

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6002729</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/17/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EDWARDSVILLE NSG &amp; REHAB CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>401 ST MARY DRIVE EDWARDSVILLE, IL 62025</b>
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S 000	Initial Comments  Annual Licensure and Certification Survey	S 000		
S9999	Final Observations  Annual Licensure Recertification  STATEMENT OF LICENSURE VIOLATIONS: 300.610a) 300.1010h) 300.1210b)4)  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 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.	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>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. Restorative measures shall include, at a minimum, the following procedures: 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 good nutrition, grooming, and personal hygiene.</p> <p>These regulations were not met as evidenced by:  Based on observation, interview, and record review, the facility failed monitor, encourage nutritional intake, and assist with eating as needed to maintain adequate nutritional status for 1 of 1 residents (R22) reviewed for nutrition/ weight loss in sample of 39. This failure resulted in R22's significant unplanned weight loss of 5.6% in one month and her severe unplanned weight loss of 15.89% in 2 months.</p> <p>Findings include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R22's face sheet, with admit date 12/29/21, documents that R22 has a diagnosis of Parkinson's disease, and Unspecified dementia without behavioral disturbance.</p> <p>R22's Minimum Data Set (MDS), dated 01/07/22, documents that R22 is moderately cognitively impaired, and requires supervision and set up with eating.</p> <p>R22's Care plan, problem start date 12/29/2021, documents, "Problem: I am at risk for alteration in nutrition due to poor food and fluid intakes at times." Approaches include: "Allow me time to perform the task of eating a meal-assist as needed." "Observe and report to MD (medical doctor) s/sx (signs/symptoms) of malnutrition: Emaciation, muscle wasting, significant weight loss which is 3 pounds in a week, over 5% in one month, over 10% in 3 months, over 10% in 6 months." "Observe/document/report to MD if I have signs of dysphagia: (ie: pocketing, choking, coughing, drooling. Holding food in mouth, several attempts at swallowing, refusing to eat, appearing concerned)." "Substitute offered commonly." The Care Plan also documents Evaluation Notes, dated 2/10/2022, "Resident is on a regular diet with mighty shakes TID (3 times a day) and magic cup at lunch and supper. Writer will add resident to weekly weights to monitor and refer to RD (Registered Dietician) for further evaluation."</p> <p>R22's physician's orders, dated 12/29/21, document that R22 is to have a Regular diet with thin liquids.</p> <p>R22's Weights, dated from 01/04/22 to 03/07/22, document that on 01/04/22, R22's admission</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>weight was 107 pounds (lbs). 2/9/22 weight 101 lbs, a loss of 6 lbs (5.6%) in one month. 03/07/22 weight 90 lbs, a loss of 17 lbs (15.89%) in 2 months.</p> <p>R22's Meal intake/fluid intake, dated 12/29/21-03/16/22, documents food consumption from dates, 12/29/21-01/27/22. On the following dates, 12/29/21, 01/07/22, 01/10/22, 01/12/22, 01/18/22, and 01/27/22, only one meal per day was documented. There was no documentation for food consumption from 01/28/22-03/16/22. No substitutions or alternates were documented.</p> <p>R22's Dietitian note, dated 01/18/22, documents, "Recommend continued diet therapy, Mighty shakes, encourage oral intake, wt (weight) maintenance ok."</p> <p>R22's Dietitian note, dated 02/17/22, documents, "February wt 101# (pounds), January 104#, 107#." "Noted wt loss." "Recommend continued diet therapy, continue supplements, 2 CAL (calorie) med pass 60cc (cubic centimeters) tid, encourage oral intake, no wt. decrease desired.</p> <p>R22's Dietitian note, dated 03/14/22, documents, "March wt 90#, February 91#, 101#, January 107# continues with poor intake, will ask about a possible appetite stimulant.</p> <p>On 03/15/22 at 09:20 AM, R22 was sitting in her room at the over the bed table with her breakfast tray in front of her. R22 was frail, thin appearance, and R22 clothes were loose and baggy. R22 was making no attempt to eat her meal. No one was in room assisting her with meal, and no substitutions were offered.</p> <p>On 03/15/22 at 09:30 AM, V12, Certified Nursing</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Assistant (CNA), went into R22's room, and removed R22's breakfast tray that had very little eaten from it. No assistance with the meal was offered, nor was R22 asked if she would like something else to eat.</p> <p>On 03/16/22 at 12:50 PM, R22 was sitting in room with her lunch tray. No one was assisting R22 with her meal, nor were substitutions offered.</p> <p>On 03/16/22 at 1:06 PM, V13, CNA, went into R22's room and removed R22's lunch tray, which still had all the food on the tray. R22's tray still had the cover on the food cup and ice cream cup was also unopened. No assistance was offered, nor was R22 offered any substitutions.</p> <p>On 03/16/22 at 1:08 PM, V13, CNA, was questioned about what she would do if she noticed that R22 wasn't eating. V13 stated that they give R22 ensure, and she has that to drink.</p> <p>On 03/17/22 at 08:46 AM, V2, Director of Nursing (DON), stated that she would expect the CNA's to offer snacks, offer substitutions, let the nurse know that the resident wasn't eating, and to assist or offer to assist the resident with their meal.</p> <p>On 03/17/22 at 10:19 AM, V2, DON, stated that she would expect the CNA's to document all the resident's meal consumption.</p> <p>On 03/17/22 at 10:32 AM, V14, R22's Primary Care Physician, stated that he would expect the nurses and CNA's to monitor R22's food consumption, assist her with eating if needed, and to offer her substitutions if R22 doesn't eat. V14 stated that he was just made aware of R22's weight loss issues yesterday (03/16/22). When V14 was questioned, if he would have initiated</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>something sooner if he had been made aware, V14, stated, "Yes, Of course I would."</p> <p>Facilities Policy and procedure, with a revised date of March 2011, documents "Weighing and Measuring the Resident. Purpose: The purposes of this procedure are to determine the resident's weight and height, to provide a baseline and an ongoing record of the resident's body weight as an indicator of the nutritional status and medical condition of the resident, and to provide a baseline height in order to determine the ideal weight of the resident." It further documents "Reporting: 1. Report significant weight loss/weight gain to the nurse supervisor. 2. The threshold for significant unplanned and undesired weight loss/gain will be based on the following criteria (where percentage of body weight loss= [usual weight-actual weight]/ x 100): a. 1 month- 5% weight loss is significant; greater than 5% is severe. b. 3 months- 7.5% weight loss is significant; greater than 7.5% is severe. c. 6 months- 10% weight loss is significant; greater than 10% is severe. 3. Notify the Nurse Supervisor if the resident refuses the procedure. 4. Report other information in accordance with facility policy and professional standards of practice."</p> <p>(B)</p>	S9999		