

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARC AT DWIGHT</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>300 EAST MAZON AVENUE DWIGHT, IL 60420</b>
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S 000	Initial Comments  First Probationary Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations (1 of 6)  300.615a) 300.615e) 300.615f)  Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information  a) For the purpose of this Section only, a nursing facility is any bed licensed as a skilled nursing or intermediate care facility bed, or a location certified to participate in the Medicare program under Title XVIII of the Social Security Act or Medicaid program under Title XIX of the Social Security Act.  e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)  f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at <a href="http://www.isp.state.il.us">www.isp.state.il.us</a> and the Illinois	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>Department of Corrections sex registrant search page at <a href="http://www.idoc.state.il.us">www.idoc.state.il.us</a> to determine if the individual is listed as a registered sex offender.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete a Criminal History Background Check and check the Illinois Sex Offender Registration website and the Illinois Department of Corrections Sex Registrant Page within 24 hours of admission for one of five residents (R15) reviewed for Identified Offenders on the sample list of 22.</p> <p>Findings include:</p> <p>R15's ongoing Census documents R15 was admitted to the facility on 10/4/23.</p> <p>R15's Criminal History Background Check, Illinois Sex Offender Registration Website, and the Illinois Department of Corrections Sex Registrant Page document they were checked on 9/29/23, four days prior to being admitted to the facility.</p> <p>On 10/8/23 at 11:40 am, V1 Administrator confirmed R15's required checks: Criminal History Background Check, Illinois Sex Offender Registration Website, and the Illinois Department of Corrections Sex Registrant Page were checked prior to admission to the facility and was not checked again within 24 hours of admission to the facility.</p> <p>The facility's Identified Offender- Admission Guidelines dated 9/2023 documents a Criminal History Record will be requested and the resident will be screened on the Sex Offender websites to determine if facility placement is appropriate.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>(C)</p> <p>Statement of Licensure Violations (2 of 6)</p> <p>300.610a) 300.610c)2) 300.686a)10)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>c) The written policies shall include, at a minimum the following provisions:</p> <p>2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including laboratory and x-ray)</p> <p>Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications</p> <p>a) For the purposes of this Section, the following definitions shall apply:</p> <p>10) "Psychotropic medication" - medication that is used for or listed as used for psychotropic,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>antidepressant, antimanic or antianxiety behavior modification or behavior management purposes in the Prescribers Digital Reference database, the Lexicomp-online database, or the American Society of Health-System Pharmacists database. Psychotropic medication also includes any medication listed in 42 CFR 483.45(c)(3).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete a psychotropic medication assessment prior to starting and/or administering the medication for one of two residents (R3) reviewed for psychotropic medications on the sample list of 22.</p> <p>Findings include:</p> <p>R3's October 2023 Physician Orders document an order dated 7/26/23 for Fluoxetine (Antidepressant) 10 mg (milligrams) daily for Major Depressive Disorder.</p> <p>R3's Admission Assessment dated 7/25/23 does not document R3 is taking any psychotropic medications.</p> <p>As of 10/6/23, R3's Electronic Medical Record does not contain a Psychotropic Medication Assessment for the Fluoxetine.</p> <p>On 10/6/23 at 3:14 pm, V11 MDS (Minimum Data Set)/CP (Care Plan) Coordinator stated Psychotropic Medication Assessments are suppose to be completed at the time of admission, or when a new order is obtained. V11 confirmed R3 did not have one completed when the Fluoxetine was started.</p> <p>(C)</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Statement of Licensure Violations (3 of 6)</p> <p>300.1620a)</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to administer medications in accordance with physician orders and manufacturer's instructions for use for three of eight residents (R12, R13, R14) reviewed for medication administration in the sample list of 22. This resulted in 5 medication errors out of 31 opportunities, for a 16.13% medication error rate.