STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145733	A. BUILDING _____ B. WING _____	C 02/24/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JERSEYVILLE MANOR	**1251 NORTH STATE STREET JERSEYVILLE, IL 62052**

(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) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 309 SS=G	Complaint #1540852/IL75057: F309, F425 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide accurate assessment and timely intervention for a fractured upper arm and failed to properly assess, monitor and ensure medication as ordered is administered to address the pain related to the fracture for 1 of 3 residents (R2) reviewed for injuries of unknown origin in the sample of 6. Findings include: R2's Minimum Data Set (MDS), dated 1/30/15, documents R2 has active diagnosis of Alzheimer's Disease, a Brief Interview of Mental Status (BIMS), score of 3 (severely impaired cognition). R2's Physical Therapy Discharge Summary, dated 2/17/15, documents R2 performs sit to stand transfers and pivot transfers with minimum/moderate assist x 1 or minimal assist x	F 309		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 309	Continued From page 1	F 309		

2.

R2's Care Plan, At Risk for Pain, with target date 4/2/15, documents approaches to include: Assess pain characteristics: date, time, intensity, pain behavior observed or stated by resident. Medication as ordered.

R2's Physician Order Sheet, (POS), dated 2/2015 documents, "Acetaminophen 325 mg (milligrams), 2 tablets, as needed for pain every 4 hours (start date 10/10/13); Morphine concentrate 5 mg oral every 2 hours as needed for pain (start date 2/18/15).

R2's Pain Medication Administration Record (MAR), dated 2/2015, documents R2 did not receive any pain medication on 2/18/15. The MAR did not document R2 was assessed for pain or was offered pain medication on 2/18/15. There is no documentation on R2's pain severity, frequency and periodic monitoring of pain status on 2/18/15.

R2's Nurses Notes dated 2/18/15 at 6:45 AM, documents, "Staff reported (R2) is complaining of severe pain to right arm with movement and touch. (R2) is unaware of injuries. No bruising or swelling noted to area at this time. Pain medication offered and refused multiple times and knocked medication out of nurses hand. "

R2's Nurses Note dated 2/18/15 at 12:29 PM documents, "Spoke with (Z2, Hospice Nurse) in regards to (R2) yelling out in pain of right arm. Nurse stated she would get back with orders for pain medication. No bruising or swelling noted at this time, Refused pain medication when offered. Has refused all medications today. "

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F 309	Continued From page 2	F 309		

R2's Nurses Notes dated 2/18/15 at 5:00 PM, documents, "Received new orders for Morphine Sulfate liquid to be given every 2 hours as needed for pain...(R2) resting comfortably but cries out in pain when right arm is moved...Refused oral meds with evening meal..."

R2's Nurses Notes dated 2/18/15 at 11:30 PM documents, "(R2) has swelling, redness and bruising to RUE (right upper extremity). Screams out when RUE is moved or touched. Morphine has not been delivered yet. Call placed to hospice...new order to have X-ray done to right humerus, right shoulder and right elbow. "

R2's Nurses Notes dated 2/19/15 at 1:00 AM documents, "...X-ray of RUE. results are complete oblique fracture shaft of humerus...notified hospice nurse. New order to send to local ER (Emergency Room). MD (physician) and POA (Power of Attorney) notified. "

R2's Nurses Notes dated 2/19/15 at 4:20 AM documents, "..returned to facility.. right arm immobilized with splint and sling. Received pain medication dilaudid while in hospital. "

R2's X-ray result dated 2/19/15 documents an acute angulated and displaced fracture of the mid right humeral shaft.

On 2/19/15 at 3:30 PM, R2 sat in a geriatric chair with a sling and splint on her right arm.

On 2/23/15 at 9:44 AM, E8, Certified Nursing Aide (CNA), stated that on 2/18/15 day shift she was working in the 200 Hall with E10, CNA. E8 stated

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F 309	Continued From page 3	F 309		

at the start of the shift she entered R2's room and helped E10, CNA, transfer R2 to the wheelchair. E8 stated R2 sat in the wheelchair and started to slide off the wheelchair with both hands positioned behind her holding on to the armrest of the wheelchair. E8 stated she and E10 scooted R2 back in the wheelchair. E8 stated R2 did not fall or hit her right arm. E8 stated R2 was not complaining of pain at the time.

On 2/23/15 at 10:17 AM, E5, Licensed Practical Nurse (LPN), stated on 2/18/15, E10 reported R2 complained of severe pain on the right arm when E10 was getting her dressed. E5 stated she assessed R2's right arm and barely touched it because R2 hollered when touched but there was no swelling or bruising or deformity noted. E5 stated she offered R2 acetaminophen which was the prn (as needed) medication for pain but R2 spit it out. E5 stated she called Z3, Hospice Nurse, and told her about R2's pain and spitting the pain medication and obtained an order for morphine liquid but it did not come during her shift. E5 stated R2 did not get any pain medication during her shift (6 AM -6 PM) since R2 refused the acetaminophen and the morphine was not available. E5 stated there was no swelling and redness noted and she thought it was just pain. E5 stated she would have given R2 the morphine liquid if she had gotten it because she did not want R2 laying in bed and suffering. E10 stated R2 is not able to ask for pain relief because of her cognitive status.

