

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Piper City Rehab & Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Maple Street Piper City, IL 60959	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>42702</p> <p>Based on interview and record review the facility failed to provide a written, Notice of Medicare Non-Coverage notice, (NOMNC) for three (R36, R239 and R240) of three residents reviewed for Medicare Non-Coverage notices from a total sample list of 30 residents.</p> <p>Findings include:</p> <p>The facility undated Advanced Beneficiary Notice of Noncoverage Form (ABN) documents that the ABN is given to beneficiaries to convey that Medicare is not likely to provide coverage in a specific case. All blanks are to be filled out and in all cases, the notifier must retain the original notice on file.</p> <p>On 7/15/24 at 10:30AM, V10 (Social Services Director) said that she could not locate any Notices of Medicare Non-Coverage (NOMNC) in the building.</p> <p>7/16/24 at 9:04AM, V1 (Administrator) provided documents for R36, R239 and R240, and said these residents had left over Medicare days (when discharged from Medicare services).</p> <p>During this survey, the facility was unable to provide documentation of NOMNC notices given to R36, R239 or R240.</p> <p>On 7/16/24 at 10:00AM, V1 confirmed that NOMNC notices were not available.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172</p> <p>Based on interview and record review the facility failed to provide routine showers for one of three residents (R12) reviewed for showers in the sample list of 30.</p> <p>Findings Include:</p> <p>The facility's Bath/Shower Policy dated January 2018 documents a shower is scheduled and provided for all residents in the facility at least weekly. Staff are to report any pertinent observations or resident refusals to the Charge Nurse.</p> <p>R12's Medical Diagnoses dated July 2024, documents R12 is diagnosed with Cerebral Infarction, Seizures, Aphasia, Hemiplegia Right Side, and Unsteadiness of Feet.</p> <p>R12's Minimum Data Set, dated dated dated [DATE], documents R12 is cognitively intact and is dependent on staff for showering.</p> <p>On 7/14/24 at 9:16 AM, R12 stated she often does not get a shower twice a week. R12 stated staff either do not offer or will tell her there is no one available to assist her. R12 stated her preference is to have showers twice per week at least.</p> <p>R12's Shower Sheets from 5/6/24 through 7/15/24 document R12 missed a total of ten scheduled showers.</p> <p>On 7/15/24 at 3:49 PM, V5 (Resident Care Coordinator) confirmed showers are not completed due to staff call offs resulting in not enough staff to complete them. V5 stated residents are scheduled to receive two showers per week however they should at the very least get one shower per week. V5 confirmed R12's shower days are on Tuesday and Fridays and showers should be completed per resident preference.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37813</p> <p>Based on observation, interview, and record review the facility failed to notify the physician/seek treatment order for one resident with a pressure ulcer (R187) of three residents reviewed for pressure ulcers in a sample list of 30 residents.</p> <p>Findings Include:</p> <p>R187's Care Plan updated 6/29/24 includes the following diagnoses: Altered Mental Status, Age related Cognitive Decline, Chronic Kidney Disease Stage III, Type II Diabetes with Polyneuropathy, Depression, and Anxiety.</p> <p>On 7/14/24 at 10:25 AM, R19 stated (R187) has a big sore on his right heel. R19 is R187's roommate. R19's Minimum Data Set (MDS) dated [DATE] documents R19 is cognitively intact.</p> <p>R187's Progress Note dated 7/13/2024 at 3:57 PM documents (R187) arrived via ambulance around 2pm. Family here to see (R187). (R187) is very sleepy and talking nonsense. (R187) is uncooperative with care. Besides surgical wound on left hip (R187) has a pressure ulcer starting on left heel. Boot and propped on pillows, measures 3.5cm (centimeters) x (by) 2.5cm unopened at this time. call light within reach wife and Power of Attorney at bedside.</p> <p>There is no documentation on R187's hard copy chart or R187's electronic chart that the physician was notified or treatment orders were obtained for R187's Pressure ulcer.</p> <p>On 07/15/24 at 12:55 PM, R187 was observed in bed with heel protectors in place. V8, (LPN-Licensed Practical Nurse) stated (R187) does not have any pressure ulcers, but we can look at his foot. V8 removed heel protector and sock. R187 had a purple unstageable pressure ulcer approximately 7.2 cm in diameter on inner aspect of the right heel extending under the heel. The area appeared boggy and slightly edematous. V8 stated I didn't know about this. That isn't good</p> <p>R187's Care Plan updated 6/29/24 does not include interventions to address R187's Pressure Ulcer.</p> <p>The facility's policy Pressure Ulcer Prevention Guidelines reviewed January 2018 states Care Plan Entry: Skin risk and appropriate interventions are to be placed on the Care Plan. If despite interventions a Pressure ulcer develops, the care plan must reflect updated interventions for healing of ulcers and additional interventions for further prevention of pressure ulcers.