

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010219</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 07/22/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TAYLOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3021 TAYLOR AVENUE SPRINGFIELD, IL 62703</b>
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{Z 000}	<b>COMMENTS</b>  First Follow-up to Complaint Investigation 2243843/IL146984	{Z 000}		
{Z9999}	<b>FINDINGS</b>  Statement of Licensure Violations:  1 of 2  350.620 a) 350.1010 e) 350.1060 e) 350.1610 c)3)  Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the 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 in operating the facility and shall be reviewed at least annually.  Section 350.1010 Service Programs The facility shall provide, either directly or through arrangements with an outside resource, as needed by the individual resident, all resident living services, training and guidance necessary in the activities of daily living and in the development of self-help skills for maximum independence. These services shall consist of at a minimum the following: e) Training and Habilitation Services (as defined in Section 350.1060)  Section 350.1060 Training and Habilitation	{Z9999}	<b>Attachment A Statement of Licensure Violations</b>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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{Z9999}	<p>Continued From page 1</p> <p>Services</p> <p>e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs.</p> <p>Section 350.1610 Resident Record Requirements</p> <p>c) Record entries shall meet the following requirements:</p> <p>3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure the health and safety of individuals, and failed to implement their policy to prevent neglect, when the facility failed to ensure:</p> <p>1. Conduct Quality Assurance meetings to review residents' needs, revise intervention methods and monitor the overall effectiveness of the program plan for each individual.</p> <p>2. Qualified Intellectual Disability Professional (QIDP) and Nursing Assessments were complete and accurate for R1, R2, R3 and R4.</p> <p>3. Develop and Implement systematic</p>	{Z9999}		

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{Z9999}	<p>Continued From page 2</p> <p>interventions to manage inappropriate behavior and incorporate into the Individual Support Plan (ISP) R2's self injurious behavior.</p> <p>4. Complete Nursing Assessments for Emergency Room (ER) visits for 2 of 3 individuals in the sample (R1, R3) and 1 individual outside the sample (R4) who required an ER visit; peer to peer incidents for 3 of 3 individuals in the sample (R1, R2, R3) and 3 individuals outside the sample (R4, R10, R15) who were involved in peer to peer incidents; A Choking Risk Assessment, and Self Medication of Medication Assessment For 1 of 3 individuals in the sample (R3), Physical, hearing and vision screenings, and lab work is completed on 3 of 3 individuals in the sample (R1, R2, R3) who require yearly screenings.</p> <p>5. Mammogram's were completed for 2 of 2 individuals in the sample (R1, R2) who require yearly mammogram screenings.</p> <p>6. The Physician Order Sheet and Medication Administration Record matched for 1 of 1 individual in the sample (R2), who requires yearly assessments.</p> <p>These failures have the potential to affect all individuals who live in the facility (R1 - R15).</p> <p>Findings include:</p> <p>The facility submitted roster, undated, validating the level of functioning of individuals: 4 individuals function in the mild range of intellectual disability (R4, R13, R14, R15); 3 individuals function in the moderate range of intellectual disability (R8, R9, R11); 6 individuals function in the severe range of intellectual disability (R1, R3, R5, R7, R10, R12); and 2 individuals function in the profound range</p>	{Z9999}		
