

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</b>
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Complaint Survey: 2447772/IL178520	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b) 300.1210d)1 300.1210d)2  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 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	S9999		

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

Electronically Signed

TITLE

(X6) DATE

10/15/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</b>
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>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:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on Observation, Interview, and Record Review, the facility failed to administer ordered medications resulting in 1of 1 resident missing multiple doses of intravenous (IV) antibiotics in the sample of 9. This failure resulted in R2 missing multiple doses of IV antibiotics for acute infections prolonging IV antibiotic course.</p> <p>Findings include:</p> <p>R2's Facesheet documents an admission date of 9/12/2024. Diagnosis include Acute and subacute infective endocarditis, Bacteremia, Enterococcus as the cause of diseases, Dementia, Chronic Obstructive Pulmonary Disease.</p> <p>R2's Minimum Data Set, MDS, dated 9/20/2024 documents R2 is severely cognitively impaired. R2 is dependent on staff for mobility and transfers.</p> <p>R2's Care Plan dated 9/12/2024 documents R2's</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</b>
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>daughter chose for R2 to be a Full Code. Full Treatment: Primary goal is attempting to prevent cardiac arrest by using all indicated treatments.</p> <p>R2's order sheet dated 9/13/2024 documents Ampicillin Sodium Injection Solution Reconstituted 2 Gm, use 2000 mg intravenously four times a day related to Infection and Inflammatory reaction due to other Cardiac and Vascular Devices, Implants and Grafts, Sequela.</p> <p>R2's order sheet dated 9/13/2024 documents Ceftriaxone Sodium Injection Solution Reconstituted 2 Gm, use 2 gram intravenously two times a day related to Infection and Inflammatory reaction due to other Cardiac and Vascular Devices, Implants and Grafts, Sequela.</p> <p>R2's progress notes dated 9/15/2024 at 2:33PM documents R2 has pulled out peripherally inserted central catheter, PICC, line. Physician notified and Power of Attorney, POA, is at bed side. R2 has new orders to go to hospital to have PICC line replaced. Hospital notified this nurse there is no one there to put it back in today. POA notified and staff will send R2 out in the morning to have replaced. Physician also notified.</p> <p>R2's progress notes dated 9/15/2024 at 4:15PM document Health Sutures were removed that secure the "wings" of the now dislodged PICC Line to the skin. No bleeding to the I.V. site noted.</p> <p>R2's progress notes dated 9/15/2024 10:12PM document Orders Ampicillin Sodium Injection Solution Reconstituted 2 GM. Use 2000 mg intravenously four times a day related to Infection and Inflammatory Reaction. PICC line dislodged. V2, Director of Nursing, DON, aware.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</b>
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>R2's progress notes dated 9/15/2024 at 10:13PM documents Ceftriaxone Sodium Injection Solution Reconstituted 2 GM. Use 2 gram intravenously two times a day related to Infection and Inflammatory Reaction. PICC line dislodged.</p> <p>R2's progress notes dated 9/16/2024 at 10:32AM documents R2 is being transported to hospital per Physician orders for PICC line replacement. Transferred to recliner chair to stretcher via 3 assists, including EMS and nursing staff.</p> <p>R2's medication administration sheets, MARS, dated 9/1/2024-9/30/2024 document Ceftriaxone Sodium Intravenous Solution Reconstituted 2 Grams. Use 2000 milligrams, mg, intravenously every 12 hours for antibiotic. Start date on 9/13/2024 at 8:00AM. MARS document Ceftriaxone Sodium not administered on 9/15/2024 evening dose due to #9, other /see progress notes. Ceftriaxone Sodium not administered on 9/16/2024 due to #6 hospitalized. R2's MARS dated 9/25/2024 6:00PM has no signature that Ceftriaxone Sodium was administered.</p> <p>R2's medication administration sheets, MARS, dated 9/1/2024-9/30/2024 document Ampicillin Sodium Injection Solution Reconstituted 2 grams (Ampicillin Sodium). Use 2000mg intravenously four times a day related to Infection and Inflammatory Reaction. Start date on 9/13/2024 at 8:00AM. MARS document Ampicillin Sodium not administered on 9/15/2024 at 12:00PM and at HS, hours of sleep due to #9, other /see progress notes. R2's MARS dated 9/16/2024 at AM have no documentation of Ampicillin Sodium given. R2's MARS dated 9/25/2024 at 12:00PM and 6:00PM have no documentation that Ampicillin Sodium administered.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</b>
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>R2's progress notes dated 9/16/2024 at 9:57AM document R2's wife called inquiring if R2 was sent out to hospital. Writer informed spouse that R2 was still at facility and waiting for ambulance to arrive. Writer called Emergency Medical Services, EMS, again and operator stated EMS would arrive in 30 minutes.</p> <p>On 10/1/2024 V8, R2's Power of Attorney, POA, stated "My Dad had a blood infection and if he didn't get the antibiotics he would die. There were times I was in the room and no nurse came in and gave him his antibiotics. When his PICC line was out he missed several doses of his antibiotics. They did not care. They just said no one is able to reinsert the PICC line."</p> <p>On 10/1/2024 at 4:00PM V1, Administrator, stated R2 pulled out his PICC line on 9/15/2024. He then missed some doses of the antibiotic. We called the hospital and there was no one to reinsert the PICC line until 9/16/2024. That is the procedure if a resident's PICC line becomes dislodged, they are sent to the hospital for it to be reinserted. Then the hospital kept him for several days and transferred him to another hospital. We would not have taken R2 as a resident if we had known he had to get antibiotics every 6 hours.</p> <p>On 10/1/2024 at 8:30AM V2, Director of Nursing, DON, stated R2 pulled his PICC line out. He had to be sent out to the hospital to get it reinserted. We don't have many RN's, Registered Nurses, to give IV meds so it is usually me who gives them.</p> <p>On 10/1/2024 at 3:35PM V7 Pharmacist stated "Whether or not the medication error is significant depends on the status of the resident. Intravenous antibiotics are a big deal and missing</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001317</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN MEADOWS OF CAHOKIA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2 ANNABLE COURT</b> <b>CAHOKIA, IL 62206</b>
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>them is a big deal."</p> <p>On 10/3/2024 at 7:50AM V9, Licensed Practical Nurse, LPN, stated I took care of R2 a lot. I am the one who sent him out to the hospital when his PICC line was out. I remember the hospital had no one to put the PICC line back in, so he didn't go out over the weekend.</p> <p>Facility policy updated 1/14/2020 states "Medications will be administered in a safe, efficient, and accurate manner to residents for whom they are prescribed and in accordance with current acceptable nursing practice. Medication must be administered as ordered by the physician."</p> <p>(B)</p>	S9999		