STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008510	A. BUILDING: _____ B. WING _____	C 11/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARC AT NORMAL	509 NORTH ADELAIDE NORMAL, IL 61761

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S 000	Initial Comments Complaint Survey: 2369349/IL166505	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)1 300.1210d)2 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999	**Attachment A** Statement of Licensure Violations	

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S9999	Continued From page 1 care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. These Requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident's PICC (Peripherally Inserted Central Catheter) infusion line and IV (Intravenous) pump were patent (open and not blocked) and infusing a physician ordered IV antibiotic 24/7 (24 hours a day/seven days a week) for one of two residents (R1) reviewed for PICC lines in the sample of three. These failures resulted in the facility failing to administer R1's physician ordered continuous IV (Intravenous) antibiotic as ordered for the treatment of R1's Sepsis and Epidural Abscess (infection of the spine or skull), R1 experiencing numerous occasions of mental anguish, and R1 experiencing an unwanted visit to the Emergency Room (ER) room to gain vascular access. Findings include: The facility's Facility Assessment Tool dated 08/2022 through 10/2023 documents, "Purpose: The purpose of this assessment is to determine what resources are necessary to care for	S9999		

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S9999	Continued From page 2 residents competently during both day-to-day operations and emergencies. Using a competency-based approach focuses on ensuring that each resident is provided care that allows the resident to maintain or attain their highest practicable physical, mental, and psychosocial well-being. (The facility) reviews all referrals. The summary of diagnosis listed below are considered for admission to our facility. We accept residents with a variety of diseases, conditions, physical and cognitive disabilities, or combination of conditions that require complete medical care and management. Diagnosis Summary: Infectious Diseases. Special Treatments: IV Medications." The facility's Resident Care Policy and Procedure Central Venous Access Device and Midline Catheter Care and Management dated 06/2017 documents, "Central Venous Access Devices (CVAD), including PICC (Peripherally Inserted Central Catheters), as well as midline catheters will be routinely monitored and cared for following established procedures and guidelines. Licensed practical nurses may monitor central venous access devices and midline catheters for complications. Only registered nurses may change dressings, access ports, change needless connectors, connect administration sets, flush and lock central venous access device lines and midline catheters, perform blood draws for the device, and remove non-tunneled PICC's, CVAD's, and midline catheters." R1's Admission Record documents R1 is a 53-year-old admitted to the facility on 10-20-23. R1's MDS (Minimum Data Set) Assessment dated 10-27-23 documents R1 is cognitively intact.	S9999		

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S9999	Continued From page 3 R1's Hospital Discharge Summary dated 10-20-23 documents, "You (R1) were here for infection of your neck that was treated with surgery and antibiotics. You were treated with antibiotics and need to be on antibiotics until 12-4-23. Principal Discharge Diagnoses: Sepsis and Epidural Abscess. Discharge on IV Nafcillin by PICC placement." R1's Hospital Discharge Transfer Order dated 10-20-23 documents, "Nafcillin (Penicillin Antibiotic) 12 grams in 0.9% (percent) 880 ml (milliliters) infusion, infuse 12 grams IV (Intravenous) every 24 hours." R1's Active Order Summary Report documents the following orders: Nafcillin Sodium Intravenous Solution Reconstituted (Nafcillin Sodium) use 12 grams intravenously in the evening related to Extradural and Subdural Abscess. 12 grams in 0.9 % (percent) NaCL (Sodium Chloride) 880 ml (milliliters) to be run over 24 hours. Flush each lumen of PICC line with five ml of normal saline before and after infusion at bedtime. Order date: 10-20-23. R1's Care Plan dated 10-21-23 documents, "(R1) has a peripheral midline PICC line to right arm due to Sepsis. Nursing to maintain midline/PICC line per orders." R1's Nursing Note dated 10-27-23 at 1:40 AM and signed by V4 (Agency LPN/Licensed Practical Nurse) documents, "IV pump beeping stating air in line. No RN present to maintain line. DON (Director of Nursing/V2) and on-call manager notified of IV pump being shut off due to no RN in building."	S9999		

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S9999	Continued From page 4 R1's Nursing Note dated 10-29-23 at 2:17 AM and signed by V7 (Agency LPN) documents, "(R1) in bed resting at this time. (R1) has a PICC line and has fluids that should be running, but due to the line having air in it and there is not an RN on staff, (R1) was informed that she could wait till (until) morning or she would be sent to the hospital. (R1) requested to be sent to the ER and this nurse informed on-call and (V2)." R1's Emergency Department Notes dated 10-29-23 at 3:53 AM document, "Chief complaint: Vascular Access Problem. (R1) is currently living a (nursing home) for septic arthritis that (R1) was diagnosed with approximately one month ago. (R1) sent by nursing home staff due to her PICC not working properly in order for her to receive her nightly medication through her PICC line. (R1) is currently at the facility to receive 24-hour IV antibiotic therapy for septic arthritis. Per (R1) she has not received her antibiotics routinely as scheduled. Call (nursing home) and spoke with nurse (V7/Agency LPN) who advised that (R1) was sent into the emergency department for administration of her antibiotics infusion because he was advised by the nurse manager to do so because there is not a registered nurse in the building. LPN (s) are not allowed to administer medications through PICC line. An RN not on staff until day shift today." R1's Nursing Note dated 11-1-23 at 2:22 AM and signed by V7 (Agency LPN) documents R1's IV PICC line was not running and was displaying air in line. On 11-10-23 at 9:45 AM R1 was sitting in her bed with Nafcillin 12 GM in 0.9 % Normal Saline infusing at 42 ml/hour through a PICC line in the right upper arm. R1 was crying with visible tears	S9999		

