

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014492</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/07/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LEMONT NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12450 WALKER ROAD</b> <b>LEMONT, IL 60439</b>
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S 000	Initial Comments  Investigation of Complaint  2078084/IL127667 2078939/IL128619	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)3) 300.1220b)3) 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 300.1010 Medical Care Policies	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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>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>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Section 300.3240 Abuse and Neglect</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 regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to complete a comprehensive assessment and develop intervention to prevent further weight loss for a resident who had significant weight loss; failed to obtain weights as per the facility policy; and failed to develop a plan of care to avoid drastic weight changes.</p> <p>This failure resulted in R2 losing 27.9 pounds in less than six weeks.</p> <p>This applies to 1 of 5 residents (R2) reviewed for weight loss in the sample of 10.</p> <p>The findings include:</p> <p>The facility's admission/transfer/discharge log dated May 2020 through November 2020 showed R2 was discharged to another facility on 9/18/20.</p> <p>The review of R2's electronic health record (EHR) showed R2 was 65 years old and was originally admitted to the facility on 6/22/20. R2 was sent out to the hospital on 6/26/20 due to stage 4 chronic kidney disease with worsening kidney function related to acute diastolic heart failure. R2's EHR showed R2 was in the hospital from 6/26/20 through 7/17/20. R2 was noted with diagnoses that included hypertension, dysphagia,</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>urinary retention, weakness, diabetes, and stage 4 chronic kidney disease. R2's re-admission observation detail report dated 7/17/20 showed R2 with bruises on the right arm and right thumb. The report also showed R2 with open areas 2 cm (centimeters) under the right breast, and on the coccyx (0.5cm). The coccyx wound was healed on 7/29/20. R2's EHR showed an order dated 7/23/20 for Multivitamin and Prostat 30ml twice a day for wound healing. R2's MAR (Medication Administration Record) dated 7/17/20 showed R2 was on fluid restriction of total 1200ml per day. R2's Minimum Data Sets (MDS) dated 8/7/20 showed R2 required extensive assistance of one staff for eating.</p> <p>R2's POS (Physician Order Sheet) dated 6/22/20 showed a diet order of "General diet with skim milk, low cholesterol egg, no liver, no sausage, no bacon, NCS (No Concentrated Sweets), thin liquids."</p> <p>On re-admission, R2's diet order dated 7/17/20 was Mechanical soft with skim milk, low cholesterol egg, no liver, no sausage, no bacon, NCS, thin liquids.</p> <p>R2's diet order dated 8/13/20 showed "Regular diet with skim milk, low cholesterol egg, No liver, no sausage, no bacon, NCS, thin liquids.</p> <p>Review of R2's weight record at the facility showed the following: Initial weight dated 6/25/20= 190.08 lbs (Taken 3 days after admission) Readmission weight 7/20/20=134.96 lbs (Taken 3 days after re-admission) The Dietitian failed to review R2's chart until 7/23/20 (6 days after re-admission) and ordered Multivitamin with minerals. 8/1/20= 126lbs 8/10/20= 118lbs (Megace ordered)</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>8/20/20= 112.12 lbs 9/1/20= 107.04 lbs.</p> <p>On 12/4/20 at 12:15pm, V20 (Physician) stated R2 was sent to the facility initially in June 2020 for rehabilitation. V20 stated R2's baseline weight prior to initial admission at the facility was between 135-140 pounds in March-April 2020. V20 stated R2 went to the hospital and spent about 3 weeks due to CHF. V20 stated R2 was diuresed at the hospital and was discharged back to the facility in good condition in July 2020. V20 further stated he was not made aware of R2's drastic weight loss at the facility. V20 stated subsequent weight loss after re-admission was not desired for R2. V20 stated if he was notified, he would have ordered closer monitoring of R2's weight and discussed with the family for further interventions.</p> <p>The review of facility's grievance/complaint form log dated 9/14/20 showed "(V22) (Family member) has concerns regarding the lack of communication from the facility about (R2) and (R2's) status. The form also showed (V22) has concerns about (R2's) weight and many other concerns and would like a call back." The grievance/complaint form was filled out by V14 (Admission Director).</p> <p>Review of facility's grievance/complaint form log dated 9/15/20 filled out by V12 (MDS Coordinator) showed "family was not notified of weight loss and the rate at which weight was lost."</p> <p>On 12/3/20 at 8:39am, V12 (MDS Coordinator) stated she notified the dietitian about R2's weight loss on 9/14/20 after V22's complaint. V12 stated she sent an email to V3 (Dietitian) on 9/14/20</p>	S9999		



