

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Royal Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 605 East Church Street Kewanee, IL 61443	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>31283</p> <p>Based on interview, observation and record review, the facility failed to ensure resident call lights were responded to in a timely manner for eight of 43 residents (R20, R37, R54, R55, R57, R63, R66 and R109) reviewed for call lights in the sample of 45.</p> <p>Findings include:</p> <p>Monthly Resident Council Meeting Minutes (dated June 2024) document the following concern: CNA's (Certified Nursing Assistant)- Third shift needs to answer call light quicker.</p> <p>On 09/24/24 from 09:15 AM - 10:30 AM, a group meeting was conducted with residents who attend Monthly Resident Council Meetings at the facility. All residents in attendance at the meeting, R37, R54, R55, R57, R63 and R66, verbalized concerns with excessive call light response times from facility staff. All residents stated it can take around 30 minutes to get someone to respond to call lights, especially after meals. R63 stated staff's response to call light times on third shift is way too long and has exceeded one hour on multiple occasions, especially for those residents who need extensive help. All residents present in the meeting stated that some of the staff members who work third shift are, lazy. During the meeting, R63 stated, My roommate (R20) waits so long it has her in tears. It's awful. I have to go get staff for her all the time because they never come when she presses her call light. R55 then stated, I waited for a CNA for over 20 minutes once. She left me on the toilet, and I was so upset. Since I've been in therapy, I can get around much better now and I can do so much more for myself. I will never ask that CNA for help again.</p> <p>On 09/24/24 at 10:47 AM, R109's call light was on. R109 was sitting in her wheelchair with the television on. R109 stated she was waiting for staff assistance to use the restroom, and her call light had already been on for at least 5 minutes. R109 stated, Sometimes it can take them a while to respond. it can take 20 to 30 minutes before someone comes. R109's call light remained on until V20 (Certified Nursing Assistant) responded at 11:03 AM. V20 confirmed that 20 minutes is a long time to wait to use the restroom and stated, There is no noise with our call lights. They just light up so you constantly have to be looking for lights that are on. If you are sitting at the desk charting, you don't always know that someone needs help because there is nothing that alarms to get our attention. It can be difficult to get to everyone quickly sometimes, especially after meals when there are several residents lined up to use the restroom.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145418
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 09/24/24 at 11:05 AM, V21 (Certified Nursing Assistant) stated the call lights at the facility do not alarm or make any type of noise. V21 stated It would be helpful if they did alarm. You just have to walk around and look for the lights to respond when someone needs help.</p> <p>On 09/24/24 at 12:55 PM, R20 was ambulating in the hallway near the entrance to her room. R20 stated she has waited excessive amounts of time for staff to respond to her call light. R20 stated, I get so upset it makes me cry. I have had accidents in my pants after waiting so long, and that has happened more than once. I have had falls too because I tried to get up to use the bathroom myself and ended up falling. I was on the floor once for such a long time before they came to help me up. It has taken someone on third shift two hours to respond, and that is just way too long to have to wait for help.</p> <p>On 09/24/24 at 02:30 PM, V1 (Administrator in Training) stated that staff members should be responding to call lights timely. V1 then stated, We recently terminated a staff member on third shift because she was sleeping. That is not acceptable, and residents should start seeing things improve on third shift.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38396</p> <p>Based on Record Review and Interview, the facility failed to ensure residents electronic medical records and care plans matched their Physician's Order for Life-Sustaining Treatment (POLST) for Cardio-Pulmonary Resuscitation (CPR) code status for two of 32 residents (R42, R92) reviewed for Advanced Directives in the sample of 45.</p> <p>Findings include:</p> <p>The facility's Advanced Directive Policy, dated [DATE], documents Policy: The Patient Self Determination Act states that individuals have the right to make their own decisions, and to formulate advance directives to serve as decisions when the individual is incapacitated. It is the policy of this facility to honor resident's wishes as expressed in advanced directives regarding medically indicated treatments whenever possible. The facility shall take all steps necessary to comply with state and federal legislation relating to advanced directives. 4. Any decision made by the resident shall be indicated in the chart in the manner easily understood by all staff. Advanced directives specifying full code/Attempt Resuscitation/CPR (Cardiopulmonary Resuscitation) or the absence of determination shall be recorded as a Full Code. Those residents indicating Do Not Attempt Resuscitation (DNR) shall be recorded as a DNR. Staff must be aware of any requests for limited Medial Interventions shall be recorded as signifying DNR-Comfort. Code status shall also be recorded on the resident's Physician Order Sheet. 7. It is the Intent of (the facility) to implement the terms of the advanced directive placed in the resident's medical record in accord with appropriate direction of the Power of Attorney and resident's physician. If a resident communicates a revocation of an advance directive to an employee of this facility, that communication, constituting revocation, shall be noted in the resident's medical record, and placed in a central file to avoid any misunderstanding.</p> <p>1. R42's Physician Orders sheet, dated [DATE], documents R42 has an order to be a Full Code with a start date of [DATE].</p> <p>R42's Current Care plan, dated [DATE] documents (R42) has designated Advanced Directives: Full Code advanced directives chosen- resident will be resuscitated. Resident does not have legal representation.</p> <p>R42's Physician Order for Life-Sustaining Treatment, dated [DATE] and signed by R42 and V24 (R42's Physician) documents R42 wishes to be a Do Not Attempt Resuscitation (DNAR) if found with no pulse.