</p> <p>Findings include:</p> <p>1) R12's October 2023 Physician Orders document R12 is to receive four capsules of Potassium Chloride {Electrolyte} 10 meq (milliequivalents) for a total of 40 meq and 32 units of Novolog {Fast Acting Insulin} at noon.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>On 10/6/23 at 12:15 pm, V6 LPN (Licensed Practical Nurse) prepared R12's ordered noon medications. V6 opened two capsules of Potassium Chloride 10 meq into a medication cup and mixed the granules with chocolate pudding. A warning label on the Potassium Chloride documents "take with food". V6 also prepared the 32 units of Novolog, then closed the medication cart to enter R12's room to administer the medications. Prior to entering R12's room, the surveyor questioned the dosage of Potassium Chloride that was to be administered and V6 stated, "oh, (R12) is to take 4" then opened another two capsules into the chocolate pudding. V6 then entered R12's room and administered the prepared medication and insulin. At this time, R12 stated R12 hadn't eaten since breakfast, more than 3 hours prior.</p> <p>On 10/6/23 at 12:40 pm, R12's lunch delivered {25 minutes after being given the Potassium, which was to be given with food}.</p> <p>The Highlights of Prescribing Information dated 8/2022 documents Potassium Chloride can cause gastrointestinal irritation and should be taken with meals.</p> <p>The Highlights of Prescribing Information dated 2/2015 documents Novolog "starts acting fast. You should eat a meal within 5 to 10 minutes after you take your dose of Novolog."</p> <p>2) R13's October 2023 Physician Orders document R13 is to receive the following medications at 4:00 pm: Lipitor {Statin} 40 mg (milligrams) - one tablet, Aricept {Central Acetylcholinesterase Inhibitor} 5 mg - one tablet, Seroquel {Antipsychotic} 25 mg - two tablets, Remeron {Antidepressant} 15 mg -</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>one forth tablet QOD (every other day) on even days, Vitamin D 3 {Mineral} 400 IU (International Units) - one tablet, and Acetaminophen {Analgesic} 500 mg - two tablets.</p> <p>On 10/6/23 at 4:00 pm, V5 Agency LPN (Licensed Practical Nurse) prepared the above medications and placed them into a medication cup. R13's medication card of Vitamin D3 contained a warning that documents "take with food". V5 then transferred the pills from the medication cup into a baggie to crush them and in the process, the bag tilted sideways and the Remeron fell out of the bag and onto the floor. V5 looked at the bag of medication to ensure all medications were still in the bag, to which V5 said they were. V5 proceeded to crush the medications and then placed the crushed mixture into applesauce. At this time, V5 was asked to check the floor to see if the Remeron had fallen. V5 checked the floor and confirmed the Remeron had fallen. V5 then prepared another Remeron tablet and included that in the applesauce mixture and administered all medications to R13. R13 stated R13 had not eaten anything since lunch, around 12:30 pm.</p> <p>On 10/6/23 at 4:30 pm {30 minutes after taking Vitamin D3, which was to be given with food}, R13 still had not eaten supper.</p> <p>The Drug Information Sheet for Vitamin D3 dated 12/2017 documents Vitamin D3 is essential for absorption of calcium and necessary for healthy and strong bone. This sheet also documents Vitamin D3 should be swallowed, not chewed or crushed.</p> <p>3) R14's October 2023 Physician Order Sheet documents morning medications that include</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Ferrous Sulfate {Iron Supplement} 220 mg (milligrams) - one tablet and Pepcid {Antacids} 20 mg - one tablet that are to be given in the morning via g-tube (gastrostomy tube).</p> <p>On 10/7/23 at 4:45 am, V8 LPN (Licensed Practical Nurse) prepared the ordered medications. Instead of using Ferrous Sulfate tablets, V8 poured 5 ml (Milliliters) of Ferrous Sulfate Elixir 220 mg/5 ml into a medication cup. The Elixir bottle had a two warning labels on the bottle; 1) mix with water or fruit juice and 2) do not give with antacids. V8 then crushed the ordered Pepcid and mixed it with 5 ml of water to dissolve. V8 then entered R14's room to administer the medications. V8 administered the Ferrous Sulfate Elixir without adding any water or fruit juice to R14 via the g-tube, then flushed the g-tube with 5 ml of water, then administered the dissolved Pepcid via the g-tube.</p> <p>On 10/7/23 at 6:00 am, V8 confirmed V8 did not mix the Ferrous Sulfate Elixir with anything and stated, "I never do." V8 stated V8 did not notice the warning labels that said to mix it with water or juice or the warning to not give it with antacids.</p> <p>The facility's Medication Administration Policy dated 8/2023 documents medications must be administered in accordance with physician's orders including the right medication, right dosage, right route and right time. (B)</p> <p>Statement of Licensure Violations (4 of 6)</p> <p>300.1620c) 300.1630e)</p> <p>Section 300.1620 Compliance with Licensed</p>	S9999		