</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** 37813</p> <p>Based on observation, interview and record review the facility failed to initiate resident centered fall interventions and provide supervision to prevent a fall for one resident (R187) of two residents reviewed for falls in a sample list of 30 residents. This failure resulted in a fall with a fractured hip requiring hospitalization and surgical repair.</p> <p>Findings Include:</p> <p>R187's Care Plan updated 6/29/24 includes the following diagnoses: Altered Mental Status, Age Related Cognitive Decline, Chronic Kidney Disease Stage III, Type II Diabetes with Polyneuropathy, Depression, and Anxiety.</p> <p>R187's Fall Risk assessment dated [DATE] documents R187 at risk for falls.</p> <p>R187's Care Plan documents: 1/11/2024 (R187) has had an actual fall Root cause weakness due to frequent illnesses. 5/4/24 fall Root cause: recent illness/decline. 6/2/24 fall root cause: wheeling self down the sidewalk and slid off the edge and flipped out of his wheelchair. noted scraped knuckles to bilateral hands. Fall 6/29/24 Root cause: States 'I fell backwards onto bottom/left hip trying to pull up pants. There were no resident specific fall interventions initiated following these falls.</p> <p>R187's Progress Note dated 6/29/2024 at 4:34 AM documents (R187's) fall witnessed by wife. Did not hit head. fell on left hip. Found on floor on left side. No visible injuries. Two staff assist to wheelchair. (R187) states hip hurts. Moved to bed. Vital Signs and neurological check Within Normal Limits.</p> <p>R187's hospital radiology report dated 6/29/24 at 8:07 AM documents Acute Minimally Displaced Left Intertrochanteric hip fracture with mild varus deformity. R187's Operative report dated 6/30/24 documents R187 underwent an intramedullary rodding of left hip Intertrochanteric fracture.</p> <p>R187's AIM for Wellness post fall report dated 7/1/24 documents Additional event details and/or follow up recommendations to manage the resident's condition and/or needs: Low bed and Floor cushion needed.</p> <p>R187 was observed in bed 7/14/24 at 10:00 AM, 7/15/24 at 12:30 PM, and 7/15/24 at 1:00 PM. R187 did not have a floor cushion in place adjacent to his bed during any of these times.</p> <p>R187's Care plan includes a fall intervention dated 6/29/24 15 min checks for safety. There is no documentation to support the 15 minute checks were ever initiated following readmission from hip surgery.</p> <p>R19 is R187's roommate. R19's Minimum Data Set (MDS) dated [DATE] documents R19 is cognitively intact.</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>On 7/14/24 at 10:00 AM R187 was observed lying in bed. R19 was sitting in a recliner across the room from R187. R19 stated I was here in the room when (R187) fell and broke (R187's) hip. (R187) got up and tried to pull up (R187's) pants and fell on (R187's) side. (R187) was in a lot of pain when they got (R187) in the wheelchair so they put (R187) in the bed. (R187) was still in pain. I told them to call the ambulance. (R187) had to go to the restroom and they did not come to help so (R187) got up. I tried to stop (R187) but I don't get around very good myself so I couldn't stop him.</p> <p>On 7/14/24 at 10:15 AM V5 (Licensed Practical Nurse) verified the facility had not initiated the 15 minute checks following R187's fall 6/29/24.</p> <p>On 7/15/24 at 11:30 AM V8 (Licensed Practical Nurse) stated I don't think (R187) is supposed to have fall mats.</p> <p>The facility's Fall Prevention Policy updated 11/10/18 states Policy: To provide for resident safety and to minimize injuries related to falls; decreases falls and still honor each resident's wishes/desires for maximum independence and mobility. This policy also states All staff must observe residents for safety. If residents with a high risk code are observed up or getting up, help must be summoned or assistance must be provided to the resident. This policy also states The unit nurse will place documentation of the circumstances of a fall in the nurses notes or on an AIM for Wellness form along with any new intervention deemed to be appropriate at the time. The unit nurse will also place any new intervention on the CNA (Certified Nursing Assistant) assignment worksheet.</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>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>42702</p> <p>Based on interview and record review the facility failed to obtain ordered urinalysis tests for two (R22 and R34) of four residents reviewed for urinary tract infections from a total sample list of 30 residents.</p> <p>Findings include:</p> <p>The Facility Laboratory Test Policy dated 9/27/17 documents that laboratory testing will be completed in collaboration with Medicare guidelines, pharmacy recommendations and physician orders.</p> <p>1. R22's physician orders dated 7/9/24 document an order for a urinalysis test.</p> <p>R22's progress notes dated 7/9/24 document, This nurse attempted to obtain U/A (Urinalysis) specimen as ordered. Facility does not have proper collection tubes on site.</p> <p>On 7/14/24 at 1:10PM, V5 (Resident Care Coordinator) said that the facility had been out of specimen cups but that they arrived on 7/12/24; however the staff had failed to send a urinalysis when the cups came in.</p> <p>On 7/15/24 at 10:00AM, V5 (Resident Care Coordinator) said that the specimen had not been sent.