</p> <p>On [DATE] at 9:28 AM, V25 (Social Services Director) confirmed Social Services completes Advanced Directives with residents on admission and with changes. V25 stated Nursing does the order and updates the care plans. The electronic chart should match the Physician's Order and the Care Plan and they should both match the POLST.</p> <p>49187</p> <p>2. R92's Care Plan, dated [DATE], documents R92 is a Full Code.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R92's Physician Order Sheet, dated [DATE], documents R92 is a Full Code.</p> <p>R92's Illinois Department of Public Health Uniform Practitioner Order for Life-Sustaining Treatment Form, dated [DATE], and signed by R92, V18/Social Services, and V19/Medical Director, documents R92 is a DNR (Do No Resuscitate) with comfort-focused treatment only.</p> <p>On [DATE] at 10:00 AM V12/Care Plan Coordinator and V18/Social Services verified that R42 and R92's Care Plan, Physician Orders do not match R42 and R92's POLST form and they should.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32061</p> <p>Based on observation, interview and record review, the facility failed to complete and implement a baseline care plan for one of two residents (R232) reviewed for new admission care plans, in a sample of 45.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Baseline Care Planning, dated (revised) 11/1/2017 directs staff, It is the policy of the (facility) to promptly assess and plan care for each resident admitted to the facility. A plan of care (Baseline Care Plan) shall be developed to include instructions needed to provide effective person-centered care to each resident, based on his/her initial assessment and the professional standards of quality of care, to serve as a functional guide in delivery of care until such time as a comprehensively plan is developed.</p> <p>R232's current Physician Order Sheet, dated September 2024 documents that R232 was admitted to the facility on [DATE] with the following diagnoses: Adjustment Disorder with Depressed Mood, Borderline Personality Disorder, Post-Traumatic Stress Disorder and Transsexualism.</p> <p>R232's Hospital History and Physical form, dated 9/8/24 documents, (R232) was transferred from an outside ER (emergency room) to (hospital) on an involuntary status. (R232) reports having history of borderline personality disorder and PTSD (Post Traumatic Stress Disorder) for the past. (R232) reports episodes of agitation and self-harming behaviors. (R232) acknowledges a frequent history of self-harm, episodes of anger, impulsive behavior and black and white thinking. (R232) has a long history of mental health issues starting in teenage along with substance use.</p> <p>On 9/22/24 at 3:20 P.M., V12/Care Plan Coordinator verified that R232's medical record contained no baseline care plan. At that time V12 stated, We haven't gotten around to it yet.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>32189</p> <p>Based on Observation, Interview and Record review, the facility failed to ensure hand hygiene was performed during wound care for one of four residents (R84) reviewed for Pressure ulcers in the sample of 45.</p> <p>Finding Include:</p> <p>The Facility's Preventative Skin Care Policy, dated 3/16/2023, documents, It is the facility's policy to provide preventative skin care through repositioning and careful washing, rinsing, drying, and observation of the resident's skin condition to keep them clean, comfortable, well groomed, and free from pressure ulcers. All residents will be assessed using the Braden Pressure Ulcer Scale at the time of admission and weekly times four then will be reassessed at least quarterly and/or as needed. Any resident identified as being at high risk for potential skin breakdown shall be turned and repositioned at a minimum of every two hours. Special mattresses and/or chair cushions will be used on any resident identified as being at high risk for potential skin breakdown. Encourage resident activity, when feasible. Use repositioning techniques and Range of Motion exercises when indicated.</p> <p>The facility's Dressing Care Policy, dated 3/16/2023, documents Procedure: 8. Wash your hands. 10. Remove soiled dressing and place in plastic bag. 13. Wash hands. 14. Open dressing packages. 15. Arrange topical medication or irrigating solution if ordered by the physician. 21. Remove your gloves and discard in plastic bag. 22. Assist the resident to a comfortable position. 23. Discard all equipment in appropriate container.</p> <p>The Contact Precautions policy, dated 12/7/18, documented while providing care for a resident, change gloves after having contact with infected material, remove gloves before leaving the residents environment and wash hands immediately with an antimicrobial agent or a waterless antiseptic agent. After glove removal and handwashing, ensure that hands do not touch potential contaminated environmental surfaces or items in the resident's room to avoid transfer of microorganisms to other residents or environment. The policy stated ensure that clothing does not contact potentially contaminated environmental surfaces to avoid transfer of microorganisms to other residents or environments Resident care equipment should be dedicated to a single resident when possible. If use of common equipment or items is unavoidable, then adequately clean and disinfect them before use for another resident.</p> <p>2. R84's Physician's Order dated 9/19/24 documented Contact Precautions for Methicillin-resistant Staphylococcus aureus (MRSA) infection right lower leg wound.</p> <p>The Careplan, dated 9/19/24, documented R84 was on Contact Isolation Precautions related to MRSA with the following interventions: dedicate the use of noncritical patient care equipment to a single resident to avoid sharing between residents, If use of common equipment is not unavoidable, then adequately clean and disinfect them before use for another resident; Isolation Precautions: Upon gown and glove removal, ensure hands and clothing does not contact potentially contaminated environmental surfaces; Wear gloves and gowns when performing wound care or any care with potential for contact with wound secretions, wash hands with antimicrobial soap or antimicrobial hand sanitizer, remove gloves and gown before leaving room.