PRINTED: 02/01/2024 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:** COMPLETED A. BUILDING: _ C B. WNG IL6006258 12/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH WALNUT** MOMENCE MEADOWS NURSING & REHAB MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S 000 Initial Comments \$ 000 Complaint Investigation 23710325/167681 \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)1)2)3)4)5) 300.3240a) 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. Section 300.1210 General Requirements for

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b)

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

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

Nursing and Personal Care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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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 IL6006258 12/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH WALNUT** MOMENCE MEADOWS NURSING & REHAB MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. 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. All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection. and prevent new pressure sores from developing.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WNG IL6006258 12/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH WALNUT MOMENCE MEADOWS NURSING & REHAB** MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to protect a resident's right to be free from neglect when a resident did not receive his psoriasis medication to prevent a psoriasis flare-up, and when the resident did not have weekly skin assessments to monitor his flare-up. These failures resulted in R1 experiencing a psoriasis flare-up, and then subsequently his skin lesions were not monitored. This applies to 1 of 7 residents reviewed for neglect in the the sample of 7. The findings include: 1. R1's Face Sheet showed his diagnoses include generalized pustular psoriasis, psoriatic arthritis mutilans, and unspecified psoriasis. On December 14, 2023 at 11:50 AM, R1 stated he had psoriasis and starting having skin issues when he was around 20 years old. R1 said he has been waiting on the pharmacy to receive his Cosentyx injections, stating he has not gotten it. R1 stated "it works great." R1 stated if he does not get it, he "turns out like I am now ... with scales, itchy, and painful." R1 rated his pain at a

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7 and stated he takes oxycodone for his pain. R1

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
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S9999	Continued From page	∍3	S9999	""		-		
S9999	denied he had any op described his skin as The skin on R1's face September 28, 2023 I he is cognitively intact. On December 14, 202 (Licensed Practical N with Surveyors to R1's on more areas of R1's on his left side and he wore a long-sleeved spulled up his right sleef forearm was dry, thick dusty white, and it was While still on his left sthe skin on his back, swere 100% covered woracked skin, or supelargest of the open are which appeared to be long and around an ir areas were present of approximately two incompands around three inches lebed and an open area was noted on his left. R1's Active Physician showed a Cosentyx ir administered on the 1 starter doses. R1's M Records for June through the still no Cosentyx was	pen skin areas and scaly, itchy, and painful. and hands was clear. R1's Minimum Data Set showed st. 23 at 1:45 PM, V8 LPN lurse- Wound Nurse) went is room to visualize the skin is body. R1 was in bed lying it was under the covers. R1 shirt and sweatpants. R1 seve, and the skin to R1's ker, cracked, scaly, and its dotted with tiny scabs. Side, R1 raised up his shirt; sides, abdomen, and chest with either scaly skin, scabs, erficial/raw open areas. The reas was to R1's mid-back, its approximately five inches inch wide. Two other open in his ride side, one ches long and the other long. R1 rolled over in the a around three inches long side.	S9999					
	Primary Physician) st controlled with medical	23 at 10:25 AM, V9 (R1's tated psoriasis must be tation, otherwise, it will flare to control over insurance,						

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 On December 14, 2023 at 1:05 PM, the last weekly skin check noted in R1's Electronic Medical Record (EMR) was dated and signed September 14, 2023, which showed R1 had loss of skin integrity that was not new. "Under Ulcers,

name) on a timely basis ..."

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. WNG IL6006258 12/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH WALNUT MOMENCE MEADOWS NURSING & REHAB** MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES 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 CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 Wounds, and Skin Problems" on R1's September 28, 2023 Minimum Data Set (two weeks later), it showed "None of the above were present." R1's November 2, 2023 Physician Progress Note showed R1 had a "rash" under his Review of Systems and Physical Exam. The "Assessment" area in the Note showed "extensive psoriasis improving psoriatic erythroderma ... " The same language was used in R1's December 7, 2023 Physician Progress note. R1's October 19, 2023 Weekly Wound Evaluation showed R1 has chronic psoriasis, and showed an unhealed wound was identified on August 22. 2022. Regarding the peri-wound, the Evaluation showed wound margins are defined, the surrounding tissue texture is dry and scaly, with dry, cracked, and fissured skin. The October 19, 2023 note was signed on December 15, 2023 (during the survey). On December 19, 2023 at 2:15 PM, V2 DON (Director of Nursing) stated floor nurses or the wound nurse complete the skin assessments, V2 stated the assessment pops in the computer for the nurse to complete and then they can fill the form. On December 14, 2023 at 12:50 PM, V8 LPN (Licensed Practical Nurse- Wound Nurse) stated she only treats actual wounds and the floor nurses are supposed to do the ointments and powders. At 1:55 PM, V8 LPN stated she has not done any skin assessments and does wounds. V8 was asked for a copy of R1's last skin.

