

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016885</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANOR COURT OF CARBONDALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2940 W WESTRIDGE PLACE</b> <b>CARBONDALE, IL 62901</b>
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S 000	Initial Comments  Complaint Investigations:  2456345/IL176605 2456371/IL176630	S 000		
S9999	Final Observations  Statement of Licensure Violations: 1 of 2 300.1210b)3) 300.1210d)4)A) 300.1230e) 300.1230f)  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. Restorative measures shall include, at a minimum, the following procedures: 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. d) Pursuant to subsection (a), general	S9999		

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

TITLE

(X6) DATE  
09/10/24

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S9999	<p>Continued From page 1</p> <p>nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>Section 300.1230 Direct Care Staffing</p> <p>e) The facility shall schedule nursing personnel so that the nursing needs of all residents are met.</p> <p>f) The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents, and shall be determined by figuring the number of hours of direct care each resident needs per day.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to answer call lights for residents needing assistance in a timely manner to promote dignity for 1 of 3 residents (R1) reviewed for dignity in a sample of 7. This failure resulted in R1 having feelings of desertion, fear, frustration and embarrassment.</p> <p>Findings include:</p> <p>1. R1's face sheet documents an admission date of 6/1/2024. Diagnoses upon admission included Multiple Sclerosis, cellulites of left lower limb, edema, weakness, difficulty walking, foot drop of right foot, pain, depression, anxiety disorder. R1's MDS (Minimum Data Set) dated 6/14/2024</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>includes a BIMS (Brief Interview for Mental Status) score of 15 indicating R1 is cognitively intact. Section GG Functional abilities and goals) indicates R1 requires substantial/maximal assistance with toileting, hygiene, also indicates R1 is dependent for walking, sit to stand, chair to bed and toilet transfers.</p> <p>R1's Care plan dated 6/20/2024 indicates, problem of resident at risk for falling related to recent illness/hospitalization and new environment with approach dated 6/1/2024 to instruct resident to use call for assist before getting out of bed or transferring. Encourage resident to stand slowly. Problem start date of 6/1/2024 section named "Resident Care Information" with approach dated 6/1/2024 indicates bowel and bladder: incontinent, incontinent products, small pull ups.</p> <p>On 8/13/2024 at 3:45 PM, R1 was observed sitting outside on the front porch of the facility visiting with a friend. R1 was alert and oriented. R1 was sitting in wheelchair which she was able to propel around in independently. R1 stated, "I did live alone just a few months ago but I had a fall transferring myself, so I landed in the hospital and then was transferred here for therapy." R1 stated, "My hopes are to get my strength back and go back home." R1 stated, "My diagnosis is a tough one to stay ahead of but with my determination I believe I can stay at home a few more years and stay self-sufficient which isn't the normal for most people, but I have learned to adjust." She said she doesn't want to get anyone in trouble, and she knows how short staffed they are around here, but the care is just not very good. R1 stated the weekends are the worst but last Sunday was horrible. R1 stated she was on her call light asking for help for hours but there</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>was nobody to help her. R1 stated the Occupational therapist was there and she is the one who finally came and helped me get cleaned up and was soaked in urine. My family came and took me home for the day.