

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6004279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 09/09/2021
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NAME OF PROVIDER OR SUPPLIER  HERITAGE HEALTH-SPRINGFIELD	STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH RUTLEDGE SPRINGFIELD, IL 62702
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S 000	Initial Comments  Complaint Investigation 2146350/IL137672	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610 a) 300.1210 a) 300.1210 b)  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 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	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>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</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>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to implement progressive interventions to address weight loss for 1 of 3 residents (R2) reviewed for nutrition in the sample of 11. This failure resulted in R2 having a 17.4 pound (lb) weight loss in 6 months (13.24%).</p> <p>Findings include:</p> <p>R2's Electronic Medical Record, dated 9/21, documents R2's diagnosis includes, Anemia, Calcium Deficiency, Protein-Calorie Malnutrition, Diabetes, Dementia, Dysphasia.</p> <p>R2's Minimum Data Set, dated 7/26/21, documents R2 has severe cognitive impairment and needs extensive assist of one person to eat.</p> <p>R2's September 2021 Physician Order Sheet documents a Physician's Order (PO) received on 2/22/21 for daily weight every night shift.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R2's Care Plan, dated 12/11/18, documents, "Focus: NUTRITIONAL RISK: (R2) is at nutritional risk due to her appetite varies, diabetic with neuropathy; diagnosis Congested Heart Failure (CHF) Desired weight range 111-157, 3/21 wt (weight) = 130 4/21 wt = 129.4." The Goal documents "Promote weight stability &amp; minimize risks of dehydration through the review date." The interventions documented "Diet as ordered, and supplements as ordered if needed. Up in chair for all meals to help improve her attempts at self feeding, if not able to with set up &amp; direction, then must be fed by staff due fractured right arm. Encourage fluids. Notify physician for signs or symptoms of dehydration: poor skin turgor, dry mucous membranes, or concentrated urine. Weigh at least monthly and notify physician of 5% gain or loss in one month or 10% gain or loss in six months. "Daily weight*."</p> <p>R2's Weights and Vitals Summary Sheets documents as of 9/8/21, R2 had only been weighed 5 times in September, in August R2 had been weighed 17 times, in July R2 had been weighed 15 times, in June R2 had been weighed 14 times, in May R2 had been weighed 21 times, in April R2 had been weighed 25 times.</p> <p>R2's Weights and Vitals Summary Sheet from 3/1/21 to 9/8/21 documents R2's weight on 3/3/21 was 131.4 pounds (lbs.). R2's weight on 6/3/21 was 128 lbs. R2's weight on 8/4/21 was 118.4 lbs. R2's weight on 9/5/21 was 114.0 (lbs.), which is a 17.4 lb. weight loss or 13.24% weight loss in 6 months.</p> <p>R2's Registered Dietitian Progress Note, dated 7/26/2021, documents, "Registered Dietician (RD) NOTE: Resident with No Added Salt (NAS)</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>diet, adequate for nutrition needs, weight (wt) at 115#, at low end Ideal Body Weight (IBW) range, wt has decrease past month, liquid protein (Lp) given for wound healing support. Rec (recommend) Med Pass (MPS) for nutrition/wt support as well. Refer as needed (PRN)."</p> <p>There is no documentation in R2's medical record the dietician's recommendation for med pass (nutritional supplement) was implement after 7/26/21.</p> <p>On 9/7/21 at 10:35 AM, V5 Physical Therapy Aide (PTA) stated, she assists R2 with her lunch during the week. V5 stated for breakfast and dinner the Certified Nurse Aides (CNAs) would be the ones to help her with her meal.</p> <p>On 9/7/21 at 12:35 PM, R2 is sitting in the dining room, V5 was assisting her with her lunch.</p> <p>On 9/8/21 at 9:44 AM, V12 Licensed Practical Nurse (LPN) stated, "I don't know how that dietary recommendation was missed. I will call the doctor today and get an order for Med Pass. The night shift should be weighing her every night."</p> <p>On 9/8/21 at 4:00 PM V3 Director of Nurses stated, "I was aware (R2) had a weight loss, but I was thinking it was because she broke her arm in July but I see her significant weight loss occurred in June before she broke her arm."</p> <p>The facility's policy and procedure, entitled, "Weight Management Policy and Procedure," dated 2/2016, documented, "Each resident will be weighed at least once a month on predetermined schedule. All residents will be monitored for significant weight changes to assure maintenance of acceptable parameters of body weight, any</p>	S9999		
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S9999	Continued From page 4  resident with a significant weight change will be referred to the dietician for assessment of the resident's condition."  (B)	S9999		