

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/25/2025
NAME OF PROVIDER OR SUPPLIER  Park Place of Belvidere		STREET ADDRESS, CITY, STATE, ZIP CODE  1701 5th Avenue Belvidere, IL 61008	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0561  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.  Deficiency Text Not Available		

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 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**</b> Based on interview and record review the facility failed to identify a change in condition in a timely manner. This applies to 1 of 16 residents (R23) reviewed for quality of care in the sample of 16.</p> <p>The findings include:</p> <p>R23's face sheet shows she is a [AGE] year old female admitted on [DATE]. Her face sheet lists her diagnoses to include: peripheral vascular disease, chronic heart failure, non-ST elevation (NSTEMI) myocardial infarction (heart attack), atrial fibrillation, chronic kidney disease stage 3, hypertension, and muscle weakness.</p> <p>R23's progress notes dated 6/21/25 at 2:58 PM shows, pt (patient) c/o (complained of) not feeling well, refused breakfast, and lunch. Drank 240cc (cubic centimeter) of fluids at lunch, nothing for breakfast. T99.3 (temperature) Tylenol given at 1230 (12:30 PM) c/o shortness of breath, sats (oxygen saturation) 89% on ra (room air), applied oxygen at 2 liters per n/c (nasal cannula). 1430 (2:30 PM (2 hours later)) reassessed by 2 nurses, abdominal breathing noted and heart rate is irregular. Called V14 Nurse Practitioner (NP), sending to local ER (emergency room) for evaluation .</p> <p>R23's progress notes dated 6/21/25 at 8:04 PM shows, pt admitted to local hospital for non-stemi (heart attack) diagnosis.</p> <p>On 6/24/25 at 11:06 AM, V11 Registered Nurse (RN) stated she was the nurse that sent R23 out on 6/21/25. That morning she was sitting in her room not eating or drinking. R23 was saying she was short of breath and it was hard to breathe. V11 said R23's oxygen saturation was 89% in the morning. She said she notified V14 NP who told her to put oxygen on R23 and keep an eye on her. (There is no documentation in R23's medical record of that conversation/order). She also stated, R23 doesn't normally wear oxygen. When another nurse came in for PM shift, they assessed her together and that is when they decided to send her out. She stated the only documentation was the progress note at 2:58 PM. I should have documented more.</p> <p>The local hospital initial admission note dated 6/21/25 shows, History of Present Illness: Patient reports that she has been short of breath going on for the last few days, denies having any cough. Patient also with increased lower extremity swelling</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's change of condition process policy dated 2/4/25 shows, Policy: The purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician; and notify, consistent with his or her authority, resident's representative when there is a change requiring notification. Procedure: The facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. Situations requiring notification include: 2. A significant change in the resident's physical, mental, or psychosocial status that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications. This may include: a. life threatening conditions, or b. Clinical complications. 3. A need to alter treatment significantly; that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment. This may include: a. a new infection or wound. b. Discontinuing a treatment or changing medication due to i. adverse complications. ii. acute condition. iii. Exacerbation of a chronic condition</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>2. R41's Physician Order Sheet dated 6/25 show R41 has diagnosis of cerebral infarction hemiplegia and hemiparesis following stroke affecting right side.</p> <p>On 6/24/25 at 8:45 AM, during the initial tour, R41 was in bed with his right contracted arm towards his chest, his right hand with closed tight fist. There was no device noted to R41's right hand.</p> <p>On 6/24/25 at 10:17 AM, R41 was in bed. There was no device noted to R41's right contracted hand. V3 (Registered Nurse) who was with this surveyor said R41 was admitted with contracted right hand and had not noticed the resident with a splint.</p> <p>On 6/25/25 at 8:53 AM, V7 (R41's Niece) during a family interview said her main concerns were R41 being in bed most of the time, his contracted right hand, and that she wants R41 to have exercises or therapy.</p> <p>On 6/25/25 at 1:25 PM, V5 Restorative Nurse said R41 does not have a splint for his contracted right hand. A splint helps to prevent further decline of the contracted hand. R41's last Restorative Assessment was 6/14/24. The facility has no formal restorative program, assessments were done through MDS.</p> <p>On 6/25/25 at 11:45 AM, V8 (Rehab Director) said R41 was just now put on OT (Occupational Therapy) with the recommendation to wear a carrot/splint 4 hours on, 4 hours off for comfort measures.</p> <p>Based on observation, interview, and record review the facility failed to complete quarterly restorative assessments and/or failed to provide restorative services for residents with physical limitations. This applies to 4 of 5 residents (R25, R19, R7, R41) reviewed for restorative services in the sample of 16.</p> <p>1. On 6/23/2025 at 9:35AM, R25 was observed sitting up in his room in his wheelchair near the door with a right-hand contracture. R25 said they used to do range of motion with him more in the past.</p> <p>On 6/23/2025 at 1:48PM, R19 was observed sitting up in his wheelchair with a brace on his right wrist and a contracture to his right hand.</p> <p>On 6/24/2025 at 1:35PM and 6/25/2025 at 1:26PM, V5 Restorative Nurse said restorative assessment should be completed quarterly. V5 said restorative services are done three times per day (every shift) for residents in restorative. V5 said passive range of motion and range of motion should be addressed every shift. V5 said R25, R19, and R7 had hemiparesis affecting their right dominant side. V5 said R7 has hemiparesis affecting her left side.</p> <p>R25's Task: Restorative Program Passive Range of Motion (PROM) for the last 30 days shows resident received restorative minutes 1 - 2 per day for the last 30 days and no restorative minutes for 6/5/2025 (with no refusal documented on that day).