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/23/24 at 10:30 AM, V5 (Licensed Practical Nurse/LPN/Wound Nurse) cleansed R84 sacral wound using her left hand to separate R84's gluteal folds and right hand to clean wound, removed her right glove, donned a new right glove and applied the outer dressing without conducting hand hygiene. V5 was observed to remove the dirty/old right ankle wound dressing with scissors and place the contaminated scissors on the bedside table. During the dressing change, a tube of antibiotic ointment was squeezed onto V5's left gloved finger (glove used during removal of dirty/contaminated dressing) with her right gloved hand; removed her right-hand glove and reached under the protective gown into her shirt pocket to grab a marker; dated the right ankle dressing; and reinserted the marker into her shirt pocket without conducting hand hygiene. V5 removed gloves on each hand; picked up the antibiotic ointment tube which was used during the dressing change and the scissors used to remove the dirty dressing prior to dressing change without conducting hand hygiene or cleaning/disinfecting the scissors, the antibiotic ointment and/or the contaminated surfaces.</p> <p>On 9/24/24 at 11:20 AM, V4 (Assisting Director of Nursing/Infection Preventionist) confirmed R84 had MRSA in the right ankle wound and had an active order for Contact Isolation. V4 stated the contaminated gloves on both hands should have been removed, hand hygiene should have been conducted before and after donning and doffing gloves and equipment should have been disinfected.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>50627</p> <p>Based on interview, and record review, the facility failed to implement and follow through ROM (Range of Motion) exercises for residents with functional limited range of motion for one of five residents (R64) reviewed for limited mobility in the sample of 45.</p> <p>Findings include:</p> <p>The Facility's Restorative Nursing Programs policy, dated 4/2006, documents, It is the policy of (the facility) to facilitate the movements of individuals toward independence while helping them satisfy their needs by providing Restorative Nursing Programs. Goal of the Restorative Nursing Program is to assist a resident to reach and maintain his/her highest practicable physical, mental and psychosocial needs. Implementing the Program, Determine the setting to implement the plan. Consider the length of time, as well as the time of day involved for teaching.</p> <p>On 09/22/24, at 10:15 AM, R64 was in his wheelchair, able to tell me his name and repeat who I was. R64 yells to communicate. R64 cannot move his bilateral legs, and cannot move his arms, his hands were closed and balled up tight unable to release them.</p> <p>R64's Bed Rail/Transfer Bar Evaluation, dated 9/18/2024, documents interventions to provide restorative care to enhance abilities to safely stand and walk, visual and verbal reminders to use the call bell. The evaluation states that R64 is non-ambulatory, displays difficulty moving to a sitting position or maintaining sitting balance on the bed, displays poor bed mobility or difficulty moving/rolling side to side in the bed, has difficulty with balance or poor trunk control, has a Musculoskeletal Disorder that interferes with bed mobility/transfer in/out of bed, and has a Neurological Disorder that interferes with bed mobility/transfer in/out of bed or may cause involuntary movements in bed.</p> <p>R64's MDS (Minimum Data Set), dated 7/7/2024, documents that R64 has functional limitation in Range of Motion on both sides of R63's upper extremity's and both sides of R64's lower extremities.</p> <p>R64's Care plan, dated/ revised on 9/24/2024, documents, R64 is usually unable to to perform ADLs (activities of daily living) with out weight bearing/hands on assist of one or two Caregivers, R64 is dependent for cares related to a history of Stroke.</p> <p>R64's Order for Restorative Care, dated 2/14/2023, documents Passive ROM Program: Resident has poor motivation for consistent daily exercise. Sedentary Lifestyle, poor motivation for activities involving exercise. At risk for decreased ROM (range of motion). Everyday, Every Shift, Day (6 AM-2PM), Evening (2 PM-10PM), Night (10 PM- 6 AM).</p> <p>On 9/24/2024 at 2:00 PM, V1 (Administrator) confirmed that R64 does have a ROM Restorative Program ordered on 2/14/2023, the order was placed as PRN (as needed) instead of Every Day, Every Shift, Day (6 AM- 2 PM, Evening (2 PM- 10 PM), and Night (10 PM- 6 AM). She does not know how the order got put in wrong but stated that she does see how it was incorrectly put in the PCC (Point Click Care) system.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32189</p> <p>Based on observation, interview and record review, the facility failed to ensure a resident was safely transferred with a full mechanical lift for one of four residents (R84) reviewed for falls in a sample of 45 residents This failure resulted in R84 being sent to the hospital, suffered a back contusion which required medication for back pain management and ongoing psychosocial fear of being transferred with a mechanical lift.</p> <p>Findings include:</p> <p>The Limited Resident Lift Program and Equipment Use Training Requirements, not dated, stated all direct care staff responsible for resident handling/mechanical lift equipment will be trained by the Director of Nursing or specified facility representative initially upon orientation for all new employees and annually thereafter. Staff must be able to demonstrate proficiency with all types of lifts in the facility. A competency checklist for each type of lift will be completed during training and placed in the employee file.</p> <p>The Admission Minimum Data Set (MDS) dated [DATE] documented R84's diagnoses as Bipolar Disorder, Deep Vein Thrombosis Upper Extremity, Neurogenic Bladder, Diabetes Mellitus, Anxiety Disorder, Depression and Obesity (423 pounds on 4/12/24). The MDS documented R84 is prescribed the following classes of medications: antidepressant, anticoagulant (blood thinners), psychotropic (mind-altering drugs that change brain function and can alter a person's mood, perception, consciousness, cognition, or behavior), hypnotics (promotes sleep) and anti-anxiety.</p> <p>The Careplan initiated on 9/22/23 stated R84 has limited mobility related to morbid obesity, is dependent upon staff to perform activities of daily living. Mostly requires mechanical lift for transfers, Assist to Transfer R84 using mechanical lift and two-three staff members. Ensure lift sheet is intact and correct size; is totally dependent on staff for toilet use; and on 4/16/24, R84 to be assessed for new mechanical lift sling due to body habitus.