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S9999	<p>Continued From page 8</p> <p><b>Prescriber's Orders</b></p> <p>c) Review of medication orders: The staff pharmacist or consultant pharmacist shall review the medical record, including licensed prescribers' orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 300. Appendix F, determine if there are irregularities that may cause potential adverse reactions, allergies, contraindications, medication errors, or ineffectiveness. This review shall be documented in the clinical record. Portions of this review may be done outside the facility. Any irregularities noted shall be reported to the attending physician, the advisory physician, the director of nursing and the administrator, and shall be acted upon.</p> <p>Section 300.1630 Administration of Medication</p> <p>e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review the facility failed to identify and report drug interactions to the physician and monitor anticoagulant therapy for one (R1) of 22 residents reviewed for medications in the sample list of 22. This failure resulted in R1 being unnecessarily put at risk for bleeding complications and requiring Vitamin K administration.</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>Findings include:</p> <p>R1's Physician Order dated 3/7/23 documents to monitor Prottime/International Normalized Ratio (PT/INR) test that measures bleeding time) every 14 days. R1's Physician Order dated 3/28/23 documents to administer Coumadin (anticoagulant) 6 milligrams (mg) by mouth daily.</p> <p>R1's Nursing Note dated 9/19/2023 at 5:33 AM documents PT/INR results of 29.2/2.7. R1's Nursing Note dated 9/23/2023 at 10:32 AM documents R1 had a cough and chest congestion, the physician was notified, and Azithromycin (antibiotic) was ordered. R1's Nursing Note dated 9/23/2023 at 10:32 AM documents a drug interaction between Azithromycin and Coumadin. The severity is listed as "severe" and causes Hypoprothrombinemic effects and increased bleeding. R1's Nursing Note dated 9/24/2023 at 1:00 AM documents R1 was treated in the emergency room for Chronic Obstructive Pulmonary Disorder and returned with orders for Doxycycline (antibiotic) 100 mg twice daily for 7 days and Prednisone (steroid) 20 mg daily for 5 days. R1's Nursing Note dated 9/24/2023 at 1:50 AM documents a drug interaction between Doxycycline and Coumadin. The severity is listed as "severe" and causes Hypoprothrombinemic effects and increased bleeding. R1's Nursing Note dated 9/24/23 at 1:51 AM identifies a drug interaction between Prednisone and Coumadin. The severity is listed as "moderate" and can increase the anticoagulation effects of Coumadin. There is no documentation that the drug interactions between Coumadin and Azithromycin, Prednisone, and Doxycycline were identified and reported to R1's physician.</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>R1's September 2023 Medication Administration Report (MAR) documents R1 received Azithromycin 500 mg on 9/23 and 250 mg on 9/24/23, Doxycycline 100 mg twice daily from 9/24/23-9/30/23, Prednisone 20 mg daily from 9/24-9/28/23, and Coumadin 6 mg daily from 9/24/23-9/30/23. R1's October 2023 MAR documents Coumadin was administered daily on 10/1/23 and 10/2/23, and held on 10/3/23 and 10/4/23. This MAR documents Vitamin K1 Injection 10 mg was administered on 10/3/23 for high INR of 6.7.</p> <p>R1's Pharmacist Medication Regimen Review dated 9/27/23 documents irregularities noted and to refer to the report for any recommendations. R1's Note To Attending Physician/Prescriber (provided by V11 Minimum Data Set Coordinator) dated 9/28/23 documents a recommendation to consider reducing the dosage of Zoloft (antidepressant), but does not document any recommendations regarding R1's Coumadin, Azithromycin, Doxycycline, and Prednisone interactions or to increase monitoring of PT/INR.</p> <p>There are no documented PT/INR results in R1's medical record after 9/19/23 until 10/3/23. R1's Laboratory Summary Results dated 10/3/23 document PT/INR of 63.3/6.7 (high, with therapeutic range 2.0-3.5) and the critical results were verified and reported to the facility. R1's Nursing Note dated 10/3/2023 at 1:15 PM documents V15 Physician was notified of R1's PT/INR of 6.7 and gave orders to administer Vitamin K 10 mg injection, hold Coumadin for two days, and repeat PT/INR tonight.</p> <p>On 10/6/23 at 2:39 PM V8 Licensed Practical Nurse (LPN) stated the nurses are to follow up</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>with the physician regarding drug interactions and document the notification in a progress note. V8 confirmed V8 was R1's nurse when R1 returned to the facility on 9/24/23. V8 stated V8 attempted to contact R1's physician, but V8 did not receive a call back prior to the end of V8's shift.