

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145416	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/06/2024
NAME OF PROVIDER OR SUPPLIER  Heartland Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  410 Northwest Third Casey, IL 62420	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>37813</p> <p>Based on observation, interview and record review the facility failed to obtain a physician's order for oxygen and maintenance of supplemental oxygen for three residents (R1, R5, R6) of six residents reviewed for oxygen in a sample list of ten residents.</p> <p>Findings Include:</p> <p>1. R5's Care Plan updated 7/24/24 includes the diagnosis: Chronic Respiratory Failure.</p> <p>On 8/5/24 at 10:00AM R5 was observed sitting in his room with oxygen in place at three liters per minute flow per nasal cannula.</p> <p>On 8/5/24 at 10:30AM R5's physician's orders did not document a physician's order for supplemental oxygen.</p> <p>R5's Treatment Administration Record (TAR) for August 1, 2024, to August 31, 2024, does not document a physician's order specifying when oxygen tubing/humidification bottle should be changed.</p> <p>2. R6's Care Plan updated 7/30/24 documents (R6) has an Activities of Daily Living Self Care Performance Deficit: Activity Intolerance, Confusion, Dementia, Shortness of Breath. This Care Plan also documents a diagnosis of Chronic Obstructive Pulmonary Disease.</p> <p>On 8/5/24 at 10:06AM R6 was observed sitting in his room with oxygen in place at three liters per minute flow per nasal cannula.</p> <p>On 8/5/24 at 10:30AM R6's physician's orders did not document a physician's order for supplemental oxygen.</p> <p>R6's Treatment Administration Record (TAR) for August 1, 2024, to August 31, 2024, does not document a physician's order specifying when oxygen tubing/humidification bottle should be changed.</p> <p>3. R1's Care Plan updated 8/1/24 documents Risk for COPD Complication Chronic Obstructive Pulmonary Disease (COPD) Date Initiated: 08/01/2024.</p> <p>R1's Physician's Orders document an order dated 6/27/24 for Oxygen 2-5 Liters per Minute Per Nasal Cannula for comfort/Shortness of breath.</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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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Treatment Administration Record (TAR) for August 1, 2024, to August 31, 2024, does not document a physician's order specifying when oxygen tubing/humidification bottle should be changed.</p> <p>On 8/5/24 at 10:35AM V2, Director of Nursing verified R5 and R6 did not have a physician's order for supplemental oxygen and R1, R5, and R6 did not have a physician's order specifying when oxygen tubing/humidification bottle should be changed. V2 stated We just had a change in computer programs. I'm not sure how we missed those orders.</p> <p>The facility policy Departmental (Respiratory Therapy) - Prevention of Infection revised November 2011 states: Check water level of any pre-filled reservoir every forty-eight (48) hours. Change pre-filled humidifier when the water level becomes low. Change the oxygen cannula and tubing every seven (7) days, or as needed. Keep the oxygen cannula and tubing used PRN in a plastic bag when not in use. Wash filters from oxygen concentrators every seven days with soap and water. Rinse and squeeze dry.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>37813</p> <p>Based on observation, interview, and record review the facility failed to administer medication in a timely manner for one resident (R10) of four residents reviewed for timely medication in a sample list of ten residents.</p> <p>Findings Include:</p> <p>R10's Medication Administration Record (MAR) documents R10 is scheduled to receive the following medications at 8:00AM: Ascorbic Acid 500Mg (Milligrams), Cholecalciferol 50Mcg (Micrograms), Famotidine 40Mg, Fluoxetine 20 Mg, Furosemide 40Mg, Gabapentin 100Mg, Phentermine 15Mg, Potassium Chloride 20Meq (Milliequivalents), Spiriva one puff, Symbicort 160/4.5Mcg one puff, Bupropion 100Mg, Cranberry Tab 900Mg, and MiraLAX 17Gm (Grams).</p> <p>On 8/6/24 at 10:17AM V5, Licensed Practical Nurse (LPN) was observed preparing the above medications for R10 in the hall at the medication cart outside R10's room. V5 verified the medications were R10's 8:00AM doses. V5 stated the medications are late because I had another resident going in for cataract surgery and I got behind. It does happen sometimes especially when there is only one nurse working.</p> <p>R10's MAR documents all the above medications were given at 8:00AM. V5 verified the records are filled in prior to administration so that MAR will not reflect actual time medications was given.</p> <p>On 8/6/24 at 2:00PM V8, Licensed Practical Nurse (LPN) stated We give medications late on a regular basis. It's a big building and it's hard to get all the medication out within an hour especially if you have an emergency with a resident or you're the only nurse on duty. V8 and V9, Licensed Practical Nurse (LPN) verified the MAR does not reflect the actual time the medication was given.</p> <p>On 8/6/24 at 2:05PM V2, Director of Nursing (DON) stated We only have 45 residents. The medications should be able to be out on time. V2 verified the time documented on the MAR does not record the actual time the medication was administered.</p> <p>The facility's policy Administering Medications revised December 2012 states Medications shall be administered in a safe and timely manner, and as prescribed. Medications must be administered in accordance with the orders, including any required time frame. Medications must be administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). The individual administering the medication must check the label THREE (3) times to verify the right resident, right medication, right dosage, right time and right method (route) of administration before giving the medication.</p>		