</p> <p>The Nurse's Progress Note dated 4/15/24 stated R84 appeared to have experienced an alleged (un)intentional change of plane (fall) on 4/15/24 at 1:35 PM. R84 appeared to have been hooked up to a mechanical lift to be transferred to bed by V15 (Certified Nurse Aide/CNA). Back/flank pain was rated as a five (pain scale, 0-no pain, 10-worst pain), physician was notified and orders to transfer R84 to hospital for evaluation were received. R84 refused the hospital transfer at that time. The note stated staff were re-educated on the importance of proper mechanical lift safety.</p> <p>The Emergency Department (ED) Physician's Note, dated 4/15/24 at 9:06 PM, stated R84 presented to the ED with a chief complaint of a Back Injury. The note documented R84 fell from a mechanical lift earlier in the day and hit her lower back on a bar, was given Tylenol (for pain) but the non-radiating back pain persisted. The note documented that the back x-rays were negative, the final clinical impression was a Contusion of back, unspecified laterally and was discharged back to the Facility with pain medication.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The Incident Investigation Form dated 4/15/24 authored by V15, CNA documented R84 requested to use the restroom, was hooked up to the mechanical lift, V15 told R84 they needed to wait for assistance although R84 had to use the restroom really bad and then slipped out of mechanical lift sling.</p> <p>On 9/22/24 at 11:45 AM, R84 stated V15 lifted R84 with a mechanical lift and dropped R84 while transferring to the toilet due to transferring with only having one staff member. R84 stated V15 was fired but the facility later re-hired V15. R84 said she doesn't currently feel safe because the mechanical lift is old and the newer lift is broken. R84 stated the legs don't open all the way, the legs get stuck under the bed and the facility only has a few extra-large slings so, the facility does not always use the right size of sling.</p> <p>On 9/24/24 at 2:30 PM, V15 stated there were no problems with R84's sling. There should always be two staff members present and assisting with a mechanical lift. On 4/15/24, there were three CNAs assigned to the unit but one had to go on an appointment with a resident and couldn't find anyone else to help. R84 was persistent she had to go potty. V15 stated the facility does run out of extra-large slings sometimes.</p> <p>V15's Personnel File documented V15 was initially hired on 8/4/2016 as a Unit Aide. The Unit Aide Job summary was signed by V15 on 8/16/24 and the documented responsibilities were to execute procedures consistent with interdisciplinary care plan, Procedure Manuals and that are within the scope of the role of the Unit Aide. The Safe Working and Training orientation packet dated 8/4/16 lacked a supervisor's signature for proof of V15's completion of training for a mechanical lift. V15's Notice of Termination, dated 4/17/24, stated R84's fall was from V15 transferring R84 with a mechanical lift without the assist of two staff members which caused R84's fall. The file documented V15 was re-hired on 5/30/24.</p> <p>The Certified Nurse Aide In-Service Record documented V15 received mechanical lift training on 2/3/22 and 5/31/24.</p> <p>The Manufacturer's Guidelines documented the Medium, Large and Extra-Large Slings have a weight capacity of 450 pounds. Although (the lift company) recommends that two assistants be used for all lifting preparation, transferring from and transferring to procedures, our equipment will permit proper operation by one assistant. The use of one assistant is based on the evaluation of the health care professional for each individual case. It is important to inspect all stressed parts, such as slings, spreader bar and any pivot for slings for signs of cracking, fraying, deformation or deterioration. Replace any defective parts immediately and ensure that the lift is not used until repairs are made. The sling should be regularly washed in water, temperature not to exceed 180 F (82 C) and a biocidal (anti-biological) solution.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Royal Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 605 East Church Street Kewanee, IL 61443	

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>49187</p> <p>Based on observation, interview, and record review the facility failed to ensure an indwelling urinary catheter tubing was off the floor and urinary drainage bag was covered and failed to keep indwelling urinary catheter bag below a resident's bladder for one (R92) of two residents reviewed for indwelling urinary catheters in a sample of 45.</p> <p>Findings include:</p> <p>R92's Physician Orders, dated 9/24/24, documents R92 has a Physician order for an (indwelling) catheter.</p> <p>On 09/22/24 at 11:18 AM R92 was sitting in a recliner in the lounge area by south nurse's desk. R92's indwelling catheter was uncovered with no privacy bag and the indwelling catheter tubing and catheter bag was lying on the floor.</p> <p>On 9/22/24 at 11:50 AM V9/Licensed Practical nurse verified R92's indwelling catheter tubing and catheter bag should not be sitting on the floor and that R12's catheter bag should have a privacy bag over it.</p> <p>On 9/23/24 at 9:50 AM V6/Certified Nursing Assistant (CNA), V7/CNA, and V8/CNA were preparing to transfer R92 with a mechanical lift from R92's wheelchair to his bed. During the mechanical lift transfer, V6 held up R92's indwelling catheter bag and raised it above R92's bladder while V7 and V8 transferred R92 to his bed.</p> <p>9/23/24 at 10:05 AM V6/CNA, V7/CNA, and V8/CNA verified R92's indwelling catheter bag should not have been held above R92's bladder during the mechanical lift transfer.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32061</p> <p>Based on observation, interview and record review the facility failed to provide ongoing communication with the dialysis center and failed to develop a complete, comprehensive care plan for a resident receiving dialysis services for one of one resident (R233) reviewed for dialysis, in a sample of 45.