

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005979</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>10/21/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>FRIENDSHIP SKILLED NSG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>826 NORTH HIGH CARLINVILLE, IL 62626</b>
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S9999	<p>Final Observations</p> <p>STATEMENT OF LICENSURE VIOLATIONS:</p> <p>300.610a) 300.1010h) 300.1210b) 300.3240a)</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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</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> <p>THESE REQUIREMENTS ARE NOT MET AS EVIDENCED BY: Based on record review and interview the facility failed to timely assess, monitor, identify risk factors and treat to prevent potential dehydration for 1 of 4 residents (R5) reviewed for hydration in the sample of 9. This resulted in R5 being sent to the hospital with a diagnosis of Acute Renal Insufficiency, Hypovolemic Shock, Hyperkalemia, Urosepsis and Septic shock.</p> <p>FINDINGS R5's Physician Order Sheet, dated 7/12/14 to 10/12/14, documented under Active Diagnosis, included: Diabetes, Hypertension, Cerebral Artery Occlusion with cerebral infarct and Urinary Tract infection.</p> <p>R5's Nurse's Note, dated 10/11/18 at 8:30 AM documented R5 left the dining room due to complaints of not feeling well. The Nurse's Note documented R5 had one bout of diarrhea with</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>emesis noted. The Nurse's Note documented R5's vital signs as : Blood Pressure,100/52; Pulse,56; Respirations,16 and Temperature 97.2 degrees Fahrenheit. The Nurse's Note documented at 9:30 AM, E7 Licensed Practical Nurse (LPN) notified Z2, Physician Assistant (PA) on call for R5's Doctor, of R5's complaints and made him aware R5 received the flu shot on 10/10/14. Nurses notes documented Z2 advised E7 to monitor R5 at this time.</p> <p>R5's Fluid Intake record for 10/11/14 documented R5 had no fluids for breakfast, 480 cubic centimeters (cc) fluids for lunch and no fluids for dinner. There was no other documentation in R5's Medical Record recording R5 had consumed any other fluids that day.</p> <p>On 10/12/14, R5's fluid intake record documented R5 had 120 cc fluid for breakfast and 120 cc fluid intake for lunch. The was no other documentation in R5's Medical Record recording R5 had consumed any other fluids this day.</p> <p>R5's Nurse's Notes, dated 10/12/14 at 5:15 PM, documented Z1, Power of Attorney (POA) wants R5 to go to local hospital related to lethargic and cold symptoms. Nurse's notes on 10/12/14 at 5:20 PM, documented R5 went with family to hospital in family's car.</p> <p>The local Emergency Room lab reports dated 10/12/2014 documented R5's urinalysis results as: color dark yellow, clarity cloudy, leuk (leukocytes) 3+,nitrate positive, protein 3+, ketones trace, blood trace, bacteria 4+. Complete Blood Count documented White Blood Cells 19.3,Hemoglobin 8.7, Hematocrit 31.0. Complete Metabolic Panel documented a Blood Urea Nitrogen (BUN) 67, Creatinine 4.0, Potassium</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>6.0. The Emergency Departments Physician Impression documented Acute Renal Insufficiency, Hypovolemic Shock, Hyperkalemia, Urosepsis and Septic shock. Hypovolemic Shock is defined as " a medical or surgical condition in which rapid fluids loss results in multiple organ failure due to inadequate circulating volume and subsequent inadequate perfusion.( emedicine.medscape.com, Copyright 1994-2014 by Web MD LLC)".</p> <p>R5's Nurse's Notes on 10/12/14 at 9:05 PM, documented, the local Emergency Department sent R5 to another Hospital for Renal Failure, Septic Shock and Hypovolemia.</p> <p>On 10/16/14 at 2:00 PM, E5 Certified Nurse Assistant (CNA) who was assigned to care for R5 on 10/11/14 and 10/12/14 on the 6-2 shift, was interviewed regarding how many times did R5 have an emesis on E5's shift. E5 said, "On Saturday, I would say she vomited three times and had diarrhea four times. E5 said R5's diarrhea was very watery." E5 said on Sunday R5 had vomited two times and had diarrhea three times.</p> <p>On 10/16/14 at 2:10 PM, E6 CNA, who was assigned to care for R5 on the 2-10 PM shift, was interviewed regarding how many times R5 had emesis and diarrhea on E6's shift. E6 said R5 had no vomiting and one bout of diarrhea on 10/11/14. On 10/12/14, E6 said R5 complained of nausea a couple of times before she went to the hospital. E6 said on Saturday R5 was very alert and talking but on Sunday she just wanted to sleep. E6 said R5's Husband had been visiting on Sunday and told E6 he was going home to call the boys because he said R5 was not doing well and he had told E6 that R5 had been talking out</p>	S9999		
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S9999	<p>Continued From page 4 of her head.</p> <p>On 10/15/14 at 2:30 PM, E4 LPN, was interviewed and asked if he was the nurse caring for R5 on 10/11/14 and 10/12/14, E4 said yes. E4 was asked to describe R5's symptoms. E4 said R5 had "cold symptoms, when asked to describe the cold symptoms E4 said, generalized weakness, emesis and diarrhea." E4 said, R5 "received the flu shot on Friday (10/10/14) and thought R5's symptoms were related to that." E4 was asked if R5's intake and output was being monitored and E4 said "No, but I am sure she had at least a liter of fluids in on Saturday." E4 was asked if he had notified Z2 on 10/11/14 or 10/12/14 that R5's symptoms were ongoing, E4 said "No". E4 was asked if he had notified Z2 that R5's family said R5 was not doing well and took her to the local Emergency Department in their own vehicle. E4 said "No, I did not let the PA know."</p> <p>On 10/16/14 at 3:00 PM, E11, Regional Clinical Director, said "I would expect staff to measure both intake and output for residents who develop symptoms of emesis and diarrhea."</p> <p>On 10/16/14 at 4:00 PM, Z2 was asked if he had been notified except on Saturday (10/11/14) at 9:30 AM, by staff that R5's condition had not improved or that R5's family had taken her to the local Emergency room on Sunday (10/12/14). Z2 said "No, the only phone call he received about R5 was on Saturday morning."</p> <p>The facilities Policy on Intake and Output documented under Basic Responsibility: Nursing Staff. Under Policy: "It is the policy of this facility to monitor intake and output and accurately document when it is determined that monitoring is</p>	S9999		
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S9999	Continued From page 5  necessary to evaluate hydration status, compliance with fluid restrictions, or to assist in the assessing and managing fluid needs."  (B)	S9999		

FAC. NAME: FRIENDSHIP SKILLED NSG & REHAB  
LIC. ID #: 0042846  
DATE COMPLAINT RECEIVED: 10/14/14 02:00:00

COMPLAINT #: 0072593

IDPH Code	Allegation Summary	Determination
104	NEGLECT	2
105	IMPROPER NURSING CARE	1
409	POLICY AND PROCEDURES	1

The facility has committed violations as indicated in the attached\*  
 No Violation

\*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.