

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 08/28/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40701</p> <p>Based on observation, interview and record review, the facility failed to administer oxygen therapy as prescribed and provide signage on doors where oxygen is in use for residents receiving oxygen therapy for 2 of 3 residents (R2, R3) reviewed for respiratory care in the sample of 11.</p> <p>Findings include:</p> <p>1. R2's Face Sheet dated 8/28/2024 documents R2 has diagnoses of Chronic Obstructive Pulmonary Disease (COPD) and Respiratory Failure.</p> <p>R2's Minimum Data Set (MDS) dated [DATE] documents R2 is cognitively intact.</p> <p>R2's Order Audit Report dated 1/11/2024 documents, Oxygen continuous at 2 Liters/Minute per nasal cannula every shift for chest pain/SOB (shortness of breath).</p> <p>On 8/27/2024 at 10:20 AM, there was no oxygen in use signage located in R2's room or on R2's door regarding oxygen being utilize in this room. R2 stated she takes her portable oxygen tank to the dining room for lunch and the nurse must fill it with oxygen.</p> <p>On 8/27/2024 at 12:05 PM, R2 was in her room and stated she had no oxygen in her portable tank when she went to the dining room. R2 stated when she notified staff, R2 was told by an unknown staff member to try to eat as much as she could and see how she does without her oxygen.</p> <p>On 8/27/2024 at 1:17 PM, V10, Assistant Director of Nursing (ADON) stated R2 should have a humidification bottle on her concentrator. R2 proceeded to tell V10 about what occurred at lunch with her oxygen. R2 told V10, She (unknown staff member) couldn't do anything about it at the time, said just eat as much as you can. V10 replied to R2, Everyone should know how important oxygen is. V10 stated she would expect if a resident reports they are out of oxygen, the CNA (Certified Nursing Assistant) should notify the nurse so it could be re-filled.</p> <p>2. R3's Face Sheet dated 8/28/2024 documents R3 has diagnoses of Chronic Obstructive Pulmonary Disease (COPD).</p> <p>R3's MDS dated [DATE] documents R3 is cognitively intact.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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 08/28/2024
NAME OF PROVIDER OR SUPPLIER Caseyville Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 601 West Lincoln Avenue Caseyville, IL 62232	
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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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's Order Audit Report dated 8/19/2024 documents, May use Oxygen at 2 Liters/Minute per nasal cannula continuously as tolerated, may titrate as needed every shift related to COPD.</p> <p>On 8/27/2024 at 1:11 PM, R3's oxygen concentrator was observed with two filters on both sides of the machine. Both filters were 100% covered in dust. V10 agreed that the state of the filters was unclean and covered in dust. V10 stated R3 should have a humidification bottle on his concentrator but does not know where the water bottle would go.</p> <p>On 8/27/2024 at 2:02 PM, V2 Director of Nursing (DON) stated she did not see R3's concentrator filters but, by the looks of it (concentrator), I can just imagine what they looked like. V2 stated the maintenance man would have the information on cleaning the filters. V2 stated not everyone on oxygen requires humidified water because the doctors order does not specify. V2 stated it is per resident preference. R3 stated he does prefer to have humidified oxygen because it keeps the air from being too dry.</p> <p>On 8/28/2024 at approximately 11:45 AM, V14, Maintenance Director, stated he did not have the information for R3's oxygen concentrator.</p> <p>On 8/28/2024 at 12:05 PM, V9, Certified Nursing Assistant (CNA) verified with surveyor that there were no oxygen in use signs in either R2's or R3's rooms. V9 stated there should be.</p> <p>The Facility's Policy Oxygen Administration dated October 2010 documents, Purpose: The purpose of this procedures is to provide guidelines for safe oxygen administration. It continues, The following equipment and supplies will be necessary when performing this procedure: 1. Portable oxygen cylinder 2. nasal cannula, nasal catheter, mask (as ordered) 3. humidifier bottle 4. No smoking/oxygen in use sign 5. regulator 6. personal protective equipment (as needed). It further documents, Check the mask, tank, humidifying jar, etc. to be sure they are in good working order and are securely fastened. Be sure there is water in the humidifying jar and that the water level is high enough that the water bubbles as oxygen flows through and Periodically re-check water level in humidifying jar.</p>		