<u>Illinois</u>	Department of Public	Health		# 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	100000000000000000000000000000000000000	FORM	MAPPROVED
STATEM	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	**		E SURVEY IPLETED
17		<u>4</u> lL6005391	B. WING				
NAME OF	PROVIDER OR SUPPLIER	STREET A	DORESS CITY	STATE, ZIP CODE		<u> </u>	/08/2022
RENTO	N REHAB & HCC	7.16	RTH MAIN S				
		BENTON	, IL 62812				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT	PLAN OF CORRECTI TIVE ACTION SHOUL CED TO THE APPRO EFICIENCY)	D RE	(X5) COMPLETE DATE
S 00	Initial Comments	-	S 000				i v
	Annual Licensure a	nd Certification Survey.	20	:			
	.00	(X)	İ	S :			(2)
	Complaint Investiga	tion: 2254784/IL148130		5	- Lamph		
S9999	Final Observations	7.4	S9999	s %.	2.		
3. /\	Statement of Licens 300.1210 a) 300.1210 b) 300.1210 d)3) 300.1810 c)3	ure Violations I of II.		193 194		e e	W 67 ₆₈
	Nursing and Person a) Comprehensive I facility, with the parti the resident's guardi applicable, must dev comprehensive care includes measurable	Resident Care Plan. A cipation of the resident and an or representative, as relop and implement a plan for each resident that e objectives and timetables to		N W			
0. 4	meet the resident's rand psychosocial ne resident's comprehe allow the resident to practicable level of ir provide for discharge restrictive setting bas needs. The assessn	medical, nursing, and mental eds that are identified in the nsive assessment, which attain or maintain the highest idependent functioning, and planning to the least sed on the resident's care nent shall be developed with	*	÷			14 24
48	the active participation resident's guardian of applicable.	on of the resident and the representative, as		na g	e 5	₹	s. W
	and services to attair practicable physical, well-being of the residual	orovide the necessary care of a community of the highest mental, and psychological dent, in accordance with prehensive resident care	že.	Attachn Statement of Lice	nent A Insure Violations		n = 0 ,,

nois Department of Public Health
BORATORY 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:** COMPLETED A. BUILDING: _ **B. WING** IL6005391 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON. IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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 300.1810 Resident Record Requirements c) Record entries shall meet the following requirements: 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide person-centered interdisciplinary behavioral health services to include individualized interventions to promote the highest level of physical, mental, and psychosocial well-being for one (R14) of 3 residents reviewed for behavioral

PRINTED: 09/11/2022 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 IL6005391 B. WING 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC** BENTON, IL 62812 SUMMARY STATEMENT OF DEFICIENCIES (X4).ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 2 S9999 health services in the sample of 40. These failures resulted in R14 receiving two injections of the anti-psychotic medication Haldol and one trip to the hospital emergency room. Findings Include: A Facility Profile Face Sheet documents R14 was admitted to the facility on 10/15/2021. The record also documents R14 has the following diagnoses: Epileptic Seizures, Unspecified Convulsions, Weakness, Unsteadiness on Feet and Pulmonary Embolism. An undated Cumulative Diagnosis Log in R14's medical record documents: Seizures, Subgaleal Hemorrhage, Polysubstance Abuse, Hypoxic Respiratory Failure, Adjustment Disorder with Anxiety and Attention Deficit Hyperactivity Disorder. A Physician Progress Note, dated 11/02/2021, written by V20 (Nurse Practitioner/NP) documents R14 was living in a Southwestern State. R14 fell and sustained a head injury, requiring a Craniotomy. The Progress Note documents R14 moved back to the mid-west and was living with his mother. R14 stopped taking a medication to prevent seizures and began using Marijuana instead. R14's mother found him unresponsive, called 911 and R14 was admitted to a hospital. R14's Nurses Note dated 12/21/2022 at 10:00 AM, documents V20 (Nurse Practitioner/NP) visited (R14) at the facility and ordered a psychiatric evaluation and an anti-anxiety medication. An undated paper from V1 (Administrator) documents R14 had appointments at a local clinic with a psychiatrist on January 21, 2022, February 22, 2022, March

ois Department of Public Health

2022.

