

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Caseyville Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  601 West Lincoln Avenue Caseyville, IL 62232	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42108</b></p> <p>Based on observation, interview and record review, the facility failed to ensure coordination of care with residents' community-based physician including preventative care to maintain the highest practicable physical well-being for 1 of 6 residents (R3) reviewed of quality of care in the sample of 6.</p> <p>Findings include:</p> <p>R3's Admission Record, not dated, documents R3 was admitted [DATE].</p> <p>R3's Brief Interview for Mental Status, dated 5/3/2024, documents R3 is cognitively intact.</p> <p>R3's Progress Note, effective date 6/11/2024 at 12:30 PM, documents created dated 6/14/2024 at 11:57 AM Late Entry: Note Text: Resident was concerned over his Cologuard being sent out and asked what time the mail ran. I informed him they picked up at around 2pm and he had time to get it ready. He then stated he did not need to go now, and he would have to wait until Wednesday.</p> <p>On 6/12/2024 at 9:40 AM R3 stated he was admitted to the facility on [DATE]nd. R3 stated shortly after he went to his primary physician which is outside of the facility. R3 stated he saw his physician and was informed he needed a colonoscopy. R3 stated because of his breathing issues his physician did not feel it was safe to put him under. R3 stated a (non-invasive, at home prescription stool DNA test) was then ordered. R3 stated when he returned to the facility, he notified the nurse about it. R3 stated he waited for the stuff to be delivered. R3 stated he asked about it but was told and no one had seen it. R3 stated on 6/7/2024 he was giving his box of supplies. R3 stated the box was delivered on 5/24/2024. R3 stated he was upset because he had another appointment following Monday and his primary physician wanted the results. R3 stated he was very upset and voiced this to the nursing staff. R3 stated V4, Unit Manager/Licensed Practical Nurse, LPN, spoke with him about it. R3 stated V4 came up with a plan for it to be sent out on Tuesday and but it is still here on Wednesday.</p> <p>On 6/12/2024 at 9:40 AM a delivery box with stool specimen equipment, dated 4/24/2024 at 5:33 AM, observed in R3's room.</p> <p>On 6/12/2024 at 11:24 AM V2, Director of Nursing, stated she was not aware of the box being delivered. V2 stated R3 makes his own appointments and does not communicate with the facility. V2 stated she became aware of it on Friday 6/7/24. V2 stated R3 is alert and able to do it himself.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Caseyville Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  601 West Lincoln Avenue Caseyville, IL 62232	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/12/2024 at 11:26 AM V3, Assistant Director of Nursing, stated she became aware of the issue on 6/7/2024 and stated she tried to speak with R3. V3 stated R3 was upset. V3 stated the box should have been delivered when it arrived. V3 stated they are working with R3 to get it done.</p> <p>On 6/12/2024 at 11:30 AM V5, LPN, stated it was her fault. V5 stated there were some problems with R3's medication and they were waiting to get them in the mail. V5 stated when the box was sitting back there it was not the medication, so she didn't think too much of it.</p> <p>On 6/12/2024 at 11:36 AM V8, Medical Assistant, stated R3 was seen by V7, Physician, on 5/8/2024. V8 stated at that time V7 ordered the Cologuard test to be performed. V8 stated the Cologuard was ordered to rule out colon and rectal cancer. V8 stated on his visit on 5/8/2024 they were not aware R3 was at a skilled facility and was not notified by the skilled facility. V8 stated because of this the communication was with R3. V8 stated they are now aware of R3 residing at a skilled facility. V8 stated they send the order to the company and the company contacts the facility and/or patient.</p> <p>On 6/17/2024 at 9:43 AM V11, Licensed Practical Nurse (LPN), stated when a resident returns from a doctor's appointment they return with paperwork. V11 stated this paperwork is given to the nurse. V11 stated they must verify any new orders or follow up appointments. V11 stated sometimes the residents come back and don't have paperwork. V11 stated they talk with the resident and family.</p> <p>On 6/17/2024 at 9:50 AM V10, LPN, stated she works for the facility. V10 stated when a resident goes to the doctor V6 (Transportation Aide) goes with them. V10 stated paperwork is sent with them. V10 stated the paperwork is given to the resident if they are alert or V6 if they are not. V10 stated when the resident returns the nurse is notified and the paperwork is then given to the nurse. V10 stated they must verify there aren't new orders or follow up appointments. V10 stated the nurse will speak with the resident and the family if they went along.</p> <p>On 6/17/2024 at 9:54 AM V9, LPN, stated she is an employee of the facility. V9 stated when a resident goes to the doctor paperwork is sent with the resident. V9 stated they have a staff member goes with the residents if needed. V9 stated when the resident returns the paperwork is given to the nurse. V9 stated they do have residents keep their paperwork. V9 stated if they don't receive any paperwork, they call the office to make sure there isn't any new orders or follow up appointments. V9 stated if a resident receives a delivery they first check to see if its medication and then the box is given to the resident.</p> <p>On 6/17/2024 at 10:14 AM V6, Transportation Aide, stated she took R3 to his doctor's appointment on 5/8/2024. V6 stated R3 had recently admitted to facility and notified her of his appointment. V6 stated she was able to fit R3 in the schedule and went with him. V6 stated she waited for R3 in the waiting area. V6 stated R3 is alert and did not want V6 to go into the exam with him. V6 stated when R3 returned to the waiting room she asked if he had any paperwork and R3 stated he didn't. V6 stated when returning to the facility V6 notified the administrator and the nurse R3 had returned. V6 stated when taking a resident to the doctor V6 makes copy of paperwork. V6 stated she copies the face sheet with insurance and physician order sheet. V6 stated usually the resident has a summary that is provided by the office.</p> <p>On 6/17/2024 at 10:35 AM V12, Receptionist, stated when a resident gets mail or delivery those items are taken to the nurse's station and given to the nurse. V12 stated those items are not given directly to the resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145585	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/17/2024
NAME OF PROVIDER OR SUPPLIER  Caseyville Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  601 West Lincoln Avenue Caseyville, IL 62232	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Residents' Rights for people in Long-Term Care Facilities, dated 11/18, documents, You have the rights to choose your own doctor. Your facility must deliver and send your mail promptly.</p> <p>The facility's Physician Orders for Resident Appointments policy dated 7/6/2023, documents on the day of the scheduled appointment, the resident's nurse will document a progress note when the resident leaves facility, with any required information, and then a second progress note upon the resident's return to the facility, with any required information.</p>		