</p> <p>FINDINGS INCLUDE:</p> <p>The unnamed, undated facility policy directs staff, It is the policy of this facility to provide coordination of care with the resident's dialysis provider. Procedure: Residents needing dialysis services will be admitted with the co-ordination of their dialysis provider off site with a predetermined schedule. The facility will review contracts to assure resident's needs are met while residing at the facility. The facility will co-ordinate care with the dialysis provider in developing an appropriate plan of care to include, but not limited to: Specific days of the week resident will attend dialysis; Any recommended medication schedule change; Meal or snack sent with resident.; Fluid restriction and weights as ordered per MD; Emergency back up in event of inclement weather or other emergency that may arise that prevents residents from dialyzing; Dialysis center's expectation of care to be completed by SNF (if any) such as: Checking thrills/bruits of grafts and fistulas, documented on TAR, When to remove dressing from the access site placed on from the dialysis center, Center line care if access is a central line. Note: some providers do not want facilities to provide care unless dressing become impaired such as soiled or wet, Emergency protocol for uncontrolled bleeding from any dialysis site, No B/P or lab draws obtained from arm with dialysis site. Documentation of resident weight and vitals prior to being sent to dialysis to be sent with resident to each dialysis session and returned by dialysis center afterwards.</p> <p>R233's current Physician Order Sheet, dated September 2024 documents R233 was admitted to the facility on [DATE] with the following diagnoses: Type 1 Diabetes Mellitus, End Stage Renal Disease, Kidney Transplant Status, Dependence on Renal Dialysis and Kidney Transplant Rejection. This same form includes the following physician orders: (R233) may attend dialysis 3X's (three times) a week: Monday, Wednesday, Friday.</p> <p>R233's current Care Plan, dated 3/28/24 includes the following Focus area: Hemodialysis. R233's care plan does not address: Specific days of the week resident will attend dialysis; Any recommended medication schedule change; Meal or snack sent with resident.; Fluid restriction and weights as ordered per MD (Medical Doctor) ; Emergency back up in event of inclement weather or other emergency that may arise that prevents residents from dialyzing; Dialysis center's expectation of care to be completed by SNF (Skilled Nursing Facility) (if any) such as: Checking thrills/bruits of grafts and fistulas, documented on TAR (Treatment Administration Record), When to remove dressing from the access site placed on from the dialysis center, Center line care if access is a central line. Emergency protocol for uncontrolled bleeding from any dialysis site, No B/P (Blood Pressure) or lab (laboratory) draws obtained from arm with dialysis site.</p> <p>On 9/22/24 at 1:13 P.M., V10/RN (Registered Nurse) stated (R233) goes to dialysis three times weekly, on Monday, Wednesday and Friday. At that time, V10 stated she does not send a (daily dialysis) communication form with (R233).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Royal Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 605 East Church Street Kewanee, IL 61443	

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<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/23/24 at 11:33 A.M., a dialysis shunt was present in V10's right upper chest. At that time, R233 stated no facility staff provide him a dialysis communication form to take to dialysis.</p> <p>On 9/23/24 at 1:15 P.M., V11/LPN (Licensed Practical Nurse) stated she did not send a dialysis communication form with (R233) when he left for his dialysis treatment today. At that time, V11/LPN denied being aware of such a (facility) form.</p> <p>On 9/24/2024 at 11:24 A.M., V3/Director of Nurses (DON) verified R233's electronic medical record did not contain any Dialysis Communication Tools for R233's dialysis treatments. and R233's care plan did not include the required care plan interventions. At that time V3/DON verified the facility policy includes the facility nurse completes a Dialysis Communication Tool prior to a resident leaving for dialysis and gives it to the resident to take to the dialysis appointment, the Dialysis Center nurse completes the form and gives it back to the resident who gives it to the facility nurse upon return to the facility.</p>

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38396</p> <p>Based on Observation, Interview and Record Review, the facility failed to provide psychosocial therapies and psychiatric support services to resident with diagnosis of Adjustment Disorder and repeated emergency room visits for suicidal ideation's and depression for one of six residents (R102) reviewed for Behavioral Services in the sample of 45.</p> <p>Findings include:</p> <p>The facility's Facility Assessment, dated 9/20/24, documents Cares provided for the resident population include but are not limited to: Mental health and behavior; identify and implement interventions to help support individuals with anxiety, cognitive impairment, depression, PTSD (Post Traumatic Stress Disorder), and other psychiatric diagnosis. Support by group and individual therapies, and structured activities. In house psychiatric physician management. This assessment also documents the facility will provide therapy services including psychiatry.</p> <p>The facility's (undated) Social Service Assistant policy documents Job Summary: Assists the Social Service Director (SSD) plan and implement psychosocial programs. Aides SSD in community contacts and involvement. Assists SSD in assessing residents. Duties: Develop, schedule and conduct psychosocial programs, chart residents need for and resident's responses to psychosocial programs. Communication Skills: Consistently records on concurrent basis all observations and psychosocial needs of the residents indicated within the role of the Social Service department in the medical record and other forms as appropriate.</p> <p>On 9/22/24 at 8:30 AM, R102 was sitting in his wheelchair near other residents, in a common area of the facility's locked unit. R102 spoke softly and avoided eye contact when speaking. At this time R102 stated I am not happy here. R102 would not provide any details for what is causing his unhappiness and stated he will be moving soon to another facility.</p> <p>R102's Census Report, dated 9/25/24, documents R102 was admitted to the facility on [DATE].</p> <p>R102's Medical Diagnosis report, dated 9/25/24, documents R102 has a diagnosis of Adjustment Disorder with mixed disturbance of Emotions and Conduct, and Major Depressive Disorder, recurrent.</p> <p>R102's PASRR (Preadmission Screening and Resident Review), dated 5/31/24, documents (R102) will need to be provided the following services and/or supports: Individual, group and family psychotherapy.</p> <p>(continued on next page)</p>		

