

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145597	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER PEKIN MANOR		STREET ADDRESS, CITY, STATE, ZIP 1520 EL CAMINO DRIVE PEKIN, IL 61554	
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 0694 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to maintain, label and date, monitor, document and administer solutions per Physician order [REDACTED]. Findings include: Facility Intravenous Catheters Policy, revised 11/06, documents to change the Intravenous Catheter/IV site every 72 hours if an occlusive dressing is used; to record solution, flow rate, time IV started, size of catheter used, location of injection, and resident tolerance, along with the name of the Registered Nurse/Licensed Practical Nurse who started the IV; and to mark the tubing with date, time and initials; and the IV site must be monitored closely and status documented; and to document for infiltration or infection. R3' Physician order [REDACTED]. R3's Physician order [REDACTED]. No orders for the 4/15/20 infusion were documented. R3's Nursing Notes, dated 04/14/2020 at 10:04 am, document that an IV was placed in R3's right forearm, With blood return noted and patent with flush. IV initiated of 0.9 Normal saline running at 75ml/hr. Tolerated well. R3's Nursing Notes, dated 04/15/2020 at 2:43 am, document that the facility received R3's lab results that were drawn on 4/14/20, at 2:00 pm. R3's Potassium level was 6.1 and V12 (R3's Nurse Practitioner/NP) ordered to restart 0.9% Normal Saline at the rate of 75ml an hour. R3's IV was then stopped (saline locked) at 12:35 am on 4/15/20. R3's Nursing Note, dated 4/15/20 at 4:53 am, documents 0.9% normal saline restarted at 75ml/hr at 0245 (2:45 am). R3's Physician order [REDACTED]. R3's MAR, dated 4/1/20 through 4/17/20, documents that on, 4/14/20 at 10:00 am, Sodium Chloride 0.9% parental solution; amount: one liter, at 75/ml an hour was administered. The MAR did not document a Sodium Chloride infusion/administration for 4/15/20. R3's Medication Administration Record/MAR, dated 4/1/20 through 4/30/20, documents one physician's orders [REDACTED]. R3's MAR, dated 4/14/20 through 4/17/20, does not document monitoring of R3's IV site or medication administration for the 4/15/20, Sodium Chloride administration. R3's MAR does not document a 72 hour IV dressing change, that was due 4/17/20, at 10:04 am. R3's 4/14/20 through 4/17/20, Nursing Notes, Medication Administration Record/MAR and Treatment Administration Record/TAR do not document the size of IV catheter, IV tubing and dressing date/time/initials, IV dressing changes or IV site monitoring. The MAR also does not document the infusion of the 4/15/20 at 2:45 am IV infusion. R3's Nursing Notes, dated 4/17/20 at 2:20 pm, document that R3 was transported and admitted to the local Hospital. On 8/14/20, at 11:59 am, V11 (Medical Transport/Ambulance Service) stated, On 4/17/20, when I was transporting (R3) to the hospital from the nursing home, (R3's) IV site, where the needle was inserted, was hot, red, puffy and had pus coming out of it. The IV dressing was undated and there was an IV bag connected to the IV site and the pump was not on but it was dripping, to gravity, as to keep the line open. The IV bag was dated 4/14/20 and was half full. On 8/14/20, at 9:49 am, V2 (Director of Nursing/DON) stated, We use occlusive dressings and they are ordered to be change every 72 hours per our policy. I do not see a doctor's order or anything signed out on the Medication Administration of the Normal Saline for 4/15/20 when it was restarted. I also do not see anywhere in (R3's) medical record that it was being monitored or the dressing was ever changed.</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.