

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000681</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/17/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE HEALTH-GILLESPIE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7588 STAUNTON ROAD GILLESPIE, IL 62033</b>
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S 000	Initial Comments	S 000		
	Annual Recertification Survey			
S9999	Final Observations	S9999		
	Annual Licensure and Certification Survey.			
	<p><b>STATEMENT OF LICENSURE VIOLATIONS</b> 1 of 2</p> <p>300.610 a) 300.1010 h) 300.1210 b) 300.3240 a)</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>Section 300.1010 Medical Care Policies</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</p>			
			<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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>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>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>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.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview, observation and record review, the facility failed to report weight loss to the Physician and develop and implement interventions to prevent further weight loss for 2 of 9 residents (R34, R39) reviewed for weight loss in the sample of 33. This resulted in R34's severe weight loss of 8% in one month.</p> <p>Findings include:</p> <p>1. R34's Admission Record, print date of 3/9/21, documents R34 has diagnoses of unspecified</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>displaced fracture of surgical neck of left humerus and Major Depressive Disorder.</p> <p>R34's Minimum Data Set (MDS), dated 1/12/21, documents R34 is moderately impaired for cognitive thinking and requires extensive assist of 1 staff member for feeding.</p> <p>R34's weight log, dated documents on 1/10/21, R34 weighed 136.5 pounds and on 2/10/21, R34 weighed 124.5 pounds. This was a severe weight loss of &gt;8% in one month.</p> <p>R34's Nutrition Note, dated 2/25/2021, documents, "Note Text: RD (Registered Dietician) WT (weight) Note: (R34) is experiencing significant (-12#; -8.8%) wt loss x 1/mo. ~143# from March - Nov; Dec and Jan wt 136#; Current BMI (body mass index) 25.1 remains wnl (within normal limits). Intakes varied, no changes to diet or meds. No edema or skin issues. Etiology of loss unclear, suggest re-weigh and then weekly wts (weights) to more closely follow, as poss (possible) nntl (nutritional) supplement may be needed." There was no documentation that R34 was reweighed.</p> <p>R34's Health Status Note, dated 3/11/2021, documents, "Note Text: MD (V26, Medical Doctor) in to see resident. Received orders to get a weekly WT and fax to MD, Med Pass 90 cc (cubic centimeters) TID (3 times daily) with meals." This was 15 days after the RD note before R34's weight loss was addressed and any interventions were implemented. There was still no documentation that R34 had been weighed since 2/10/21.</p> <p>R34's Electronic Medical Record has no documentation that the Physician was notified of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R34's severe weight loss before 3/11/2021.</p> <p>On 3/16/21 at 9:57 AM, V8, Dietary Manager, stated, "If someone has a significant weight loss, they are reweighed. If it is a true weight loss, the Director of Nurses is notified and she notifies the doctor. I gather all the information relating to the resident medications, changes, food intakes, things like that and send it to the dietician. The dietician then makes recommendations. Then the nurses get it approved by the doctor. The process is usually pretty fast on our end, but sometimes it takes awhile for the doctor to approve the recommendations."</p> <p>On 03/17/21 at 11:12 AM, V26, Physician, stated, "I would like the facility to notify me of weight loss when they realize it."</p> <p>2. R39's Active Physician's Order Summary Report, undated, documented R39's diagnosis as Dementia with behavioral disturbances.</p> <p>R39's Minimum Data Set (MDS), dated 1/20/2021, documents that R39 requires supervision and setup only for eating.</p> <p>R39's Care Plan had the following interventions, all initiated on 12/26/2019, to address her nutrition: Diet to be followed as ordered; Encourage resident to eat at least 50% of all foods at all meals daily; Offer snacks in AM PM, and HS snack pass daily; RD (Registered Dietitian) to evaluate and make diet recommendations PRN; Refer to Speech therapist for swallowing evaluation; weight preschedule and record. Monitor and report significant change in weight to MD.