</p> <p>On 7/16/24 at 11:23AM, V5 (Resident Care Coordinator) said that the specimen had not been sent.</p> <p>2. R34's physician orders dated 7/11/24 documents an order for a urinalysis test.</p> <p>R34's progress notes dated 7/11/24 document, This nurse attempted to collect (urinalysis) as ordered. Proper tubes for collection not in facility.</p> <p>R34's urine specimen dated 7/12/24 documents organisms growing and a culture is pending.</p> <p>R34's progress notes dated 7/16/24 document that the facility is waiting for R34's physician to order an antibiotic based on the culture.</p> <p>On 7/14/24 at 1:10PM, V5 (Resident Care Coordinator) said that the facility was out of specimen cups because they are at the mercy of the laboratory that they use. The facility should be able to get a urinalysis at any time and that the residents deserve better.</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>32172</p> <p>Based on observation, interview and record review the facility failed to identify significant weight loss, implement interventions to prevent further weight loss, and failed to notify the physician, dietician and resident's representatives of significant weight loss. These failures resulted in R23's significant weight loss of 24.68% (percent) in six months. This failure affects three of five residents (R23, R28, R16) reviewed for compromised nutrition in the sample list of 30.</p> <p>Findings Include:</p> <p>The Resident Weight Monitoring Policy dated March 2019 documents it is the policy of the facility that each resident's weight is monitored and recorded at least monthly by the 5th of each month. The monthly weight report is printed by the 8th of each month and if the weight shows significant change, the resident will be re-weighed. If there is an actual significant weight change, the resident, family, doctor, and dietician will be notified. The Dietician shall review each resident and make recommendations for nutritional support. The physician will be contacted to convey those recommendations and obtain any new orders.</p> <p>1. R23's Medical Diagnoses List dated July 2024 documents R23 is diagnosed with Diabetes, Chronic Kidney Disease, and Dementia.</p> <p>R23's weights document R23 was 158.2 pounds (lbs) on 1/11/24, 136.2 lbs on 2/27/24, 125.6 lbs on 4/11/24, 122 lbs on 5/22/24, and 119 lbs on 6/12/24. This is a significant weight loss of 24.68 % in six months.</p> <p>R23's Physician Order Sheet dated July 2024 documents R23 is on a Regular Diet, Mechanical Soft Texture with Thin Liquids. R23 is also prescribed a liquid protein supplement to promote wound healing of 30 milliliters per day.</p> <p>R23's Care Plan dated 6/11/24 documents R23 has experienced unplanned weight loss related to poor food intake. Staff are to provide R23 with supplements as ordered and alert the dietician if R23 is not consuming those supplements on a regular basis. Staff are to alert the physician and dietician as soon as possible if weight loss continues. Monitor food intake at each meal.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/15/24 at 1:38 PM V13 (Dietician) stated she has been the Dietician in the facility since December 2023. V13 stated she has been to the facility monthly since January 2024 except for the month of February when she was unable due to non-payment by the facility. V13 stated when she comes to the facility she gets a weight report and completes an assessment on all the residents that have triggered for a significant weight loss, or residents due for their quarterly assessment, or new admissions. V13 stated she has had issues with the facility having accurate monthly weights in the charting in order to give her an accurate idea of what residents she needs to assess. V13 stated she saw R23 in January 2024 for significant weight loss and at that time recommended a nutritional supplement to be started at 60 milliliters twice per day. V13 stated the supplement was never started. V13 stated she next assessed R23 in March 2024 for significant weight loss and recommended R23 needed to be totally assisted by staff with feeding and recommended a liquid protein supplement of 30 milliliters twice per day and a health shake twice per day. V13 stated the facility never implemented those recommendations. V13 stated the next time she assessed R23 was in June 2024 for significant weight loss of -24% in six months. V13 stated at that time she recommended the facility implement 90 milliliters of a nutritional supplement three times per day which was not started. V13 stated it is her professional opinion that if the facility had provided R23 with all of the nutritional supplements she recommended over the last six months, R23 would not have lost as much weight as he did and would not currently be underweight and more vulnerable.</p> <p>On 7/15/24 at 3:00 PM V5 (Resident Care Coordinator) confirmed that R23 had a significant weight loss over the last six months. V5 also confirmed V13 Dietician's recommendations should have been followed in order to help prevent further weight loss. V5 stated R23 is severely at risk and needs full assistance with meals. V5 stated the facility has issues with getting weight documented every month and issues with the weights being accurate. V5 confirmed when staff entered R23's weights and noticed a weight loss, R23's representative, doctor and V13 Dietician should have been notified.