STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145958	A. Building B. Wing	11/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany Rehab & Hcc	3298 Resource Parkway Dekalb, IL 60115

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)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. 45540 Based on observation, interview, and record review the facility failed to empty a catheter bag before it was full. This applies to 1 of 3 (R2) residents reviewed for catheters in the sample of 6. The findings include: On 11/6/2024 at 9:45AM, R2 in his room sitting up in his wheelchair with a catheter bag resting near the front of his wheelchair. On 11/6/2024 at 9:45AM, R2 stated the urine collection bag for his catheter was full and was uncomfortable. R2 stated he called for assistance using his call light. On 11/6/2024 at 10:38AM, V3 Licensed Practical Nurse (LPN) stated [R2] drinks a lot of water, requiring staff to empty his catheter bag more than once a shift. On 11/6/2024 at 1:13PM, V3 stated she entered [R2's] room and his catheter bag was full. V3 stated she emptied approximately 2000cc on 10/29/2024. On 11/6/2024 at 10:00AM, V2 Director of Nursing (DON) stated foley drainage bags need to be emptied in a timely fashion before it is full. V2 stated catheter bags are emptied at least once a shift or as needed based on patient output. On 11/6/2024 at 3:15PM, V1 Administrator stated he found [R2s] catheter bag to be full while rounding on 10/31/2024. R2's progress notes from 10/29/2024 state the nurse emptied 2000cc from catheter bag.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45540 Based on observation, interview, and record review the facility failed to ensure a resident with a recent history of pelvic and arm fracture received pain medication as ordered. This applies to 1 of 3 (R1) residents reviewed for pain management in the sample of 6. The findings include: On 11/6/2024 at 9:21AM, R1 stated she was admitted on [DATE] following a hospitalization for a fall at home resulting in surgical intervention and subsequent rehab. R1 stated she sustained pelvic fractures and a left arm fracture during the fall. R1 said she was admitted around 2:00PM on 10/25/2024 and didn't receive her prescribed oxycodone until around 11:00PM. On 11/6/2024 at 2:53PM V4 Licensed Practical Nurse (LPN - agency) stated she worked at the facility on 10/25/2024 from 7:00AM to 11:00PM stated she was aware [R1] had an order for oxycodone. V4 stated she called the pharmacy and requested a stat (right away) refill of the prescription for [R1]. V4 said she didn't have access to the med storage system to pull oxycodone for [R1]. V4 said later in the shift another nurse was able to pull the oxycodone for her so she could administer it to [R1]. V4 said she did administer PRN (as needed) pain medication to [R1] while she was waiting for the oxycodone to become available. On 11/6/2024 at 11:22AM, Director of Nursing (DON) stated pain medication should be administered as ordered. R1's Medication Administration Record (MAR) dated 10/1/2024 to 10/31/2024 shows Gabapentin 100mg was administered at 5:00PM on 10/25/2024, Tylenol 325 given at 9:00PM on 10/25/2024 with a pain score of 9, ibuprofen 600mg tablet given at 7:00PM on 10/25/2024 with a pain score of 10. R1's MAR dated 10/1/2024 to 10/31/2024 shows oxycodone 5mg administered at 10:30PM on 10/25/2024 with a pain score of 9. R1's admission progress notes on 10/25/2024 state resident arrived at the facility at 1:45PM with pain noted in left arm rating 9/10. R1's hospital prescription dated 10/24/2024 shows an order for oxycodone 5mg every 1 hours as needed.