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{Z9999}	<p>Continued From page 3 of intellectual disability (R2, R6).</p> <p>1. R2's ISP (Individual Service Plan), dated 3/21/22, documents R2 's functions at a profound intellectual disability, with current diagnoses of Autism, Obsessive Compulsive Disorder with aggression, Onychomycosis, Dry Eye Syndrome, Anxiety, Hypothyroidism, Myxedema, Schizoaffective Disorder, Depression, Hypertension, Dementia, Hyperlipidemia, Calcium Deficiency, and Cataracts Bilateral. R2's ISP documents R2 is verbal, and then R2 is non-verbal and uses a communication board. R2 is on a formal behavior program for anxiety. R2 is tracked for related behaviors that include hitting herself and walking around naked.</p> <p>On 7/12/22 from 10:00 AM to 5:30 PM, R2 was observed clapping her hands and slapping her face on multiple occasions, with no intervention or redirection given.</p> <p>R2's "Behavior -Anxiety Daily (ISP Program)", dated 3/30/22, documents R2 displays incidents of anxiety, and is on medication to control them. R2 becomes anxious when she is left in the bathroom alone, and upset if she doesn't get the help she needs right away. The purpose of this program is to teach R2 techniques to help cope with her overwhelming anxiety. Staff will verbally tell R2 "when you feel like you are becoming anxious or upset, it is best to go to a calm space (bedroom, or other choice) and listen to music or watch TV. (R2) can come out of your safe space when ever you choose. But it is not ok to walk around naked or ignore people."</p> <p>R2's monthly Q-Notes for May 2022, documents as follows:</p>	{Z9999}		

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{Z9999}	<p>Continued From page 4</p> <p>"Behaviors: (R2) has symptoms of anxiety and is tracked for related behaviors that include hitting herself and walking around naked. There is no useable data obtained for this month. (R2) was observed undressed in public area of the home at least once in the month of May."</p> <p>R2's monthly Q-Notes for April 2022, documents as follows: "Behaviors: (R2) has symptoms of anxiety and is tracked for related behaviors that include hitting herself and walking around naked. There is no useable data obtained for this month. (R2) was observed undressed in public area of the home at least once in the month of April."</p> <p>There is no evidence of an intervention or behavior program to teach R2 to stop self injurious behavior or staff monitoring/tracking behavior.</p> <p>On 7/14/22, at 10:45 AM, E2, Assistant Regional Manager/Qualified Intellectual Disability Professional, confirmed there are no June Q-notes, and R2's ISP is not an accurate picture of R2. There is no intervention program to prevent self injurious behavior.</p> <p>2. R3's ISP, (Individual Support Plan), dated 5/13/22, documents R3 has diagnoses of Severe Intellectual Disability, Depression, Autism Disorder, Diabetes Mellitus, Mixed Receptive/Expressive Language Disorder, and Anxiety Disorder. It futher documents R3 has the following programs: Eating, Money, Self-Identification, Hygiene - Tooth Brushing, Self-Medication, Community Safety, and Behavior Program for Anxiety.</p> <p>The current QIDP (Qualified Intellectual Disability</p>	{Z9999}		

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{Z9999}	<p>Continued From page 5</p> <p>Professional) Monthly Summary in R3's record is dated May 2022.</p> <p>There is no evidence of a June 2022 QIDP Summary for R3.</p> <p>In an interview on 7/12/22 at 1:10 PM, when asked if R3 had a June QIDP Monthly Summaries, E2 (Assistant Administrator/QIDP) stated, "No. We do not have a QIDP."</p> <p>3. "Progress Note". dated 6/12/22 at 6:30 PM, R4 and R10 were yelling and slapping each other. R4 received scratches on his hand. In further review of this note, there is no notification to the Registered Nurse-Trainer (RN-T) about the incident or the scratch.</p> <p>An Emergency Room (ER) discharge paper, documents R4 was seen on 6/14/22, with a diagnosis of Cellulitis. R4 was discharged on 6/14/22 at 10:29 AM, with a prescription for antibiotic therapy.</p> <p>"Health Care Report", dated 6/20/22 at 3:11 PM by E7 (Licensed Practical Nurse-LPN), documents R4 was seen in the ER on 6/13/22, with no admission needed.</p> <p>There is no evidence of a nursing assessment on R4 by the RN-T after the peer to peer incident on 6/12/22 and the ER visit on 6/20/22.</p> <p>A "Safety Committee" note, dated 7/1/22, documents R4 was taken by ambulance to the hospital on 6/14/22. R4 was discharged with an antibiotic order. This report further documents R4's antibiotic was not given 4 times in June.</p>	{Z9999}		
