

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014401	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/20/2021
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NAME OF PROVIDER OR SUPPLIER RIVER CROSSING OF EDWARDSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 6277 CENTER GROVE ROAD EDWARDSVILLE, IL 62025
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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
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 4 300.610a) 300.1010h) 300.1210b) 300.1210d)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 h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the	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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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RIVER CROSSING OF EDWARDSVILLE

**6277 CENTER GROVE ROAD
EDWARDSVILLE, IL 62025**

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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.

Section 300.1210 General Requirements for Nursing and Personal Care

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.

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:

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.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator,

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S9999	<p>Continued From page 2</p> <p>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 perform ongoing assessments for potential bleeding related to anticoagulant use, monitor for change in condition and notify the physician of all pertinent information regarding a fall with head injury for 1 of 6 residents (R128) reviewed for falls and/or incidents with related anticoagulant use in the sample of 37. This failure resulted in delayed treatment for R128 after her fall with head injury. R128 was sent to the hospital two days later, and diagnosed with traumatic large left frontal lobe intraparenchymal hematoma with intraventricular extension and overlying subarachnoid hemorrhage with midline shift of the brain, and expired.</p> <p>Findings include:</p> <p>R128's Physician's Order Sheet (POS) documented R128 was admitted to the facility on 3/26/21 with the following diagnoses: unspecified injury of head, cerebral infarction, fall from or off toilet without striking against object, Parkinson's disease, muscle weakness, difficulty walking, disorientation, other symptoms and signs involving cognitive functions and awareness, frontal lobe and executive function deficit and dementia.</p> <p>R128's Physician's Order with start dated of 3/27/21 documented "Aspirin tablet chewable 81 mg (milligrams), give 1 table by mouth one time a day for CVA (cerebrovascular accident)."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R128's Nurse's Note dated 03/27/21 at 2:31 AM, documented R128 was "found sitting on the floor in her room by the door. Abrasion to the left side of face by eye. When this nurse asked this resident, what happened the resident stated, 'I went to the line and almost to the door and went down again and now in the middle of the ice.' This nurse asked her if she was hurt or cold this resident stated, 'I'm being disciplined being in the ice in this place.' This nurse called the resident's husband at her request. Vitals--temp 98.2, O2 (Oxygen) 95% on room air, pulse 78, resp (respirations) 8, BP (blood pressure) 163/87. This nurse helped this resident back into bed. Call light within reach. Will continue to monitor."</p> <p>There were no documented ongoing assessments, neurological assessments or nursing notes in R128's medical record after the fall that occurred on 03/27/21 that would describe her status until a Nurse's Note, dated 03/29/21. There was no documentation in R128's medical record that the V15, Physician, V26, Advanced Practice Nurse, V1, Administrator, or V2, Director of Nurse's (DON) was notified of R128's fall that occurred on 03/27/21.</p> <p>R128's neurological evaluation document, dated 03/27/21, was blank. There was no documentation in R128's medical record from any facility nursing staff of R128's condition, any care that was given, meal intake records or activities in R128's medical record from 03/27/21 at 2:31 AM until 03/29/21 at 8:48 AM.</p> <p>R128's Nurse's Note, dated 03/29/21 at 8:48 AM, documented, "Received resident laying in bed with eyes closed, lethargic and verbally nonresponsive. Facial pallor noted. Skin is warm and dry to touch. Resp even and nonlabored @</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>(at) 20/min (minutes). SpO2 (oxygen saturation level) of 94% on room air. Blood sugar of 132 mg (milligrams) /dL (deciliter). Lung sounds clear per auscultation. No facial drooping was noted on assessment. Abdomen is soft and nondistended with normoactive bowel sounds noted. Called 911. Two licensed staff stayed @ bedside for closed monitoring while awaiting for the ambulance to arrive. Necessary papers were copied. EMS (Emergency Medical Service) arrived @ approximately 0758, report was given. Patient in route to Hospital ED (Emergency Department) for eval and tx (treatment) @ approximately 0810. APN, (Nurse practitioner) was made aware of the above @ 815, patient's spouse was informed @ 0820. Report was called in to ED nurse @ 0840. Will follow-up."</p> <p>On 03/29/2021 at 2:05 PM, a Situation Background Assessment Recommendation (SBAR) documented a change in condition due to "Altered Mental Status Functional decline (worsening function and/or mobility) Unresponsiveness." The SBAR documented R128's Neurological Status Evaluation as "Altered level of consciousness (hyperalert, drowsy but easily aroused, difficult to arouse)." The SBAR documented nursing observations, evaluation, and recommendations were "Patient is lethargic, verbally nonresponsive with facial pallor. Due to recent fall, patient needs to be transferred to an acute facility for further eval and Tx." The SBAR documented "Primary Care Provider responded with the following feedback: Transfer patient to the nearest Hosp ED due to an acute change in mental status." This SBAR/fall investigation report regarding R128 was not initiated until 03/29/21 after R128 was sent to the hospital.</p> <p>R128's Nurse's Note, dated 03/29/21 at 11:04</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>PM, documented, "Patient was admitted with Intraventricular Hemorrhage."</p> <p>R128's Hospital Computerized Tomography (CT) Scan Report, dated 3/29/21 documented "Large left frontal lobe intraparenchymal hematoma with intraventricular extension and overlying subarachnoid hemorrhage. Mild midline shift."