</p> <p>42702</p> <p>2. R28's diagnoses include Anemia, Acute Kidney Failure, Fatigue, Mood Disorder, Macular Degeneration, and Gastroesophageal Reflux Disorder.</p> <p>R28's weight sheets document R28's weights from January 2024, 147.2 pounds, March 2024, 150 pounds, June 2024, 124 pounds and July 2024, 122 pounds.</p> <p>R28's physician order dated 3/8/23 documents a regular diet to be given with an ounce of extra protein three times a day, at each meal for weight loss.</p> <p>On 7/16/24 at 8:30 AM, R28 was provided orange juice, milk, one piece of toast, and oatmeal with brown sugar. No other protein was provided.</p> <p>On 7/16/24 at 10:30 AM, V4 (Dietary Manager) said that R28 should have had sausage for her protein at the breakfast meal because she has weight loss.</p> <p>On 7/16/24 at 8:50 AM, V13 (Dietician) said that on 6/21/24 she recommended 90 cubic centimeters of two calorie supplement for R28, three times a day.</p> <p>On 7/16/24 at 10:00AM, V4 (Dietary Manager) said that the recommendation for the two calorie supplement, recommended on 6/21/24, had not yet been implemented.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/16/24 at 8:55AM, V13 (Dietician) stated, I would have expected them to be giving (the supplement) to her (R28). Not getting it could certainly contribute to further weight loss.</p> <p>37813</p> <p>3. R16's Care Plan updated 7/14/24 includes the following diagnoses: Weakness, Need for Assistance with Personal Care, Depression, Anxiety, and Gastroesophageal Reflux Disease.</p> <p>R16's weight document contained in R16's Electronic medical record documents the following weights: 01/11/2024, R16 weighed 123 lbs. On 07/09/2024, R16 weighed 108.4 pounds which is a -11.87 % loss.</p> <p>R16's Dietitian's note dated 3/4/2024 at 12:59PM documents 89 y/o (year/old) female. Current weight 105.6# (pounds), weight x1 month 123.0#, x3 months 124.4#, x6 months 129.2#. Significant loss of-14.14% x1 month, -15.11% x3 months,-18.2% x6 months noted. Resident receives No Added Salt diet and supplemental shake three times a day. Please obtain re-weight to confirm weight loss. If weight loss is confirmed, add in med pass 60cc (cubic centimeters) BID (twice a day). Resident is also on Mirtazapine which increases appetite. Intakes charted as highly varied. Needs assistance while eating. Continue to assist as needed and encourage intakes. Offer meal subs (substitutes) if meal is not well accepted.</p> <p>On 7/14/24 at lunch R16 did not receive the supplemental shake as recommended by dietitian. R16 appeared shaky, but was feeding self.</p> <p>On 7/15/24 at lunch R16 did not receive the supplemental shake.</p> <p>7/16/24 9:20 AM V13 (Dietitian) stated R16's dietary recommendations given should have been followed (Supplemental shakes at meals and med pass 60cc three times daily). Not following recommendation would certainly attribute to R16's continual weight loss.</p>		

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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>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>42702</p> <p>Based on observation, interview and record review the facility failed to change oxygen tubing and water as ordered and failed to have the correct flow rate for two (R22 and R6) of two residents reviewed for oxygenation from a total sample list of 30 residents.</p> <p>Findings include:</p> <p>The facility provided Oxygen Therapy Policy dated 3/2019 documents that oxygen tubing/mask/cannula is to be changed on a weekly basis and tubing is to be dated.</p> <p>1. R22's undated diagnoses list includes: Pneumonia, Benign Prostatic Hypertrophy, Cognitive Communication Deficit, Hypothyroidism, Depression, Fatigue, Gout, History of Pleural Effusion, Hypoxemia, Shortness of Breath and Wheezing.</p> <p>R22's progress notes dated 5/29/24, document that R22 was treated for pneumonia with Levaquin (antibiotic), completed on 6/5/24.</p> <p>R22's physician orders dated 6/5/24, document oxygen at 1 liter per nasal cannula to be applied nightly.</p> <p>R22's physician order dated 5/23/24, documents oxygen tubing to be changed every Friday on the night shift.</p> <p>On 7/14/24 at 9:42AM, R22's oxygen concentrator tubing and water was dated 7/2/24.</p> <p>On 7/15/24 at 1:36PM, R22's oxygen concentrator tubing and water was dated 7/2/24.</p> <p>On 7/15/24 at 1:39PM, V9 (Licensed Practical Nurse) said that the oxygen tubing and water should be changed weekly.</p> <p>37813</p> <p>2. R6's treatment sheet for 7/1/24 through 7/31/24 includes a current physician's order for Oxygen - Tubing and Humidifier Change every night shift every Monday for Oxygen Therapy Change Foam Tubes to Bilateral Ears When Changing oxygen Tubing and Humidification.</p> <p>R6's current physician's order sheet includes a physician's order for Oxygen 3 Liters per nasal cannula continuously.</p> <p>On 07/14/24 at 11:49 AM R6's oxygen humidification bottle was dated 6/30/24 and was empty. R6's tubing was caked with white crust on the nasal tubes. There was no date as to when the tubing was last changed. The oxygen flow was set to 2 Liters.