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S9999	Continued From page 5	S9999		

and stated, "When a RN isn't here, and my machine (IV pump) acts up the staff shut my machine off. I have gone without my antibiotic seven nights now. Two nights I went without it (IV antibiotic) for seven hours. I have had to be sent to the ER one night just to get the IV restarted. I should not have to be sent out of the facility in the middle of the night just to get my IV fixed and turned back on. I spent over a month in the hospital before coming to this facility. I was very sick, and I have an infection in my blood stream that was caused by an infection in my spine. I do not want to go without my antibiotics and have a set-back. I am afraid I will die without it (antibiotic). I called (V3/Infectious Disease RN) and told her I am afraid, and the facility is not giving me my antibiotic at night. Please help me."

On 11-10-23 at 10:00 AM V2 (Director of Nursing) stated, "I know (R1) has had air in her IV line and her pump was beeping a couple times on third shift. There was no RN on-site to manage it, so I told the nurses to send her to the ER. We do not have RNs in this building 24/7 (24 hours a day/seven days a week). The IDT (Inter-Disciplinary Team) reviews new admissions together and we knew when we admitted (R1) that she had a PICC line with antibiotics 24/7."

On 11-10-23 at 10:35 AM V4 (Agency LPN/Licensed Practical Nurse) stated "I was working third shift on 10-27-23 and taking care of (R1). At 1:38 AM that night (R1's) IV pump started to malfunction. (R1) gets a continuous antibiotic through a PICC line. There was no RN on duty to fix the pump and there was air in the line of the tubing. I called (V2/Director of Nursing) to see what I should do. (V2) instructed me to shut off (R1's) pump and wait for a RN in the morning to turn the antibiotic back on. (R1)

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S9999	Continued From page 6 did not get her antibiotic until after 7:00 AM when V8 (RN) came in and hooked it back up. The entire time (R1's) pump was off, (R1) was crying and afraid she was going to die. R1's mother (V6) even called me and was screaming at me. I was so upset that I quit, and I am not going back to the facility because I do not feel comfortable with taking care of a PICC line without an RN in the building." On 11-10-23 at 10:45 AM V8 (RN) stated, "(On 10-27-23) I came in around 7:00 AM and cleared the air out of (R1's) tubing and hooked her IV back up. (R1's) IV antibiotics had been shut off that night because there was no RN working. I have had to turn (R1's) pump on twice when I have gotten here in the morning." On 11-10-23 at 10:50 AM V6 (R1's Mother) stated, "(R1) has been really scared living at that facility because there have been multiple nights that her IV pump has been shut off and she has not gotten her antibiotic. (R1) is a very sick girl and has to have antibiotics continuously. (R1) has an infection of her spine. I have spoken to staff multiple times about this issue. I am trying to get (R1) moved to a facility closer to me that has RN's available to manage her IV." On 11-10-23 at 3:55 PM V3 (Infectious Disease RN) stated, "I got a call from (R1) a week or more ago. (R1) was crying and telling me she was not getting her antibiotics because there was no RN in the building to manage her PICC line. (R1) told me there were seven nights she has not received her antibiotic. The facility admitted (R1) knowing she needed antibiotics through the PICC line 24 hours a day every day for at least two months. The facility should have made sure there was a RN there to administer and manage (R1's) PICC	S9999		

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S9999	Continued From page 7 line and antibiotics. (R1) is septic and has an infection of the spine. (R1) is very ill and has to have her antibiotics around the clock. I have tried to call (V2) for over a week to talk to her about (R1) not getting her antibiotics. (V2) never returned my calls until yesterday. This clinic and V5 (Infectious Disease Physician) should have been notified every time (R1) did not get her antibiotics so we could have monitored (R1's) labs (laboratories) closer and developed a plan. (V5) and this clinic were never notified when (R1) missed her antibiotic. (R1) had to notify us herself." On 11-11-23 at 3:03 PM V7 (Agency LPN) stated, "There have been numerous nights that (R1's) IV pump has been beeping and (R1) had air in her IV line. There was no RN in the building, so I have called (V2) and (V2) instructed me to send (R1) to the ER (Emergency Room). (R1) was crying and did not want to go to the ER just to get her IV to work. The second time the paramedics came in and fixed the air in the line, but about an hour after they left the pump started to beep again. I turned the pump off and an RN did not come in to turn in back on until day shift, which was around four hours later, so (R1) did not receive her IV antibiotics. There have been numerous nights (R1's) pump does not work and (R1) does not get her antibiotics and I have had to turn it off. (R1) cries and is afraid she is going to die whenever I have to turn the pump off." (B)	S9999		