</p> <p>R128's Hospital Record History of Present Illness, dated 3/29/21, documents "This is an 83-year-old female that presents to the emergency department for altered mental status. Reportedly patient was admitted to a nursing facility 3 days ago. She was able to walk and talk at that time, although does have history of dementia and Parkinson's. On Saturday reportedly she had a fall with head injury. Also was reports of some bruising to the hip. Patient was not evaluated after this. Yesterday patient was not wanting to eat anything. Today patient is lying in bed and will only follow a few commands." R128's Hospital Record documented R128 was unresponsive to verbal stimuli with a Glasgow Coma Scale score of 10, indicating moderate traumatic brain injury. R128's Hospital Discharge Finding documented "Traumatic Intraparenchymal Hemorrhage." R128's Hospital Record documented R128 was sent for higher level of care to another receiving hospital, then placed on hospice services and later expired on 04/03/21.</p> <p>R128's Death Certificate, dated 4/3/2021, documented R128's cause of death as "Left Frontal Temporal Intraparenchymal Hemorrhage."</p> <p>On 04/13/21 at 10:00 AM, V2 stated she was not aware that R128 had fallen on 03/27/21 until R128 was sent to the hospital on 03/29/21 with suspected head injury. She stated she was made</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>aware that R128 had a fall on 03/27/21 and then realized there had been no fall investigation initiated. V2 stated she had called V28, Licensed Practical Nurse (LPN) who was the nurse working when R128 had fallen and interviewed her as to why she had not followed through with reporting and notifying the appropriate parties of the fall. V2 stated V28 did not report the fall as per facility policy and did not notify the physician or administration of the incident. V2 stated V28 informed her that she did not report the fall because she felt like R128 was "acting fine and showing no signs or symptoms of injuries." V2 further stated V28 told her that R128 did not hit her head but had contradicted what she had documented with an abrasion to the face. V2 stated she gave a verbal warning via telephone and gave a verbal in-service on reporting and assessments. V2 stated after discussion with administration, V28 was terminated due to this incident coupled with other negative incidents that occurred with V28. V2 stated that many of the staff that worked on 03/27/21 and 03/28/21 were agency staff. V2 stated R128 was admitted to the facility with an extensive fall history of over three years with a history of brain hemorrhages. V2 stated she spoke with R128's husband on 04/01/21 regarding her fall and current condition. She stated he told her that R128 was on hospice services. V2 stated she would have expected V28 to have notified the physician and administration of the incident and to follow facility policy regarding fall protocol.</p> <p>On 04/13/21 at 10:50 AM, V11, Registered Nurse (RN) stated she was the admitting nurse for R128 on 03/26/21. She stated R128 was confused upon arrival and was admitted to the facility for therapy services after falling at home. She stated R128 needed assist of one staff for transfers and</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>ambulation and used a walker as an assistive device. V11 stated R128 was admitted with bruising to her face. She stated that when she saw R128 on 03/29/21, the abrasion to the left side of her eye was new and was not there on admission. V11 stated she entered into R128's room on 03/29/21 to give her morning medications and found her unresponsive. V11 stated she would not open her eyes or follow commands. V11 stated she completed an assessment and notified the physician and called 911. V11 stated she later notified the POA and DON.</p> <p>On 04/13/21 at 12:30 PM, V26, Advanced Practice Nurse (APN) stated she was not notified of R128 falling on 03/27/21 and was not aware that R128 was on an anticoagulant. V26 stated she would have anticipated to be notified of an incident that occurred and that she would have expected R128 to be sent out right away anytime an unwitnessed fall occurred where the resident was on an anticoagulant and struck their head. V26 stated she was supposed to see R128 on 03/29/21 for the initial visit but was informed she went to the hospital. V26 denied having any knowledge of R128's condition upon transfer to the hospital or current status.</p> <p>On 04/13/21 at 2:30 PM, V27, Certified Nurse Assistant (CNA), stated she was the person who found R128 on the floor on 03/26/21. She stated she was doing rounds for the CNA assigned to the 500-hall where R128 resided. V27 stated she does rounds or visual checks of every resident on her assigned hall every two hours. V27 stated she found R128 on the floor near the door around 2:30 AM and was not aware how long she had been on the floor or the last time someone had seen R128. V27 stated she got the nurse and</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>they assisted R128 by holding onto her on either side and walking with her back to bed.</p> <p>The Facility's Fall Policy, revised 3/27/21, documented "4. The staff will evaluate, and document falls that occur while the resident is active in the facility census." The Policy documents "In the event of major injury or suspected major injury, the resident should be sent to a higher level of care, such as the hospital, as ordered by the physician. If the nurse is unable to reach the physician, it is permissible for the nurse to initiate the resident transfer to the hospital if there is concern for the resident's safety, well-being, potential for injury or voice expressed desire." The policy documented "following a fall, post event monitoring should occur to monitor vital signs, change in function, change in condition, increased pain or changes in skin condition, etc."</p> <p>The policy and procedure titled, "Standards and Guidelines: SG Anticoagulant Therapy, revised 03/27/21" was reviewed. It documented under "Guidelines: 7. Nursing staff will monitor residents receiving anticoagulant therapy for abnormal signs of bleeding and report as indicated to nurse or physician. 8. A plan of care will be developed related to the use of anticoagulant therapy. The plan should address the use of the anticoagulant medication as well as interventions related to assessment and monitoring of the resident's condition while on the anticoagulant medication."</p> <p style="text-align: center;">(AA)</p> <p>2 of 4</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>300.610a) 300.1210a) 300.1210b)2)4)5) 300.1210d)2) 300.1220b)2)3) 300.3240a)</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 300.1210 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</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>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 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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>2) All nursing personnel shall assist and encourage residents so that a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable. All nursing personnel shall assist and encourage residents so that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>good nutrition, grooming, and personal hygiene.</p> <p>5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning.</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>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>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</p>	S9999		