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{Z9999}	<p>Continued From page 6</p> <p>There is no evidence of any medication error reports for R4 for the omitted antibiotic.</p> <p>R4 was seen on 7/2/22 at 10:12 AM at the ER, and discharged with the diagnosis of Altered Level of Consciousness. Review of a Health Care Report, dated 7/12/22 by E7 (LPN), documents R4 was seen in the ER on 7/2/22. This report further documents an assessment was completed on 7/5/22 by E7 (LPN).</p> <p>There is no evidence of a nursing assessment by the RN-T after R4's ER visit.</p> <p>In an interview on 7/14/22 at 10:35 AM, when asked if there are any nursing assessments for R4's ER visits, E1 (Regional Manager) and E2 (Assistant Administrator) both stated, "No, don't have."</p> <p>4. Facility reported incident, dated 6/16/22, documents, "Ambulance was called for (R3's) low blood sugar reading. Staff was able to get a hold of the Registered Nurse Trainer and she was able to contact the doctor and get his blood sugars regulated without emergency services."</p> <p>"Health Care Report", dated 6/6/22, by E8 (Registered Nurse-Trainer), documents: "Received a phone call that (R3's) blood sugar was 52 at approximately 12:30 PM, and he was refusing to eat or drink and was shaking. (E9, Direct Service Person/DSP) was instructed to keep encouraging (R3) to drink some soda and to give Glucose tablets."</p> <p>There is no evidence of a nursing assessment being completed on R3 for the 6/6/22 and 6/16/22 incidents of low blood sugar levels.</p>	{Z9999}		
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{Z9999}	<p>Continued From page 7</p> <p>On 7/12/22 at 12:00 PM, when asked if there were nursing assessments for R3's low blood sugar levels on 6/6/22 and 6/16/22, E2 (Assistant Administrator) stated, " No."</p> <p>5. Facility "Progress Note GP-15", dated June 2022, (no time noted), documents, "(R1) was fighting over a chair and grabbed (R15) by her neck." E12, Qualified Intellectual Disability Professional and E1, Regional Manager were called.</p> <p>Facility Reported Incident, dated 5/30/22, documents "(R1) scratched (R2) on her chin."</p> <p>On 7/14/22 at 10:45 AM, E2, Assistant Administrator/Qualified Intellectual Disability Professional, stated, "We don't see any nursing assessment for the peer to peer incident for 5/30/22."</p> <p>Facility Reported Incident, dated 5/29/22, documents, "(R3) became angry at individual (R1) because she would not give him the TV control to the common area. (R3) pushed (R1), in return (R1) pulled his hair and scratched him. (R3) had a red area, but no treatment was needed, the nurse was contacted."</p> <p>Facility Reported Incident, dated 4/22/22, documents, "R1 was taken to Hospital from the day training site for evaluation due to a lower blood pressure. The hospital felt that the blood pressure was in normal range for her age and released her back to the home to follow up with her physician."</p> <p>There is no evidence of a nursing assessment for an Emergency Room visit on 4/22/22 for R1's low blood pressure.</p>	{Z9999}		



