

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146046	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2024
NAME OF PROVIDER OR SUPPLIER Marshall Rehab & Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 410 North Second Street Marshall, IL 62441	

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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37813</p> <p>Based on interview and record review the facility failed to identify the root cause of pain for one resident (R1) of three residents reviewed for pain in a sample of three residents. This failure resulted in (R1) experiencing continued pain requiring narcotic pain medications.</p> <p>Findings Include:</p> <p>R1's Care Plan updated 3/13/24 includes the following diagnoses: Fractured Neck of Right Femur with open Reduction and Internal Fixation, Right Hip Pain, Dementia, Osteoarthritis, Contusion of the Wall of the Thorax, Weakness, Insomnia, and Depression.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 is severely cognitively impaired. This MDS documents R1's indicators of Pain/Possible Pain per staff interview include Nonverbal Sounds, Vocal Complaints of Pain, Facial Expressions, and Protective body movements and postures. These indicators are documented as being present three to four out of five days.</p> <p>R1's progress note dated 03/12/2024 at 6:25PM documents (R1) arrived via facility van at 3:15 PM from (Local Hospital). Alert, oriented to self. Very confused per baseline. fell at home and broke Right hip. Open Reduction Internal Fixation done on the 8th. (R1) is Weight Bearing as Tolerated and transfers with two person assist. Complains of severe pain to hip. New Order received from (Medical Director) for Tylenol as needed as (R1) did not come with any pain medication orders. Vital Signs: Temperature 97.8, Heart Rate 90 beats per minute, Respirations 18, Blood Pressure 150/80, Oxygen concentration 97% on room air. Call light in reach but not able to use due to dementia. (R1's) Room right next to nurses station and (R1) has been yelling out when she needs help.</p> <p>R1's Pain level tracking documents R1's pain rating on a scale of one through ten. The following entries are documented: 3/12/24 at 8:18PM 3/10 and 3/13/24 at 12:04AM 0/10.</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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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>R1's Progress Note dated 03/13/2024 at 4:23AM documents This nurse heard a loud noise from (R1's) room and (R1) yelled 'help!' (R1) was sitting on floor beside bed on buttocks, legs out in front. No rotation or shortening of Bilateral Lower Extremities noted. (R1) stated (R1) 'was trying to get out of bed and I just slid out.' No injuries noted. Vital Signs Temperature 97.3, Pulse 78, Respirations 16, blood pressure 124/72. Wearing non skid socks. Bed in lowest position. Alert to self only, normal for (R1). (R1) complained of buttock pain, same intensity and anatomical area as prior to sliding out of bed. Denied striking head. After assessment, resident assisted to feet per two staff and transferred back to bed. Bore weight well, Moves all Extremities well. Hand grips strong and equal. Reminded (R1) to ask for help, reoriented to call light, and 15 min checks begun. Neurochecks initiated, Within Normal Limits.</p> <p>R1's Occupational Therapy notes for 3/13/24 document Underlying impairments/Skills analysis impaction functional performance: Balance deficit, Decreased Safety Awareness, Cognitive Decline/Cognitive Loss, Pain and Strength Impairments.</p> <p>R1's Progress Note dated 03/13/2024 at 7:13PM documents Tylenol Extra Strength Oral Tablet 500 MG Give 1 tablet by mouth every 6 hours as needed for as needed for pain. Administration was: Ineffective. Follow-up Pain Scale was: 8.</p> <p>On 3/14/24 at 1:00AM a new order per progress note is documented for Hydrocodone-Acetaminophen Tablet (narcotic pain reliever) 5-325 MG Give 1 tablet by mouth every 12 hours as needed for pain until 05/13/2024 Maximum Acetaminophen 4 GM / 24 hours right leg pain The narcotic pain reliever is documented as given at least daily until R1's discharge on 4/1/24.</p> <p>There is no documentation the facility assessed root cause of increasing pain following R1's fall 3/13/24 or attempted other interventions to identify cause of pain.</p> <p>On 4/29/24 at 8:04AM V10, R1's family member stated (R1) didn't do well in therapy and was in a lot of pain the whole 20 days (R1) was at the (Facility). I brought (R1) home on 4/1/24. The first thing I noticed was a large bump on (R1's) right hip. I contacted (V4) the orthopedic Surgeon and we brought (R1) to the hospital. (R1) had broken the entire head off (R1's) femur bone. (R1) has since gone through a total hip replacement.</p> <p>On 4/30/24 at 9:00AM V4, Medical Doctor Orthopedic Surgeon stated I can't say for certain (R1) fractured the hip during a fall at the facility or elsewhere and it just could have been something serendipitous. Who knows? I can say experiencing increased pain or even sustained severe pain following a recent hip repair is not the expected outcome and the cause of the pain should be investigated with a follow-up at our office or the emergency room or elsewhere where something can be done to diagnose the cause of the pain.</p> <p>On 4/30/24 at 10:00AM V2, Director of Nursing stated We did get a pain medication order for hydrocodone for (R1) when we noted the extra strength Tylenol was not working.</p> <p>On 4/30/24 at 12:00PM V9, Physical Therapy Assistant (PTA) stated, I did not see (R1) until she had fallen the night she got to the facility. I can say (R1) had a lot of pain when we moved her. It interfered with (R1's) ability to take part in therapy. Most residents don't continue to have severe pain following therapy, but (R1) did. It was hard because (R1) had dementia and she couldn't tell you she was in pain, but (R1) cried out and resisted when (R1) was moved.</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The facility's policy Pain Management and Assessment revised 11/22/21 states Policy Statement: To provide a broad spectrum of treatments for pain management as they apply specifically to older people and with specific recommendations to aid in decision making about pain management. To develop clinical practice guidelines for the management of acute and chronic pain. Evaluation and assessment: A comprehensive pain assessment will be completed upon admission, transfer, or onset of new pain which includes: 1. Quality of Pain (e.g., Aching, Numbness) 2. Pain intensity (numeric visual analog scale, or nonverbal behavior changes in functional observation). 3. Changes in mood state (e.g. Depression Anxiety) 4. Location and/or radiation of pain. 5. Factors that palliate or provoke pain. 6. Characteristics of pain (i.e., Stable, progressive, crescendo). 7. Duration of Pain.</p>		