

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146117	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2020
NAME OF PROVIDER OF SUPPLIER CASEY HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 N.E. 15TH CASEY, IL 62420	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to follow physician orders [REDACTED]. R1 is one of three residents reviewed for follow up appointments on the sample list of three. Findings include: R1's Physician order [REDACTED]. The facility's AIM for Wellness assessment dated [DATE], documents R1 fell and at 12:45 PM, a Certified Nurse Assistant (CNA) was alerted by R1 in the adjoining room in the bathroom on the floor. The assessment documents R1 was noted to have a bruise to the left forearm. R1's Nursing Notes dated 8/13/2020 at 12:45 PM, documents the Nurse Practitioner, V4 was notified due to continued increased confusion of R1. An order was then given to send R1 to the emergency room for evaluation and treatment. R1's Nursing Notes dated 8/13/2020, document R1 was transferred to another hospital emergency room. R1's CT Brain without Contrast dated 8/14/2020 at 6:44 AM, documents left holohemispheric intermediate/low density subdural fluid collection shows maximal thickness of 7-8 millimeters, extending along the left aspect of the falx and right holohemispheric intermediate/low density subdural collection shows maximal thickness of 4 millimeters, extending long the right aspect of the falx (bilateral subdural hematomas). R1's Hospital Discharge Summary dated 8/16/2020, documents for R1 to see Neurology in two weeks from date of discharge and to have a repeat CT 2 weeks from hospital discharge. R1's medical record does not document any appointments being made from August 16, 2020 through September 21, 2020 for R1 to be seen by Neurology or have a repeat CT per R1's discharge instructions. On September 23, 2020, at 1:26 PM, V4, Nurse Practitioner for R1, stated R1 came to see V4 in V4's office on September 8, 2020, for a pre-op appointment for R1's right shoulder dislocation. V4 stated that's when V4 noticed the discharge orders for August 16, 2020, that documented R1 to be seen by Neurology and have a repeat CT - neither had been completed. V4 stated V4 advised the facility to schedule the CT and neurology appointments for R1. V4 stated because those two appointments were not made, R1's shoulder surgery will have to be postponed and that R1 cannot be sedated for any surgery until R1 sees neurology. V4 stated the nurses at the facility did not follow through with R1's discharge orders and that V4 would expect them to do so. On 9/23/2020, at 4:17 PM, V1 Administrator, stated the policy titled Conformance with Physician Medication Orders, dated Revised 10/06, per V1's home office, this is the policy for medications and MD (medical doctor) orders; the same process. This policy only has documentation regarding medications.</p>		
F 0727 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>Based on interview and record review, the facility failed to provide a full time Director of Nursing (DON) since 8/22/20 to present. This failure has the potential to affect all 52 residents in the facility. Findings include: On 9/21/2020, at 9:05 AM, V1 Administrator stated the facility does not have a Director of Nursing (DON) now and has not had one since 8/31/2020. A letter dated 7/22/20 documents V5 former DON resigning following V5's shift on 8/22/20. There were no documents provided indicating any registered nurse was designated to serve as DON after 8/22/20. The Resident Census and Conditions of Residents dated 9/21/2020, documents 52 residents residing in the facility.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.