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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.

Section 300.3240 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 are not met as evidenced by:

Based on interview, observation, and record review, the facility failed to provide services for range of motion (ROM) to maintain and/or improve functions including degrees of limitations for 6 of 6 (R3, R14, R19, R33, R44, R68) residents reviewed for range of motion in the sample of 37. This failure resulted in R19 experiencing a decline in range of motion from no limitations of upper or lower extremities to limitations to both upper and lower extremities on one side, and decline in bed mobility, transfers, dressing and ambulation.

Findings include:

1. On 4/07/21 at 12:03 PM, R19 stated he was going to the dining room for lunch. As R19 propelled himself in his wheelchair (w/c) to the dining room, his two middle fingers on his left hand were bent towards the palm of his hand while his other two fingers were straight. He stated he used to get physical therapy but doesn't get anything anymore since his insurance ran out. He stated the problem with his fingers is that

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RIVER CROSSING OF EDWARDSVILLE

**6277 CENTER GROVE ROAD
EDWARDSVILLE, IL 62025**

(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 13</p> <p>when he goes to the bathroom, he is unable to grasp the "help" bars with all his fingers when he tries to help pull himself up to transfer from his w/c to the toilet.</p> <p>On 4/13/21 at 1:24 PM, R19 stated he did walk before with a walker his son brought him. He stated therapy stated he could walk with his walker if a CNA (Certified Nursing Assistant) stood by him and helped him a little to get up, and then stand by him while he walked. R19 stated he hasn't walked in over two weeks since therapy finished with him. He stated he is not sure if he can still walk but might be able to if a CNA would help him, but there is usually only one CNA working on his hall. R19 stated his fingers on his left hand "curl up" worse at night, and his toes do the same thing. He stated he would like to walk sometimes but there is nobody to help him.</p> <p>R19's Face Sheet documents his diagnoses include Joint Derangement, Unspecified; Muscle Weakness, Generalized; Pain in Right Shoulder, and Disorders of Muscle Diseases Classified Elsewhere, Left Upper Arm.</p> <p>R19's Order Summary Report, dated 4/13/21, documents the order dated 2/1/20, "May participate in restorative program as needed and as tolerated."</p> <p>R19's Minimum Data Set (MDS)) dated 7/19/20, documents he is alert and oriented, and he is independent with bed mobility, but requires limited assist from staff for transfers, walking, and dressing. This MDS documents R19 did not have any functional limitation in range of motion to his upper or lower extremities.</p> <p>R19's MDS dated 9/24/20 documents he has a</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>decline of functional limitation in range of motion as he now requires assist with bed mobility and has impairment in range of motion to one side of upper and lower extremities.</p> <p>R19's MDS dated 1/29/21 documents further decline in his ADLs in that he requires limited assist from staff for bed mobility, transfers, dressing, and walking in his room or in the corridors did not occur. The MDS documents he continues to have limited ROM on one side to his upper and lower extremities.</p> <p>R19's Care Plan dated 1/15/21 documents the focus, " (R19) has an ADL (Activities of Daily Living) self-care performance deficit related to limited mobility. The goal for this care plan is, "(R19) will maintain current level of ADL function through the review date of 5/10/21." Interventions for this focused care plan include, "(R19) currently requires assistance with ADLs: Transfer: 1 assist, Walking: SBA (Stand by Assist)."</p> <p>R19's Care Plan Focus, dated 2/10/21, documents, "(R19) has a goal to improve physical functioning and will be receiving Physical, Occupational, and/or Speech therapy."</p> <p>R19's Occupational Therapy Discharge Summary dated 3/19/21 documents he received therapy from 1/14/21 to 3/19/21 and was discharged from therapy for the reason, "Maximized Functional Potential." The discharge summary documents "#3-Met on 3/19/21: Pt (patient) will demonstrate improved functional grip strength as evidenced by ability to grasp and maintain grip on grab bar during toilet transfers to increase safety and I (independence) with ADLs." According to the discharge summary, as of 3/19/21, R19 was able to demonstrate this with consistent stand-by</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>assist and rare minimum assist. R19's Discharge Summary documents his prognosis to maintain current level of functioning = excellent with consistent staff support. It documents the RNP (Restorative Nursing Program) : "To facilitate patient maintaining current level of performance and in order to prevent decline, development of and instruction in the following RNPs has been completed with the IDT (Interdisciplinary Team): transfers, dressing and grooming."</p> <p>R19's Physical Therapy Discharge Summary dated 3/18/21 documents he received physical therapy from 1/12/21 to 3/18/21. This discharge summary documents R19 met his goals for ambulation, transfers and balance, and included the recommendation for Restorative Nursing Program: "To facilitate patient maintaining current level of performance and in order to prevent decline, development of and instruction in the following Restorative Nursing Programs has been completed with the IDT: ambulation. "</p> <p>R19's Care Plan was not updated with person-centered interventions for restorative services to maintain his level of functioning after R19 was discharged from Physical and Occupational Therapy.</p> <p>R19's Care Plan focus, dated 4/8/21, documents, "(R19) has Musculoskeletal Disorders related to contractures of his arm." The goal of this care plan is, "Resident will verbalize relief of pain. " The interventions for this care plan include, " Report symptoms to physician: Pain extreme or increasing pain on passive movement of extremity, development of muscle tension or tenderness with erythema", but does not include an intervention to provide passive range of motion exercises to R19's joints to prevent further</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>contractures or decline.