</p> <p>On 8/14/2024 at 9:14 AM, R1 was asked to explain what occurred on Sunday 8/11/2024. R1 stated, " I was on my call light for hours needing assistance as I needed to use the bathroom." R1 stated she does have episodes of incontinence but for the most part she is able to feel the urge and get to the bathroom with assistance in time. R1 stated, "I am really OCD (obsessive compulsive disorder) about continence. I use liners and I do not like being wet so I try to ask for assistance at the first feeling of urgency so I can stay dry." R1 stated, ""Sunday felt like the longest day of my life. There was nobody here to help us and I felt deserted." R1 stated she could hear all the lights ringing nonstop but there was just no help." R1 stated, "I was totally soaked through my clothes, and I had to lay like that for hours." R1 stated, "I started asking for help before 6 AM and it was after 10 AM before anyone was able to help me. The one that helped me was the OT (Occupational Therapist)." R1 was asked how this made her feel and she stated, " I was crying so much, I felt deserted, and I was frustrated, embarrassed, and fearful." R1 stated, "I fear this will happen again and I know it will because they do not have enough staff to take care of us especially on the weekend. I know it is not their fault and some of the staff go above and beyond but they can't work every day of the week, and they can't do it all either. I was supposed to go to my daughter's house, and I did get to go but we were 2 hours behind leaving because I wasn't ready, nobody could help me get ready."</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 8/14/2024 at 11:15 AM, V8 COTA (Certified Occupational Therapist Assistant) stated, " I work Sunday through Thursday at the facility." V8 stated, "I worked this past Sunday." V8 was asked if there was anything unusual about Sunday 8/11/2024, V8 stated the weekends are always bad, but this past Sunday was bad. V8 stated, "I was trying to help by changing resident and getting them up, as I was seeing resident for their therapy. V8 was asked if she cared for R1 and V8 stated yes, "I noticed in between my patients that I was treating that (R1's) call light had been on for a long, long time, approximately 45 minutes. She said she went into R1's room to check on her and when she entered the room the smell of urine was very strong as soon as she walked into the room. (R1) was lying in bed crying and was very upset. She said she felt bad for her as (R1) was so soaked with urine, it was so bad. V8 stated "(R1) was so embarrassed and just kept apologizing to me for being in such bad shape, it was so sad. V8 stated (R1) is totally dependent with walking so she can't get up by herself. V8 stated, " I just started getting her cleaned up. R1 was soaked through the pad, depends, night clothes, bed pad and sheet down to the mattress. the mattress was even wet." V8 stated R1 was even wet all the way up her entire back. V8 said (R1's) family member came in just as she was finishing, and the family member said R1 had been texting her since early that AM stating she needed help."</p> <p>On 8/14/2024 at 2:10 PM, via phone interview, V26, R1's family member stated on Sunday 8/11/2024, R1 called her crying that morning and so she went out to the facility. V26 stated R1 was in a very depressed state. V26 stated she got there just as they were cleaning her up and staff had to change everything as she was soaked in</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>urine. V26 stated weekends are low staff, the ones that show up are good but there are too many residents for just a few staff to care for. V26 stated, "Something needs to be done because (R1) was distraught on Sunday and not in a good place when I got here on Sunday. None of the residents deserve this kind of care."</p> <p>On 8/15/2024 at 2:50 PM, V21 (Certified Nurse Assistant/CNA) stated she takes care of R1 frequently. V21 stated R1 is continent of bowel and bladder. V21 stated R1 lets the staff know when she has the urge to use the bathroom and they take her to the bathroom. V21 states R1 still wears a depends (adult brief) because she is always afraid, she may have an accident and that would embarrass R1 as she is very conscious of her hygiene.</p> <p>On 8/14/2024 a call light log provided by V2 was reviewed. The document contained room numbers, time the call light was started and the time the call light was ended. The call light log recorded R1's room for 8/11/2024 as start time 8:24:49 am and end time 9:26 :31am with duration of 1:01:42.