3/Infectious Disease RN) fraid, and the facility is not otic at night. Please help me." 20 AM V2 (Director of Nursing) has had air in her IV line and ong a couple times on third of RN on-site to manage it, so I end her to the ER. We do not illding 24/7 (24 hours a reek). The IDT eam) reviews new admissions ew when we admitted (R1) cline with antibiotics 24/7."	S9999			

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STATE FORM

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** IL6008510 11/11/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **509 NORTH ADELAIDE** ARC AT NORMAL **NORMAL, IL 61761** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S9999 Continued From page 6 59999 did not get her antibiotic until after 7:00 AM when V8 (RN) came in and hooked it back up. The entire time (R1's) pump was off, (R1) was crying and afraid she was going to die. R1's mother (V6) even called me and was screaming at me. I was so upset that I quit, and I am not going back to the facility because I do not feel comfortable with taking care of a PICC line without an RN in the building." On 11-10-23 at 10:45 AM V8 (RN) stated, "(On 10-27-23) I came in around 7:00 AM and cleared the air out of (R1's) tubing and hooked her IV back up. (R1's) IV antibiotics had been shut off that night because there was no RN working. I have had to turn (R1's) pump on twice when I have gotten here in the morning." On 11-10-23 at 10:50 AM V6 (R1's Mother) stated, "(R1) has been really scared living at that facility because there have been multiple nights that her IV pump has been shut off and she has not gotten her antibiotic. (R1) is a very sick girl and has to have antibiotics continuously. (R1) has an infection of her spine. I have spoken to staff multiple times about this issue. I am trying to get (R1) moved to a facility closer to me that has RN's available to manage her IV." On 11-10-23 at 3:55 PM V3 (Infectious Disease RN) stated, "I got a call from (R1) a week or more ago. (R1) was crying and telling me she was not getting her antibiotics because there was no RN in the building to manage her PICC line. (R1) told me there were seven nights she has not received her antibiotic. The facility admitted (R1) knowing

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she needed antibiotics through the PICC line 24 hours a day every day for at least two months. The facility should have made sure there was a RN there to administer and manage (R1's) PICC

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(B)