22 and 25, 2022, April 11, 2022 and June 23,

PRINTED: 09/11/2022 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 B. WING IL6005391 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON, IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) · COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 On 06/28/22 at 9:40 AM, V1 said the facility does not have any documentation from R14's psychiatry visits. On 6/30/22 at 11:40 AM, V15 (Transportation/Driver) said that he takes R14 to his appointments when R14 sees V22 (Psychiatrist). V15 said he waits in the waiting area while R14 talks with V22. V15 said he takes a stack of paperwork from the facility and gives the papers to the receptionist each time R14 has an appointment. V15 said the paperwork contains doctors order sheets, a list of current medications, insurance information and other pertinent information related to R14. V15 said V22's receptionist does not return the paperwork. V15 said sometimes V22 comes out and says everything is ok, no changes. V15 said he has taken R14 to see V22 at least five times, maybe more. V15 said when he takes other residents out to their appointments, the receptionist or nurse will return the doctor's orders sheet and other paperwork to him so he can give the paperwork to the (facility) nurses when they return to the facility. On 6/29/22 at 7:45 PM, V21 (Power of Attorney) said R14 has a long history of mental illness. V21 said R14 was living in deplorable conditions when she moved him to the mid-west from the southwest. V21 said R14 cannot care for himself and needs supervision. V21 said R14's mental state has gotten worse in the last couple of years.

V21 said R14's mother is 94 years old, and she cannot care for him. V21 said R14 is very

intelligent and convincing. V21 said R14 is a great conversationalist and a talented artist. V21 said R14 likes to draw and is very good at it. V21 said drawing seems to calm R14. V21 said she has tried to contact V22's office twice since January

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 IL6005391 B. WING 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON, IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 because she feels like V22 needs to know the other side of R14. V21 said R14 can flip like a switch and become condescending, angry and unreasonable. V21 stated R14 can be pleasant then get angry and yell and talk in a condescending manor to people. V21 said she has heard and seen R14 bait people, trying to get them to hit him. R14 once told a policeman to shoot him. V21 said R14 makes very poor choices at times. V21 said she thinks R14 may have had a schizophrenia diagnosis and possibly bi-polar diagnosis before he sustained his head injury. V21 said R14 stopped taking seizure medication and used marijuana instead. V21 said a few years ago R14 was a patient in a rehabilitation center. V21 said she attends Care Plan meetings and feels like the facility is trying to help, but she keeps telling facility staff that R14 needs a medication adjustment. V21 said the facility has called her twice in the past four months because they gave R14 an injection of medication to calm him down. V21 said R14 has problems with his telephone and gets angry when the phone does not work. V21 said the cell phone is expensive and sometimes needs to be charged and R14 forgets to charge it or uses the wrong charger. V21 said V4 (Registered Nurse/RN) has gone above and beyond to try and get R14 to understand what is going on with him. V21 said V4 has been very compassionate with R14. On 06/29/2022 at 5:00 PM, V20 (NP) said she has not seen any notes from a psychiatrist regarding R14. V20 said she knows a psychiatric evaluation was ordered in January. V20 said sometimes notes from the doctor's offices do not make it into the charts. V20 said the facility does not have electronic medical records. V20 said she asks for paperwork from the nurses, and she

nois Department of Public Health

does not get what she asks for. V20 said the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6005391	B. WING		07	/08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BENTON	REHAB & HCC	1409 NOR BENTON,	RTH MAIN ST IL 62812	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OUI D RE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 5	S9999			
	now, and "things an seen R14 several ti she does not know	re a Director of Nursing right e scattered." V20 said she has mes in the facility and said if R14 is telling the truth or if leas. V20 said R14 is very incing.	, o			
	documents R14 had another resident. An Background, Appea evaluation form date R14 was yelling at a on a cell phone. R14 females face telling "punch her into another	rance and Resident) ed 03/05/2022 documents female resident about talking was pointing his finger in the her to hit him so he could ther zip code." The SBAR or ordered an injection of			2 3	
	date is 06/19/2022 - V4/RN) documents breakfast at 7:00 AN walk 20 miles to his to come back into the staff and began yellithem. The police arricalled and R14 was Nurses Notes documented that the and did not need any	e dated 06/18/2022 (Accurate see below interview with R14 went outside after II, and said he was going to mother's house. R14 refused the facility. R14 got upset with the gand "chest bumping" ived. An ambulance was taken to the local hospital. A ments later at 10:30 AM, the R14 back to the facility. V4 to doctor said R14 was calm by medication. V4 documented the V20 (NP) to give Haldol to ed from the hospital.				
	referenced above ac the 19th (6/19/22). V written the wrong da	30 PM, V4 said the incident stually happened on Sunday 4 stated she must have te. V4 said R14 was at the g that morning when she		36 	2.	

