

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145029	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/26/2025
NAME OF PROVIDER OR SUPPLIER  Villa Franciscan		STREET ADDRESS, CITY, STATE, ZIP CODE  210 North Springfield Avenue Joliet, IL 60435	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40085</b></p> <p>Based on interview and record review the facility failed to adequately assess, administer medications, and notify the physician for a resident who had not had a bowel movement in over 3 days on several occasions. This failure contributed to (R1) developing a fecal impaction, pain and inflammation in her colon. This applies to 1 of 3 residents (R1) reviewed for quality of care in the sample of 7.</p> <p>The findings include:</p> <p>R1's face sheet shows she was admitted to the facility on [DATE] with diagnoses including: Unspecified Dementia, Parkinsonism and Constipation.</p> <p>R1's active Care Plan shows she has a cognitive impairment due to dementia, is incontinent of bowel and bladder, and is at risk for constipation due to impaired mobility. R1's constipation Care Plan initiated on 10/5/22 and revised on 1/5/25 shows that R1 will have one soft formed stool every 2-3 days. Interventions listed in the care plan include assess residents past bowel elimination pattern and document every shift, report negative findings to the physician, assess abdomen for distention, guarding, and bowel sounds at least every shift and administer laxatives/stool softeners and enemas as ordered by the physician.</p> <p>R1's Electronic Treatment Administration Record (ETAR) Electronic Medication Administration Record (EMAR), and Physician Order Summary (POS) show an active order from 6/9/23 that states, Monitor bowel movements (BM's) every shift if no BM in 3 days notify MD.</p> <p>On 2/26/25 at 10:25 AM, R1's bowel elimination tracking for January 2025 was reviewed with V7 (Licensed Practical Nurse). R1 had documented BM's on 1/3/25 and not again until 1/8/25 (5 days in between), 1/13/25 and not again until 1/18/25 (5 days again in between) and next on 1/22/25 (4 days in between).</p> <p>R1's EMAR shows she had PRN (as needed) medication orders for Milk of Magnesia (laxative) to be given daily as needed for constipation, and Miralax Powder (laxative) 17 grams every 12 hours as needed. The EMAR and paper copies of the Medication Administration Summary shows neither of these medications were administered in January 2025 to R1.</p> <p>R1's January 2025 Nursing Progress notes and assessment have no documented abdominal assessment or phone calls to R1's physician to notify and obtain orders for lack of bowel movements longer than 3 days.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  Villa Franciscan		STREET ADDRESS, CITY, STATE, ZIP CODE  210 North Springfield Avenue Joliet, IL 60435	
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F 0684  Level of Harm - Actual harm  Residents Affected - Few	<p>A change in condition note for R1 dated 1/24/25 shows that R1 was sent to a local community hospital for an unrelated medical issue.</p> <p>R1's hospital records show R1 was assessed in the emergency room (ER) on 1/24/25 and admitted to the hospital for an unrelated medical issue. R1's hospital records show a Gastroenterologist consulted for R1 on 1/24/25 and his consultation report shows that a CT scan was performed of R1's abdomen due to abdominal pain and R1 was found to have a distended rectum and an 8-9 cm. (centimeter) area of fecal impaction and Stercoral Proctitis (inflammation of the colon). Hospital records show R1 was started on stool softeners including rectal suppositories and oral laxative medications.</p> <p>On 2/25/25 at 11:22 AM, V7 (LPN) stated if a resident does not have a bowel movement in 3 days, they should assess the resident, administer any PRN medications, and call the doctor.</p> <p>On 2/26/25 at 9:10 AM, V8 (LPN) stated 3 days is the maximum a resident should go without a bowel movement and is she has a resident who has not gone she would document and assess the resident, give PRN medication, and call the doctor. V8 stated the CNAs at the facility are the ones who generally document the bowel movements and if they do not report anyone not having one they have to check the computer and hard copies of BM tracking forms.</p> <p>On 2/26/25 at 1:08 PM, V3 (R1's Physician) stated he does not recall being notified of the gap in R1's bowel movements. V3 stated he cannot do anything about or order medication if no one tells him about it. V3 additionally stated he would expect nurses to utilize PRN medications and do assessments if a resident has not had a bowel movement in 3 days. V3 described Stercoral Proctitis as an inflammation of the colon from a fecal impaction and said signs of an impaction would be pain, abdominal tenderness, or distention. V3 stated if the nursing staff had administered medications or called for orders it is possible R1's fecal impaction could have been avoided.</p> <p>A policy for bowel elimination was requested from the facility on 2/26/25. The policy provided by V2 was titled Urinary Incontinence and did not address bowel movement monitoring.</p>		