</p> <p>R19's PT/OT Screen Form dated 4/14/21 documents his diagnosis as, "Other Lack of Coordination" and reason for screening, "Other; decreased range of motion/contracture and pain/edema. This report further documents, under comments, "Pt (patient) reports hands have not declined since therapy discharge and continues to require assistance with ADLs due to decreased ROM and pain."</p> <p>On 4/13/21 at 4:06 PM V23, Occupational Therapist /Director of Therapy, stated after residents are done with therapy, the therapists try to communicate with the CNAs to let them know what therapy has worked on and what the resident needs as far as assistance to maintain their current functional ability. V23 stated therapy does quarterly assessments on all residents to assess their abilities and needs and treats accordingly. She stated R19 just got done with therapy a few weeks ago, and at that time he was up walking with his walker. V23 stated R19 does have limited movement in his shoulders, but she was not aware of any problems with his hand. She stated he does need some assist to stand up and may need some stand-by assist, but he was doing well with walking. She stated she would hope staff will help him to walk because, "If you don't use it, you will lose it." V23 stated there has not been any Restorative Programs going on in the facility for quite some time.</p> <p>2. On 04/06/21 at 10:00 AM, R44 stated he was on therapy services a while ago and used to walk up and down the halls with the CNAs, but since COVID had recently been in the building they quit walking with him. He stated he had not been walking since January 2021. R44 stated he</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>cannot walk at all now and feels like he could go to home or to an assisted living facility if he could walk better. R44 stated he does not get any type of therapy now. R44 stated he had a stroke and that he had weakness to the left hand and both legs. R44 stated he would like to have therapy or someone to help him walk so that he could be more independent and possibly go home.</p> <p>The POS, dated 04/01/21, documented R44 was admitted to the facility with the following Cerebrovascular Accident (CVA) with Hemiplegia and Hemiparesis, unsteadiness on feet, visuospatial deficit and special neglect following CVA, muscle wasting and atrophy and difficulty walking.</p> <p>The Physical Therapy Discharge Summary, dated 09/17/20, documented recommendations for "Restorative Nursing Program to facilitate patient maintaining current level of performance and in order to prevent decline, development of and instruction in the following: ambulation with staff instruction for 'walk to dine' type program using wheeled walker up to two times daily."</p> <p>An Individualized Exercise Program Referral sheet, dated 09/17/20, written from physical therapy to restorative therapy staff documented R44 was recommended by therapy for ambulation with minimal assist of caregiver up to 75 feet with wheeled walker. It documented "Patient to be ambulated with staff two times daily on a "Walk to dine" program."</p> <p>On 04/06/21 at 10:20 AM, V43, CNA stated the facility did not have restorative CNAs now and that they were told to not walk the residents due to the COVID restrictions. She stated this had been going on since January 2021. V43 stated</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>R44 was not being walked and had not been walked since at least January 2021.</p> <p>On 04/14/21 at 12:35 PM, V23, Director of Rehab Services, stated V44 was on therapy services last year and was then recommended for restorative services for walking and seemed to do well. She stated then with the change in restrictions during COVID, change in CNAs and the resident moving to different halls, she was not sure why he was not getting the assistance with walking anymore. She stated he would be a candidate for restorative ambulation.</p> <p>3. R14's Face Sheet, undated, documents R14 has a diagnosis of Muscle Weakness.</p> <p>On 4/6/21 at 12:56 PM, R14 was observed with limited Range of Motion (ROM) in both her upper and lower extremities and contractures to both hands, hips, knees, ankles, and feet.</p> <p>R14's Minimum Data Sheet (MDS), dated 12/12/20, documents limitations in ROM in one of the upper extremities and both lower extremities. R14's MDS, dated 1/2/21, documents limitations in ROM in both upper and lower extremities.</p> <p>R14's Care Plan, dated 1/27/21, documents R14 has musculoskeletal disorders related to contractures in her arms and legs with a goal to avoid decline.</p> <p>R14's Physician Order Sheet (POS), dated 1/27/21, documents an order for restorative programs as needed.</p> <p>There is no documentation in R14's medical record R14 is receiving restorative service to address her contractures and limited range of</p>	S9999		
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S9999	<p>Continued From page 19 motion.</p> <p>4. R68's Face Sheet, undated, documents R68 has a diagnosis of Muscle Weakness and Rheumatoid Arthritis.</p> <p>On 4/7/21 at 10:36 AM, R68 was observed with limited ROM in both her upper and lower extremities.</p> <p>R68's MDS, dated 2/19/21, documents limitations in ROM in both lower extremities. R68's MDS, dated 3/19/21, documents limitations in ROM in both upper and lower extremities.</p> <p>R68's Care Plan, dated 3/8/20, has no documentation addressing limitations in ROM.</p> <p>R68's POS, dated 2/2/21, documents an order for restorative programs as needed.</p> <p>There is no documentation in R68's medical record R68 is receiving services to address her limited range of motion.</p> <p>5. R3's Face Sheet, undated, documents R3 has a diagnosis of Muscle Wasting with Atrophy and Difficulty Walking.</p> <p>On 4/7/21 at 10:21 AM, R3 had a contracture to her left hand and limitations in range of motion of both upper and lower extremities.</p> <p>R3's MDS, dated 1/10/21, documents impairment on one side of the upper and lower extremities.</p> <p>R3's Care Plan, dated 3/7/20, has no documentation of R3's limited ROM.</p> <p>R3's POS, dated 2/1/20, documents an order for</p>	S9999		

