

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GOLDWATER CARE BLOOMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST WALNUT BLOOMINGTON, IL 61701</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 Investigation 2465131/IL175008	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1630d)  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 300.1630 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.  These requirements are not met as evidence by:  Based on observation, interview, and record review the facility failed to ensure narcotic pain medication was obtained to be given as ordered	S9999		

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

Electronically Signed

TITLE

(X6) DATE

07/26/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GOLDWATER CARE BLOOMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST WALNUT BLOOMINGTON, IL 61701</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>resulting in R5 experiencing uncontrolled pain for 24 hours. The facility also failed to timely administer requested pain pain medication for one (R5) of five residents reviewed for medications in the sample list of 11.</p> <p>Findings include:</p> <p>On 7/2/24 at 12:06 PM R5 was sitting in a wheelchair in R5's room, and R5's left leg was in a cast. R5 stated R5 is waiting for requested pain medication that R5 had reported to V3 Certified Nursing Assistant (CNA) about 30 minutes ago. R5 stated R5 fractured R5's left ankle in two places prior to admitting to the facility. R5 stated at first the facility was not managing R5's pain, since the hospital hadn't sent prescriptions for pain medications R5 went an entire day without the ordered pain medication. R5 stated R5's leg hurt so bad that day that R5 was crying, and R5 rated the pain a "10" on a 0-10 scale.</p> <p>R5's ongoing Diagnoses List includes a diagnosis of displaced bimalleolar fracture of the left lower leg, subsequent encounter for closed fracture with routine healing. R5's Admission Minimum Data Set dated 6/21/24 documents R5 is cognitively intact and during the last five days R5 had constant pain rated a 9 on a 0-10 scale that frequently affected sleep, therapy participation, and daily activities. R5's Care Plan dated 6/28/24 documents R6 has a fracture related to Osteoporosis and includes an intervention to administer pain medication as ordered.</p> <p>R5's Order Summary Report dated 6/18/24 includes orders for Norco (narcotic pain medication) 5-325 milligrams (mg) give one tablet by mouth every 6 hours as needed (PRN) for left ankle fracture, Acetaminophen Extra</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GOLDWATER CARE BLOOMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST WALNUT BLOOMINGTON, IL 61701</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>Strength Oral Tablet give 500 mg by mouth every 4 hours PRN for pain, and Tramadol Hydrochloride (narcotic pain medication) give 50 mg every 8 hours PRN for pain.</p> <p>R5's Pain Assessment dated 6/18/24 at 11:24 PM documents R5 has left ankle pain related to recent fracture/surgery, rated as "very severe" "almost constantly" which "almost constantly" affects sleep and daily activities.</p> <p>R5's June 2024 Medication Administration Record (MAR) does not document between 6/18/24 and 6/19/24 R5 received any scheduled pain medication, or any PRN pain medication was administered other than Acetaminophen on 6/19/24 at 12:22 PM and Norco on 6/19/24 at 4:26 PM (almost 24 hours after R5's admission.) This MAR documents on 6/19/24 R5's pain was rated "6" at 12:00 AM, "7" at 6:00 AM, "Not Applicable" at 12:00 PM, "9" at 12:22 PM when PRN Acetaminophen was administered, "10" when PRN Norco was given at 4:26 PM, and "0" at 6:00 PM. This MAR documents Norco was given on 6/19/24 at 9:40 PM with pain rated "8"; 6/20/24 at 3:40 AM for pain rated "6" and at 10:40 AM for pain rated "5". R5's July 2024 MAR documents PRN Tramadol 100 mg was given on 7/2/24 at 12:57 PM (over an hour after R5's request) for pain rated "5".</p> <p>R5's Nursing Notes document the following: On 6/18/24 at 4:48 PM R5 admitted to the facility with left ankle pain. On 6/18/24 at 11:12 PM R5 had left ankle pain and R5 receives scheduled pain medication which is effective in managing R5's pain. On 6/20/2024 at 1:01 PM documents the following: R5's family called to discuss R5's pain medications and that Norco is ineffective. R5 was sent with unsigned prescriptions for pain</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GOLDWATER CARE BLOOMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST WALNUT BLOOMINGTON, IL 61701</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>medication from the hospital that were forwarded yesterday to the Nurse Practitioner for review. On 6/20/24 the electronically signed prescriptions were located in the bin containing electronic facsimiles (fax) and Oxycodone (narcotic) and Tramadol were ordered from pharmacy.</p> <p>There is no documentation in R5's medical record that attempts were made to notify the physician and obtain R5's ordered narcotic pain medication prior to 6/19/24.</p> <p>On 7/2/24 at 12:38 PM V4 MDS Coordinator stated R5 admitted late afternoon from the hospital and R5's narcotic prescriptions were not signed by a physician. V4 stated there wasn't a practitioner in the building to sign the prescriptions. V4 stated the facility has a medical group on call to contact to request prescription signatures and V4 was the nurse manager on call the day R5 admitted, V4 would have instructed the nurse to contact the medical group to sign R5's prescriptions. V4 confirmed attempts were not made to obtain R5's Norco until 6/19/24, and Tramadol and Oxycodone on 6/2024. V4 stated "(R5's) pain increased unfortunately since we couldn't back track (change what happened)."