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{Z9999}	<p>Continued From page 8</p> <p>R1's Quarterly Nursing Assessment for April, May, and June 2022 were not completed in R1's chart.</p> <p>On 7/14/22 at 10:45 AM, E1 (Regional Manager) confirmed R1's Quarterly Nursing Assessment was not completed. E1 further confirmed nursing assessments and notes are not done.</p> <p>R3's current "Choking Risk Assessment Tool" is dated 7/9/21. R3's current "Self-Administration of Medication Assessment" (SAMA) is dated 7/9/21.</p> <p>There is no evidence of a more current "Choking Risk Assessment Tool" and SAMA for R3.</p> <p>In an interview on 7/12/22 at 12:00 PM, when asked if R3's "Choking Risk Assessment Tool" and SAMA has been updated, E2 (Assistant Administrator) stated, "No."</p> <p>6. R1's Physician Order Sheet (POS), dated July 2022, documents R1 functions at a Moderate Intellectual Disability Level, with current diagnoses of Bipolar Disorder w/Psychotic Features, Hypothyroidism, Diabetes Mellitus Adult Onset, Bells Palsy, Tardive Dyskinesia, Hypercholesterolemia, and a History of TIA.</p> <p>R1's lab orders are to receive a chest x-ray yearly, a Lipid Profile Yearly, a TSH every 6 months, a CMP every 6 months, a Microalbumin in urine every year, an INR every month (more often if not reaching therapeutic goal 2.0 - 3.0), a Hgb A1c every 6 months, a CBC every 6 months, and a Mammogram every 2 years.</p> <p>There is no evidence of R1 receiving any lab work as ordered.</p>	{Z9999}		

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{Z9999}	<p>Continued From page 9</p> <p>On 7/14/22 at 10:45 AM, E1, Regional Manager, and E2, Assistant Regional Manager/Qualified Intellectual Disability Professional, confirmed there are no labs available.</p> <p>There is no evidence of a current annual physical for R1. The last physical in the chart is 1/13/21.</p> <p>There is no evidence of a current annual hearing screening for R1. The last one in the chart is dated 10/16/17.</p> <p>On 7/14/22, at 10:45 AM, E2, Assistant Regional Manager/Qualified Intellectual Disability Professional, confirmed there were no current hearing, physical, mammogram, or nursing notes for incidents and hospital visits.</p> <p>7. R2's POS, dated July 2022, documents R2 functions at a Profound Intellectual Disability Level, with current diagnoses of Autism, Obsessive Compulsive Disorder with aggression, Onychomycosis, Dry Eye Syndrome, Anxiety, Hypothyroidism, Myxedema, Schizoaffective Disorder, Depression, Tardive Dyskinesia, Hypertension, Dementia, Hyperlipidemia, Calcium Deficiency, Sebaceous Cyst Bilateral Eyes, and Cataracts Bilateral.</p> <p>R2's "Consult Report", dated 4/21/22, documents request for TSH.</p> <p>There is no evidence of R2 having a TSH being drawn.</p> <p>There is no current vision or hearing screening for R2.</p> <p>On 7/14/22 at 10:45 AM, E2, Assistant Regional</p>	{Z9999}		
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{Z9999}	<p>Continued From page 10</p> <p>Manager/Qualified Intellectual Disability Professional stated, "We don't have a vision or hearing screening for (R2) or a TSH level being drawn."</p> <p>8. R3's Physician's Order Sheet (POS), dated 7/2022, documents R3 functions in the Severe range of Intellectual Disability, with additional diagnoses of Depression, Autism Disorder, Diabetes Mellitus, Mixed Receptive/Expressive Language Disorder, and Anxiety Disorder.</p> <p>R3's hearing evaluation is dated 12/10/19. R3's Annual Physical dated 6/14/22. There is no documentation regarding R3's hearing.</p> <p>There is no evidence of any hearing screening/evaluation since 12/10/19 for R3.</p> <p>On 7/12/22 at 4:30 PM, when asked if R3 has a current hearing screening, E2 (Assistant Administrator) stated, "no."</p> <p>R3's 7/22 POS, R3 has orders for routine laboratory work as follows: HGBA1C (Hemoglobin A1C) and BMP (Basic Metabolic Panel) every 6 months.</p> <p>In review of R3's record, the current BMP was last drawn 12/24/21. There is no evidence of a more current BMP being drawn on R3.</p> <p>On 7/12/22 at 4:30 PM, E2 (Assistant Administrator/Qualified Intellectual Disability Professional) confirmed R3 has not had a recent BMP drawn.</p> <p>9. R1's POS, dated July 2022, documents R1 functions at a Moderate Intellectual Disability Level, with current diagnoses of Bipolar Disorder</p>	{Z9999}		