</p> <p>On 8/13/2024 at 4:00 PM, V2 was asked if he was aware of call lights not being answered in a timely manner and residents had long wait times for care, V2 stated he was not aware of any real issues. V2 was presented with the document (unnamed) that V2 provided, a log with room numbers, when call lights were triggered with hour, minutes, and seconds, (start time) and call light end time and dates. A specific date was presented to V2 of 8/11/2024 for R1's call light, start time was 8:24:49 am and end time was 9:26 :31am with duration of 1:01:42. V2 was asked to interpret the duration time and V2 stated " that is</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>1 hour, 1 minute and 42 seconds and I missed seeing that when I gave you the call light usage report. V2 was asked if this was acceptable practice and V2 stated, " No not at all. V2 was asked what the expectation was for the duration time of call lights being activated, V2 stated, "15 minutes or less." V2 was asked if he knows why this was an issue on 8/11/2024, V2 stated, " because of staffing, it was bad." V2 was asked if care was provided adequately to the residents on 8/11/2024 during the day shift, V2 stated, "evidently not." V2 was asked if the grievances pertaining to the past weekend were reviewed and V2 stated 'yes they were."</p> <p>On 8/14/2024 at 1:25 PM V19 CNA (Certified Nurse Aid/CNA Supervisor) stated she worked on 8/11/2024. V19 stated the weekends are always bad due to younger staff and they call in all the time or don't show up. V19 stated it is a real struggle but this past Sunday 8/11/2024 was the worse she has ever seen it. V19 stated it has been bad for last 6 months on the weekends. V19 stated trying to get staff. V19 said breakfast was late as well V19 stated R1 is normally continent of bowel and bladder and was made aware that V8 was able to get to her and get her cleaned up. V19 stated "this is not acceptable care at all, the care was not good due to staffing." V19 stated I did the best I could but with only me it wasn't enough. Call lights were on too long.</p> <p>On 8/14/2024 at 8:45AM, V6 (Licensed Practical Nurse/LPN) stated he worked on 8/11/2024 and he stated they were very short on CNA's. V6 said it wasn't the idea situation, but we tried our best to take care of the residents. V6 stated he worked on 200 halls and was able to help change some residents and answer lights sometimes.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 8/15/2024 at 7:40 PM, V17 (LPN) was asked if she worked on 8/11/2024 dayshift, V17 stated, "Yes and we only had 4 CNAs and there was only 1 CNA on the hall I was working on which was 100 hall." V17 said the care was really delayed that day.</p> <p>On 8/15/2024 at 8:45 AM, V13 (CNA) stated on Sunday 8/11/2024 the staffing was very short. V13 stated, The call lights were on longer than usual because normally we have 2-3 CNAs on that particular hall which is 300 hall, but Sunday there but she was the only one on the hall ." V12 stated " I wish it could have been better but I did the best I could do." V13 stated V15 CNA came in at around 11:30 AM and helped with lunch and left at 2:00 PM. The nurse on my hall could not help due to restrictions.</p> <p>On 8/14/2024 at 3:55 PM, V1 (Administrator) was asked if she was aware of there only being 4 CNAs in the facility on 8/11/2024. V1 stated, "I received a text at 6AM but I didn't see it until I woke up at 7:45 AM and at that time I started calling people." V1 was asked if 4 CNAs for the 4 halls acceptable staffing numbers and she responded it is not preferred. V1 was asked if she was aware of the issues with care such as residents being left wet and call lights not being answered for long periods of time and she stated yes and had received grievances and had addressed the issues.</p> <p>(B)</p> <p>Statement of Licensure Violations: 2 of 2 300.610a) 300.1210d)1) 300.1630d) 300.1630e)</p>	S9999		



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S9999	<p>Continued From page 8 300.1630f)</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 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.</p> <p>Section 300.1630 Administration of Medication d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.</p> <p>f) Nurses' stations shall be equipped as per Sections 300.2860 or 300.3060 and shall have all necessary items readily available for the proper administration of medications.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to administer pain medication as ordered and develop interventions to manage pain for 1 of 5 residents (R2) reviewed for medication administration in the sample of 7. This failure resulted in R2 experiencing increased pain due to missing 4 doses of ordered pain medication on 8/10/24, 8/11/24, and 8/12/24.</p> <p>The findings include:</p> <p>R2's Face sheet documents an admission date of 6/24/2024 and includes diagnoses of encephalopathy, end stage renal disease, weakness, low back pain, malignant neoplasm of left kidney except renal pelvis, weakness and hemodialysis.