linois Department of Public Health

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 B. WING IL6005391 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON. IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 came in at 6:00 AM (on 06/19/2022). V4 said R14 is very artistic, and drawing seems to calm him. V4 stated that staff told her R14 had been up since 2:00 AM. V4 stated that R14 is a big guy, he can flip like a switch, nice one minute and threatening the next. V4 said R14 walked out of the facility around 7:00AM after breakfast (on 06/19/22). V4 said staff followed R14 outside. V4 said R14 told staff he was going to walk to his mother's house approximately twenty miles away. V4 said R14 was very agitated. V4 said she told R14 he had two choices, to either come back into the building or go the hospital. V4 said R14 said he was not going to do either one. V4 said R14 threw water on staff and broke the water pitcher he was carrying. V4 said she called the doctor. V4 said V20 (Nurse Practitioner) was on call, V4 said V20 ordered a Haldol Injection for R14. V4 said one policeman and the ambulance arrived. V4 said three paramedics had to manually pick R14 up out of an outdoor chair and physically place him on a stretcher and strap him in. V4 said she was not able to administer the Haldol injection to R14 before the ambulance took him to the hospital. V4 said R14 was outside, in front of the facility for about an hour and a half before the ambulance took him to the hospital. V4 said she called the hospital around 10:00 AM and a nurse told her they were sending R14 back to the facility. V4 said she asked if the doctor ordered any medication for R14, and the nurse said no that there was nothing wrong with him. V4 said as soon as the Ambulance brought R14 back from the hospital, she gave him the Haldol injection. V4 said that R14 told her he had not slept in three nights, and he was anxious. V4 said she gave the injection around 10:30 AM. V4 said about an hour later she was passing noon medications and R4 was in the dining room talking to his table mates.

Illinois Department of Public Health

V4 said R14 apologized to her and the other staff

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: COMPLETED A. BUILDING: _ **B. WING** IL6005391 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON, IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 for his behavior that morning. V4 said the Haldol did nothing for R14. On 06/29/2022 at 10:55 AM, V16 (Certified Nurse Aide/CNA) said a week ago Sunday, R14 walked out the front door with a water pitcher and soda. V16 said R14 told them he was walking to his mother's house. V16 said R14 got really mad because they told him it was too hot and too far. V16 said he threw water on her, shook his soda up and sprayed them all. V16 said R14 was chest bumping her and teiling her to hit him so he could "knock her into another area code." V16 said a policeman arrived and told R14 he would arrest him if he hit V16. V16 said finally the ambulance came and took him to the hospital. V16 said R14 came back from the hospital, ate lunch, took a nap and apologized for throwing water on her. V16 said R14 "can make you feel really small and stupid then be as nice as can be." V16 said other staff were saying R14 had not slept in 48 hours. Physician Documentation from the local hospital Emergency Department dated 06/19/22 at 9:30 AM, documents R14 is angry because he has a broken cell phone. At worst severity of symptoms is moderate. He does not want help. Wants to go back to his room. Disposition Summary: Symptoms have improved. Problem: ongoing problem. Condition: good. Diagnosis: Adjustment disorder. R14's Minimum Data Set (MDS) dated 04/21/22, documents a Brief Interview for Mental Status (BIMS) score of 15, indicating R14 is cognitively

nois Department of Public Health

intact. On 6/29/22 at 11:40 AM, R14 said he does not believe he has dementia. R14 said he is trying to cope with his attention deficit. R14 said he knows there is some problem with his brain. R14 said he is trying to understand and cope with it.

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 IL6005391 B. WING 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON, IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 8 S9999 R14 said he bought a "5G" phone several years ago and he does not like it. R14 said it is too complex. R14 said V4 (RN) did give him a shot last Sunday and it made him feel much better. R14 said he thought the shot would hurt but it did not. Social Service Notes dated 06/17/2022 at 3:20 PM. document that R14 was upset his phone was not working. At 6:17 PM, R14 wrote a note to V1 (Administrator) that his phone is not working. A nurses note dated 6/29/22 at 2:30 AM documents R14 demanded that the nurse call the police and ambulance so he could get a phone. R14 said his phone has not worked in six weeks. R14's Care Plan Summary/Participations Records dated 01/03/2022 document R14 has been aggressive toward staff and other residents. R14 will see a psychiatrist on 01/21/2022. Care Plan Summary dated 04/21/2022 documents R14 has outbursts. R14's current care plan, updated 04/18/2022 does not document R14's visits to the psychiatrist, a diagnosis from the psychiatrist, or any recommendations for medications. There is no documentation that the interdisciplinary team discussed recommendations from R14's psychiatric visits. R14's care plan does not document any problems, goals or interventions related to R14's cell phone. Behavior Tracking Logs from April, May and June 2022, document R14 has anxiety, voiced concerns and worries about many things. R14's issues with his cell phone are not identified as concerns in R14's current care plan or behavior tracking, therefore there are no person-centered interventions to assist R14 when he has difficulty with his cell phone. R14's current care plan also does not identify art as an approach to help R14 calm

