

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145039	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER GENERATIONS AT PEORIA		STREET ADDRESS, CITY, STATE, ZIP 5600 GLEN ELM DRIVE PEORIA, IL 61614	
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 0551 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Give the resident's representative the ability to exercise the resident's rights. Based on interview and record review, the facility failed to ensure a resident's representative's preferences were honored on behalf of the resident for one of three residents (R1) reviewed for resident rights in the sample of three. Findings include: The facility's Residents' Rights for People in Long Term Care Facilities policy states, You have the right to Safety and Good Care: Your facility must provide services to keep your physical and mental health, and sense of satisfaction. This same policy also states, Your facility must make reasonable arrangements to meet your needs and choices. R1's Facesheet documents R1 was admitted to the skilled nursing facility on 9/20/20 from a local area hospital and also lists the name and phone number of R1's Power of Attorney (V5). R1's Brief Interview for Mental Status on 9/21/20 documents R1 with severe cognitive impairment. R1's Nurse's Note on 9/20/2020 at 9:36 P.M. documents R1 was admitted to the facility from a local area hospital. R1's electronic medical record contains a History and Physical, dated 9/16/20, and a Discharge Summary, dated 9/20/20, from the local area hospital that discharged R1 to the skilled nursing facility on 9/20/20. R1's Nurse's Note on 9/24/2020 at 10:57 A.M., documents R1 was admitted to a different local area hospital than the one R1 discharged from on 9/20/20. On 9/24/20 at 8:31 A.M., V5 (R1's Power of Attorney) stated R1 was sent to a local area hospital from the skilled nursing facility on 9/22/20 somewhere between 9:30 A.M. and 10:30 A.M. V5 stated V5 was not aware that R1 was having a decline in R1's health or that R1 was sent to a local area hospital's emergency room. V5 stated R1 was sent to the wrong hospital and R1 went to a different hospital than the one R1 was recently discharged from. V5 stated R1 has never been a patient of the hospital R1 was sent to on 9/22/20, and if anyone from the facility had notified V5 that R1 was declining in health or being sent to the emergency room, V5 could have told the facility which hospital to send R1 to. On 9/24/20 at 10:58 A.M., V3, Registered Nurse, confirmed V3 sent R1 to the wrong local area hospital. V3 stated V3 did not check in R1's chart where R1 should have gone. V3 stated, I was going off an assumption. V3 was not aware of which hospital R1 admitted from on 9/20/20. On 9/24/20 at 1:07 P.M., V2, Director of Nursing, stated, We sent (R1) to the wrong hospital (on 9/22/20). V2 confirmed R1's records indicate which hospital was correct for R1 to transfer to. V2 stated the facility could also have looked at which hospital sent the discharge orders and sent R1 back there.		
F 0580 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Based on interview and record review, the facility failed to notify a resident's representative of a change in condition that required transfer to a hospital for one of three residents (R1) reviewed for notification of change in the sample of three. Findings include: The facility's Change in a Resident's Condition or Status policy, revised 05/17, states, Objective: 1. Our facility shall promptly notify the resident, his or her attending physician, and representative of changes in the resident's condition and/or status. This same policy also states, 2. Unless otherwise instructed by the resident, the nurse will notify the resident's representative when: b. There is a significant change in the resident's physical, mental, or psychosocial status; e. It is necessary to transfer a resident to a hospital. R1's Facesheet documents R1 was admitted to the skilled nursing facility on 9/20/20 from a local area hospital and also lists the name and phone number of R1's Power of Attorney (V5). R1's Census sheet documents R1 was on a hospital leave on 9/22/20 at 10:05 A.M. On 9/24/20 at 8:31 A.M., V5 (R1's Power of Attorney) stated R1 was sent to a local area hospital from the skilled nursing facility on 9/22/20 somewhere between 9:30 A.M. and 10:30 A.M. V5 stated V5 was not aware that R1 was having a decline in R1's health, or that R1 was sent to a local area hospital's emergency room. V5 stated V5 received a call from the local area hospital's physician around 3:30 P.M. on 9/22/20 asking for information on R1. V5 stated it was not until the hospital called V5 that V5 was aware that R1 was in the hospital. R1's Nurse's Notes on 9/22/2020 at 9:15 A.M., states (R1) noted to be alert with c/o (complaints of) chest pain, (R1) is pale and has dusky appearance, labored respirations noted. (Oxygen Saturation) 78% (percent) on room air, oxygen applied and titrated to (four liters) with (R1 saturating) between 89-92%, (Blood Pressure) 124/84 HR (Heart Rate) 103 irreg (irregular), (respirations) 24 and labored. (V8/R1's Physician) notified. R1's Nurse's Notes on 9/22/2020 at 9:20 A.M., states, (R1) seen by (V8) via virtual visit, (R1) no longer able to respond appropriately, (oxygen saturation) 93% on (four liters) oxygen via nasal cannula. New orders received to send to (emergency room) for eval (evaluation) and treat. R1's Nurse's Notes on 9/22/2020 at 10:28 A.M., states, New order received to (send) to (emergency room) for eval r/t (related to) high pulse and c/o (complaints of) chest pain. R1's medical record does not contain any documentation that V5 (R1's Power of Attorney) was notified of R1's change in condition or of R1's transfer to the local area hospital. On 9/24/20 at 10:58 A.M., V3 (Registered Nurse/RN) stated V3 was the nurse caring for R1 on 9/22/20 when R1 was sent to the local area hospital. V3 stated V5 was not notified of any of the changes with R1 until V5 called the facility and spoke with V4 (RN) around 3:30 P.M. that same day. V3 stated, That was my mistake. I got busy and meant to go back and do that and didn't. V3 confirmed that V5 should have been notified immediately. On 9/24/20 at 1:07 P.M. V2 (Director of Nursing) verified V3 should have called V5 when all of the changes were occurring with R1. V2 stated, We failed to call (V5).		
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.