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{Z9999}	<p>Continued From page 11</p> <p>w/Psychotic Features, Hypothyroidism, Diabetes Mellitus Adult Onset, Bells Palsy, Tardive Dyskinesia, Hypercholesterolemia, and a History of TIA (Transient Ischemic Attack).</p> <p>There is no evidence of a current mammogram for R1.</p> <p>On 7/14/22, at 10:45 AM, E2, Assistant Regional Manager/Qualified Intellectual Disability Professional, confirmed there is no current mammogram for R1.</p> <p>R2's POS, dated July 2022, documents R2 functions at a Profound Intellectual Disability Level, with current diagnoses of Autism; Obsessive Compulsive Disorder with aggression, Onychomycosis, Dry Eye Syndrome, Anxiety, Hypothyroidism, Myxedema, Schizoaffective Disorder, Depression, Tardive Dyskinesia, Hypertension, Dementia, Hyperlipidemia, Calcium Deficiency, Sebaceous Cyst Bilateral Eyes, and Cataracts Bilateral.</p> <p>There is no evidence of a pap smear or mammogram on record for R2.</p> <p>On 7/14/22 at 10:45 AM, E2, Assistant Regional Manager/Qualified Intellectual Disability Professional, stated, "We don't have any pap or mammogram on record for (R2)."</p> <p>10. R2's POS, dated July 2022, documents R2 functions at a Profound Intellectual Disability Level, with current diagnoses of Autism, Obsessive Compulsive Disorder with aggression, Onychomycosis, Dry Eye Syndrome, Anxiety, Hypothyroidism, Myxedema, Schizoaffective Disorder, Depression, Tardive Dyskinesia, Hypertension, Dementia, Hyperlipidemia, Calcium</p>	{Z9999}		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010219</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 07/22/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TAYLOR HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3021 TAYLOR AVENUE SPRINGFIELD, IL 62703</b>
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{Z9999}	<p>Continued From page 12</p> <p>Deficiency, Sebaceous Cyst Bilateral Eyes, and Cataracts Bilateral.</p> <p>R2's "Consult Report", dated 6/24/22, documents Voltaren gel 2 - 3 times daily for Severe Arthritis.</p> <p>There is no evidence of Voltaren gel on R2's POS, for June or July 2022.</p> <p>On 7/14/22 at 10:45 AM, E2 Assistant Regional Manager/Qualified Intellectual Disability Professional, confirmed the medication, Voltaren gel, is not on the POS for R2.</p> <p>Per Policy NO: 5.29, Administration, Quality Assurance Committee, Adopted: 10/84, Revised 03/19, Purpose: documents, "The Quality Assurance Committee assists Administration by ensuring practices and policies regarding medication administration, nursing services, home environment and individual safety meet regulatory standards and quality outcomes. 7. QA review all incidents and accidents: including issues that pose a safety risk to an individual, such as a change in condition and unusual incidents (either resulting in observable injury or not resulting in observable injury), ....Committee will implement a plan of corrections when necessary to prevent future incidents or accidents."</p> <p>Policy: 5.57 titled; "Physical Injury and Illness/Individual Medical Emergencies," Revised:5/19. "Procedure" #8 documents; "Any follow-up action or medication prescribed by the physician shall be summarized in the Monthly QIDP Summary (GP-99) and in the Nursing Notes (GN-35)."</p>	{Z9999}		

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{Z9999}	<p>Continued From page 13</p> <p>Per facility Policy NO: 5.24 Administration, Investigative Committee; adopted: 07/03, Revised: 4/19, Neglect documents: "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness."</p> <p>Policy: 5.57 titled; Physical Injury and Illness/Individual Medical Emergencies, Revised: 5/19. Procedure #8 documents; "Any follow-up action or medication prescribed by the physician shall be summarized in the Monthly QIDP Summary (GP-99) and in the Nursing Notes (GN-35)."