</p> <p>R2's Minimum Data Set (MDS) dated 7/26/2024, section C, Cognitive Patterns, documents a Brief Interview for Mental Status (BIMS) score of 15 indicating R2 is cognitively intact. Section GG, Functional Abilities and Goals, documents R2 requires substantial/maximal assistance with toileting hygiene and shower/bathing, lower body dressing and putting on and taking off footwear, and partial/moderate assist with upper body</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>dressing. Section J, Health Conditions, documents under Pain Management, within the last 5 days (of assessment 7/26/2024) "Received scheduled pain medication regimen?" with a documented answer of "no". The same section documents the questions within the last 5 days, "received PRN (as needed) pain medication or was offered and declined?" and "received non-medication intervention for pain?" with documented answers of "yes." Under the section titled "Pain Assessment Interview" of section J of the same MDS dated 7/26/24, documents the answer of "No" to the question of "have you had pain or hurting at any time in the last 5 days?" R2's Care Plan dated 7/25/2024 does not contain problem or focus area regarding pain and does not include any interventions or approaches to manage R2's pain.</p> <p>R2's "Pain Management Observation" completed on admission dated 6/24/24, documents the answer "yes" to the question "Have you had pain or hurting at any time in the last 5 days?" and documents the pain site of back pain. The onset of pain is documented as "mid morning" and "afternoon", duration of pain as "comes and goes", and other expressions of pain as "crying/whining", "grimacing/clenched teeth", and "bracing/guarding/ rubbing affected area."</p> <p>On 8/13/2024 at 2:38 PM, R2 is an alert and oriented male resident observed lying in bed in the fetal position. R2 stated "I am in bad pain" R2 explained he had a fall the other day when he tried to get up and open his door, he stated he took one step and fell. R2 stated "I have bruises to my right butt." R2 stated " I am asking for pain medicine now; I usually get my pain medicine, but I had to wait last night, and I was hurting bad." R2 stated he usually gets it around 7 PM but last</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016885</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/22/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MANOR COURT OF CARBONDALE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2940 W WESTRIDGE PLACE</b> <b>CARBONDALE, IL 62901</b>
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S9999	<p>Continued From page 11</p> <p>night (8/12/24) he had to wait until 10 PM because the nurse went on break before she gave him his pain medicine and he was hurting bad for 3 hours. R2 stated "they are very particular about pain medications, I ask for it and it takes a long time, I have been asking for a while right now, my back is hurting bad." While in the room with R2, V9 (Licensed Practical Nurse/LPN) came in with pain medication stated to be Hydrocodone-acetaminophen 5/325mg. R2 was given Hydrocodone-acetaminophen 5/325mg by mouth. V9 stated "I am trying to get R2's pain under control as R2 is having bad back pain that has increased since the fall." V9 stated R2 is getting Tylenol in between pain meds to help with breakthrough pain. R2 stated "The Tylenol is not helping me very much." V9 stated R2's pain medication is now every 6 hours and the next dose will be due at 8:00 PM. V9 offered R2 a warm compress to R2's back to help with the pain and R2 accepted and stated, "I will try anything because this pain is bad." V9 stated R2's pain medication is scheduled at 8AM, 2 PM, 8 PM and 2 AM. R2 stated it takes about an hour for the pain medication to start easing the pain. V9 asked R2 to rate his pain and R2 responded it is a 8-9 on a 10 point pain scale. V9 stated she had given Tylenol around 10 AM and R2 stated that didn't help anything.</p> <p>R2's Physician's Order Report dated 6/24/2024 -8/15/2024 documents the following orders: Hydrocodone-acetaminophen 5/325 mg (milligrams) every 6 hours as needed dated 6/24/2024 and a discontinuation date of 7/25/2024, hydrocodone- acetaminophen 5/325mg twice daily dated 7/25/24 and a discontinuation date of 7/30/2024, hydrocodone-acetaminophen 5/325mg three times a day dated 7/30/24 and a discontinuation date of 8/12/2024,</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>hydrocodone- acetaminophen 5/325mg every 6 hours dated 8/12/24 and a discontinuation date of 8/13/2024, and a current order of hydrocodone-acetaminophen 5/325mg dated 8/13/2024 every 4 hours. All hydrocodone- acetaminophen 5/325mg orders have a documented diagnosis of low back pain. The same Physician's Order Report documents a current order dated 6/24/24 for Lidocaine adhesive 5% patch, 1 patch topical once a day for low back pain and an order dated 6/25/24 for acetaminophen 325 mg 2 tablets every 6 hours as needed for low back pain.