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R102's current Care Plan, dated 6/12/24, documents (R102) has PASRR recommendation related to Major Depression and Adjustment disorder with mixed disturbance of emotion. Intervention: Individual, group, and/or family psychotherapy with psychiatrist or social worker to learn coping, problem-solving skills, and identify triggers. (R102) has risk factors for self harm. (R102) is having suicidal ideation's. Stating he wants to kill self. Diagnosis, Major depression and adjustment d/disorder with mixed disturbances of emotion. Intervention: Encourage psychotherapy and/or psychiatric consultation as indicated/tolerated by resident. (R102) may display pattern of voicing allegations of mistreatment by caregivers. As evidenced by: false accusations of giving wrong medication or withholding medications. This behavior appears to be related to past history of abuse and adjustment disorder. Refer to psychiatric doctor, psychologist, social worker for further evaluation. Depression and paranoia often underlie this type of behavior.</p> <p>R102's Nursing Progress Note, dated 6/10/2024 at 10:19 PM, documents R102 made comments to a CNA (Certified Nursing Assistant) voicing suicidal ideation's. This note documents (R102) stated I don't want to live and stated He will try anything, choking him self, drink cleanser, strain himself. anything. This note documents R102 was sent to the hospital by ambulance.</p> <p>R102's hospital After Visit Summary, dated 6/16/24, documents R102 was evaluated in the emergency room for a diagnosis of Suicidal Ideation. This summary documents Instructions: Floor bed. No access to cords, sharp objects, or means of self harm. Make arrangements for counseling services through skilled nursing facility, or (community mental health treatment). Call (V19, Medical Director) in the morning with an update and for further outpatient management. Seek medical attention if new or worsening symptoms, any concerns.</p> <p>R102's Nursing progress note, dated 8/25/24 at 2:55 PM, documents (R102) came to nurse with complaints of having suicidal thought. When asked about what he was thinking and or his plan he said he won't say because we would stop him. (R102) stated that he wanted to go to the emergency room . (V19, Medical Director) aware. Call placed to (local Emergency Medical Services) for transfer.</p> <p>R102's hospital After Visit Summary, dated 8/25/24, documents R102 was evaluated in the emergency room for a diagnosis of Suicidal Ideation's.</p> <p>R102's Nursing Progress Notes, dated 9/17/2024 at 1:12 PM, documents (R102) states he is feeling depressed with suicidal idealizations (R102) states plan is to hang self from call light and door knob Social Services, Management, Hospice all notified. (R102) at nurses station at this time with staff awaiting call back from hospice.</p> <p>R102's hospital After Visit Summary, dated 9/17/24, documents R102 was evaluated in the emergency room for Depression.</p> <p>R102's Social Service note, dated 9/18/2024 at 2:57 PM and signed by V25 (Social Services Director), documents Referral sent to (five surrounding area skilled nursing facilities) at the request of (R102).</p> <p>R102's Nursing Progress notes and Social Service notes, dated 6/11/24- 9/24/24, do not document that R102 was seen by (community mental health treatment), counseling for suicidal ideation's and management, or given psychiatric counseling, in person psychiatry visits or group therapies since admission on 6/11/24.</p> <p>(continued on next page)</p>		

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<p>F 0742</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/24/24 at 1:20 PM V1 (Administrator in Training) stated (R102) was out of the facility for a little while then came back for re-admission. V1 confirmed the only professional psychiatry notes for R102 since June are from the Physician (V26 Psychiatrist) in August 2024. V1 stated I don't believe he's seen by (community mental health treatment). He would probably refuse. I don't have any documentation to show he's seen by anyone else.</p> <p>On 9/25/24 at 9:28 AM, V25 (Social Service Director) confirmed R102 has had multiple trips to the hospital due to suicidal ideation's and depression. V25 stated I think he's refused (community mental health treatment). I am not as familiar with (R102), but when I meet with him I put a note in the computer. At this same time, V1 sated I looked in the chart and couldn't find any psychiatry notes from June to August until 8/12/24 from (V26). V1 confirmed this visit with V26 was done by telehealth and not in person. V1 also confirmed if R102 has refused any counseling, psychiatric visits or psychiatric therapy treatments with (community mental health) it has not been documented in the record to reflect the offering and refusals.</p>		

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<p>F 0760</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>32061</p> <p>Based on interview and record review the facility failed to provide medications as ordered for one of four residents (R232) reviewed for medication administration, in a sample of 45.</p> <p>FINDINGS INCLUDE:</p> <p>The facility's Medication Administration policy, dated 11/18/17, documents, Drug administration shall be defined as an act in which a single dose of a prescribed drug or biological is given to a resident by an authorized person in accordance with all laws and regulations governing such acts. The complete act of administration entails removing an individual dose from a previously dispensed, properly labeled container, verifying it with the physician's orders, giving the individual dose to the proper resident, and promptly recording the time and dose given.</p> <p>The facility's Adverse Drug Reactions and Medication Discrepancy policy, dated 11/6/18, documents, It is the policy of the facility that adverse drug reactions and drug errors are to be reported to the resident's physician, documented in the nursing notes and documented in the Adverse Drug Reaction or Medication Discrepancy Report. These reports are to be completed in coordination with the Director of Nursing and filed with the Administrator and reviewed by the Medical Director and Consult Pharmacist. This policy also documents A medication discrepancy/error has been made when one of the following occurs: Wrong medication administered. Wrong dose administered. Medication administered by wrong route. Medication administered to wrong resident. Medication administered at wrong time. Medication not administered. A medication discrepancy report shall be completed for any of the above occurrences.