

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/08/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ROYAL OAKS CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>605 EAST CHURCH STREET, P O BOX 600 KEWANEE, IL 61443</b>
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S9999	<p>Final Observations</p> <p><b>STATEMENT OF LICENSURE VIOLATIONS</b></p> <p>300.610a) 300.1210b) 300.3220f) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p>	S9999		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>THESE REGULATIONS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on observation, interview and record review, the facility failed to provide medication as ordered for the alleviation of pain for one resident (R1) of 24 in the sample. This failure resulted in pain and extreme discomfort to R1 during a wound treatment performed by nursing staff.</p> <p>Findings include:</p> <p>The facility Pain Prevention &amp; Treatment Policy, Revised 6/25/14, documents "Pain Management - the assessment of pain and if appropriate, treatment in order to assure the needs of residents who experience problems with pain are met". The facility Procedure documents "Assessment of pain will be completed with changes in the resident's condition, self reporting of pain or evidence of behavioral cues indicative of the presence of pain and documented in the nurses notes or on the Pain Management Flow Sheet. This will include, but is not limited to, date, rating, treatment intervention and resident response. The Pain Management Flow Sheet will be initiated for those residents with but not limited to: routine pain medication, daily pain, diagnosis that may anticipate pain (i.e arthritis, wounds, fractures, etc.).</p> <p>R1's Physician's Order Sheet dated 07/31/14 shows an order for Fentanyl 100 mcg/hour patch every seventy two hours, Oxycodone IR 5 milligrams every two hours as needed for pain, and Tylenol 650 milligrams every four hours as needed for pain.</p> <p>On 08/06/14 at 9:10 A.M, R1 yelled out and</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>resisted during turning and removal of a dressing to the buttock. E9 LPN/Licensed Practical Nurse stated "(R1) hates the treatments". R1 kicked continually, and pushed against the side rail and E13 CNA/Certified Nursing Assistant and E14 CNA. E13 and E14 spoke soothingly, and R1 quieted and quit kicking, until E9 began cleansing the open area on the buttock. E9 stated "(R1) really hates it when it gets packed" E9 began packing wound as ordered and R1 began yelling and kicking.</p> <p>On 08/06/14 at 2:00 P.M., E9 stated "It only hurts during the treatment, then R1 is fine. I don't usually premedicate (R1) because I don't want to overmedicate (R1)." "(R1) is fine after the treatment is done." "(R1) has a Fentanyl patch on."</p> <p>E2 ( DON/Director of Nursing) stated on 08/06/14 at 1:50 P.M. that the expectation is if a resident is experiencing pain during any treatment that the nurse would stop the treatment and assess the need for any medications, or doing the treatment at a different time.</p> <p>R1's Medication Administration Record, dated July 2014, indicates Fentanyl 100 mcg/hour was "not available" on 08/05/14 at the time R1's dose was due. Fentanyl 100 mcg/hour patch was not applied until 08/06/14 "around" 8:00P.M. by E8 (LPN).</p> <p>E2 DON stated on 8/6/14 at 1:50 PM that E2's expectation would be that (E2) be called if a medication is not available so (E2) can initiate a purchase order for pharmacy to send the pain medication. E2 also stated this "was not done in this case."</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>(B)</p> <p>300.670c)1) 300.670c)2) 300.670c)3)</p> <p>Section 300.670 Disaster Preparedness c) Fire drills shall be held at least quarterly for each shift of facility personnel. Disaster drills for other than fire shall be held twice annually for each shift of facility personnel. Drills shall be held under varied conditions to:</p> <ol style="list-style-type: none"> <li>1) Ensure that all personnel on all shifts are trained to perform assigned tasks;</li> <li>2) Ensure that all personnel on all shifts are familiar with the use of the fire-fighting equipment in the facility; and</li> <li>3) Evaluate the effectiveness of disaster plans and procedures.</li> </ol> <p>This REQUIREMENT was not met, as evidenced by: Based on interview and record review, the facility failed to conduct Disaster drills twice annually for each shift. This failure has the potential to affect all 132 residents living in the facility. Findings include: On 8/07/14 at 1:15 PM, E16/ Maintenance supervisor stated the facility only conducted one disaster (Tornado) drill on 3/4/2014. On 8/7/14 at 2:30 PM, E1/ Administrator confirmed that there was only one disaster drill performed since last survey. Facility's policy and procedure for Disaster Preparedness documents, "Disaster drills for other than fire shall be held twice annually for each shift of facility personnel." The Resident Census and Conditions form, 672, completed by facility on 08/05/2014, lists 132 residents living in the facility at the time of the</p>	S9999		
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S9999	<p>Continued From page 4 survey.</p> <p>(AW)</p> <p>300.4090a)1)</p> <p>Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S</p> <p>a) Psychiatric Medical Director</p> <p>1) The facility shall have a consultant for the psychiatric rehabilitation program who is an Illinois licensed physician and is board eligible or board certified in psychiatry from the American Board of Psychiatry and Neurology. The psychiatric medical director is responsible for advising the administrator and the Psychiatric Rehabilitation Services Director on the overall psychiatric management of the program's residents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to have a physician licensed and board eligible or board certified in psychiatry working as psychiatric medical director over the facilities Subpart S unit. The failure has the potential to affect all 30 residents in the wing providing care for residents with serious mental illness (SMI). On 8/7/14 at 10:15 AM, E1/Administrator was unable to provide a written description of the facility's Subpart S program. On 8/7/14 at 10:15 AM, E1/Administrator verified that there was no longer a Psychiatric Medical Director working on the Subpart S program.</p> <p>(AW)</p>	S9999		
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