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>37813</p> <p>Based on interview and record review the facility failed to employ a Director of Nursing for a year or more and failed to provide the services of a registered nurse for eight consecutive hours seven days a week. This failure has the potential to affect all 36 residents residing in the facility.</p> <p>Findings Include:</p> <p>The resident roster dated 7/14/24 documents 36 residents reside at the facility.</p> <p>The facility's nursing working schedule from 7/1/24 to 7/14/24 documents the facility did not have the services of a Registered Nurse (RN) for eight consecutive hours 7/3/24, 7/5/24, 7/9/24 and 7/12/24.</p> <p>On 4/2/23 V5 (Licensed Practical Nurse stated We have not had a Director of Nursing (DON) for about a year. We do not have RN coverage for eight consecutive hours seven days a week. V5 verified the documentation on the working schedule provided was an accurate record of RN coverage and that V5 does the schedule for nurses.</p> <p>The facility's policy (not dated) Registered Nurse (RN) Coverage Policy states, Purpose: The purpose of this policy is to ensure that adequate Registered Nurse (RN) coverage is maintained at all times in (the facility) to provide safe, effective, and high-quality care to residents in accordance with Illinois Department of Public Health (IDPH) regulations. Policy Statement: It is the policy of (the facility) to have Registered Nurse (RN) coverage available 24 hours a day, 7 days a week, to oversee and coordinate nursing care and to ensure the health and safety of our residents.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2024
NAME OF PROVIDER OR SUPPLIER Piper City Rehab & Living Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 600 Maple Street Piper City, IL 60959	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172</p> <p>Based on interview and record review the facility failed to obtain psychotropic medication consents for four of six residents (R18, R25, R2, R24) reviewed for unnecessary medications in the sample list of 30.</p> <p>Findings Include:</p> <p>The facility's Psychotropic Medication Policy dated 11/28/17 documents Psychotropic medications shall not be prescribed or administered without the informed consent of the resident, the resident's guardian, or other authorized representative. The same policy documents the Behavior Tracking sheet will be implemented for each resident receiving psychotropic medications to ensure behaviors are being monitored.</p> <p>1. R18's Medical Diagnoses list dated July 2024 documents R18 is diagnosed with Bipolar Disorder.</p> <p>R18's Physician Order Sheet dated July 2024 documents physician orders for Abilify (Antipsychotic) 20 milligrams (mg) per day for Bipolar disorder, Nortriptyline (Antidepressant) 10 milligrams at bedtime for Bipolar Disorder, and Lamotrigine (Anticonvulsant) 100 milligrams two times per day for Bipolar Disorder.</p> <p>On 7/16/24 at 10:00 AM V5 (LPN-Licensed Practical Nurse/Resident Care Coordinator) confirmed R18 had been receiving the Nortriptyline and Lamotrigine without consent and she just obtained consent for these medications on 7/15/24.</p> <p>2. R25's Medical Diagnoses list dated July 2024 documents R25 is diagnosed with Dementia with Behavioral Disturbances and Depression.</p> <p>R25's Physician Order Sheet dated July 2024 documents physician orders for Quetiapine Fumarate (Antipsychotic) 25 milligrams in the evening for Dementia with Behavioral Disturbances, Effexor (Antidepressant) 75 milligrams per day for Depression, and Lexapro (Antidepressant) 5 milligrams - 1/2 tab daily for Dementia with Behavioral Disturbances.</p> <p>On 7/16/24 at 10:00 AM V5 confirmed R25 had been receiving the Effexor and Lexapro without consent and she just obtained consent for these medications on 7/15/24.</p> <p>37813</p> <p>3. R2's Medication Administration Sheet (MAR) for July 1, 2024 through July 31, 2024 documents the following psychotropic medications: Zolpidem Tartrate (hypnotic) 5 milligram (mg) tablet, take one tablet by mouth at bed time six times a week (Omit Wednesday). Quetiapine (antipsychotic) 25 mg Tablet, one tablet by mouth at bed time. Lorazepam (antianxiety) 0.5 mg tablet, take one tablet by mouth twice a day and every four hours prn (As needed).</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There is no documentation of a consent for these medications observed on R2's medical record (hard copy or electronic).</p> <p>On 7/16/24 at 12:00PM V5 verified there were no consents documented for R2.</p> <p>42702</p> <p>4. R24's undated diagnoses sheet documents the following diagnoses including: Chronic Obstructive Pulmonary Disease, Viral Hepatitis C, Hypertension, Delusional Disorders, Thrombosis of Atrium, [NAME] Appendage and Ventricle, Insomnia, Unspecified Dementia, Depression, Psychosis, Anxiety and Chronic Atrial Fibrillation.</p> <p>R24's June 2024 physician order sheet documents an order for Quetiapine (antipsychotic) 25 milligrams (MG) ordered on 2/7/24.</p> <p>R24's July 2024 physician order sheet documents an order for Quetiapine (antipsychotic) 12.5 MG ordered on 7/3/24, Clonazepam (antianxiety) 0.5 MG ordered on 9/11/23 and Trazodone (antidepressant) 200 MG ordered on 6/29/23.</p> <p>On 7/15/24 at 10:00AM, V5 said that consents for R24 could not be located.