<u>Illinois D</u>	epartment of Public	<u>Health</u>		NOTE AND TAKEN AND A STREET AND	1 0111	AFFROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		SURVEY
		IL6005391	B. WING	<u>j</u> +	07/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		0012022
BENTON	REHAB & HCC	1409 NOR	TH MAIN ST	REET	1	311
100		BENTON,	IL 62812			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	DRF	(X5) COMPLETE DATE
S9999	Continued From pa	ge 9	S9999		W. C.	
Х	the Quality Assuran Medical Director ha related to obtaining	5 AM, V1 (Administrator) said ce Committee and the ve not addressed the issues medical records from V22 asked about coordination of	·	N € 80		
	"B"	*	54			
	Statement of Licens 300.1210 b)4) 300.1210 c) 300.1210 d)2)3) 300.2040 b)2)	ure Violations II of II:				*
	Nursing and Person b) The facility shall and services to attai practicable physical, well-being of the res each resident's com plan. Adequate and care and personal caresident to meet the	provide the necessary care n or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal			3 84)	A
	care needs of the re 4) All nursing p encourage residents in activities of daily li circumstances of the demonstrate that din This includes the res dress, and groom; tr eat; and use speech functional communic who is unable to care shall receive the sen-	sident. ersonnel shall assist and so that a resident's abilities ving do not diminish unless individual's clinical condition ninution was unavoidable. Sident's abilities to bathe, ansfer and ambulate; toilet;				

	Department of Public	Health		* * * * *		FORM	APPROVED
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3:			SURVEY
	yw.	IL6005391	B. WING			07/	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
BENTO	N REHAB & HCC	1409 NOF	RTH MAIN S IL 62812				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORR	R'S PLAN OF CORRECTION ECTIVE ACTION SHOUL ENCED TO THE APPROP DEFICIENCY)	DRE	(X5) COMPLETE DATE
S9999	Continued From page	ge 10	S9999			1,1	
	c) Each direct care be knowledgeable a respective resident	e-giving staff shall review and bout his or her residents' care plan.	,34	*		#-) 	
Prob B	care shall include, a and shall be practice seven-day-a-week b 2) All treatment administered as ord	asis: s and procedures shall be ered by the physician.	\$	V =	e: 2	W 38	βŌ
٠	resident's condition, emotional changes, determining care red further medical evalu	pservations of changes in a including mental and as a means for analyzing and quired and the need for pation and treatment shall be ff and recorded in the ecord.		8		e ²⁵	a
	resident, indicating we have a general or a tattending physician rorder to the dietitian.	write a diet order, for each /hether the resident is to herapeutic diet. The may delegate writing a diet	7.7	78 73	9 -	(1)	5 7 - 1
	Based on interview, or review the facility fail diet, nutritional supple portion size of protein approved menu for 4 R7, & R35) reviewed	of 10 residents (R10, R26,				**	ac
	continued harm to Ra	10, R26, R7 and R35, who history of severe weight loss.			9 M = 100 MHz		m %

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ B. WING IL6005391 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON, IL 62812** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 11 S9999 Findings Include: 1. R10's facility's document titled, "Profile Face Sheet" documents that R10 was admitted to the facility on 10/25/2019. "Physician Order Sheet", dated 6/01/2022-6/30/2022, documents R10 has the following diagnoses: History of Fracture Left Femur Surgical, Dementia, Failure to thrive. Hypertension, Chronic Obstructive Pulmonary Disease, (COPD), Depression, Alzheimer's with aggressive behaviors. Anxiety. & Levillocytosis. R10's Minimum Data Set/MDS dated 4/05/22, Brief Interview for Mental Status (BIMS) Section C documents a BIMS score of 3, severely impaired, section G, Functional Status, documents supervision with transfer to seated to standing position, walking, and physical help with part of bathing activity and limited to transfer only, supervision with one-person physical assist as needed at meals. R10's Physician Order Report: dated 06/01/2022-06/30/2022 documents a Diet -Minced or ground meat w/gravy or sauce, pureed vegetables, thin liquids, nutritional ice cream twice daily, whole milk instead of menu milk, with a start date of 2/27/2021, with an end date of "open ended" listed, and nutritional juice drink twice daily, with a start date of 2/22/2022, with an end date of "open ended" listed. R10's meal card documents nutritional juice at breakfast and lunch and nutritional ice cream at lunch and supper meal. On 6/27/2022 at 2:00 PM V6 (Dietary Assistant) stated that R10 should get nutritional juice at breakfast and lunch and nutritional ice cream at lunch and supper meal.