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14, 2023.

assessment, which was completed on September

On December 19, 2023 at 10:30 AM, R1's EMR

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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S9999	Continued From page	6	S9999		
	Skin Assessments we 21st and 28th, 2023; 26th, 2023; November 2023; and December said R1 did not have integrity-including the December 14, 2023-signed between 1:50 December 15, 2023. On December 14, 202 of Nursing) stated R1 was not who prescribe to come from a special is R1's Dermatologist and there needs to be	one dated as completed on and all assessments were			
	when she called the s December 18, 2023 (told the pharmacy had Mother, so she called hoping the facility cou Cosentyx verifications break in medication a verification would not On December 14, 202 Technician at specialt Cosentyx) stated their of the five weekly load were dispensed on M their system can tell the doses were not ordere R1's MDS history sho	23 at 10:00 AM, V2 stated pecialty pharmacy on during the survey), she was a been emailing with R1's her. V2 stated she was ald take over handling the s, and added if there was no dministration, another be needed for a year. 23 at V16 (Pharmacy y pharmacy that dispenses a records showed that four ding doses of R1's Cosentyx arch 22, 2023. V16 stated that additional Cosentyx and from anywhere else, wed he was out of the mes when his monthly April			

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:

IL6006258

С 12/20/2023

COMPLETED

(X3) DATE SURVEY

NAME OF PROVIDER OR SUPPLIER

B. WNG __ STREET ADDRESS, CITY, STATE, ZIP CODE

500 SOUTH WALNUT

MOMENCE MEADOWS NURSING & REHAB 500 SOUTH WALNUT MOMENCE, IL 60954						
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	On December 14, 2023 at 3:05 PM, V17 (Pharmacist at specialty pharmacy) stated "generally it is best that a patient is adherent [to the dosing schedule] so there is no relapse." V17 added she could not say how soon symptoms would return if a dose was missed, and usually					
	the prescribing physician will assess for the medication efficacy at three months.					
	On December 19, 2023 at 12:20 PM, V20 (Assistant Director of Nursing) stated if a medication is not available, pharmacy and the physician should be notified. V20 stated nurses can find out of there is an alternative medication if a medication is not available. V20 stated if there is an issue with insurance, call the pharmacy and call the insurance and see what needs to be sent over. V20 stated this process should happen immediately and a progress note should be made.					
	On December 19, 2023 at 10:25 AM, V9 (R1's Primary Physician) stated psoriasis must be controlled with medication, otherwise, it will flare up. V9 stated he has no control over insurance, but he expects the facility to follow up and try to get the medication.					
	R1's psoriasis exacerbation care plan (revised 8/25/22) showed R1 "has lesions to his entire body related to psoriasis exacerbation" with a goal for psoriasis lesions to be healed by review date (target date of) 12/27/23." Interventions include "Administer medication as ordered"					
	The facility's undated "5.2 Medication Administration" policy showed "Purpose: To administer all medications safely and appropriately to aid residents to overcome illness,					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION (X	
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59999	Continued From page	Continued From page 8			
S9999	Medications" policy sland related products name) on a timely bar The Purpose of the faintegrity Guideline shoomprehensive approconditions," and "To pof any etiology" "O guideline for optimal opatients/residents with skin integrity (i.e. surgibruising, etc.)" The section showed "de to review patients/reson a weekly basis and	ymptoms, and help in ty's undated "2.6 Ordering howed "Policy: Medications are ordered from (pharmacy sis" acility's undated Skin owed "To provide a bach for monitoring skin promote healing of wounds objectives" include "Provide a care to promote healing to hall identified alterations in gical incisions, skin tears, a "General Guidelines" evelops a routine schedule didents with wounds or at risk did will document findings onitored on a weekly basis tation and Care	S9999		
	for reddened/open and reported to the licenses" The "Documental Evaluation/Observation" Licensed nurse will be a second or the second of th	ons" section showed be responsible for			
	utilizing the Weekly S "Licensed nurse to do	aluation/observation weekly, ikin Review," and ocument weekly on identified ound Evaluation Flow Sheet'			
	01/2019) showed "Po facility to prohibit and " The Program con as "8. Neglect/Mistre	Prevention Program (revised blicy- It is the policy of this prevent resident neglect stinued to show definitions, eatment: means the failure a medical carethat is hysical harm, mental			

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Illinois Department of Public Health (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: ___ B. WING _ IL6006258 12/20/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **500 SOUTH WALNUT MOMENCE MEADOWS NURSING & REHAB** MOMENCE, IL 60954 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 9 S9999 anguish ..." (B)

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