</p> <p>On 7/15/24 at 1:00PM, V10 (Social Services Director) said that she was supposed to obtain R24's consents today and that there were not consents for R24's 25 MG of Quetiapine (antipsychotic), 0.5 MG of Clonazepam (antianxiety) or Trazodone (antidepressant) 200MG.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>32853</p> <p>Based on observation, interview and record review the facility failed to administer medications in accordance with Physician's Orders and timely for one of five residents (R33) reviewed for medication administration in the sample list of 30. The facility had 11 medication errors out of 25 opportunities resulting in a 44% (percent) medication error rate.</p> <p>Findings include:</p> <p>The facility's 6.2 Medication Administration Times policy with a Revision date of 5/1/10 documents, 1. Facility should ensure that authorized personnel, as determined by Applicable Law, administer medications according to times of administration as determined by Facility's pharmacy committee and/or Physician/Prescriber. 2. Facility should commence medication administration within sixty (60) minutes before the designated times of administration and should be completed by sixty (60) minutes after the designated times of administration.</p> <p>R33's Order Summary Report dated 7/15/24 documents orders for 1. Cholecalciferol Liquid give 50 mcg (micrograms) enterally one time a day for Anemia, 2. Folic Acid 1 mg (milligram) one time a day for Anemia, 3. Keppra Solution 15 ml (milliliters) every 12 hours for Seizures , 4. Pepcid 20 mg every 12 hours for Anemia, 5. Propranolol HCL (Hydrochloride) solution 20 mg/5 ml give 5 ml every 6 hours for Epilepsy/Tremors, 6. Vitamin B6 50 mg one time a day for Anemia, 7. Vimpat solution 10 mg/ml give 20 ml every 12 hours for Epilepsy, 8. Levothyroxine Sodium 75 mcg one time a day for Hypothyroidism and 9. Topiramate Solution 300 mg every 12 hours for Epilepsy, 10. Risperdal (antipsychotic) solution 0.75 mg three times a day for Behaviors Related to Autistic Disorder.</p> <p>R33's Medication Administration Record dated July 1 through July 31 documents the above medications were all scheduled to be administered at 6:00 AM.</p> <p>On 7/15/24 at 4:58 AM, V6 (Licensed Practical Nurse/LPN) stated that she had already administered R33's 6:00 AM medications via the Gastrostomy tube prior to 5:00 AM, V6 confirmed that she administered the scheduled medication greater than one hour prior to the administration time except for the Risperdal because they don't have any of his Risperdal.</p> <p>On 7/15/24 at 11:40 AM, V9 (LPN) prepared R33's 12:00 PM medications but stated she can not administer R33 his scheduled Risperdal 0.75 mg at 12:00 PM because they do not have it. V9 stated that she called the pharmacy to get more but does not know when there will be more. V9 confirmed the 12:00 PM dose of Risperdal for R33 was omitted on 7/15/24 due to being out of the medication.</p> <p>On 7/16/24 at 12:25 PM, V5 (Resident Care Coordinator/LPN) stated that medications should be administered no earlier than one hour before and one hour after scheduled administration time. V5 stated that when they run out of R33's Risperdal they should immediately call pharmacy but if it can't be refilled the nurses need to call the physician.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32853</p> <p>Based on observation, interview and record review the facility failed to ensure a resident was free of a significant medication error for one of one resident (R33) reviewed for significant medication errors in the sample list of 29. This failure resulted in R33 experiencing increased Autistic related behaviors.</p> <p>Findings include:</p> <p>R33's Order Summary Report dated 7/15/24 documents diagnoses including Attention and Concentration Deficit, Epilepsy, Autistic Disorder, Other Pervasive Developmental Disorder, Traumatic Hemorrhage of Right Cerebrum with Loss of Consciousness of one hour to five hours 59 minutes and Gastrostomy Status. This Order Summary documents an order for Risperdal Oral Solution (antipsychotic) give 0.75 mg (milligram) via G-tube (Gastrostomy tube) three times a day for Behaviors related to Autistic Disorder with an order date of 6/21/24.</p> <p>R33's Care Plan dated 7/8/24 documents R33 has behaviors related to the disease process of Autism, Epilepsy, Traumatic Brain Hemorrhage of Right Cerebrum and R33 takes Risperdal to help with the behaviors with an intervention to administer psychotropic medication as ordered by the Physician.</p> <p>R33's Medication Administration Record dated 7/1/24 through 7/31/24 documents R33's Risperdal was scheduled to be given at 6:00 AM, 12:00 PM and 8:00 PM daily. This Medication Administration Report documents R33's Risperdal was not given on 7/13/24 at 8:00 PM, on 7/14/24 at 6:00 AM and 8:00 PM, on 7/15/24 at 6:00 AM and 12:00 PM, five of six scheduled doses of Risperdal were not given as ordered.</p> <p>On 7/14/24 at 9:44 AM, R33 was in his room hollering out loudly. It was indiscernible what he was yelling out. There were staff in the room with R33. On 7/15/24 at 5:15 AM, R33 was in the activity room with other residents and was hollering out loudly, repeatedly and could be heard at the end of the hall. On 7/15/24 at 9:00 AM, R33 was in the activity room hollering out. On 7/15/24 at 10:30 AM, R33 was in the activity room yelling out and other residents were telling him to be quite. On 7/15/24 at 11:00 AM, V4 (Dietary Manager) was in the activity room with R33 talking to him but R33 was still yelling out. Staff proceeded to push R33 in his chair outside and took him for a walk. On 7/15/24 at 12:55 PM, R33 was hollering out from the activity room. On 7/15/24 at 3:15 PM, R33 was hollering out in the activity room.