</p> <p>On 10/6/23 at 3:15 PM V11 Minimum Data Set/Care Plan Coordinator stated V11 could not locate R1's pharmacy report 9/27/23. V11 stated V11 contacted the pharmacy to request it and will provide it once received.</p> <p>On 10/6/23 at 2:23 PM V2 Director of Nursing stated the floor nurses should follow up with the physician regarding medication interactions with Coumadin, and they should document the communication in a nursing note. V2 stated R1's PT/INR is monitored every 2 weeks unless otherwise requested by the physician. On 10/7/23 at 8:47 AM V2 confirmed R1 did not have a PT/INR drawn after 9/19/23 until 10/3/23. V2 stated V2 spoke with V8 LPN and V8 only reviewed R1's admission orders with the physician, and V8 did not specifically review the drug interactions. V2 stated V2 has no documentation to provide that R1's physician was notified of the drug interactions with Coumadin.</p> <p>On 10/7/23 at 9:30 AM V15 Physician stated V15 was not the physician on call the week of 9/23/23 and was unsure if the facility had reported the drug interactions with R1's Coumadin. V15 stated antibiotics can increase the bleeding time and affect INR. V15 stated V15 recommends monitoring PT/INR every 3 days while receiving antibiotics and Coumadin and V15 would have given those orders if V15 was notified.</p> <p>The facility's Physician-Family Notification-</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002083	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/07/2023
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NAME OF PROVIDER OR SUPPLIER  ARC AT DWIGHT	STREET ADDRESS, CITY, STATE, ZIP CODE 300 EAST MAZON AVENUE DWIGHT, IL 60420
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S9999	<p>Continued From page 12</p> <p>Change in Condition policy revised November 2018 documents the physician will be notified if there is a need to alter treatment significantly such as stopping treatment because of adverse consequences/drug interactions. (B)</p> <p>Statement of Licensure Violations (5 of 6)</p> <p>300.2040a) 300.2040b)1)2) 300.2040c) 300.2040d) 300.2040e)</p> <p>Section 300.2040 Diet Orders</p> <p>a) Two or more copies of a current diet manual shall be available and in use. One copy shall be located in the kitchen for use by dietary personnel. Other copies shall be located at each nurses' station for use by physicians or dietitians when writing diet orders.</p> <p>b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian.</p> <p>1) The resident's diet order shall be included in the medical record.</p> <p>2) The diet shall be served as ordered.</p> <p>c) A written diet order shall be sent to the food service department when each resident is admitted and each time that the resident's diet is changed. Each change shall be ordered by the</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>physician or dietitian. The diet order shall include, at a minimum, the following information: name of resident, room and bed number, type of diet, consistency if other than regular consistency, date diet order is sent to the food service department, name of physician or dietitian ordering the diet, and the signature of the person transmitting the order to the food service department.</p> <p>d) The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical record.</p> <p>e) A therapeutic diet means a diet ordered by the physician or dietitian as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow a diet order for one of eight residents (R2) reviewed for diets in the sample list of 22.</p> <p>Findings include:</p> <p>R2's After Visit Hospital Summary dated 10/5/23 documents to follow up with speech therapy to reassess diet consistency, R2's diet is pureed with thickened liquids (doesn't specify consistency) and R2 is to be fed by spoon only. R2's Post Acute Care Transition Document dated 10/5/23 documents R2's diet is "minced and</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>moist" with pureed texture, and honey consistency thickened liquids.</p> <p>R2's Physician Order dated 10/5/23 documents R2's diet as regular mechanical soft, pureed meat texture, and honey consistency liquids. R2's Nursing Note dated 10/6/2023 at 4:28 AM documents R2 coughed on honey thick liquids and R2's lung sounds were diminished with slight crackles. There is no documentation that R2 was evaluated by speech therapy after admitting to the facility on 10/5/23.</p> <p>On 10/6/23 at 12:05 PM R2 was sitting in R2's room with R2's Family (V16) present. V16 stated R2 admitted to the facility on 10/5/23 from the hospital, and V16 is on pureed diet with thickened liquids due to aspiration pneumonia. V16 stated the facility staff are monitoring the thickened liquids to prevent aspiration from happening again, and R2 occasionally coughs on the thickened liquids. R2 coughed three times during the interview with R2 and V16.