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 IL6002984 B. WING 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD **FAIR OAKS REHAB & HEALTHCARE** SOUTH BELOIT, IL 61080 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments \$ 000 Annual Licensure Survey Complaint Investigation 2215397/IL148869 S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)2) 300.1210 d)5) Section 300.610 Resident Care Policies 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** The facility shall provide the necessary care and services to attain or maintain the highest Attachment A practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with each resident's comprehensive resident care Illinois Decartment of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

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Illinois	Department of Public	Health			FOR	M APPROVED)
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	82		09999	+ g 10 (c)			I
	plan. Adequate and	properly supervised nursing	1			İ	I
	resident to meet the	care shall be provided to each at total nursing and personal					I
	care needs of the re	esident				84	İ
	c) Each direct	care-giving staff shall review					ı
	and be knowledgea	ble about his or her residents'					l
	respective resident	care pian.					l
	d) Pursuant to	subsection (a), general	×	1			l
	nursing care shall in	clude, at a minimum, the		32 34			
	seven-day-a-week b	e practiced on a 24-hour,					
		ments and procedures shall				1	
	be administered as	ordered by the physician.				1 1	
j	5) A regula	r program to prevent and		NE CONTRACTOR OF THE CONTRACTO		1 [
	treat pressure sores	, heat rashes or other skin				1 1	
V.	breakdown shall be	practiced on a 24-hour,					
	seven-day-a-week b	asis so that a resident who]]	
	develor pressure so	hout pressure sores does not res unless the individual's		34		1	
	clinical condition den	nonstrates that the pressure				1	
	sores were unavoida	ible. A resident having		İ		1 1	
	pressure sores shall	receive treatment and		1	0.	1 1	
	services to promote	healing, prevent infection,			100	1	
	and prevent new pre-	ssure sores from developing.			,		
ĺ	These requirements	are not met as evidenced by:		25		•	
	THOSE TO GUILDING THE	are not met as evidenced by:			ļ	1	
	Based on observation	n, interview, and record				2	
1	review, the facility fail	led to ensure pressure injury					
	prevention intervention	ons were in place for two of			70	J	
1	tive residents (R32, F	R47) reviewed for pressure		W	İ	, V	
	in R32's pressure inju	of 14. This failure resulted		:	1	ļ	
	var v procedire iliji	ay worseimly.					
	The findings include:			<u> </u>			
	4 BAAL B 4 5 5						
	1. R32's Braden Scal	e for Predicting Pressure					
	Sore Risk, dated 4/28 developing pressure i	1/22, shows R32 is at risk for					
[]	aevelohii iy bressure i	njunes.					
4			- 1				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED !L6002984 B. WING 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD **FAIR OAKS REHAB & HEALTHCARE** SOUTH BELOIT, IL 61080 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 R32's Care plan, revised on 5/3/22, shows R32 was admitted with impaired skin integrity related to poor surgical healing, and remains at risk related to impaired mobility, comorbidities including: hypertension, epilepsy, and insomnia. History of skin implantation site to wound bed right skull and skin graft site to right anterior scalp scar tissue. Pressure area to left heel. R32's Care Plan, initiated 4/27/22, shows air mattress in place to alleviate pressure, float heels while in bed as tolerated, offloading boots to be on at all times except during bathing or cares. R32's Care Plan, revised on 4/11/22, shows R32 has actual impairment to skin integrity related to moisture and related to incontinence, impaired mobility, decreased sensory perception, nutrition, friction & shear, and disease process. Administer treatments as ordered and monitor for effectiveness. R32's Order Summary Report, dated 7/11/22, shows R32 was admitted to the facility on 10/13/21, with diagnoses including repeated falls. epilepsy, personal history of urinary tract infections, difficulty in walking, muscle weakness, and severe sepsis with septic shock. Order for heel boots on all times "*No Shoes*" was ordered on 3/24/22. Order to check low air loss mattress for functionality every shift was ordered on 4/11/22. Orders to clean the left heel with normal saline, or soap and water, or wound cleanser. Pat dry. Apply calcium alginate silver and cover with foam every day shift and as needed was ordered 5/10/22. On 7/11/22 at 8:50 AM, R32 was in bed lying on his back. There were heel protector boots on R32's chair next to his bed. R32's heels were

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On 7/12/22 at 9:35 AM, V14 said the purpose of dressings to pressure injuries are to promote healing and prevent infection.

On 7/13/22 at 8:23 AM, V17, CNA, said R32 uses heels boots for pressure injury prevention interventions. V17 also said the pump at the end of R32's bed should be on. At 9:12 AM, V20, LPN (Licensed Practical Nurse), said R32 should have a dressing on his left foot, heel boots on while he is in bed, and the left heel boot should be on when he is in the chair. V20 said the air mattress pump at the foot of R32's bed should be on. V20 said the treatment to R32's left heel is done every other day. V20 said heel boots and dressing treatments help to prevent pressure on areas. V20 said if dressings are not in place, heel boots are not in place, and air mattresses are not on. then the pressure injury will get worse. On 7/13/22 at 9:08 AM, V14 said if pressure is not relieved from pressure injuries, then the pressure injury could get worse.

