

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014294	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/18/2024
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NAME OF PROVIDER OR SUPPLIER MILLER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BUTTERFIELD TRAIL KANKAKEE, IL 60901
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(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 Annual Certification Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 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 care needs of the resident.	S9999		

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

TITLE

(X6) DATE
08/02/24

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S9999	<p>Continued From page 1</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to manage a resident's pain during bathing and wound care.</p> <p>This applies to 1 of 2 residents (R36) reviewed for pain management in the sample of 19.</p> <p>This failure resulted in R36 crying in pain during bed bath, wound treatment, and repositioning.</p> <p>Findings include:</p> <p>According to the face sheet R36 was admitted to facility on April 2, 2024, with multiple diagnoses including diabetes mellitus with neuropathic arthropathy, pressure ulcers, morbid obesity and end stage renal disease with dependence on renal dialysis. R36's MDS dated July 9, 2024, shows resident has moderately impaired cognition, and is totally dependent on staff to complete most ADLs (Activities of Daily Living).</p> <p>On July 16, 2024, at 1:08 PM, V7 and V8 (Certified Nursing Assistants, CNAs) gave R36 a bed bath. R36 complained of pain, flinched, and grimaced throughout process. During perineal care R36 cried out multiple times during cleaning of abdominal folds. These areas were visibly reddened and tender. While cleaning R36's right foot, V8 noticed right toes were reddened and extremely tender, R36 flinched and cried as V8 attempted to clean between toes. An object was removed from between toes during process. R36 was not offered pain medications at any time during bathing process nor was the bathing process stopped. V8 was then prompted to stop manipulating R36's toes.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>On July 16, 2024, at 2:09 PM, V9 (wound care nurse) entered R36's room and started wound dressing preparation. V9 began the treatment process for multiple pressure ulcers. V8 notified V9 that R36 had issues with pain throughout bed bath and that there was a wound or injury to right foot. V9 continued with treatment. V9 applied dressings to pressure wounds, during which R36 continued to complain of pain during treatment and repositioning. V9 began to inspect R36's right foot, R36 complained and cried in pain during V9's initial examination. V9 then moved to obtain saline and gauze pads. V9 then stated she was going clean and examine R36's right foot and toes, at that point V9 was prompted to discontinue procedure until the assigned nurse was notified and R36 was assessed for pain and pain medication was administered.</p> <p>R36's Medication Administration Record (MAR) dated July 2024 shows the following physician's orders for pain medications:</p> <ol style="list-style-type: none"> 1. Two tablets of acetaminophen 325 mg available every 6 hours and, 2. One tablet of Tramadol HCL 25 mg available every 12 hours for right leg pain. The most recently recorded administration of Tramadol was May 18, 2024 (prior to the incident mentioned above). <p>On July 17, 2024, at 10:51 AM, V2 (Director of Nursing) stated that if staff becomes aware of resident being in pain, then staff should immediately notify the assigned nurse to have resident evaluated or have pain medication administered. Also, that if a procedure is causing resident pain, then that procedure should be paused until pain is relieved either by</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>non-pharmacological methods or available pain medication because resident should not be in unnecessary pain.</p> <p>On July 17, 2024, at 12:59 PM, V21 (Nurse Practitioner) stated he was not aware of R36 having any pain during ADLs and wound treatment.</p> <p>Facility pain management policy dated July 2024 shows " A. Each individual with pain, whether it be acute or chronic, has the right to obtain optimal pain relief ..."</p> <p>(B)</p>	S9999		