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>R39's Care Plan Intervention, imitated on 1/20/20, to address her weight loss documents: Encourage food intakes at meal, offer substitutes for dislikes or food not eaten.</p> <p>R39's Physician's Order, dated 3/20/2020, documented "120 cc (cubic centimeters) Med Pass supplement three a day for supplement."</p> <p>R39's Care Plan Intervention, dated 3/24/20, documented "Nutritional supplement per MD orders for weight management."</p> <p>R39's Electronic Record documents R39 had the following weights on the following dates: 5/10/20: 105 pounds (lbs) 6/5/20: 97.9 lbs 7/10/20: 98.3 lbs 8/10/20: 98.5 lbs 9/10/20: 98.1 lbs</p> <p>There is no documentation in R39's medical record that the facility implemented any new progressive interventions to address R39's weight loss from May 2020 to June 2020.</p> <p>R39's Weight Variance Assessment and Notification, dated 9/23/20, documented R39's physician was notified of R39's weight change. The Notification documented "60 ml-med pass supplement bid (twice daily)." R39 had already been receiving a med pass supplement which was stated on 3/20/20.</p> <p>R39's Electronic Record documents R39's weights were as follows on the following dates: 10/10/20: 86.4 lbs 11/10/20: 89.3 lbs 12/10/20: 86 lbs 1/10/21: 83.7 lbs</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>2/10/21: 84 lbs</p> <p>R39's Care Plan Interventions, dated 10/21/20, documents " Monitor weight and nutritional status and refer to RD PRN and Oatmeal and brown sugar at all meals daily." The intervention regarding referring to RD had also been implemented previously in the 12/26/2019 interventions.</p> <p>R39's Care Plan Problem, initiation date of 1/20/21, documented "I'm receiving a regular easy to chew (mechanical) diet r/t (related to) problems chewing and swallowing. I have poor intakes of food and am at risk for nutritional deficient and further weight loss." The goal documented "I will be encouraged to eat at least 50% of all food at all meals daily through next review; I will have no problems chewing or swallowing through next review; I will have no further weight loss and be encouraged to gain 1-2 #'s (pounds) through next review." The Intervention, dated 1/20/21 documents "Magic cup with lunch and dinner daily."</p> <p>R39's Weight Variance Assessment and Notification, dated 1/27/21, documents a 10% weight loss in 180 days. The Physician signed the Assessment on 2/1/21 but did not recommend any progressive interventions to address R39's weight loss.</p> <p>R39's nutritional assessment, dated 1/28/2021, documents that R39 has had a significant weight loss. R39's assessment documents R39's ideal body weight range of 107-152#. R39's assessment documents regular mechanical soft diet, med pass 120 cc tid (three times daily), and magic cup after lunch and dinner. There were no other interventions noted to increase R39's</p>	S9999		



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S9999	<p>Continued From page 6</p> <p>nutritional intake or to monitor R39's more frequently.</p> <p>On 3/8/2021 at 12:25 PM, V15, Certified Nursing Assistant (CNA) offered R39 lemonade. R39 stated, "I don't like lemons, I don't want that." V15 did not offer R39 a substitute. At 12:40 PM, R39 was served cooked cereal, peas, ground meat, sweet potatoes, and cake with frosting in brown plastic bowls. R39 was not served a magic cup. At 12:45 PM, R39 stated she was done. R39 insisted on leaving dining room. R39 had eaten a few bites of sweet potatoes, 100% of meat, no peas, a bite of cake, a few bites of cooked cereal, a couple bites of mashed potatoes, drank chocolate milk and none of the lemonade. None of the staff offer any substitutes to R39.</p> <p>R39's tray tag, dated 3/9/2021, documents easy to chew/mechanical, likes magic cup lunch and dinner/oatmeal with brown sugar all meals, adaptive equipment, curved spoon.</p> <p>On 3/10/2021 at 8:25 AM, R39 in the dining room in wheelchair for breakfast. R39 had Orange juice, milk, water. R39 was eating cooked cereal with brown sugar. Eggs, sausage, and gravy were on the plate. V15 added chocolate syrup to R39's milk. R39 fed herself with a fork, took a few bites of biscuits and gravy.</p> <p>03/15/21 09:15 AM, V8, Dietary Manager, stated that R39 has had significant weight loss and that is why she now eats in the dining room. V8 stated that R39 has been eating in the dining room for approximately 2 weeks. V8 stated R39 is provided a magic cup every meal and she gets med pass. V8 stated the plan is to give magic cup every meal, oatmeal with brown sugar, and med pass. V8 stated that R39 does not eat well.