</p> <p>On 7/15/24 at 11:30 AM, V9 (Licensed Practical Nurse/LPN) took R33 to his room to administer his G-tube (Gastrostomy tube) medications. R33 was yelling out the entire time on the way to his room and while in his room until V9 had finished administering the medication and was pushing R33 out of his room back to the activity room. At this time V9 stated that she could not administer R33 his Risperdal as they were out of it. V9 stated that she contacted the pharmacy for more.</p> <p>On 7/15/24 at 1:10 PM, V11 (Consultant Pharmacist) stated that R33 is prescribed the Risperdal for Autism Associated Irritability. V11 stated that missing 5 out of 6 doses of Risperdal would increase his irritability. V11 stated that Irritability and behaviors are the same thing.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/15/24 at 1:25 PM, V12 (Dispensing Pharmacist and General Manager) stated that R33 is on Risperdal 0.75 mg which is 0.75 ml (milliliters). V12 stated it was sent to the facility on [DATE], then again on July 5th. V12 stated that a 30 ml bottle of Risperdal was sent and it should last 13 days so there should still be medication available for him. V12 stated that there was an electronic request put in on the 12th but it was too soon for the insurance to pay for it so it was not filled.</p> <p>On 7/15/24 at 1:35 PM, V5 (Resident Care Coordinator/LPN) stated that the reason they are running out is that the staff are not putting the cap on tightly and it is spilling out of the bottle.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>32853</p> <p>Based on observation, interview and record review the facility failed to label an open insulin pen with the open date for one of one resident (R18) reviewed for medication storage in the sample list of 30.</p> <p>Findings include:</p> <p>The pharmacy's Insulin Storage Recommendations dated 2021 documents after opening Admelog it should be kept for up to 28 days either in the refrigerator or at room temperature.</p> <p>The facility's 6.0 General Dose Preparation and Medication Administration policy with a Revision date of 1/1/13 documents, Facility staff should enter the date opened on the label of medication with shortened expirations date (example insulins, irrigation solutions, etcetera).</p> <p>R18's Medication Administration Record dated 7/16/24 documents an order for Admelog Solostar Subcutaneous Solution Pen Injector 100 units/ml (milliliter) inject 10 units subcutaneously with meals for Diabetes and an order for Admelog Solostar 100 units/ml, 3 ml pen, inject as per sliding scale.</p> <p>On 7/15/24 at 11:59 AM, V8 (Licensed Practical Nurse/LPN) prepared R18's Admelog insulin pen for administration. At this time the insulin pen had already been opened and used and the pen was not dated with a date to indicate when it was first opened. V8 confirmed there was no date written on the insulin pen and proceeded to use the insulin pen for R18's injection.</p> <p>On 7/15/24 at 2:56 PM, R18's Admelog insulin pen was inside of medication cart two, inside an unsealable plastic bag. The Admelog was not dated with an open date. At this time, V8 confirmed there was no date written on the Admelog insulin pen.</p> <p>On 7/15/24 at 12:25 PM, V5 (Resident Care Coordinator/LPN) stated that the nurses are suppose to date the insulin pens when they are first opened.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>42702</p> <p>Based on observation, interview and record review the facility failed to provide the correct consistency for a pureed diet for three (R4, R14 and R25) of three residents reviewed for pureed diets.</p> <p>Findings include:</p> <p>The facility policy dated October/2012 documents that the method of pureeing food includes blending mixture to a smooth, pudding-like consistency.</p> <p>R4's physician order dated 3/7/23 documents an order for a pureed diet.</p> <p>R14's physician order dated 4/30/24 documents an order for a pureed diet.</p> <p>R25's physician order dated 6/3/23 documents an order for a pureed diet.</p> <p>On 7/14/24 at 12:02 PM, V3 (Cook) said that the pureed ham was ready to serve.</p> <p>On 7/14/24 at 12:05 PM, the pureed ham was tested and had chunks of ham in it.</p> <p>On 7/14/24 at 12:06 PM, V4 (Dietary Manager) tested the pureed ham and said that it had chunks of ham in it and that it would have to be made into the correct consistency before being served to the residents because it could cause them to choke.</p> <p>On 7/16/24 at 8:45 AM, V13 (Dietician) said that the pureed food had to be pudding consistency so that the residents don't choke or aspirate.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on observation, interview, and record review the facility failed to properly label open refrigerator items, failed to clean the refrigerator and the range hood, and failed to provide bread to residents without mold on it. These failures have the potential to affect all 36 residents who reside in the facility.