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S9999	<p>Continued From page 20</p> <p>restorative programs as needed.</p> <p>There was no documentation in R3's medical record, R3 was receiving services for her limited range of motion.</p> <p>On 4/8/21 at 8:03 AM, R3 states she would participate in an "exercise program".</p> <p>6. R33's Face Sheet, undated, documents R33 has a diagnosis of Muscle Wasting with Atrophy, Difficulty Walking and Muscle Weakness.</p> <p>On 4/8/21 at 8:06 AM, R33 was observed with limited range of motion (ROM) to both upper and lower extremities.</p> <p>R33's MDS, dated 2/17/21, documents no limitations with ROM.</p> <p>R33's Care Plan, dated 3/7/20, has no documentation of R33's limited ROM.</p> <p>R33's POS, dated 2/19/21, documents an order for restorative programs as needed.</p> <p>There was no documentation in R33's medical record R33 was receiving any service to address limited range of motion.</p> <p>On 4/8/21 at 10:44 AM, V2, Director of Nurses (DON), stated the facility does not have a Restorative Nurse or Restorative Certified Nurse Assistant (CNA) so they do not have any formal restorative programs or assessments because they don't have a nurse to follow the programs.</p> <p>The facility Contracture Management Policy with a revision date of 3/1/21, documents the facility must ensure that a resident with a limited ROM</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>receives appropriate treatment to increase ROM and/or prevent further decrease in ROM.</p> <p>The facility Restorative Nursing Programs Policy with a revision date of 12/1/16, documents the facility will provide restorative nursing services to residents that require them to attempt to maintain or improve function or as ordered by the physician.</p> <p style="text-align: center;">(B)</p> <p>3 of 4</p> <p>300.1210b) 300.1210d)1) 300.1630e) 300.3240a)</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>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 22</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered</p> <p>Section 300.1630 Administration of Medication</p> <p>e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.</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 observation, interview and record review, the facility failed to administer medications as ordered for one of 4 resident (R52) reviewed for significant medication errors in the sample of 37. This failure resulted in R52 receiving 16 extra doses of Chemotherapy medication and experiencing weakness, falls, and a blister to his right finger.</p> <p>Findings include:</p> <p>R52's Electronic Medical Record documents his diagnoses to include: Acute Kidney Failure with Tubular Necrosis, Critical Illness Myopathy,</p>	S9999		
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Malignant Neoplasm of the Sigmoid Colon, and Secondary Malignant Neoplasm of Liver and Intrahepatic Bile Duct.