2. R47's Physician Orders, dated 3/15/22, shows. "float both heels while in bed an wear waffle boots."

R47's Care Plan, dated 5/5/22, shows. "impairment to skin integrity related to pressure to heels while in wheelchair and bed Heel

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₽	protectors on when	in bed."					
	On 7/11/22 at 9:00 both heels flat on th boots on.	AM, R47 was in bed, with e mattress. R47 had no heel			£100		
	heels flat on mattres stated, "I have hee!	AM, R47 was in bed with his ss, without heel boots. R47 boots. They just don't have www. I don't know why not."	e in	20	A	5-	
125	said R47 has a blist	PM, V19, Registered Nurse, er on his right heel, and he is the heel boots on when he is in	s	£A	s i		
	Prevention Policy re- facility must impleme interventions to atter remove underlying ri injury is present, pro-	re Ulcer/Pressure Injury vised 3/2021 shows, "A ent, monitor and modify mpt to stabilize, reduce or sk factors; and if a pressure vide treatment to heal it and ment of additional pressure	÷	3 5 <u>.</u>			
	(B)	28					
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į.	300.610 a) 300.1010 h) 300.1210 a) 300.1210 b)						
	procedures governing	sident Care Policies nall have written policies and g all services provided by the olicies and procedures shall	ë.				

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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 IL6002984 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD **FAIR OAKS REHAB & HEALTHCARE** SOUTH BELOIT, IL 61080 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 7 S9999 the active participation of the resident and the resident's guardian or representative, as applicable. 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. These requirements were not met as evidenced Based on interview and record review, the facility failed to obtain and monitor a resident's weights, failed to identify a resident to be at risk for weight loss, failed to develop a care plan for a resident at risk for weight loss, and failed to identify a resident's repeated significant weight loss and report the resident's weight loss to the Registered Dietician and physician. These failures resulted in R13 sustaining a significant weight loss of 22.56 % (46.7 pounds) in 3 months. This applies to 1 of 7 residents (R13) reviewed for weight loss in the sample of 14. The findings include: R13's Admission Record, printed 7/11/22, showed R13 was admitted to the facility on 4/8/22, with diagnoses including dementia, Alzheimer's

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disease, and depression.

R13's admission Dietician Nutrition Assessment. dated 4/13/22, showed, "High nutritional risk at this time due to dementia and depression. Continue to encourage fluids and intakes.

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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 IL6002984 07/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1515 BLACKHAWK BOULEVARD **FAIR OAKS REHAB & HEALTHCARE** SOUTH BELOIT, IL 61080 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) \$9999 Continued From page 9 S9999 should report the weight loss immediately to me or the nurse. We would then notify the physician and Dietician ...' On 7/11/22 at 3:19 PM, V2, DON, reviewed R13's weight report and stated, "I see (R13) has not been weighed for July (2022) yet. I will make sure it is done. I wasn't aware she was losing weight and it had become significant. I run a monthly report on all residents to look for weight loss. The computer report system never flagged (R13) for weight loss. No one ever told me she was losing weight. I am not sure if her weight loss was ever reported to (R13's) physician or the Registered Dietician." On 7/11/22 at 12:38 PM, R19 (R13's husband/roommate) stated, "I know she has lost some weight but I don't know how much. She doesn't eat much. She needs to be fed. Some staff are good about feeding her. Some staff just drop off the food, and then pick it back up even if she hasn't eaten any of it. They give her egg salad almost every day, like they did today. She ate her egg salad, but she really didn't eat much of her mashed potatoes and gravy. I can help but think if they had just offered her a slice of meatloaf today, she would have eaten it. They don't really offer her options or ask her what she wants to eat. She isn't big dessert eater but likes canned fruit. They don't give her fruit very often." On 7/11/22 at 12:10 PM, V3, Registered Nurse, stated, "I don't know if (R13) has lost weight or not. I know she is not on any supplements or fortified foods."

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On 7/11/22 at 2:42 PM, V11, Registered Dietician (RD), stated, "I come to the facility once a month to see residents. Any newly admitted resident

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	with (R13's) diagnormal weight loss probable	erday's weight either. Even sis of dementia, some of this y could have been prevented."		O P			
	Dietician (RD), state has called me to no from yesterday (7/1 has dementia, but the	AM, V11, Registered and "No one from the facility tify me that (R13's) weight 1/22) is down to 160 lbs. She his amount of significant are been prevented."	¥-2				
	showed no orders for foods, appetite stime	ers, dated 4/8/22-6/8/22 or liquid supplements, fortified ulant medications, and/or I weight loss interventions for		es .			
	policy, dated 2/2021 staff will measure read and weekly for four v	Assessment and Intervention showed, "1. The nursing sident weights on admission, weeks thereafter. If no weight at this point, weights will be		## ## ## ## ## ## ## ## ## ## ## ## ##			
ī	Weight Loss-Clinical 2/2021, showed, "Th and document the w	n (Impaired)/Unplanned Protocol policy, dated e nursing staff will monitor eight and dietary intake of which permits readily as over time."		P) i			
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