</p> <p>On 10/6/23 at 12:48 PM R2 was eating in R2's room with V16. R2's meal ticket documents mechanical soft with pureed meat, mildly thick liquids- nectar. R2's meal tray consisted of beef stroganoff, scalloped tomatoes, bread with butter, chocolate cake, one glass of thickened water, and two glasses of thickened apple juice. R2 drank all of the apple juice and only bites of the stroganoff. On 10/7/23 at 7:08 AM R2 was sitting in the dining room eating breakfast. R2 was drinking orange juice out of a glass, that did not appear to be honey thick. There was no staff sitting with R2.</p> <p>On 10/6/23 at 3:43 PM V6 Licensed Practical Nurse stated R2 requires honey thick liquids.</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>On 10/7/23 at 7:18 AM V12 Dietary Aide stated V12 prepared and served R2's liquids at breakfast. V12 stated R2's diet includes nectar thick liquids and V12 mixed orange juice with one and a half tablespoons of thickening agent to make R2's liquids nectar thick consistency. The thickening agent label documents instructions to mix one and a half tablespoons of thickener with 8 ounces of liquid to make nectar thick consistency.</p> <p>On 10/7/23 at 8:22 AM V11 Minimum Data Set/Care Plan Coordinator stated R2's hospital after visit summary just says thickened liquids and does not specify honey or nectar. V11 confirmed R2's Post Acute Transition Form uploaded into R2's electronic medical record notes honey thickened liquids and to be spoon fed only. V11 and V3 Infection Preventionist confirmed R2 has not been evaluated by Speech Therapy since R2 admitted. V3 stated V3 is going to follow up with R2's physician to change R2's diet to pureed with honey thick liquids until evaluated by Speech Therapy.</p> <p>On 10/7/23 at 8:27 AM V14 Dietary Manager stated R2 is on a minced and moist diet which means mechanical soft except for pureed meat and nectar thick liquids since that is what was on R2's admission diet order provided by nursing.</p> <p>The facility's Diet Orders policy revised January 2020 documents diet orders are prescribed by the physician, diet orders are communicated to dietary using the communication form, the diet order is recorded in the resident's electronic medical record, the diet orders are confirmed by the Dietary Manager and reviewed for accuracy.</p> <p>(B)</p>	S9999		



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S9999	<p>Continued From page 16</p> <p>Statement of Licensure Violations (6 of 6)</p> <p>300.2090a) 300.2090b)</p> <p>Section 300.2090 Food Preparation and Service</p> <p>a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use.</p> <p>b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow the recipe when preparing pureed food. This failures affects eight of eight residents (R2, R16-R22) reviewed for diets in the sample list of 22.</p> <p>Findings include:</p> <p>The facility's Turkey Ala King Served over Biscuit recipe documents a portion size is 6 ounces of Turkey Ala King (turkey, mushroom, red pepper, cream soup base) and one 3 ounce biscuit. The facility's Pureed Turkey Ala King Served over Pureed Biscuit recipe documents to use portions needed from the regular prepared recipe, place in a food processor, add broth, and blend until smooth. The recipe documents mix one serving of the regular Turkey Ala King with Biscuit, 2 tablespoons and 1 teaspoon of water, and 1/8 teaspoon of chicken base for one serving; 5</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>servings of Ala King/Biscuit with 3/4 cup of water, and 3/4 teaspoon of chicken base for 5 servings; and 10 servings of Ala King/Biscuit with 1 1/2 cups of water, and 1/2 tablespoon of chicken base.</p> <p>On 10/7/23 at 10:50 AM V13 Cook prepared to make the pureed Turkey Ala King. V13 used one and a half tablespoons of chicken base mixed with one and a half cups of hot water. V13 placed 7 biscuits into a blender. V13 placed seven 6 ounce ladles of Ala King mixture into a pitcher and poured over the biscuits in the blender. V13 blended the mixture and scooped into a metal pan and placed into the steamer. V13 stated it is placed into the steamer until serving time. V13 confirmed the amounts of chicken base, hot water, biscuits and Ala King mixture used.</p> <p>On 10/7/23 at 11:15 AM V14 Dietary Manager stated the facility has seven residents who are on pureed diets, so V13 should have prepared 7 servings. V14 confirmed staff are expected to follow the recipes when preparing the food and not following the recipe can alter the consistency. V14 stated V13 used too much water and V13 will need to add 3 more servings of the Ala King and biscuits to follow the recipe for 10 servings. V13 Cook stated V13 did not follow the recipe since the consistency would be too thick if V13 added 3 more biscuits.</p> <p>The facility's Diet Report dated 10/7/23 documents R2 and R16-R22 receive pureed diets. (C)</p>	S9999		