R52's Minimum Data Set (MDS) dated 4/2/21 documents he is moderately cognitively impaired and requires limited assist with Activities of Daily Living.

On 4/07/21 at 11:30 AM, R52 was propelling himself in his wheelchair (w/c) out of his room to nurses desk. R52 stated he could not find his wallet. His appearance was unkempt. He stated he was weak and can't walk, but does okay in his w/c. He stated he takes too much medication.

R52's "Incident by Incident Type" documents he has had multiple falls on 2/4/21, 2/11/21, 2/23/21, 3/7/21, 3/11/21, 3/21/21, 3/23/21, 4/3/21, 4/3/21 and 4/7/21. The report also documents he had a medication error on 3/10/21.

R52's Physician Order (PO) documented an order for Xeloda, a chemotherapy medication, which was initially prescribed on 10/23/20. The PO documents Xeloda 500 milligrams (mg) (4 pills, 2000 mg) BID (twice daily) po (by mouth) x 7 days on then 7 days off repeated sequence. R2's Physician Order dated 3/8/21 document his Xeloda was discontinued on that date.

R52's Medication Administration Records (MAR) documents the following medication errors:
1/29/21: Xeloda was given twice on that date when it should have been on hold.
1/30/21: Xeloda was given in the PM on that date when it should have been on hold.
1/31/21: Xeloda was given in the PM on that date when it should have been on hold.
2/1/21: Xeloda was given in error when it should

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have been on hold for the 7 days per physician order.

2/4/21: Xeloda was given once in the morning. PM dose was not given.

2/5/21: Xeloda was not given on that day.

2/6/21: Xeloda was given one time in the PM. AM dose was not given.

2/7/21-2/11/21: Xeloda was not given on 2/7/21 which would have been the 7th day it was to be given. Then, per physician orders, it should have been held 7 days, but was only held five days.

2/12/21-3/7/21: Xeloda was given twice a day for 23 days continuously, without the ordered 7 days on/7 days off schedule as ordered by V32, Oncologist.

R52 was ordered to receive 28 doses (14 days) of Xeloda in January 2021, but instead received 32 doses (16 days).

R52 was ordered to receive 28 doses (14 days) of Xeloda in February 2021, but instead he received 36 doses (18 days).

R52 should have received 10 doses (5 days) of Xeloda in March 2021 before it was discontinued on 3/8/21, but instead received 14 doses (7days).

R52's Medication Incident Report dated 3/10/21 at 10:18 AM documents, "Medication Capecitabine (Xeloda) chemo drug was accidentally ordered wrong; was ordered continuously instead of 7 days on 7 days off." The report documented when incident was caught, order was changed, cancer doctor and family were notified, and medication was immediately held. There was no assessment of resident's response to the medication error documented on the report.

