FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6006597 B. WING 08/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **620 WEST BRIDGEPORT** WHITE HALL NURSING & REHAB CENTER WHITE HALL, IL 62092 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Licensure and Certification Survey \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.2040b)2) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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. Attachment A Section 300.2040 Diet Orders Statement of Licensure Violations

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6006597 B. WING 08/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 620 WEST BRIDGEPORT WHITE HALL NURSING & REHAB CENTER WHITE HALL, IL 62092 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian. 2) The diet shall be served as ordered. These regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to provide diet as ordered for 1 of 1 resident(R6) reviewed for therapeutic diets in the sample of 67. This failure resulted in R6 choking and required the Heimlich Maneuver to clear the obstruction. Findings include: R6's Physician's Order Sheet (POS), dated 2/2022 documents mechanical soft diet was ordered 9/27/2021. R6's Minimum Data Set (MDS), dated 6/6/2022, documents R6 has severely impaired cognition. R6's Departmental Notes, dated 2/21/2022 at 8:55 AM the registered dietitian documents "current diet is pureed, no issues with chewing/swallowing." R6's Resident Incident Report, dated 2/27/22 documents "resident eating lunch in the dining room, eating potatoes, corn and grilled chicken (per her request was not pureed) resident stated she was attempting to chew food and a piece of chicken went down before she was ready and began to choke, CNA (certified nurse assistant) stated she was attempting to chew food and a piece of chicken went down before she was ready

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