

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Bement Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 North Morgan Bement, IL 61813	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</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 notify the physician of a resident's physical change of condition. This failure affects one of three residents (R1) reviewed for nursing care in the sample of three.</p> <p>Findings Include:</p> <p>The facility's Notification for Change in Resident Condition or Status dated 12/7/17 documents the facility staff shall promptly notify appropriate individuals (medical provider) of changes in the resident's medical/mental condition and/or status.</p> <p>R1's Medical Diagnoses list dated September 2024 documents R1 is diagnosed with Dementia, Covid-19, Heart Failure, Dissociative and Conversion Disorder, Major Depression, and Lewy Body Dementia.</p> <p>R1's Minimum Data Set, dated dated dated [DATE] documents R1 is severely cognitively impaired.</p> <p>R1's Medication Administration Record dated August 2024 documents R1's Risperdal (Antipsychotic) was increased on the afternoon of 8/22/24 from 0.5 milligrams two times per day to 2 milligrams two times per day due to uncontrollable behaviors and risk to others. The new increased dose was given to R1 on the evening of 8/22/24, the evening of 8/23/24, and two times each day on 8/24/24 and 8/25/24.</p> <p>R1's Progress Note dated 8/26/24 documents on the morning of 8/26/24, R1 was observed to be lethargic, sleeping</p> <p>more than usual, was not able to stay awake to eat, and appeared sedated since the increase in dose of Risperdal.</p> <p>R1's Progress Note dated 8/27/24 documents R1 continued with her change of condition status and was still lethargic, sleepy, and not eating or drinking. R1 was sent to the hospital for evaluation. R1 returned to the facility later that day after receiving intravenous fluids.</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: 145948	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/09/2024
NAME OF PROVIDER OR SUPPLIER Bement Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 601 North Morgan Bement, IL 61813	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/7/24, V5 Registered Nurse stated he was the nurse that took care of R1 over the weekend of 8/24/24 and 8/25/24. V5 stated he knew R1's Risperdal had increased pretty significantly in the last couple days and did notice the entire weekend, R1 was lethargic, would not get out of bed, would not eat or drink, and had stopped talking. V5 stated he did not notify any medical providers regarding R1's change of condition. V5 confirmed he should have notified V3 Nurse Practitioner of R1's physical changes.</p> <p>On 9/7/24 at 1:08 PM, V8 Certified Nurses Assistant stated on 8/24/24 and 8/25/24, R1 was not her normal self. V8 stated R1 was not able to get out of bed, eat or drink, and would not talk. V8 stated she was concerned for R1 and reported the changes to V5 Registered Nurse but it didn't seem like anything was done.</p> <p>On 9/9/24, V3 Nurse Practitioner stated the facility nursing staff need to vigilantly assess residents who have recently had a psychotropic medication change. V3 stated she was not notified until 8/26/24 of R1's changes in physical condition at which point she decreased the Risperdal and then eventually sent R1 to the emergency room . V3 confirmed she should have been notified on 8/24/24 when R1 became lethargic and stopped eating, talking, or getting out of bed.</p>		