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

RIVER CROSSING OF EDWARDSVILLE

**6277 CENTER GROVE ROAD
EDWARDSVILLE, IL 62025**

(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
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S9999	<p>Continued From page 25</p> <p>R52's Oncologist Progress Report dated 4/2/21 documents, "On 2 separate occasions over the past two months, patient did receive this Xeloda for two weeks on and 1 week off."</p> <p>On 4/14/21 at 2:25 PM V30, Pharmacist, stated R52's chemotherapy medication, Xeloda, would have been ordered to be given for 7 days and then not given for 7 days on a cycle, in order to give R52's body a rest in between cycles of the medication. He stated with most chemotherapy drugs, the risk of them having been given daily, without the 7-day rest, would be bone marrow suppression. He stated the most common side effects of this medication are nausea and diarrhea. He stated dizziness could be a side effect also.</p> <p>On 4/14/21 at 2:35 PM V31, Registered Nurse (RN) from R52's Oncology Clinic stated there have been two medication errors with R52's Xeloda, chemo drug, reported to their office. V31 stated one error was reported on 2/4/21 stating R52 had received extra doses of his Xeloda, and then again on 3/8/21 when the facility's nursing supervisor called and stated R52 had received an additional 13 doses of the medication. V31 stated on 3/12/21 R52's wife had called the office with concerns of his increased weakness and falls, and V32, Oncologist, recommended R52 be sent to the Emergency Department for evaluation due to having received excess doses of the medication. V31 stated R52's oncologist stopped R52's medication because it is risky to not get the chemotherapy correctly. She stated the oncologist would need to answer questions about side effects of R52 receiving the extra doses of his chemotherapy.</p> <p>On 4/15/21 at 8:00 AM V33, Registered Nurse</p>	S9999		
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S9999	<p>Continued From page 26</p> <p>(RN) stated she found both medication errors regarding R52 receiving too much of his chemotherapy medication, Xeloda. V33 stated she corrected the order in the Physician Orders on the EMR and reported the error to the oncologist and to R52's wife, who was understandably upset. V33 stated the first time a medication error occurred with R52's chemotherapy in February, he had received about 11 or 12 extra doses. She stated she reported it to whoever was here as Director of Nursing (DON) or the Administrator, she was not sure because there have been a few different people in those positions in the last few months. V33 stated she did not do a Medication Error Report because she did not know how in the new EMR system. She stated she found the same error the second time on 3/8/21, and that time R52 had received 13 extra doses of the Xeloda. V33 stated she again notified his oncologist and R52's wife. V33 stated she noticed R52 was more lethargic, having more falls, and he had more confusion during the time the errors were occurring. She stated she has not seen any improvement in these symptoms since the medication was stopped.</p> <p>On 4/15/21 at 8:31 AM V32, R52's oncologist, per phone interview, stated R52's Xeloda was stopped due to it not being effective treatment for his cancer. V32 stated R52 has Stage 4 cancer and his cancer markers continued to increase from 27 to 51, indicating his cancer was getting worse, even though he was receiving more of the Xeloda than he was supposed to, his cancer still advanced. V32 stated he saw R52 in his office this month (April) and he had labs done. V32 stated R52's liver enzymes were normal, indicating he had no toxicity from the medication error. V32 stated there are two primary side</p>	S9999		

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S9999	<p>Continued From page 27</p> <p>effects that may occur with the use of Xeloda: Hand-Foot Syndrome, where a patient gets blisters and/or burning sensation on his hands and feet. V32 stated R52 did have a blister on one of his fingers during his clinic visit, which would have been a minimal consequence of R52 receiving extra doses of the Xeloda. V32 stated the other common side effect of Xeloda would be nausea and diarrhea and R52 did not have this symptom. V32 stated despite the concentrated chemo drug being administered, it did not phase R52's cancer. V32 stated this medication (Xeloda) does not cross the blood/brain barrier and would not have caused confusion or encephalopathy. V32 stated he would expect staff to administer medications as ordered to avoid side effects and possible toxicity to the medications.</p> <p>On 4/16/21 at 8:45 AM R52 was sitting in the dining room eating breakfast. He has a healing blister on his right middle finger which he stated does not hurt. He stated he has calluses on his feet, but they do not hurt. He stated he would like to go to a different facility and his wife is working on it. He stated, "I'm not falling anymore."</p> <p>(A)</p> <p>4 of 4</p> <p>300.675a)1)2)3)A-G) 300.675b)1)A-E)2)3)4) 300.675c)1)A-J)2)3)4) 300.675d) 300.675e)</p>	S9999		
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S9999	<p>Continued From page 28</p> <p>Section 300.675 COVID-19 Training Requirements EMERGENCY</p> <p>a) Definitions. For the purposes of this Section, the following terms have the meanings ascribed in this subsection (a):</p> <p>1) "CMMS Training" means CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management, available at https://QSEP.cms.gov.</p> <p>2) "Frontline clinical staff" means the medical director of the facility, facility treating physicians, registered nurses, licensed practical nurses, certified nurse assistants, psychiatric service rehabilitation aides, rehabilitation therapy aides, psychiatric services rehabilitation coordinators, assistant directors of nursing, directors of nursing, social service directors, and any licensed physical, occupational or speech therapists. Any consultants, contractors, volunteers, students in any training programs, and caregivers who provide, engage in, or administer direct care and services to residents on behalf of the facility are also considered frontline clinical staff.</p> <p>3) "Management staff" means any facility staff who:</p> <p>A) Assign and direct nursing activities;</p> <p>B) Oversee comprehensive assessment of residents' medical needs and care planning;</p> <p>C) Recommend numbers and levels of nursing personnel;</p> <p>D) Plan nursing service budgeting;</p>	S9999		

