

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ASL510243</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/18/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MEADOWS OF FRANKLIN GROVE, THE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>510 N STATE STREET FRANKLIN GROVE, IL 61031</b>
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A 000	Initial Comment	A 000		
A4010	<p>Annual Licensure Survey Conducted</p> <p>Section 295.4010 Service Plan</p> <p>This Regulation is not met as evidenced by: Annual Survey Entrance 11/18/24, Exit 11/18/24</p> <p>Type 2 Violation</p> <p>Section 295.4010 Service Plan (REPEAT)</p> <p>d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act)</p> <p>e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000) ...</p> <p>g) Service plans shall address:</p> <p>1) The level of service the resident is receiving, including:</p> <p>A) assistance with activities of daily living;</p>	A4010		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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A4010	<p>Continued From page 1</p> <p>B) dietary needs, if the establishment provides therapeutic diets; and</p> <p>C) special accommodations for the resident;</p> <p>2) The amount, type, and frequency of health-related services needed by the resident;</p> <p>3) Staff responsible for the provisions of the service plan;</p> <p>4) Any risk being negotiated; and ...</p> <p>h) The service plan shall include all support services provided or arranged for by the establishment ...</p> <p>This requirement was not met, as evidenced by:</p> <p>Based on interview and record review, the establishment failed to individualize resident service plans and address the required elements. This applies to 4 of 4 residents (R1, R2, R3, R4) reviewed for these requirements. These failures create a substantial probability of harm to a resident or residents, in that it cannot be determined if the establishment knows the needs and safety concerns of the resident.</p> <p>The findings include:</p> <p>On 11/18/24, resident medical records and service plans were reviewed.</p> <p>1. R1's medical record showed R1 moved into the establishment on 9/19/22 and has multiple diagnoses, including dementia, anxiety disorder, and major depressive disorder. R1's record</p>	A4010		

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A4010	<p>Continued From page 2</p> <p>showed R1 receives hospice services.</p> <p>R1's Service Plan, dated 1/29/24, did not address the use of opioid and psychotropic medication, reason for use, and mood/behaviors to monitor for. R1's Order Summary Report showed R1 takes as needed hydrocodone-acetaminophen (analgesic opioid), scheduled fluoxetine (antidepressant), and hospice comfort medications - as needed morphine (analgesic opioid) and as needed lorazepam (antianxiety). These medications increase R1's risk for falls.</p> <p>R1's Service Plan was not updated for actual falls and new interventions that might be needed. R1's medical record showed R1 had multiple falls. R1's Facility Reported Incidents, Date of Occurrence 1/7/24, showed R1 had a fall, hit the head, and was sent to the hospital for evaluation. R1's progress notes, dated 2/5/24 and 9/25/24, showed R1 had falls with no injuries.</p> <p>R1's Service Plan showed home health service through Castor Health weekly but did not indicate the type of service provided. On 11/18/24, E1 indicated, R1 receives companion services through home health.</p> <p>2. R2's medical record showed R2 moved into the establishment on 5/23/19 and has multiple diagnoses, including diabetes mellitus, congestive heart failure, anxiety disorder, and major depressive disorder.</p> <p>R2's Service Plan, dated 10/10/24, did not indicate who is responsible for the provision of R2's Prolia injection. R2's plan showed R2 self-administers medication, under supervision. R2's Order Summary Report showed R2 takes a</p>	A4010		

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A4010	<p>Continued From page 3</p> <p>Prolia injection, for osteoarthritis, every six months. On 11/18/24, E1 (Administrator) indicated, the nurse administers the injection.</p> <p>R2's Service Plan did not address the use of opioid and psychotropic medication and mood/behavior that needs to be monitored for. R2's Orders Summary Report showed R2 takes as needed hydrocodone-acetaminophen (analgesic opioid) and scheduled Buspirone, Duloxetine and Mirtazapine (all antidepressants).</p> <p>R2's Service Plan did not address R2's Negotiated Risk. R2's Negotiated Risk Agreement and Release, dated 3/5/24, showed R2 had frequent episodes of aspiration pneumonia that resulted in hospitalization and was ordered a puree diet. The agreement showed R2 preferred and consented to, despite concerns and risks, a regular texture diet and thin liquids.</p> <p>R2's Service Plan did not accurately describe diabetic order. R2's Order Summary Report showed R2 takes Basaglar (long-acting insulin) inject 46 units in the morning. R2's service plan incorrectly showed, under the category Insulin and Blood Sugar Management, R2 takes Levemir (long-acting insulin) 50 units every morning. R2's Order Summary Report showed R2 takes sliding scale Novolin (short-acting insulin), inject zero units if blood sugar is less than 150. R2's service plan incorrectly showed, hold sliding scale if blood sugar is under 100.</p> <p>3. R3's medical record showed R3 moved into the establishment on 9/16/24 and had multiple diagnoses, including chronic kidney disease stage three and anxiety.</p>	A4010		

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A4010	<p>Continued From page 4</p> <p>R3's Service Plan, dated 9/25/24, did not address R3's use of psychotropic medication and mood/behavior to be monitored for. R3's Order Summary Report showed R3 takes as needed alprazolam (antianxiety). This medication increases R3's risk for falls.</p> <p>R3's Service Plan did not address R3 as a fall risk, give interventions, or update for actual fall. R3's Facility Reported Incident, Date of Occurrence 10/17/24, showed R3 woke up dizzy and fell headfirst to the floor, which resulted in a lump on the right forehead and loss of consciousness. The report showed R3 was sent to the hospital for evaluation.</p> <p>4. R4's medical record showed R4 moved into the establishment on 8/26/24 and has multiple diagnoses, including dementia and depressive disorders.</p> <p>R4's Service Plan, dated 8/26/24, did not address R4's use of opioid and psychotropic medication and mood/behavior to monitor for. R4's plan showed R4 self-administers medications. R4's Order Summary Report showed, R4 takes scheduled sertraline (antidepressant) and as needed tramadol (analgesic opioid). These medications increase R4's risk for falls.</p> <p>On 11/19/24, E1 (Administrator) and E2 (Director of Nursing) reviewed and confirmed the above findings.</p> <p>The establishment policy titled Falls (no date) showed: Should a resident experience a fall, staff will provide or arrange for necessary emergency care, and will follow up with necessary service</p>	A4010		

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A4010	Continued From page 5  plan updates.  The establishment policy titles Service Plans (no date) showed: Policy Statement: A resident-centered, individualized service plan is created and maintained for every resident of the Meadows of Franklin grove. The purpose of the service plan is to provide a centralized coordination of mutually agreed upon services to be provided to the resident base his/her individualized needs from the physician's physician assessment and establishment's evaluation.	A4010		