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S9999	<p>Continued From page 6 regarding R2's weight loss.</p> <p>On 12/3/20 at 9:51am, V3 (Dietitian) stated she reviews residents' records weekly. V3 stated she reviews records for new admission, re-admission, dialysis residents, residents with weight changes and residents on Gastrointestinal Tube (GTube). V3 stated she did not review R2's chart on 6/22/20 when R2 was initially admitted to the facility because R2's height and weight were not available. V3 stated she reviewed R2's chart on 7/23/20 and added Multivitamin with minerals. V3 stated she reviewed R2's chart in August 2020 with no recommendations and wanted to wait until September 2020. V3 stated she did not know R2's base line weight and thought the weight loss was desired based on hospital records. There was no dietary notes and no interventions for R2 in August 2020. The next dietary note was dated 9/14/20 after family complained of weight loss.</p> <p>On 12/3/20 at 11:56am, V19 (Restorative Nurse) stated she was in charge of weight monitoring in the facility. V19 stated resident's weight must be taken on admission, weekly times 4, then monthly. V19 stated residents with eating issues, GTube placement, or CHF (Congestive Heart Failure) should have more frequent weight monitoring. V19 stated if weight loss is noticed, family, dietitian, speech and physician should be involved and supplements should be added.</p> <p>On 12/3/20 at 11:10am, V2 (Director of Nursing) stated R2's weight should have been obtained on the day of admission or readmission in order for the facility to have a baseline weight record. V2 further stated V3 (Dietitian) has remote access to all residents records and R2's weight loss should have been addressed.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>Review of R2's EHR showed no plan of care to address R2's weight loss nor was there any comprehensive assessment of R2's condition related to weight loss.</p> <p>Facility's policy titled, "Weight Assessment and Intervention" with a revised date August 2008, showed:</p> <ol style="list-style-type: none"> <li>1. The nursing staff will measure resident's weight on admission, and weekly for three weeks thereafter...If no weight concerns are noted at this point, weights will be measured monthly thereafter.</li> <li>3. Any weight change of greater than or less than 5 pounds within 30 days will be retaken for confirmation. If the weight is verified, nursing will immediately notify the Dietitian in writing. Verbal notification must be confirmed in writing.</li> <li>4. The dietitian will respond within 24 hours of receipt of written notification.</li> <li>5. The Dietitian will also review the unit Weight Record to follow individual weight trends over time. Negative trends will be assessed and addressed by the Dietitian whether or not the definition of Significant Weight Change is met.</li> <li>8. If a weight loss or gain meets the definition of Significant, the Dietitian should discuss with the Interdisciplinary Team if a Significant Change MDS is necessary.</li> <li>11....The Dietitian will discuss the weight issue with the resident and or family.</li> <li>12. Resident's Physician, Nursing Supervisor and resident's family/responsible party should be notified of any significant weight loss or gain.</li> </ol> <p>Facility's policy titled, "Nutrition (Impaired)/Unplanned Weight Loss" with a revised date August 2008, showed: Asses the individual's current nutritional status and identify individuals with anorexia, recent</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>weight loss, and significant risk for subsequently impaired nutrition; for example, high risk residents with acute systems such as vomiting, diarrhea, fever, and infection, or those taking medications that may be causing or increasing the risk of anorexia or weight loss.</p> <p style="text-align: center;"><b>B</b></p>	S9999		