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>R39's Physician Order (PO), dated 3/14/2021 documents to fax last 4 weeks of weights to MD to review due to weight loss every day shift every Tuesday for weight loss monitoring due to be sent to the physician 4/6/20201.</p> <p>On 3/16/2021 at 12:10 PM, V1, Administrator, stated that R39 should have already been on weekly weights due to significant weight loss. V1 stated that offering different food choices would not be considered aggressive measures.</p> <p>The facility's Weight Management Policy and Procedure, dated revised 2/20216, documents all residents will be monitored for significant weight changes to assure maintenance of acceptable parameters of body weight. The policy documents weights may be obtained more frequently than monthly if warranted based on resident condition or physician order. The policy documents the physician will be notified of any significant weight change and be made aware of any recommendations made by the dietitian.</p> <p>(B)</p> <p>2 of 2</p> <p>300.1210 d) 3) 300.1220 b) 3)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>	S9999		
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S9999	<p>Continued From page 8</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> <p>Based on observation, interview and record review the facility failed to reassess pain regimen for 1 of 3 residents (R54) reviewed for pain in a sample of 33. This failure resulted in R54 continuing to experience pain with care and a physical decline in her function abilities.</p> <p>Findings include:</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>R54's Care Plan, dated 2/26/2021, documents in part, "I am on scheduled Pain medication Therapy r/t (related to) arthritis. Interventions Administer medication as ordered. Review for pain medication efficacy. Assess whether pain intensity acceptable to resident, no treatment regimen or change in regimen required."</p> <p>R54's Minimum Data Set (MDS), dated 2/11/2021, documents R54 "Receives routine pain medication and has non-verbal sounds (e.g., crying, whining, gasping, moaning, or groaning) and Facial expressions (e.g., grimaces, wincing, wrinkled forehead, furrowed brow, clenched teeth or jaw) as indicators of pain."</p> <p>R54's Physician Progress Note, dated 9/30/2020, documents in part, "staff feeds resident. C/O (complains of) increased pain, especially when attempting ROM (range of motion). Having some behaviors such as hollering out and grabbing at staff; possible d/t (due to) pain. Resident is unable to verbalize needs."</p> <p>R54's Physician Order Sheet, dated 9/17/2020, documents, "Acetaminophen Tablet. Give 1000 mg by mouth three times a day for pain. Not to exceed 4G/day (grams per day).</p> <p>R54's Electronic Health Record (EHR) has no documentation of a pain flow sheet and reassessment of the effectiveness of R54's pain interventions.</p> <p>On 3/10/2021 at 12:55 PM, R54 was transferred from wheelchair to recliner with a sit to stand mechanical lift. V5, Certified Nursing Assistant (CNA), applied the sling around R54's back. Upon raising R54 to a standing position, the sling moved under R54's armpits and R54 gasped.</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>R54 exhibited facial grimacing, wrinkling of her forehead, furrowed brow, squinting of the eyes, clinching of her teeth and stiffening of her neck and body. (R54) continued this until V5 placed her in the recliner.</p> <p>On 3/11/2021 at 1:50 PM, V5, CNA, performed range of motion with R54. R54 was lying on her back. When moving R54's shoulder, R54 was resistive and exhibited scowling of forehead, squinting of the eyes and stiffening of her neck. When performing ROM on her legs, R54 stiffened her body and kept leg stiff raising her head off the bed with each attempt to manipulate the knee joint. V5 attempted to manipulate R54's right hand. R54 drew her hand in pulling away from V5. R54's body stiffened and turned in towards V5. R54 began yelling out with a high pitch tone and stated "enough." V5 stopped.</p> <p>03/08/2021 1:49 PM, V24, CNA, stated R54 needs assistance from staff with activities of daily living. V24 stated, "(R54) has contractures that causes her pain. (R54) does have behaviors and she yells out. Yells very loud. She has had a big change in the past year.""</p> <p>On 3/10/2021 at 12:15 PM, V4, Licensed Practical Nurse (LPN), stated "(R54) does have behaviors. She yells out when staff performs care. She has multiple contractures and these cause her pain." V4 stated, "(R54) doesn't have pain medication and it's difficult to assess her pain. When you ask her a question, she will say 'No.' She is not able to tell you when she is in pain. So it makes it difficult."</p> <p>3/10/2021 at 1:00 PM, V5, CNA, stated, "(R54) yells out. She has a lot of pain because she is contracted. Her hands are the worst. That's when</p>	S9999		