</p> <p>Findings include:</p> <p>The Long-Term Care Facility Application for Medicare and Medicaid documents on [DATE] that 36 residents reside in the facility.</p> <p>On [DATE] at 8:10 AM, V3 (Cook) confirmed that refrigerated items without a date include: chocolate syrup, ice cream toppings, a glass of milk, and a cup of sour cream. Additionally, five packs of string cheese were expired. The white refrigerator where the above items were stored was unclean with dried spillage and old debris.</p> <p>On [DATE] at 12:30PM, V4 (Dietary Manager) said that she understood from V3 (Cook) that there were items that were not labeled and that they had been disposed of and the refrigerator cleaned.</p> <p>On [DATE] at 8:20AM, the range hood appeared greasy with dust and debris on it. The last date of testing was documented on the hood as [DATE].</p> <p>On [DATE] at 8:21AM, V4 (Dietary Manager) said that the fire suppression company that does the cleaning and testing of the range hood won't take care of it because of lack of payment, then stated, It really needs to be cleaned.</p> <p>On [DATE] at 8:45AM, V13 (Dietician) said that she does kitchen inspections and the facility range hood hasn't been tested since [DATE]. I tell them every month that they need to clean it. Grease can drip, dust can get on to the food and fire is always a potential when grease has built up like it has. I have told them that it needs to be cleaned.</p> <p>On [DATE] at 8:39 AM, R1 was eating a piece of moldy bread at the breakfast table. R1 had eaten half of the slice before the mold was noticed.</p> <p>On [DATE] at 8:50 AM, V13 (Dietician) said that her records document that she threw the moldy bread away when evaluating the facility kitchen on [DATE].</p> <p>The facility Kitchen Sanitation policy dated ,d+[DATE] documents that it is the policy of the facility to comply with public health standards and local and state sanitation regulations and that a cleaning schedule will be developed for the department. The facility provided Food Safety bulletin dated ,d+[DATE] documents that food or beverages past the expiration date should be thrown away immediately and that food or beverages should be labeled and dated to monitor for food safety.</p>		

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<p>F 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>32172</p> <p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>Based on interview and record review the facility failed to ensure required personnel attended the required quarterly Quality Assessment and Assurance (QAA) committee meetings. This failure has the potential to affect all 36 residents residing in the facility.</p> <p>Findings Include:</p> <p>The undated Quarterly Quality Assurance Performance Improvement (QAPI) Committee Meeting Agenda Plan documents the facility QAPI Committee consists of facility leadership including the Administrator, Director of Nurses, Infection Preventionist and Medical Director. The committee should meet at least quarterly and its purpose is to take a systemic, comprehensive, and data-driven approach to maintaining and improving safety and quality within the facility.</p> <p>The facility provided four QAPI committee meeting sign-in sheets for the previous year's worth of meetings. The meeting sign-in sheet dated 1/11/24 documents the facility's Administrator, Director of Nurses, and Infection Preventionist did not attend. The meeting sign-in sheet dated 4/12/24 documents the facility's Medical Director, Administrator, Director of Nurses, and Infection Preventionist did not attend. The meeting sign-in sheet dated 7/12/24 documents the facility's Medical Director, Director of Nurses, and Infection Preventionist did not attend.</p> <p>On 7/15/24 at 3:00 PM V5 (Resident Care Coordinator) verified the QAPI meeting signatures and confirmed all the required members did not attend the meetings. V5 confirmed all required members of the QAPI committee should be present at all quarterly meetings.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid dated 7/15/24 documents 36 residents reside in the facility.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32172</p> <p>Based on observation, interview, and record review the facility failed to designate an onsite certified Infection Preventionist who works at least part-time in the facility. This failure has the potential to affect all 36 residents in the facility.</p> <p>Findings Include:</p> <p>Upon survey entrance and throughout the survey (7/14/24-7/16/24) there was no Infection Preventionist working part-time in the facility.</p> <p>On 7/15/24 at 3:00 PM V5 (Resident Care Coordinator) stated the facility has not employed a part time certified Infection Preventionist for a long time. V5 confirmed V2 (Regional Nurse) fills in occasionally but she is not in the facility but two days a month on average and she is not able to complete the Infection Preventionist duties part time in the facility.</p> <p>The Facility assessment dated [DATE] documents the resources needed to provide competent support and care for the facility's resident population includes an Infection Control and Preventionist.</p> <p>The facility's Long Term Care Facility Application for Medicare and Medicaid dated 7/15/24 documents a facility census of 36 residents.</p>