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S9999	<p>Continued From page 29</p> <p>E) Develop standards of nursing practice;</p> <p>F) Supervise in-service education and skill training for all personnel; or</p> <p>G) Participate in the screening of prospective residents and resident placement.</p> <p>b) Required Frontline Clinical Staff Training</p> <p>1) All frontline staff employed by facilities shall complete the following portions of CMMS Training:</p> <p>A) Module 1: Hand Hygiene and PPE;</p> <p>B) Module 2: Screening and Surveillance;</p> <p>C) Module 3: Cleaning the Nursing Home;</p> <p>D) Module 4: Cohorting; and</p> <p>E) Module 5: Caring for Residents with Dementia in a Pandemic.</p> <p>2) Facilities shall ensure at least 50% of frontline clinical staff have completed the CMMS Training by January 31, 2021.</p> <p>3) Facilities shall ensure 100% of the frontline clinical staff have completed the CMMS Training by February 28, 2021.</p> <p>4) Facilities shall require, within 14 days after hiring, CMMS Training for all frontline clinical staff hired after January 31, 2021.</p> <p>c) Required Management Staff Training</p>	S9999		

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S9999	<p>Continued From page 30</p> <p>1) All management staff employed by facilities shall complete the following portions of CMMS Training:</p> <ul style="list-style-type: none"> A) Module 1: Hand Hygiene and PPE; B) Module 2: Screening and Surveillance; C) Module 3: Cleaning the Nursing Home; D) Module 4: Cohorting; E) Module 5: Caring for Residents with Dementia in a Pandemic; F) Module 6: Infection Prevention and Control; G) Module 7: Emergency Preparedness and Surge Capacity; H) Module 8: Addressing Emotional Health of Residents and Staff; I) Module 9: Telehealth for Nursing Homes; and J) Module 10: Getting Your Vaccine Delivery System Ready. <p>2) Facilities shall ensure at least 50% of management staff have completed the CMMS Training by January 31, 2021.</p> <p>3) Facilities shall ensure 100% of management staff have completed the CMMS Training by February 28, 2021.</p> <p>4) Facilities shall require, within 14 days after</p>	S9999		
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S9999	<p>Continued From page 31</p> <p>hiring, CMMS Training for all management staff hired after January 31, 2021.</p> <p>d) By January 31, 2021, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b)(2) and (c) (2).</p> <p>e) By February 28, 2021, all facilities shall certify compliance, in the form and format specified by the Department, with subsections (b)(3) and (c) (3).</p> <p>(Source: Added by emergency rulemaking at 44 Ill. Reg. 19551, effective December 2, 2020, for a maximum of 150 days; emergency rule amended by emergency rulemaking at 45 Ill. Reg. 393, effective December 18, 2020, for the remainder of the 150 days)</p> <p>These regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to initiate and complete the required training, "CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management" within the required timelines. This has the potential to affect all 77 residents living in the facility.</p> <p>Findings include:</p> <p>On 4/9/21 at 8:24 AM V1, Administrator, stated she has not started or completed the required training, CMMS Targeted COVID-19 Training Requirements. V1 stated, "I can get the managers started on this training today."</p> <p>On 4/9/21 at 8:57 AM V2, Director of Nursing (DON), stated she started working for the facility</p>	S9999		

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S9999	<p>Continued From page 32</p> <p>three weeks ago on March 15, 2021. She stated she was directed by the Regional Director to complete some Infection Control modules, but she is not sure if it is the required CMMS training. She presented the first module for Infection Preventionist training, which was not the correct training.</p> <p>On 4/9/21 at 9:34 AM V1 stated she does receive SIREN messages and must have just missed the notification regarding CMMS Targeted COVID-19 Training Requirements. She stated her Regional Director stated she had also sent her a notice regarding the training.</p> <p>On 4/9/21 at 9:40 AM V2 confirmed that she had not done any of the required CMMS Targeted COVID-19 Training Requirements training since she started working in the facility.</p> <p>On 4/14/21 Review of the facility's training records do not include the CMMS Targeted COVID-19 Training for Frontline Nursing Home Staff and Management.</p> <p>The Facility's Resident Census and Conditions of Residents, CMS (Centers for Medicare & Medicaid Services) Form 672, dated 4/7/21, documented the facility had 77 residents living in the facility.</p> <p style="text-align: right;">(C)</p>	S9999		