</p> <p>R232's (hospital) After Visit Summary, dated 9/18/24 includes the following medications: Albuterol (Bronchodilator) Inhaler 90 MCG (Micrograms)/Actuation Take two puffs inhaled by mouth every six hours as needed for Shortness of Breath; Amlodipine (Calcium Channel Blocker) 5 MG (Milligrams) by mouth once daily for Hypertension; Emtricitabine/Tenofovir (Human Immunodeficiency Antiviral) 200/300 MG one tablet daily for HIV Infection; Fluticasone Propionate (Synthetic Glucocorticoid) 220 MCG/Actuation Inhaler two puffs inhaled every morning and evening for Allergies; and Folic Acid (Daily Supplementation) 1 MG one tablet daily.</p> <p>R232's current Medication Administration Record, dated September 18, 2024 through September 24, 2024 includes no nursing documentation that R232's prescribed Albuterol, Amlodipine, Emtricitabine/Tenofovir, Fluticasone Propionate or Folic Acid were added to R232's Medication Administration Record or administered from 9/18/24 through 9/24/24.</p> <p>On 9/24/24 at 2:30 P.M., V17/Licensed Practical Nurse stated, I was the nurse that admitted (R232) on 9/18/24. (R232) came with paper prescriptions and pill bottles, that's what I used to do his med (medication) (sign out) sheet.</p> <p>(continued on next page)</p>		

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F 0760 Level of Harm - Actual harm Residents Affected - Few	On 9/24/24 at 4:38 P.M., V4/Assistant Director of Nurses stated, Our facility process is to use the hospital transfer sheet to transcribe the (physician ordered) medications to the medication administration record. (V17/LPN) didn't follow our policy when he admitted (R232). At that time, V4/Assistant Director of Nurses confirmed that R232 did not receive the prescribed Albuterol, Amlodipine, Emtricitabine/Tenofovir, Fluticasone Propionate or Folic Acid on 9/18/24, 9/19/24, 9/20/24, 9/21/24, 9/22/24, 9/23/24 or 9/24/24.		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49187</p> <p>Based on observation, interview and record review, the facility failed to implement Enhanced Barrier Precautions and Contact Precautions throughout the facility to protect vulnerable residents and prevent the spread of multi-drug resistant organisms (MDROs). This failure has the potential to affect all 132 residents residing in the facility.</p> <p>Findings include:</p> <p>The facility's Enhanced Barrier Precautions (EBP) policy, dated 7/13/23, documents Purpose: To reduce transmission of multidrug-resistant organisms. EBP should be used when contact precautions do not apply for residents with any of the following: Open wounds that require a dressing change, indwelling medical devices, infection or colonized with a MDRO. EBP requires use of a gown and gloves during high-contact resident care activities that provide opportunities for the transfer of MDRO's to staff hands and clothing. EBP is primarily intended to use for care that occurs within a resident's room, when high-contact resident care activities are bundled together. Outside of a resident's room, EBP should be followed when performing transfers in the shower/assisting with shower and when assisting a resident with toileting in common restrooms. High-contact care activities include Dressing, Bathing, Showering, Transfers, Hygiene, changing linens, changing briefs or toileting, Care for medical devices (Central lines, urinary catheters, feeding tubes, tracheostomies, drainage tubes, ports), wound care (pressure ulcers, diabetic ulcers, unhealed surgical wounds, and chronic venous stasis wounds). Procedure: 1. Identify residents with an infection or colonized with a MDRO, residents with medical devices or chronic wounds that do not require contact precautions. 3. Post approved EBP signage that indicates high-contact activities. Ensure that disposable or washable isolation gowns and gloves are available to health care personnel, where high-contact resident care activities may be required. 5. Keep a container or hamper inside resident's room for health care personnel to dispose of personal protective equipment.</p> <p>The facility's Contact Precautions Policy, dated 12/7/2018, documents Policy: In addition to Standard Precautions, use Contact Precautions, or the equivalent for specified residents known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the resident (hand or skin to skin contact that occurs when performing resident care activities that require touching the residents dry skin) or indirect contact (touching the environmental surfaces or resident care items in the residents environment).</p> <p>On 9/22/24 at 9:00 AM the hallways were toured in entirety and no residents were observed to be in isolation or to have signs on their doors to indicate any EBPs.</p> <p>On 9/23/24 at 9:55 AM V6/CNA, V7/CNA, and V8/CNA performed suprapubic catheter care on R92. V6, V7, and V8 wore gloves but did not wear a gown or any other PPE (Personal Protective Equipment).</p> <p>On 9/23/24 at 9:35AM V1/Administrator in Training and V5/Wound Nurse performed R11's wound care while R11 was lying in R11's bed. V1 assisted moving over R11's brief while V5 performed R11's wound care. V1 and V5 wore gloves but did not wear a gown or any other PPE.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 09/24/24 at 11:15 AM, V4 (Infection Preventionist/Assistant Director of Nursing) confirmed Enhanced Barrier Precautions had not been implemented for the following residents, who currently have a wound or an indwelling medical device in place: R3, R11, R14, R35, R62, R75, R86, R92, R108, R113, and R233. V4 also confirmed all procedures related to Contact Isolation Precautions were not implemented for R84.</p> <p>The facility's CMS (Centers for Medicare and Medicaid Services) Long Term Care Facility Application for Medicare and Medicaid Form 671 dated 9/22/24 and signed by V1/Administrator in Training documents 132 residents currently reside within the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145418	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Royal Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 605 East Church Street Kewanee, IL 61443	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>31283</p> <p>Based on interview and record review, the facility failed to ensure their Antibiotic Stewardship program was implemented. This failure has the potential to affect all 132 residents residing at the facility.