Illinois Department of Public Health

The Facility document titled, "Report of Monthly

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:** COMPLETED A. BUILDING: _ IL6005391 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1409 NORTH MAIN STREET BENTON REHAB & HCC BENTON, IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (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 12 S9999 Weight and Vitals" documents: Jan 2022, R10's weight was documented as 94 pounds. Feb 2022, R10's weight is documented as 85 pounds. Mar 2022, R10's weight is documented as 85 pounds. Apr 2022, R10's weight is documented as 87 pounds. May 2022, R10's weight is documented as 83 pounds. Jun 2022, R10's weight is documented as 84 pounds. R10's weight loss is 10.64% in 6 months. R10's Care plan dated 10/24/2019 documents: Category: Nutritional Status: R10 may be at risk for altered nutritional status related to moderately impaired cognition, very small frame, manages own fluids and then feeds self, has full dentures and eats all meals in the dining room. A goal target date of 07/05/2022 documents a goal of; R10 will have no unresolved alteration in nutrition x 90 days. An Approach Start Date of 10/24/2019 documents: provide diet as ordered, see physician's orders for current diet order. encourage self-feeding, feed resident to complete as much of meal as possible, honor food preferences, replace disliked foods when possible, reports that she has no food she dislikes but just sometimes doesn't want to eat. offer bedtime snack, document refusal or percentage consumed, note changes of usual habits and report to nurse, offer fluids frequently. house supplement as ordered, nutritional ice cream as ordered, whole milk instead of menu milk. An Approach Start date of 10/23/2021 documents: house supplement 60cc three times daily. An Approach Start date of 2/22/2022, house supplement 90cc three times daily and nutritional juice twice daily. R10's Progress Notes documents on 2/22/2022,

"Dietary Notes": February weight 85 pounds with significant weight loss x 1 month (9.57%), x 3

Illinois D	epartment of Public	<u>Health</u>	- 14		FORM	APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		E SURVEY IPLETED
*	2.4 2.1	IL6005391	B. WING		07/	08/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		OUI LULL
BENTON	REHAB & HCC		RTH MAIN ST IL 62812	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	II D RE	(X5) COMPLETE DATE
S 99 99	Continued From pa	ge 13	S9999	7		
12	14.3 (underweight). ground meat with ground meat with ground meat with ground meat with ground milk and 60cc times daily. Intake: 50-100% at supper reviewed. No new la reported. Will recomsupplement to 90cc nutritional juice twice	sic Metabolic Index (BMI): Diet continues with Minced or avy/sauce, pureed hal ice cream twice daily, chouse supplement three 100% at breakfast and lunch, per February log. Medications hbs. No pressure injuries hmend to increase house three times daily and add de daily. Registered Dietician heeded. (signed by RD)				
	"Dietary Notes: June weight loss x 6 mon Index (BMI): 14 (undex 14/2022 Regis Intake of 100% of m Medications reviewer injuries reported. We	d. No new labs. No pressure eight increased 1 pound x 1 in place. Continue plan and				
	tray which contained and her beverage, n supplement or nutriti On 6/28/22 at 11:48 tray which contained and her beverage, no	AM, R10 received her lunch her mechanical soft meal o nutritional ice cream onal juice was given. AM, R10 received her lunch her mechanical soft meal o nutritional ice cream onal juice was given.				51 ₂ 41 5 84 5
- 4	stated she forgot to p her tray on 6/27/2022 On 06/29/22 at 11:37	PM, V6 (Dietary Assistant) out R10's supplements on 2 & 6/28/2022. AM, V19 (Registered would expect R10 to receive	57			á

PRINTED: 09/11/2022 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 IL6005391 B. WING 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON. IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (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 14 S9999 nutritional juice at breakfast/dinner and nutritional ice cream at lunch/supper as ordered. 2. R26's facility's document titled, "Profile Face Sheet" documents that R26 was admitted to the facility on 11/16/2020, "Physician Order Sheet", dated 6/01/2022-6/30/2022 documents R26 has the following diagnoses: Hypercalcemia, Renal Failure. History of open wound right foot, Hypertension, Alzheimer's Dementia without psychotic like behaviors, Hypernatremia. R26's Minimum Data Set/MDS, dated 5/10/22. Brief Interview for Mental Status (BIMS) Section C documents a BIMS score of 3, severely impaired, under Section G, Functional Status documents total dependence with two-person physical assist with activities of daily living, total dependence with one-person physical assist with eating. R26's Physician Order Report: dated 6/01/2022-6/30/2022 documents a Diet -Puree. whole milk in place of menu milk, small bites, alternate solids and liquids, no straw, (brand name fortified cereal) at breakfast, nectar thick liquids, with a start date of 3/24/2022, with an end date of "open ended" listed, and nutritional juice drink twice daily (breakfast, dinner), nutritional ice cream three times daily, with a start date of 1/21/2022, with an end date of "open ended" listed. R26's meal card documents: Diet: Puree. (Brand name fortified cereal), whole milk, nutritional juice, and nutritional ice cream at breakfast. nutritional juice and nutritional ice cream at

nois Department of Public Health

dinner, and nutritional ice cream at supper.