</p> <p>Facility policy number 7.02, titled Nursing Services, revised date of 3/19. documents: "The home shall provide nursing services necessary to meet individuals' needs and to comply with licensing standards. All individuals shall receive proper treatment of minor accidents and/or illnesses through the RN Trainer. Purpose: To provide quality health care 24 hours per day to individuals in need. To maintain an optimal level of health to all individuals via RN Trainer interventions. To serve as a primary resource of health care and provide education to direct care personnel and individuals. To ensure supervision as an active process in which the RN Trainer monitors, guides, and evaluates the outcomes of the delegated task or activity. The RN Trainer maintains accountability for the tasks and responsibilities, as subcomponents of the total patient care." #4 page 2 documents, "The RN Trainer shall complete individual's health assessments, review monthly physician's orders and lab results, provide concise documentation, follow up and consultation with appropriate medical professionals and management staff during routines scheduled and PRN visits to home." #5 G. documents "Follow up shall be</p>	{Z9999}		

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{Z9999}	<p>Continued From page 14 carried out by the RN Trainer when necessary."</p> <p>(B)</p> <p>2 of 2</p> <p>350.620 a) 350.1840b)</p> <p>Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the 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 in operating the facility and shall be reviewed at least annually.</p> <p>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 ordered.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to acknowledge and follow dietary orders for R2 who received the wrong diet. This failure has the potential to affect the health and safety of all individuals living at the facility (R1-R15.)</p> <p>R2's POS, dated July 2022, documents R2 functions at a Profound Intellectual Disability</p>	{Z9999}		
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{Z9999}	<p>Continued From page 15</p> <p>Level, with current diagnoses of Autism, Obsessive Compulsive Disorder with aggression, Onychomycosis, Dry Eye Syndrome, Anxiety, Hypothyroidism, Myxedema, Schizoaffective Disorder, Depression, Tardive Dyskinesia, Hypertension, Dementia, Hyperlipidemia, Calcium Deficiency, Sebaceous Cyst Bilateral Eyes, and Cataracts Bilateral.</p> <p>On 7/12/22 at 11:55 AM, E6, Direct Staff Person (DSP), went to med room with R2 and had her sit at the table. E6 pulled out her medication, popped it in her hand, put it in a cup of applesauce. E6 placed gloves on her hands and began feeding R2 her medication whole in applesauce. E6 gave R2 a cup of water after R2 finished her applesauce. E6 then said, "OK, you're done, you can go." E6 helped her up and to the door.</p> <p>On 7/12/22 at 3:37 PM, E3 called R2 to the med room. E3 used hand sanitizer on her hands, popped out the pill and placed it in a cup. E3 fed R2 her medication whole in applesauce. E3 helped R2 up, and said it was "OK", she could leave.</p> <p>R2's "Consultation Report", dated 3/21/22, for Swallow Evaluation, documents, "Findings cough after swallow on nectar consistency liquids. No signs of aspiration with pureed food or honey consistency liquids. Difficulty masticating solids due to being edentulous." Recommendations "Pureed diet with honey consistency liquids, and meds crushed in applesauce."</p> <p>R2's POS, dated July 2022, documents R2's diet is "Regular, Mechanical Soft, Nectar Thick, meds crushed with food. If meat is stringy puree (example pot roast/pulled pork), puree bread,</p>	{Z9999}		



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{Z9999}	<p>Continued From page 16</p> <p>Gravy as needed to moisten, Take meds in applesauce, Health shake three times daily."</p> <p>There is no evidence the facility is following the swallow evaluation recommendation for R2 to prevent choking or aspiration or that R2 is receiving her medication crushed in apple sauce with nectar thick liquid as physician ordered.</p> <p>On 7/14/22, at 10:45 AM, E2, Assistant Administrator/Qualified Intellectual Disability Professional, confirmed there is a discrepancy between the swallow evaluation and the physician orders. E2 stated, "I don't know why the diet is different."</p> <p>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: documents, "The 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."</p> <p>(B)</p>	{Z9999}		