</p> <p>Findings include:</p> <p>The facility's Antibiotic Stewardship Program policy (reviewed 12/12/18) documents the following: Purpose: to improve the use of Antibiotics in healthcare to protect residents and reduce the threat of antibiotic resistance through a set of commitments and actions designed to optimize the treatment of infections while reducing adverse events associated with antibiotic use. This will be accomplished by utilizing the Core Elements. Leadership Commitment: Demonstrates support and commitment for safe and appropriate antibiotic use. Accountability: Identify physicians, nursing and pharmacy leads responsible for overseeing antibiotic stewardship activities. Drug Expertise: Establish access to consultant pharmacists or other individuals with expertise or training in antibiotic stewardship. Action: Implement at least one policy or practice to improve antibiotic use. Tracking: Monitor at least one process measure of antibiotic use and at least one outcome from antibiotic use. Reporting: Provide regular feedback on antibiotic use and resistance to prescribing clinicians, nursing staff and other relevant staff. education: Provide resources to clinicians, nursing staff, resident and families about antibiotic resistance and opportunities for improving antibiotics.</p> <p>On 09/24/24 at 01:20 PM, V4 (Assistant Director of Nursing/Registered Nurse/Infection Preventionist) stated the facility does not implement any protocols to review clinical signs and symptoms and/or laboratory reports prior to implementation of an antibiotic for a resident. V4 stated the facility does not utilize any assessment tools or management algorithms to determine if an antibiotic is warranted, We have forms detailing McGeer's protocol, but I do not have record of any completed forms. We just call the doctor and get an order for an antibiotic if we believe one is needed.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid, Form 671, dated 09/22/24 and signed by V1 (Administrator in Training), documents 132 residents currently reside in the facility.</p>		

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NAME OF PROVIDER OR SUPPLIER Royal Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 605 East Church Street Kewanee, IL 61443	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>31283</p> <p>Based on interview and record review, the facility failed to ensure the Infection Preventionist was adequately implementing and performing duties that accompany the position. This failure has the potential to affect all 132 residents residing at the facility.</p> <p>Findings include:</p> <p>The facility's Infection Preventionist Job Description documents the following: Qualifications: Must possess the ability to plan, organize, analyze, develop, implement and interpret the goals, objectives, policies, procedures, etc., of the Infection Control Program. This same job description documents, The Infection Preventionist is accountable for decreasing the incidence and transmission of infectious diseases between residents, staff, visitors and community. Through strategic planning, leadership and consultation, you will lead and direct a robust team in the identification and implementation of infection prevention goals and objectives throughout the facility. The Infection Preventionist reports to the Director of Nursing, Quality Assessment and Assurance Committee and partners with the Medical Director to develop a system of care that promotes sound and scientific infection prevention principles and practices. Work with the facility to meet regulations for infection control. Attends and participates in continuing educational infection control programs. Could be subject to exposure to infectious waste, diseases and conditions.</p> <p>The facility Assessment (dated 09/20/24) documents the following: Cares provided for the resident population include but area not limited to: Infection Control and Prevention- Antibiotic Stewardship, identification and containment of infections. Infection prevention. Early warning tool for identification. Continued staff education. This assessment also documents: Staff members, healthcare professionals, and medical practitioners that provide support and care for residents at (facility): infection control and prevention; Nursing services: Infection Prevention Nurse.</p> <p>On 09/24/24 at 11:15 AM, V4 (Infection Preventionist/Assistant Director of Nursing) confirmed Enhanced Barrier Precautions had not been implemented for the following residents, who currently have a wound or an indwelling medical device in place: R3, R11, R14, R35, R62, R75, R84, R86, R92, R108, R113, and R233. V4 also confirmed all procedures related to Contact Isolation Precautions were not implemented for R84. V4 verified she had recently received her Infection Preventionist training certificate in 08/2024 and stated, There really hasn't been anyone training me, so I am just learning as I go. I hadn't yet started the procedure of Enhanced Barrier Precautions for the residents who require this, but I was trying to start doing this. V4 stated she, doesn't have enough time, to dedicate to the facility's Infection Prevention Control Program because she also is responsible for the following activities: Completing staff schedules; Working the floor when additional assistance is needed; Administering disciplinary procedures with staff members; Conducting admission audits; Administering in-services to subordinate staff; Assisting with meal tray distribution at meal times; Attending morning meetings; and attending Weekly and Quarterly Quality Assurance Meetings. V4 stated she works full-time at the facility, and is only able to dedicate approximately 15 hours per week to her role as the Infection Preventionist.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Royal Oaks Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 605 East Church Street Kewanee, IL 61443	
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 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 09/24/24 at 01:20 PM, V4 stated the facility does not implement any protocols to review clinical signs and symptoms and/or laboratory reports prior to implementation of an antibiotic for a resident. V4 stated the facility does not utilize any assessment tools or management algorithms to determine if an antibiotic is warranted, We have forms detailing McGeer's protocol, but I do not have record of any completed forms. We just call the doctor and get an order for an antibiotic if we believe one is needed. V4 verified that she has, Not got things going yet, with the facility's antibiotic stewardship program.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid, Form 671, dated 09/22/24 and signed by V1 (Administrator in Training), documents 132 residents currently reside in the facility.</p>		