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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145465 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 08/13/2024 |
| NAME OF PROVIDER OR SUPPLIER Jerseyville Nsg & Rehab Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 1001 South State Street Jerseyville, IL 62052 | |

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) |
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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35156</p> <p>Based on interview and record review the facility failed to ensure a urinary tract infection (UTI) was addressed and monitored in a timely manner for 1 of 3 residents (R2) reviewed for urinary tract infections in the sample of 6.</p> <p>Findings include:</p> <p>R2's Physician Order Sheet for August 2024 documents diagnoses of Nontraumatic intracerebral hemorrhage, anxiety disorder, Chronic pain, depression, type 2 diabetic, diabetes mellitus without complications, chronic pain, UTI (urinary tract infection), hypertension, and repeated falls.</p> <p>R2's Minimum Data Set, MDS, dated [DATE] document she is moderately impaired for cognition for activities of daily living. She uses a walker, needs moderate assistance with toilet transfers, and she is frequently incontinent of urine and bowel.</p> <p>R2's Care Plan documents, Resident has impaired skin integrity, approach: Keep skin clean and dry as possible. Monitor labs as available. Provide treatment as ordered. Report changes to MD (Medical Director) and obtain treatments as ordered as indicated. Pressure Ulcer: Approach: Toilet (or check if resident is incontinent) after meals, naps, activities and prior to HS (at bedtime). Check every 2 hours and PRN (as needed) at HS.</p> <p>On 8/8/2024 at 2:33 PM, V11, R2's family, stated, My mom has had UTIs off and on and they told me they will not test her for another UTI unless she starts running a fever. This worries me because I think she still has the UTI, and they tell me they it is normal because my mom is at the end stage of life. I know when my mom started acting strange, I know she had a UTI and when I asked about it a couple of weeks ago, they kept blowing me off. I think they lost or did not order some of the lab work that she needed. When I checked at the hospital, they told me they did not get the order for the C & S (urine culture and sensitivity). My mom had a delay and she ended up having a serious infection (ESBL) and I know if they are not careful my mom could get sepsis and that could kill her. We talked with the staff here and at the hospital and were trying to coordinate everything and then sure enough my mom ended up with a nasty infection of ESBL.</p> <p>R2 was on the infection control surveillance log for a urinary tract infection for July 2024.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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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>R2's Progress Notes dated 7/10/2024 at 2:45 PM, Obtained urine specimen by straight catheter, per daughter request. Specimen taken over to (Hospital) lab. Will await results. Daughter is here and aware.</p> <p>R2's Progress Notes dated 7/11/2024 at 1:53 PM, IDT (Intradisciplinary Team) meeting to discuss the incident on 7/11/2024. Resident appears to be confused and disorientated. Resident not using call lights when attempting to transfer. Staff to attempt to retrieve a urinalysis on the resident to check for possible UTI.</p> <p>R2's Progress Notes dated 7/10/2024 R 8:55 PM, Resident's eldest daughter called about results of U/A (urinary analysis), writer told her we didn't have the results. She stated hospital lab told her the results were faxed. Writer notified hospital lab, they were stated they were just going to fax them. Notified POA (Power of Attorney) with update for U/A. Notified MD.</p> <p>R2's Progress Notes dated 7/11/2024 at 5:46 PM, Resident appears more confused, UA/CS pending. Attempts to redirect resident have failed. Resident at times ambulates and wanders, forgets where her room is, and having difficulty feeding self. Staff escorted resident to dining area for monitoring.</p> <p>R2's Progress Notes dated 7/14/2024 at 2:18 PM, Resident was able to leave u/a to send to the lab. UA was transported to the hospital lab. No pain voiced.</p> <p>R2's Progress Notes dated 7/15/2024 at 1:20 PM, Awaiting urine results yet, resident this AM agitated with staff, assisted up out of bed but staff, resident kept eyes closed. Incontinence care completed. She refused to eat breakfast. Resident voiced she wants to be left alone.</p> <p>R2's Progress Notes dated 7/16/2024 at 12:49 AM, Resident very confused and aggressive, report from days states she was confused. Resident caused disturbance in dining room. Kept wanting her daughters to come pick her up.</p> <p>R2's Progress Notes dated 7/16/2024 at 11:54 PM, Resident seen by (V14, Nurse Practitioner) with new orders for Buspar 5 mg (milligrams) TID (three times a day) and Macrobid 100 mg for 10 days for culture and sensitivity.</p> <p>R1'2 Progress Notes dated 7/18/2024 at 12:05 AM, Resident on contact isolation for ESBL (extended spectrum beta-lactamases) in her urine. She is on Macrobid, she is very confused.</p> <p>R2's Lab work dated 7/10/2024 documents a urinalysis was performed and sent to the hospital. The Urinalysis has handwriting on the paper, and it was dated 7/12/2024 will follow culture.</p> <p>R2's Hospital Lab C&S dated 7/14/2024 documents R2 was positive for ESBL.</p> <p>R2's POS dated 7/16/2024 documents an order for Macrobid (nitrofurantoin monohyd/m-crst) capsule; 100 mg; amt (amount) one capsule oral, give 1 capsule by mouth twice daily 8:00 AM, and 8:00 PM. Start date 7/16/2024.</p> <p>On 8/8/2024 at 3:22 PM, V2, Director of Nursing (DON) stated, We sent out the lab work on 7/10/2024 but we there was a mix up and we did not get a Culture and Sensitivity report and had to redo the lab for (R2). Yes, there was a delay because of the mix up.</p> <p>(continued on next page)</p> | | |

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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>On 8/9/2024 at 4:11 PM, V15, Hospital Lab Manager stated, The (Facility) did not order the correct lab. We had an order for a urinalysis on 7/10/2024 at 2:15 PM, but no UA with reflex which would contain the C&S. We never automatically order a C&S and cannot do the lab work with an order. I know the family of (R2) was very upset about the delay and was calling us about it as well.</p> <p>On 8/13/2024 at 11:37 AM, V9, Registered Nurse (RN) stated, I do not normally take care of (R2). I remember I got a call from the hospital, and they said they got an order for (R2), but they did not get an order to include a C & S. I am not sure how it happened. I know the family was upset. I relayed that message and told nurses moving forward to always make sure you have a UA and C & S.</p> <p>The Laboratory Report Policy dated July 2014 documents, All laboratory reports will be reviewed by a nurse and reported to the physician as necessary. The night nurse will follow-up nightly through chart audit to ensure all labs have been performed as ordered, physician has been notified of results and reports are filed in the resident's record. If the nurse determines that a lab report has not been received, the nurse will obtain the lab results and notify the physician.</p> | | |