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: __ IL6010227 B. WING 01/02/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **601 WEST LINCOLN AVENUE CASEYVILLE NURSING & REHAB CTR** CASEYVILLE, IL 62232 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 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 CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 23410338/IL167695 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)1)2) 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. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with

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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.

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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'pretty bad'.

stated he couldn't sleep, and he was hurting

On 12/15/23 at 10:50 AM, V3, R2's wife stated R2 called her on 12/10/23 at 7:30 PM, and stated he needed pain medication. V3 asked R2 why he

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Illinois Department of Public Health

pain at this time.

documents R2 received an oxycodone 5mg for

R2's Individual Resident Controlled Substance Record, for the month of December 2023, was

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placed at this time.

observed, and there was no lidocaine patch

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