</p> <p>R2's Medication Administration Record (MAR) with a date range of 8/1/24 through 8/20/24, documents that Hydrocodone-acetaminophen 5-325 MG tablet was "Not Administered: Drug/Item unavailable" on the following dates and administration times: 8/10/24 at 5:00 PM, 8/11/24 at 5:00 PM, 8/12/24 at 7:00 AM, and 8/12/24 at 2:00 PM. The same MAR documents an order of "Assess pain Q (every) shift using the 0-10 pain scale or verbal descriptor scale." R2's pain is documented as a "6" on shift 2 (6PM to 6AM) on 8/10/24, as "9/10" on shift 1 (6AM to 6PM) on "5" on shift 2 on 8/11/24, as "8/10" on shift 1 and "7/10" on shift 2 on 8/12/24.</p> <p>R 2's Progress Note dated 8/12/2024 at 6:03 AM, documents "resident gets hydrocodone5-325mg three times a day with PRN (as needed) Tylenol (acetaminophen) throughout the night as needed. Resident is still very much in pain and states that it is generalized, and the pain pills are not controlling his pain and moans in pain. NP (Nurse Practitioner) on call and notified for further orders."</p> <p>R2's Progress Notes dated 8/12/2024 at 11:53 AM by V2 documents, "(V14 Nurse Practitioner)</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>gives updated order to increase Norco (Hydrocodone-acetaminophen) to QID (4 times a day/every 6 hours). One time order for Tramadol 50 mg now related to pain prior to appointment."</p> <p>On 8/13/2024 at 4:00 PM, V2 (Director of Nursing) stated "I know R2 ran out of pain medications on Sunday 8/11/2024 and just gave him Tylenol for his back pain." V2 stated R2 has chronic back pain and hurts most of the time. V2 stated R2 was on pain medications 3 times a day and V2 got orders to increase the frequency to 4 times a day which is every 6 hours to help with the increased pain since the fall.</p> <p>On 8/20/2024 at 8:33 PM, V28 (Licensed Practical Nurse) was asked if she had to get medications out of the Stat Safe Machine (emergency medication kit) for R2, she stated she has had to get his pain medications out of there but there was a time recently when there were no more Hydrocodone-acetaminophen 5-325 mg in the Stat Safe Machine so there were none available to administer to R2. V28 stated R2 had bad back pain and as of recently the pain medications kept getting increased to help control the pain as the pain was bad.</p> <p>On 8/20/24 at 10:14 AM, V14 (Nurse Practitioner) said she was called about increase pain so she increased R2's pain medications. V14 was asked if she was aware R2 went without pain medications at times and she stated "I know they do run out of medications but they know they should always notify me or the on call (physician) because we will always give orders for available medications from the emergency kit, even though it may not be exactly what was ordered originally but we can substitute until the original medications is delivered." V14 stated "Nobody</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>should go without medications, there is a ton of options in the emergency kits." V14 stated she had met with R2's family member in late July and they discussed how R2's pain was getting worse and they had even discussed palliative care in the future. V14 stated R2's family member is very realistic and stated "(R2) is miserable with his pain." V14 stated R2 was also kind of hit and miss with his dialysis as well and some of it has to do with his pain." V14 stated "R2 didn't always want to participate in therapy or get up." V14 aid R2 wanted to stay on his side with his knees bent up for comfort. That was his position that helped with the pain. V14 stated that it is very sad because R2 was such a kind man and he was very alert and oriented.</p> <p>The facility policy titled "Pain Management Policy" with revision date of 3/3/2022 documents "The facility is dedicated to the philosophy that all residents should be as free of pain as possible, through a combination of medical intervention and functional therapy. Purpose: To identify residents experiencing pain to establish control of pain to the resident's satisfaction and to relieve related symptoms ... Procedures: 5. An individualized care plan will be developed and implemented."</p> <p>(B)</p>	S9999		