On 2/24/15 at 9:08 AM, E10 stated she took care of R2 on 2/18/15 day shift. E10 stated she went to provide R2 morning care at 6 AM. E10 stated E8 assisted her to transfer R2 from the bed to her wheelchair. E10 stated R2 sat in the chair but

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F 309	Continued From page 4	F 309		

started sliding off and both scooted R2 back in the chair. E10 stated she noted R2 started screaming in pain when E10 tried to put her right arm into a front zippered hooded sweatshirt. E10 stated she called E5 immediately to check on R2. E10 stated E5 tried to touch R2's right upper arm and R2 screamed in pain. E10 stated she could hear R2 moaning when R2 tried to move in bed or in the wheelchair. E10 stated R2 did not fall and did not hit her right arm that morning.

On 2/24/15 at 10:31 AM, Z3, On-call Hospice Nurse, stated that on 2/18/15 at 2:00 PM she gave an order for morphine concentrate after E5 notified her of R2's right arm pain and R2 spitting the medication.

On 2/24/15 at 8:44 AM, Z2, R2's Hospice Nurse, stated if she received the first call regarding R2's right arm pain she would tell E10 to have an X-ray done on R2's arm considering the severity of the pain. Z2 stated that would be her judgment call.

The facility Policy on Pain Management revised 9/2010 documents, "Policy: The facility is dedicated to the philosophy that all residents should be as free of pain as possible, through a combination of medical intervention and functional therapy. Purpose: To identify residents experiencing pain to establish control of pain to the resident's satisfaction and to relieve related symptoms. Residents will be assessed for pain using the Geriatric Pain Assessment upon admission, quarterly and with any significant change in resident's condition. A standardized 0-10 scale or Verbal Descriptor Scale (VDS) will be utilized to determine pain intensity. Residents will be monitored until pain is resolved or is under control and periodically thereafter. "

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F 425 SS=D	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide ordered pain medication in a timely manner for 1 of 1 resident (R2) in acute severe pain secondary to a fractured arm in the sample of 6. Findings include: R2's Minimum Data Set (MDS), dated 1/30/15 documents R2 with a Brief Interview of Mental Status (BIMS), score of 3 (severely impaired cognition).	F 425		

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F 425	Continued From page 6	F 425		

R2's Physician Order Sheet (POS), dated 2/2015, documents, "acetaminophen 325 mg (milligrams), 2 tablets, as needed for pain every 4 hours (start date 10/10/13); morphine concentrate 5 mg oral every 2 hours as needed for pain (start date 2/18/15).

R2's Nurses Notes, dated 2/18/15 at 6:45 AM, documents, "Staff reported (R2) is complaining of severe pain to right arm with movement and touch. (R2) is unaware of injuries. No bruising or swelling noted to area at this time. Pain medication offered and refused multiple times and knocked medication out of nurses hand. "

R2's Nurses Note, dated 2/18/15 at 12:29 PM, documents, "Spoke with (Z2, Hospice Nurse) in regards to (R2) yelling out in pain of right arm. Nurse stated she would get back with orders for pain medication. No bruising or swelling noted at this time, Refused pain medication when offered. Has refused all medications today.

R2's Nurses Notes, dated 2/18/15 at 5:00 PM, documents, "Received new orders for Morphine Sulfate liquid to be given every 2 hours as needed for pain...(R2) resting comfortably but cries out in pain when right arm is moved...Refused oral meds with evening meal..."

R2's Nurses Notes, dated 2/18/15 at 11:30 PM, documents, "(R2) has swelling, redness and bruising to RUE (right upper extremity). Screams out when RUE is moved or touched. Morphine has not been delivered yet. Call placed to hospice...new order to have X-ray done to right humerus, right shoulder and right elbow. "

R2's Nurses Notes, dated 2/19/15 at 1:00 AM,

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F 425	Continued From page 7	F 425		

documents, "...X-ray of URE (upper right extremity). results are complete oblique fracture shaft of humerus...notified hospice nurse. New order to send to local ER (Emergency Room). MD (physician) and POA (power of attorney) notified. "

R2's X-ray result, dated 2/19/15, documents an acute angulated and displaced fracture of the mid right humeral shaft.

R2's Pain Medication Administration Record, dated 2/2015, documents R2 did not receive any pain medication on 2/18/15. The MAR did not document R2 was assessed for pain or was offered pain medication on 2/18/15. There is no documentation on R2's pain severity, frequency and periodic monitoring of pain status on 2/18/15.

On 2/23/15 at 10:17 AM, E5, Licensed Practical Nurse (LPN), stated on 2/18/15 staff reported R2 complained of severe pain on right arm when moved or touched. E5 stated she offered R2 acetaminophen which was the prn (as needed) medication for pain but R2 refused. E5 stated she obtained an order for morphine from hospice but it did not come during her shift. E5 stated R2 did not get any pain medication during her shift (6 AM -6 PM) since she refused the acetaminophen and the morphine was not available.

On 2/24/15 at 10:45 AM, E3, Director of Nurses, stated the medication morphine concentrate was delivered on 2/18/15 in the afternoon but it was placed in a different cart. E3 stated R2 received her first dose of morphine on 2/19/15 at 9:30 AM.

R2's Controlled Substance Record for Morphine Sulfate concentrate dated 2/19/15 documents R2

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F 425	Continued From page 8 received the first dose on 2/19/15 at 9:30 AM.	F 425		