</p> <p>On 7/2/24 at 12:47 PM (45 minutes after R5's interview) V5 LPN stated V3 CNA reported earlier that R5 requested pain medication. V5 stated V5 has been busy with a new admission and hospital transfer and V5 forgot to administer R5's pain medication.</p> <p>On 7/2/24 at 1:58 PM V6 CNA stated R5 was in a lot of pain the night R5 admitted to the facility. V6 stated R5 called to request pain medication, R5 was in a lot of pain, and the nurse didn't have the pain medication because it hadn't been delivered.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GOLDWATER CARE BLOOMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST WALNUT BLOOMINGTON, IL 61701</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>V6 stated R5 did not get out of bed that evening, we tried ice packs, and R5 required assistance of two staff for bed mobility due to the amount of pain R5 was in. V6 stated R5 had facial expressions of pain and tears in R5's eyes.</p> <p>On 7/2/24 at 2:35 PM V2 Director of Nursing stated the hospital is suppose to send prescriptions electronically signed which are sent to pharmacy and then pharmacy will dispense the medication. V2 stated the nurses should look at the hospital discharge orders and enter the orders onto the order list that is sent to pharmacy, and then the pharmacy is suppose to reach out to the facility to notify us if they don't have a signed prescription. V2 stated the nurse is then responsible for notifying the physician to obtain the signed prescription, the facility has a Nurse Practitioner who rounds daily who is available to sign prescriptions, and "that should not have happened" (referring to R5's lack of pain medication). On 7/3/24 at 9:18 AM V2 stated V2 expects the nurses to administer pain medication as soon as possible when requested, and it "should be a priority".</p> <p>On 7/2/24 at 2:45 PM V8 Pharmacist stated R5's Norco prescription was faxed to the pharmacy on 6/19/24 at 2:37 PM and two tablets were pulled from the backup medication supply. V8 stated R5's Norco was not previously obtained from the backup medication supply due to the pharmacy not having a valid signed prescription for the medication. V8 stated on 6/18/24 at 6:10 PM the facility faxed electronic prescriptions to the pharmacy for R5's narcotic pain medications that were not signed by a physician. V8 stated V8 notified R5's physician's office at 9:19 AM on 6/19/24 to request signed prescriptions for R5's Norco, Oxycodone, and Tramadol orders, and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GOLDWATER CARE BLOOMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST WALNUT BLOOMINGTON, IL 61701</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>had not gotten a response by 12:26 PM so V8 contacted the office again and was informed the physician would be rounding at the facility that day. V8 stated the pharmacy received R5's Oxycodone and Tramadol signed prescriptions on 6/19/24 at 4:42 PM and the medications were dispensed on 6/20/24 since the fax was received after 4:00 PM. V8 stated the medications can be delivered the same day if the facility calls to request it and the facility can contact the after hours pharmacy to obtain medications. V8 stated neither Tramadol or Oxycodone were pulled from the backup medication supply. V8 confirmed there is no documentation that the facility contacted the after hours pharmacy to obtain R8's Oxycodone or Tramadol.</p> <p>On 7/3/24 at 9:39 AM V9 Nurse Practitioner was asked what are the potential consequences for R5 going without pain medication for 24 hours. V9 stated besides discomfort, it could cause increased heart rate and blood pressure. V9 stated it is more so unfortunate for (R5) to experience the pain when going 24 hours without pain medication, and the pharmacy doesn't always send medications quickly. V9 stated R5's pain is effectively managed now with Tramadol and scheduled Acetaminophen and the first few days R5 was using pain medication quite frequent, which was probably due to R5 trying to catch up on the pain.</p> <p>The facility's backup medication supply list includes Norco 5-325 mg and Tramadol 50 mg.</p> <p>The facility provided pharmacy policy titled Controlled Substance Prescriptions, dated 2018, documents a signed written prescription must be obtained in order to dispense controlled medications. The facility provided pharmacy</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6004261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/03/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>GOLDWATER CARE BLOOMINGTON</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>700 EAST WALNUT BLOOMINGTON, IL 61701</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 6</p> <p>policy titled Emergency Pharmacy &amp; Emergency Kits, dated 2018, documents the emergency pharmacy is available 24 hours per day for emergency needs through the emergency medication supply or by special order from the pharmacy. Once orders are verified and prescriptions are verified for controlled medications, the nurse can remove the required medication from the emergency supply and if the medication is not available in this supply the nurse should contact the after hours emergency pharmacy if necessary.</p> <p>The facility's Pain Assessment policy dated 7/6/18 documents medications will be administered when requested, assess pain control effectiveness when PRN medication is administered and during medication administration, and notify the physician when there is inadequate pain control. This policy documents pain interventions will be balanced with adequate response in order to provide comfort, maintain functional status, and in accordance with the resident's wishes and plan of care.</p> <p>(B)</p>	S9999		