The Facility document titled, "Report of Monthly

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 **B. WING** IL6005391 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON, IL 62812** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 15 S9999 Weight and Vitals" documents: Jan 2022, R26's weight was documented as 124 pounds. Feb 2022, R26's weight was documented as 116 pounds. Mar 2022, R26's weight was documented as 119 pounds. Apr 2022, R26's weight was documented as 118 pounds. May 2022, R26's weight was documented as 117 pounds. Jun 2022, R26's weight was documented as 117 pounds. R26's weight loss is 10.69% in 6 months. R26's Care plan dated 11/16/2020, documents: Category: Nutrition: R26 has potential risk for altered nutritional status and/or weight loss related to diagnosis of dementia, with a problem start date of 11/16/2020. A goal target date of 8/10/2022 documents a goal of; R26 will not lose a significant amount of weight x 90 days. An Approach Start Date of 11/16/2020 documents: provide diet as ordered, see physician's order sheet (POS) for current diet order, encourage self-feeding, feed R26 to complete as much of meal as possible, assist/feed R26 at meal times as needed to complete meal, R26 consents to use of clothing protector at meal times, monitor weight weekly first 4 weeks after initial admission," then monitor weight monthly, report significant changes to physician, registered dietician/licensed dietician nutritionist (RD/LDN). follow recommendations by RD/LDN, notify RD/LDN of discrepancy of recommendation with R26's preferences or care goals, provide ample time to eat, encourage R2 to eat 75-100% of meals, record meal intake, note and report changes in R26's usual patterns, an Approach Start Date of 2/1/2021 documents: whole milk in place of menu milk, small bites, alternate solids and liquids, Approach Start Date of 2/27/2021 documents: Remeron 7.5mg daily, Approach

linois Department of Public Health

Start Date of 6/21/2021 documents: Increase

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED		
		IL6005391	B. WING		07/0	08/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
BENTON	REHAB & HCC		RTH MAIN S IL 62812	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	DRE	(X5) COMPLETE DATE
S9999	Date of 1/17/2022 d Supplement 60 cc ti Start Date of 1/25/2 nutritional juice twic ordered, Approach 3 documents: Increas nutritional ice cream	e times daily, Approach Start locuments: House hree times daily, Approach 022 documents: Decrease e daily, house supplement as Start Date of 2/22/2022 e Remeron to 30mg daily, it twice daily, and Approach 022 documents: change thin	S9999			
=	cream was increase Remeron was increa	2022, that nutritional ice and to three times daily and ased to 30mg daily on ight increase of 3 pounds in				
N2	"Dietary Notes: June weight loss x 6 mon (underweight). R26's 75-100% most meal 100% supplements preceived; Mirtazapin pressure injuries rep 116-119-118-117-113	es document on 06/23/2022, e weight 117 with a significant ths (10.69%). BMI: 17.7 is diet continues with intake of s with some 50% noted and per June log. Medications e continues. No new labs. No ported. Weight x Feb-Jun: 7 with supplements in place. Indations. RD to follow up as	±1			
r is	tray which included a beverage, no nutritio	AM, R26 received her lunch a pureed meal and her nal ice cream was given, and s given with her meal.				
	tray which contained	AM, R26 received her lunch a pureed meal and her nal ice cream was given. No ven with her meal.				0 0 0 0

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 !L6005391 B. WING 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON, IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 17 S9999 On 6/28/2022 at 1:00 PM, V6 (Dietary Assistant) stated she forgot to put R26's supplements on her tray on 6/27/2022 & 6/28/2022. 06/29/22 at 11:37 AM, V19 (Registered Dietician) stated she would expect R26 to receive nutritional juice at breakfast/dinner and nutritional ice cream with her meals as ordered. 3. R7's facility's document titled, "Profile Face Sheet" documents that R7 was admitted to facility on 12/21/2020, "Physician Order Sheet", dated 6/01/2022-6/30/2022 documents R37 has the following diagnoses: Alzheimer's, Depression. Lymphedempathy. R7's Minimum Data Set/MDS, dated 4/02/2022. Brief Interview for Mental Status (BIMS) Section C documents a BIMS score of 7, severe impairment, Section G, Functional Status. documents extensive assistance with two-person physical assist with activities of daily living. supervision with set-up help for eating. R7's Physician Order Report: dated 06/01/2022-06/30/2022, documents a Diet -Minced & Moist, receives house supplement 60cc three times daily with a start date of 4/29/2022. R7's current meal card documents R7's diet as Puree. R7's meal card does not document any house supplements. The Facility document titled, "Report of Monthly Weight and Vitals" documents: Jan 2022, R7's weight was documented as 115 pounds. Feb 2022, R7's weight was documented as 112 pounds. March 2022, R7's weight was documented as 110 pounds. Apr 2022, R7's

