## Statement of Deficiencies and Plan of Correction

**A. Building:**

**B. Wing:**

**C. Date Survey Completed:**

**Provider/Supplier/CLIA Identification Number:** IL6005847

**Name of Provider or Supplier:** ASTA CARE CENTER OF ELGIN

**Street Address, City, State, Zip Code:** 134 NORTH MCLEAN BOULEVARD, ELGIN, IL 60121

### Summary Statement of Deficiencies

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**Statement of Licensure Violations:**

- 300.1210b)
- 300.1210d(1)
- 300.1210d(2)
- 300.1210d(3)
- 300.3240a)

### 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.

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.

2. All treatments and procedures shall be administered as ordered by the physician.

3. Objective observations of changes in a resident's condition, including mental and
A. BUILDING: ____________________________

B. WING ____________________________

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER
ASTA CARE CENTER OF ELGIN

STREET ADDRESS, CITY, STATE, ZIP CODE
134 NORTH MCLEAN BOULEVARD
ELGIN, IL  60121

ICARE CENTER OF ELGIN 134 NORTH MCLEAN BOULEVARD ELGIN, IL  60121

IDENTIFICATION NUMBER: IL6005847

DATE SURVEY COMPLETED 01/31/2014

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

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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.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or
agent of a facility shall not abuse or neglect a
resident. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

Based on observation, record review and
interview the facility failed to provide pain
medication as scheduled and failed to document
pain characteristics, for one resident (R2)
reviewed for pain. These failures resulted in R2's
pain levels not being controlled.

Findings include:

R2 has diagnoses that include Malignant
Neoplasm of Liver, Depression, Alcoholic
Cirrhosis of the Liver, Chronic Hepatitis without
Mention Hepatic Coma and Anxiety State. R2 is
on hospice and has physician orders for
Methadone 20 mg three times daily (TID) at 7
AM, 3 PM, 11 PM and Morphine 30 mg one tablet
(tab) every two hours as needed (prn) for pain
rated at 1-5 on pain scale and Morphine 30 mg
two tabs every two hours prn for pain rated at
Continued From page 2

6-10 on pain scale.

During interview on 1/28/2014 at 11:45 AM, R2 stated that the nursing staff does not give him his scheduled Methadone on time which allows his pain levels to increase. R2 stated that he can take Morphine as needed (prn) for break through pain, but it doesn't take away the pain; it only makes him sleepy. R2 stated that E6 (nurse) always gives his Methadone late, sometimes 1 hour to 1 1/2 hours late and his pain gets worse. When R2 asks E6 to give him his Methadone on time, E6 gets mad, but then the pain gets so bad that the Morphine won't work. During the interview R2 was observed to occasionally grimace, grunt or hold his left side as if in pain.

R2 stated that he has spoken to the hospice nurse about not getting his pain medication as scheduled and last night he received his Methadone at 1:45 AM.

R2's Medication Administration Record (MAR) for January 22, 2014-January 28, 2014 documents the Methadone as being given as ordered. Nurses do not describe the location and characteristic of R2's pain in nurses notes or on the MAR.

On 1/28/14 at 1:15 PM, E4 (nurse) verbally assessed R2 as having lots of pain and denied knowledge of issues with R2's pain medications stating that he is on a schedule for the Methadone and there had not been a problem to his knowledge. E4 received education from Z3 (Hospice Nurse) about chronic pain and medication and since then has no problem administering the prescribed medication.

When interviewed 1/28/14 at 1:50 PM, Z1 (family)
(X4) ID
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SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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stated the same information as R2 regarding his not receiving his Methadone at the ordered times and stated that E6 doesn't give R2 his Methadone on time and yells at him for asking. Z1 stated that she had spoken to E2 (Director of Nurses) and nursing staff during the care plan meeting on 1/15/2014.

On 1/28/14 at 2:20 PM, E6 denied the allegation and stated that he gives R2 his pain medication as scheduled and the prns when he asks; that R2 often doesn't look as if he's in pain and goes outside to smoke cigarettes.

On 1/28/14 at 4:50 PM, E2 denied any knowledge of E6 not administering R2 his pain medication as ordered and of R2 not receiving his scheduled Methadone as ordered and stated that she has not inserviced staff about hospice and narcotic administration; that she is waiting for the hospice staff to do so.

On 1/29/14 at 12:55 PM, Z3 (nurse) stated that the hospice has experienced an ongoing problem with the facility giving R2 his scheduled pain medication on time; he isn't receiving the meds as he should be. He gets the medication late which allows the pain to get out of control, but the facility staff refuses to give the pain medications even though she has done lots of teaching with the staff regarding pain medication and chronic pain and end of life. The facility staff's response is that he doesn't look or act like he's in pain.

Z3 continued on to say that she has tried to explain to staff that it doesn't mean that he's not in pain and R2 doesn't have a good quality of life unless his pain is under control. R2 has increased pain at night and gets more pain relief and is more alert with the Methadone, is more proactive.
with his care after the Methadone. His increasing ascites makes him uncomfortable and in pain.

As stated by Z3, R2 and Z1 have called her several times regarding his not receiving his Methadone as scheduled because staff gives it late, especially E6. Z3 has spoken in depth with E2 who said that she would address the problem, but nothing has been done as of yet and Z3 met with the facility on 1/15/14 during R2's care plan conference and explained the issue with staff at that time also. Z3 stated that because of a lack of effectiveness when the Methadone was to be given TID, today, 1/29/14, R2's Methadone was increased to four times a day (every 6 hours) which will hopefully keep him more pain free.

On 1/29/14 at 3:40 PM, Z7 (hospice nurse) also stated that she had been having an ongoing problem with the facility not giving R2 his medication for pain on time. Both R2 and his wife have called her several times about his not receiving his pain meds on time; the other night R2 called her at 2:00 AM to tell her that he hadn't received his Methadone until 1:30-1:45 AM. Z7 stated that she's spoken to the nurses several times, but they say that he doesn't look like he's in pain and the hospice staff has told them that since pain is subjective, it doesn't mean that he's not in pain. "I've explained to them that his smoking may be a technique he uses to distract himself from his pain. Its very frustrating that the facility doesn't medicate him on time".

Z7 continued on to say that as a result of his pain levels, R2's Methadone has been increased to four times daily as of today and he'll receive it every 6 hours and hopefully be more pain free. The Methadone was increased because of the lack of effectiveness when given three times daily.
### ASTA CARE CENTER OF ELGIN

**Street Address, City, State, Zip Code**
134 North McLean Boulevard
Elgin, IL 60121

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<td>Continued From page 5 and his not receiving it as scheduled. &quot;Hopefully every 6 hours will keep him covered better&quot;. R2 had a discontinued physician's order for Methadone 10 mg twice daily from 1/10/14 at 11 PM until changed on 1/22/14. R2's current physician's order is for Methadone 20 mg TID at 7 AM, 3 PM, 11 PM. The medication is signed as given at 11 PM on 1/22/14 and on each shift 1/23/14 through 1/28/14. On 1/29/14 the Methadone was ordered to be increased to every six (6) hours.</td>
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