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(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
S9999	<p>Continued From page 11</p> <p>she yells out when we move her around especially her hands. This happens only when staff are performing care. It's worse when staff are moving her hands. She has contractures that causes her pain in her shoulders, hands and knees. She does have facial grimacing, gritting of teeth and stiffening of her body at times. When transferring her at the end of the day, she is stiff and it causes her pain when she moves. She has changed in the past year. She used to be able to hold on to the lift with her fingers. Now she doesn't hold on at all."</p> <p>3/11/2021 at 3:23 PM, V6, LPN, stated that she has taken care of R54 and she does have pain. R54 takes routine pain medication. V6 stated normally they (nurses) would check back after the medication is given to make sure it works, but R54 doesn't have a flow sheet or a pain scale.</p> <p>On 3/15/2021 at 9:10 AM, V2, Director of Nursing (DON), stated, "(R54) does yell out and become combative with care. This is because of R54's pain and she is receiving pain medication. It's hard to say with her if she is in pain or not." V2 stated the behaviors would decrease as how staff know the pain medication was effective. When asked how would you know more immediately? V2 stated, "The nurses' check back to see if she is better. This would be documented in the chart." When notified of not finding this information in the chart, V2 stated we do have some documentation problems.</p> <p>On 3/16/2021 at 10:50 AM, V12, Nurse Practitioner, stated that she would expect the nursing staff to assess the effectiveness of the pain medication. V12 stated R54 has dementia and can't say she is pain. The medication was prescribed for a specific reason and behavior and</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000681</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/17/2021</b>
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S9999	<p>Continued From page 12</p> <p>if she continues to show that behavior then the pain medication would not be effective. V12 stated R54's pain medication was not effective. V12 stated R54's pain with her contractures have caused her decline.</p> <p>The Facility's Management of Pain Policy, dated 04/04/2012, documents, "Our mission is to facilitate resident independence, promote resident comfort and preserve resident dignity. The purpose of this policy is to accomplish that mission through an effective pain management program, providing our residents the means to receive necessary comfort, exercise greater independence, and enhance dignity and life involvement. We will achieve these goals through: Aggressively assessing pain in non-verbal and cognitively impaired residents. Optimizing the residents' ability to perform activities of daily living. Preventing and minimizing anticipated pain when possible. Using non-pharmacological and complementary and Alternative Medicine (CAM) when appropriate." It further documents, "Nursing Observation: Nursing observation is an important part of the pain assessment, especially in the non-verbal resident. Using the chart provided with the pain assessment, nursing will observe behaviors that may indicate pain in the non-verbal or cognitively impaired resident. Pain may be indicated when there are changes in the following: Facial expressions, Vocal behaviors, Body movements, Routines and Mental status." It also documents, "Pain Flow Sheet: Initiate a pain flow sheet for all residents reporting pain regardless of the treatment (pharmacological and/or non-pharmacological). The pain flow sheet is completed each shift. The effectiveness of pain scale chosen by the resident or the behavioral indicators."</p>	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000681</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/17/2021</b>
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S9999	Continued From page 13  (B)	S9999		
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