Illinois Department of Public Health

weight was documented as 109. May 2022, R7's

_		Department of Public					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	6, 11		IL6005391	B. WING			
١	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		08/2022
E	BENTON	N REHAB & HCC	1409 NOF	RTH MAIN ST			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	HOU! DIRE	(X5) COMPLETE DATE
	S9999	weight was docume	ge 18 inted as 110 pounds. Jun vas documented as 109	S9999		,	
		R7's Care plan date Category: Nutrition: 03/26/2022, House a day, an Approach	t loss is 7.56% in 3 months. d 1/01/2021, documents: Approach Start Date of Supplement 60cc three times Start Date of 4/29/2022, grade from pureed to minced			= "Wo"	
83	8	"Dietary Notes: Marc weight loss x 3 mont (underweight). R7's 50-100% (Breakfast per March log. Medic labs. No pressure in decreased 9 pounds recommend 60 millil	ch weight 110 with significant ths (7.56%). BMI: 17.7 diet continues with intake (Lunch) and 50-75% (Dinner) cations received. No new juries reported. Weight is since December. Will iters (Nutritional Supplement day and RD to follow up as	I			
		On 6/28/2022, at 12:	00 PM, observed V11				/ Se (
		(Licensed Practical N supplement. On 6/28/2022, at 1:3 that R7 received a pu because it states on	O PM, V5 (Dietary) stated areed diet on 6/28/2022 his meal card that he has a				S 2
		pureed diet. On 7/07/2022, at 2:00 Assistant), stated tha and prepares the res the diet that is on the	t he follows the meal cards idents' meals according to				JI 2

TRO111

Illinois E	Department of Public	Health		manadan II	PRINTE	D: 09/11/2022 APPROVED
STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY IPLETED
	·	IL6005391	B. WING		07/	08/2022
	PROVIDER OR SUPPLIER		TH MAIN S	STATE, ZIP CODE. TREET		*875
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
\$9999	Sheet" documents facility on 4/24/2019 dated 6/01/2022-6/2 the following diagnot Obstructive Pulmor Depression, High Comments of the comments	ocument titled, "Profile Face that R35 was admitted to the P, "Physician Order Sheet", 30/2022 documents R35 has oses: Anxiety, Chronic nary Disease, (COPD), Cholesterol, Hypertension, and dent Diabetes, (NIDDM).	S9999			
¥ .	Brief Interview for N C documents a BIM G, Functional Statu independent with no staff with activities of set-up help for eatin R35's Physician Ore	ta Set/MDS dated 04/27/22, Mental Status (BIMS) Section IS score of 12, under section s, documents that R35 is a setup or physical help from of daily living, independent with ng. der Report: dated 06/01/22 - s a Diet - Regular, Consistent				R _e
		(CCD), Nutritional Juice drink		5 At 1		

documents: Nutritional Supplement drink 90 ois Department of Public Health

at breakfast, with a start date of 04/21/2022 with

R35's Care plan documents: Category: Nutrition: R35 has potential risk for altered nutritional status and/or weight loss related to chronic obstructive pulmonary disease, weakness, with a start date of 5/01/2019. A goal target date of 8/31/2022 documents a goal of; R35 will not lose significant amount of weight x 90 days. An approach start date of 5/01/2019 documents: provide diet as ordered, honor food preferences, replace disliked foods when possible, R35 consents to use of clothing protector at meal times, and follow

an end date of "open ended" listed.

recommendations of Registered
Dietician/Licensed Dietician Nutritionist,
(RD/LDN), notify RD/LDN of discrepancy of
recommendation with R35's preferences or care

