12/04/2020

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: COMPLETED

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING

SCHULTZ HOUSE

340 BRYAN AVENUE DANVILLE, IL 61832

IL6012231

	DAN	VILLE, IL 61832		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	COMMENTS	Z 000	7	
	ANNUAL CERTIFICATION - FULL			
	LICENSURE SURVEY			1
	INSPECTION OF CARE			
Z9999	FINDINGS	Z9999		
	Statement of Licensure Violations			
m, t	350.620a) 350.1210 350.1840b) 350.1840e) 350.3240a)			
	Section 350.620 Resident Care Policies			
*	a) The facility shall have written policies and procedures governing all services provided by facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed operating the facility and shall be reviewed at least annually.	ne d in		
	Section 350.1210 Health Services			
	The facility shall provide all services necessar maintain each resident in good physical healt			
	Section 350.1840 Diet Orders			
	b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as		Attachment A Statement of Licensure Violations	W.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/23/20

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING ___ IL6012231 12/04/2020

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Z9999	Continued From page 1	Z9999		
	ordered.			
	e) A therapeutic diet means a diet ordered by the physician 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).			
	Section 350.3240 Abuse and Neglect			
	a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)			
	These regulations were not met as evidence by:			
	Based on observation, record review, and interview the facility failed to provide oversight resulting in systemic issues affecting 5 of 11 individuals who reside in the facility when they failed to:			
	1. Ensure individuals received physician ordered diets for 2 of 2 individuals (R3, R4), who choked consuming food requiring emergency services.			
	2. Ensure staff training on menus, meal planning, diets, and diet modifications for 5 of 7 individuals in the facility (R2, R3, R4, R5 and R6) who have recommendations for modified diets.			
	Findings include:			
	Facility provided Policy NO: "8.02, Food Service, Menus, Meal Planning, Diets and Diet Modifications, Nutrition, and Therapeutic Diets, dated Revised: 06/19" Page 2, Number 3: The rement of Public Health			

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING IL6012231 12/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **340 BRYAN AVENUE SCHULTZ HOUSE DANVILLE, IL 61832** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) Z9999 Continued From page 2 Z9999 Qualified Intellectual Disability Professional (QIDP) shall give the diet order information to the cook/Direct Support Personnel (DSP) by completing a diet order form (GP-38). The diet order shall have name of physicians and the signature of the QIDP. Page 2, Number 8: a. General modifications are mechanical soft and pureed; these are designed to minimize or eliminate chewing. Menu/recipe modifications are provided for individuals to meet their dietary/nutritional needs. Training on texture modification is provided to the cook/DSP to meet the unique needs of each individual." According to R2's Physician Order Sheet (POS), dated November 2020, R2's diet order is General diet, Mechanical soft, Ground meat, Regular liquids. According to R3's POS, dated November 2020, R3's diet order is Mechanical soft, Ground Meats, Nutritional supplement shake once daily. According to R4's POS, dated November 2020, R4's diet order is General Diet with Chopped moistened meat. According to R5's POS, dated November 2020, R5's diet order is Mechanical soft, Ground Meats, Nutritional supplement shakes twice daily. According to R6's POS, dated November 2020. R6's diet order is General Diet. Nutritional shake three times daily, Mechanical soft, ground meats. Facility provided "Progress Note" dated 9/4/20, documents R4 choked on pizza and was

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concerned that she had aspirated. Did not have to perform Heimlich Maneuver. Staff did feel like

it came close. Sent to ER for evaluation.

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E3, Cook, E4, E5, E6, E7, and E8 (DSPs) signed the training sheet which denotes understanding

Attachment to training 5 Minced and Moist for Adult consumer dated 30 Jan 2019, documents

and agreement with the above diets.

what is this food texture level? Level 5 Minced and Moist foods:

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A knife is not required to cut this food.

width of a standard dinner fork.

Fork Pressure Test: for adults the lump size is no bigger than 1.5 cm x 1.5 cm, which is about the

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