

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/08/2020
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NAME OF PROVIDER OR SUPPLIER PETERSON PARK HEALTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 6141 NORTH PULASKI ROAD CHICAGO, IL 60646
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S 000	Initial Comments Complaint Investigations #2082284/IL121356	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2)3) 300.1220b)2) 300.3240a) 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	S9999	Attachment A Statement of Licensure Violations	

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>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 care needs of the resident.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3)Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b)The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>a)An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met evidenced by:</p> <p>Based upon observation, interview, and record review, the facility failed to provide feeding assistance to (R2), failed to obtain monthly weights for (R2, R12), failed to document R12's height (accurately) to determine caloric needs and failed to follow dietary recommendations to maintain weight for three of 16 residents (R1, R2, R12) in the sample. These failures resulted in R12's significant weight loss of 12.9% and low albumin level of 3.2, R2's significant weight loss of 14.1%, and R1's significant weight loss of 12.1%. Also, the facility failed to obtain monthly weights and failed to follow enteral feeding orders for one of 16 residents (R3) in the sample. These failures resulted in R3's significant weight loss of 15.01%.</p> <p>Findings include;</p> <p>The weight monitoring monthly policy (revised 8/5/20) states it is the facility's policy to obtain residents monthly weight unless otherwise ordered differently by the physician. During the 1st week of the month, the restorative staff or designee will weigh each resident to fulfill the monthly weight requirement. The monthly weights will be reflected on the resident's individual chart. The significant weight changes will be assessed and addressed by the IDT (Interdepartmental Team) which includes but not limited to the Dietician, Physician, and Nurses.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R12's care plan states (9/16/16) Resident requires extensive, one staff physical assistance to eat (legal blindness). (3/27/20) Nutritional problem related to overweight.</p> <p>R3's (10/2/20) POS includes Enteral Feed Order; Jevity 1.5. Rate: 60milliter (duration 20 hours) hold from 10am to 12pm and from 3pm to 5pm. [Weight is not inclusive therefore should be documented monthly - per facility policy].</p> <p>R3's weights are as follows; (5/4/20) 176.5lbs (pounds). (9/25/20) 150lbs. -15.01%. [Weights were not documented in June, July, or August 2020 as warranted].</p> <p>On 10/5/20 at 11:16am, R3 was lying in bed her G (Gastrostomy) tube feeding was hung. However, it was disconnected and the g-tube pump was off.</p> <p>On 10/5/20 at 11:21am, surveyor inquired about R3's tube feeding V16 (Registered Nurse) stated "She gets Jevity 1.2 at 60cc (cubic centimeter) per hour. She gets turned off around 10:00am." V16 accessed R3's EMR (Electronic Medical Records) as requested and affirmed Jevity 1.5 is ordered [not 1.2 as stated]. V16 reviewed R3's weights and affirmed she incurred a significant weight loss on 9/25/20. Surveyor inquired why R3 lost weight V16 responded "I'm not sure where it is coming from." Surveyor subsequently inspected R3's Jevity container (which appeared full) and inquired when it was hung V16 stated "Looks like there's no time on there, it was hooked up when I came in at 7(am)." Surveyor inquired about the amount of R3's Jevity remaining in the container V16 responded "Like above 1500cc." [The Jevity container states it contains 50.7 fluid ounces (1499.38cc) therefore</p>	S9999		
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S9999	<p>Continued From page 4 nothing was infused].</p> <p>On 10/5/20 at 12:16pm, R12 appeared somewhat thin [not overweight as documented].</p> <p>R12's weight summary includes height: 64 inches however he appeared much taller.</p> <p>On 10/7/20 at 9:30am, surveyor inquired about R12's actual height and overweight status V2 (Director of Nursing) stated "He's not overweight" and affirmed his actual height is "70 inches" [not 64 inches as documented].</p> <p>R12's weights include but not limited to; (4/7/20) 170lbs. (7/1/20) 148lbs. (-12.94% within 3 months). [Weights are not documented in June 2020].</p> <p>R12's nutrition assessments include; (7/2/20) significant weight loss at 3 and 6 months. Secondary to resident's significant weight loss, writer recommends Med Pass 2.0 BID (twice daily). (7/13/20) labs: albumin 3.2 (low).</p> <p>R12's (7/2/20) POS (Physician Order Sheets) includes Med Pass 2.0 1x/day [not BID as recommended].</p> <p>R2's (11/26/19) care plan states resident has an ADL self-care deficit related to dementia. Intervention: resident requires set up staff participation to eat.</p> <p>On 10/5/20 at 11:55am, R2 was lying in bed (head of bed flat) his lunch was on the over-bed table (adjacent his bed) and untouched. V12 (Registered Nurse) entered R2's room (as requested) however provided no assistance to</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>him.</p> <p>R2's weights include but not limited to; (1/9/20) 160 lbs. (pounds). (7/2/20) 137.4lbs. (-14.1% within 6 months). [Weights were not documented in May and June 2020].</p> <p>R2's (7/24/20) nutrition assessment states significant weight loss at 3 and 6 month. Secondary to significant weight loss, writer recommends increasing Med Pass 1.7 to TID (three times daily) to promote weight gain. R2's (8/7/20) nutrition assessment states secondary to resident's continual weight loss, writer recommends increasing Med Pass 1.7 to TID.</p> <p>R2's (2/18/20) POS (Physician Order Sheets) include sugar free Med Pass two times a day [not TID as recommended].</p> <p>On 10/7/20 at 11:56am, V2 (Director of Nursing) stated "With the dietary recommendation we check it side by side with the Nurse Practitioner here so all the recommendations are being carried out."</p> <p>On 10/8/20 at 1:06pm, surveyor inquired about potential harm to a patient with significant weight loss V19 (physician) stated "The patient will not be able to ambulate and might develop secondary infection, and generalized weakness."</p> <p>R1's weights are as follows; (2/15/20) 231.2lbs. (3/11/20) 203.2lbs. (-12.11% within 1 month).</p> <p>R1's (3/10/20) nutrition assessment includes significant weight loss at 1 month. Due to significant weight loss, writer recommends Med Pass 1.7 TID to promote additional kilocalories and protein and to prevent further weight loss.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>R1's (2020) POS does not include Med Pass 1.7 as recommended.</p> <p>On 10/8/20 at 1:06pm, surveyor inquired about potential harm to a patient with significant weight loss V19 (physician) stated "The patient will not be able to ambulate, and might develop secondary infection, and generalized weakness." Surveyor inquired how a low albumin affects the resident V19 responded "She might develop nutritional deficiency. She might develop sores or another type of infection."</p> <p>The weight monitoring monthly policy (revised 8/5/20) states it is the facility's policy to obtain residents monthly weight unless otherwise ordered differently by the physician.</p> <p>The enteral tube feeding policy (revised 8/5/20) states "check that feeding bag is properly labeled to include: date, and time feeding was started".</p> <p style="text-align: center;">" B "</p>	S9999		