goals, an Approach Date of 4/20/2022

	epartment of Public			received to	FORMAPPRO
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		IL6005391	B. WING	34 Si	07/08/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE	07/08/2022
BENTON	REHAB & HCC		RTH MAIN S	TREET	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPL
S9999	Continued From pa	age 20	S9999		
	milliliters four times drink at breakfast.	s a day and Nutritional Juice		8	
ň	R35's current mea Regular CCD. The	I card documents R35 diet as ere is no nutritional juice or			
	supplements listed	on R35's meal card.		a	
-	"Dietary Notes: Jur weight loss x 3 mo (16.15%). BMI: 23.	otes document on 06/23/2022, ne weight 135 with a significant nths (8.78%) x 6 months 8 (Within normal limits). R35's		V	
-	25-50% at lunch, a log. Medications re	intake 0% at breakfast, and 50-100% at dinner per June ceived. No new labs. No			
	4.93% x 1 month w = 0%. Will recomm juice drink at break Carbohydrate Diet	eported. Weight decreased with nutritional drink acceptance lend to discontinue nutritional fast, discontinue Consistent restriction and add nutritional er. RD to follow up as needed".			
	get her nutritional ju	30 AM, R35 stated she did not uice on 6/27/2022 & 6/28/2022. es not like the nutritional juice		# ## ## ## ## ## ## ## ## ## ## ## ## #	
	On 06/28/22 at 11:4 R35 was given an a chicken breast for I	45 AM during lunch service, approximately 1.5 ounce unch.	:		
	stated she would ex her nutritional juice	M, V19 (Registered Dietician) spect R35 to have received at breakfast on 6/27/2022 & ted she recommended this		a s _e	
	month to discontinu and her house supp day and add nutrition	te nutritional juice at breakfast plement of 90cc four times a ponal ice cream at the supper the would expect all the			
		have supplements would			V = = - (m = -)

PRINTED: 09/11/2022 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 IL6005391 B. WING 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON, IL 62812** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (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 21 S9999 On 06/28/22, at 1:00 PM, V18 (Dietary Assistant) stated, the nutritional supplements are listed on the meal cards and are put on the resident's trays by the kitchen staff that is serving at that time. On 06/29/22 at 3:00 PM, V1 (Administrator) stated, she is not sure what a reasonable amount of time for a supplement ordered by V19 (Registered Dietician) would be to get to V24 (Physician) and on to R35's dietary card, a week maybe. On 06/29/22 at 1:30 PM, V11 (Registered Nurse) stated, the recommendations from V19 (Registered Dietician) that were made on 06/23/22 were given to her today (06/29/22) to fax to V24 (Physician) for review. On 07/08/22 at 11:05 AM, V25 (Regional Director) stated, she is not for sure if there is a specific timeframe for a recommendation to get from V19 (Registered Dietician) to the V24 (Physician) but she thinks it should be done in a couple days, but she believes it should be implemented in a week. 5. On 06/28/22 at 11:40 AM, 2 ounces of BBQ

puree diet. ois Department of Public Health

chicken breast was provided to the residents receiving the Mechanical Soft diet and Puree Diet

On 06/28/22 at 12:25 PM after all of the plates had been served out, V18 (Dietary) weighed the BBQ chicken breast that was given to the regular

The Menu titled, "Week 4 Tuesday" documents "1 each" for the Regular diet and the Mechanical Soft diet, and a #6 scoop (5.33 ounces) for the

diet residents which weighed 1.5 ounces.

with a #16 scoop (2 ounces).

Illinois D	Department of Public	<u>Health</u>		as the same	FORM	APPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		SURVEY
		IL6005391	B. WING		07/	08/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		JUIZUZZ
BENTON	REHAB & HCC		TH MAIN ST			
DENTON	REHADATIO	BENTON,	IL 62812			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BF	(X5) COMPLETE DATE
\$9999	Continued From pa	ge 22	S9999			
4.5						
	pork was provided to Mechanical Soft and	5 AM, 2 ounces of roasted to the residents receiving the d Puree diets with a #16				
	which was loose pu	he amount of Roast Pork, led meat, for the Regular Diet at was different portion sizes.				
(ē)	to the Regular Diet	eek 4 Wednesday" s of Roast Pork to be served and the Mechanical Soft Diet unces) for the Puree diet.	3		Q.T.	
	Dietician) stated 4 or required to be served expect to be served each", but that is inconeeded to be ordered a list derived that do chicken breast that it diet should have received a soft diet to receive 4 Wednesday's diet, til	PM, V19 (Registered unces of BBQ chicken was ad and that is what she would are recipe card states, "1 corporated into what is ad. Therefore, there would be cuments the appropriate size is to be ordered. The puree elived the #6 scoop of the punces) and the Mechanical counces of BBQ chicken. For the puree diet should have up (4 ounces) of protein, the				
	roast pork and the M	dechanical Soft diet should ces of protein, the roast pork.		* 5		
	she does not know was for the mechanical s	5 PM, V5 (Dietary) stated, why she used those scoops off and puree diets, she must rong scoops on Tuesday and		4: 6:		
	stated, since V9 (Die sick for over a month kitchen duties. There	PM V1 (Administrator) etary Manager) has been out in she was assisting with the e was only one person in the and 06/28/22 because a		100 mg (100 mg)		- Y

TRO111

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6005391 07/08/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1409 NORTH MAIN STREET **BENTON REHAB & HCC BENTON, IL 62812** (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 23 S9999 second dietary person had called in. When V1 was asked about only one person working in the kitchen for all tasks, V1 stated, "sometimes our staff put us in precarious situations." "B"

llinois Department of Public Health

STATE FORM