</p> <p>R25's Minimum Data Set (MDS) section GG dated 5/16/2025 lists impairment to one side under functional limitations range of motion for both upper and lower extremities.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R19's MDS section GG dated 1/27/2025 lists impairment to one side under functional limitations range of motion for both upper and lower extremities.</p> <p>R7's MDS section GG dated 5/14/2025 lists impairment to both sides under functional limitations range of motion for both upper and lower extremities.</p> <p>The facility failed to provide restorative assessments in 2025 for R25, R19, and R7.</p> <p>The facility provided Restorative Nursing Programs policy, copyright date 2024, states. all residents will receive maintenance nursing services.</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Deficiency Text Not Available</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Based on interview and record review the facility failed to ensure a resident wasn't prescribed an unnecessary antibiotic. This applies to 1 of 6 residents (R23) reviewed for unnecessary medications in the sample of 16.</p> <p>The findings include:</p> <p>R23's progress notes show:</p> <p>-6/12/25- a UA (urine analysis) was ordered and going to be picked up from the laboratory on 6/13/25.</p> <p>-6/13/25- V14 Nurse Practitioner (NP) aware of failed attempt to collect urine on day shift. Lab not here to collect .</p> <p>-6/14/25- urine was collected and awaiting pick up by laboratory.</p> <p>-6/15/25- urine culture noted to be in fridge called laboratory and spoke [to someone who] stated she doesn't understand why specimen was not picked up and now it needed to be entered as STAT (right now)</p> <p>-6/16/25- V14 NP notified that lab did not pickup urine, DON (V2- Director of Nursing) also notified Urine to be sent to another lab in AM per NP.</p> <p>-6/16/25 continue to show: R23's urine specimen was collected and ready for pick up by laboratory.</p> <p>-6/17/25, R23's progress notes show, Nursing manager and writer contacted daughter to update on blood draw and urine collection. Resident will begin a ABT (antibiotic) today</p> <p>-6/18/25, R23's progress notes show, (V14) NP notified about wrong lab picking up residents urine, resident is currently on antibiotic without adverse reaction.</p> <p>R23's electronic medical record does not show, any urinalysis results.</p> <p>R23's June MAR (medication administration record) shows, Cefuroxime Axetil Oral Tablet 250 MG (milligram), Give 1 tablet by mouth two times a day for presumed UTI (urinary tract infection) for 7 Days. Start Date 06/17/2025, D/C (discharge) Date 06/23/2025. (She received 8 doses).</p> <p>On 6/25/25 at 10:33 AM, V2 DON stated, the facility ordered a UA on R23 because she had decreased energy and not being herself. They had issues with the lab not picking up the urine. They never did get a urine specimen. R23 was started on an antibiotic while they were waiting for the results.</p> <p>On 6/25/25 at 11:40 AM, V14 NP stated, she was aware the facility had issues with the lab picking up R23's urine specimen. They still gave her an antibiotic with out knowing whether it was a UTI or not. They were going to re-check her urine after the course of antibiotic but she was admitted to the hospital. She never had her urine re-checked.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's unnecessary drugs dated 1/8/25 shows, Policy: It is the facility's policy that each resident's entire drug/medication regimen is managed and monitored to promote or maintain the resident's highest practicable mental, physical and psychosocial well-being free from unnecessary drugs. Definitions: Adequate indications for use refers to the identified, documented clinical rationale for administering a medication that is based upon an assessment of the resident's condition and therapeutic goals and after any safer treatments have been deemed clinically contraindicated. Also, inadequate indication for use means that the medication administered is consistent with manufacturer's recommendations and/or clinical practice guidelines, clinical standards of practice, medication references, clinical studies, or evidence-based review articles that are published in medical and/or pharmacy journals.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on interview and record review the facility failed to follow their antibiotic stewardship program to ensure residents weren't prescribed unnecessary antibiotics. This applies to 1 of 6 residents (R23) reviewed for unnecessary medications in the sample of 16.</p> <p>The findings include:</p> <p>R23's electronic medical record (EMR) shows, she was prescribed a antibiotic for a presumed UTI (urinary tract infection). The facility attempted to get a urinalysis done but the urine specimen was never picked up by the laboratory. R23 remained on the antibiotic without knowing whether she had a indication for it.</p> <p>On 6/24/25 at 1:50 PM during the infection control interview V2 Director of Nursing (DON) stated, the nurses use the McGeer's (set of guidelines used to diagnose urinary tract infections (UTIs) in long-term care facilities) and a SBAR (Situation, Background, Assessment, and Recommendation) to help when determining whether a resident needs a antibiotic or not. She also monitors residents on antibiotics. This is part of the facility's antibiotic stewardship program.</p> <p>R23's EMR does not show a SBAR form for possible UTI or a urinalysis.</p> <p>The facility's antibiotic prescribing practices dated 1/8/25 shows, Policy: Antibiotic use protocols, including prescribing practices, are implemented as part of the facility's antibiotic stewardship program for the purpose of optimizing the treatment of infections and reducing adverse events associated with antibiotic use.</p> <p>The facility's infection prevention and control program dated 2/25/25 shows, .6. Antibiotic Stewardship: a. An antibiotic stewardship program will be implemented as part of the overall infection prevention and control program. b. Antibiotic use protocols and a system to monitor antibiotic use will be implemented as part of the antibiotic stewardship program. c. The infection Preventionist, with oversight for the Director of Nursing, serves as the leader of the antibiotic stewardship program. d. The medical director, consultant pharmacist, and laboratory manager will serve as resources for the antibiotic stewardship program.</p>		