Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008890	A. BUILDING: ______ B. WING ______	C 04/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST CLARA'S REHAB & SENIOR CARE	1450 CASTLE MANOR DRIVE LINCOLN, IL 62656

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments FRI of 4/18/2022\IL146352	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6 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. ement of Licensure Findings 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	S9999	**Attachment A** Statement of Licensure Violations	

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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:

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

These Requirements were NOT MET as evidenced by:

Based on interview and record review, the facility failed to ensure staff appropriately monitored enteral feedings for one (R1) resident reviewed for Gastrostomy Tube/G-Tube feeding in a sample of four. This failure resulted in R1 experiencing an emesis subsequently leading to an aspiration pneumonia requiring antibiotics.

Findings include:

The facility's Enteral/Tube Feeding Policy, (Revised 2/26/15) documents: "It is the policy of this facility that all residents receive basic nutrition while in the facility and that no resident will have nutrition withheld in the absence of formulated advanced care plan/advanced directive directing such care. Objective: To maintain a consistent plan of care for residents who require tube feeding due to the inability to eat orally or the inability to eat enough to sustain life."

R1's current Care Plan documents: (R1) requires

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tube feeding related to NPO (Nothing by Mouth) status. R1's Minimum Data Set Assessment (MDS) documents R1 has a BIMS (Brief Interview of Mental Status) score of 13. (MDS indicates that on a scale of 0 - 15, 13 to 15 cognitively intact; 8 to 12 moderate impairment; and 0 to 7 severe impairment.) R1's Order Summary Report (Dated 4/2022) documents: "(Nothing by Mouth) diet, (Nutrients) 1.2 for (Gastrostomy Tube/G-Tube); intake every shift for G-Tube. Give 1300 ml via G-Tube every 24 hours for tube feeding to infuse over 20 hours at 65 ml."

R1's Progress Note (Dated 4/18/22, 12:15 am) documents: "(R1) was (complaining of) upset stomach. When nurse went into room, feeding bottle was hanging, but was empty. Nurse noted that part of feeding tube was not connected to the pump."

R1's X-ray results (Dated 4/18/22) documents: "Impressions: No acute intrathoracic disease process"; and R1's X-ray results (Dated 4/20/22) documents: "Impressions: Right lower lobe atelectasis/infiltrate."

Facility's Final Report to (State Agency) (Dated 4/25/22) for R1 documents: "It was determined that (R1's) tube placement became dislodged causing the pump sensor to allow the feeding to flow quickly."

On 4/28/22 at 10:25 am, V5 Family Member to R1 stated that on 4/17/22, (R1's) (G-Tube Nutrients) were infused too fast, R1 vomited, and R1 had aspiration and developed pneumonia. V5 stated that R1 called her on 4/17/22 and stated that (R1's) stomach was upset. V5 stated that (V7 Licensed Practical Nurse, LPN) was in R1's room at that time.

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On 4/28/22 at 12:45pm, V2 Director of Nursing (DON) stated that R1's (G-Tube nutrients) went quickly into R1, R1 had an upset stomach, and R1 developed pneumonia per her chest X-ray. V2 stated that R1 was currently on an antibiotics for pneúmonia.

On 4/29/22 at 11:15 am, V6 Licensed Practical Nurse (Agency/LPN) stated that on 4/17/22 she connected R1's G-Tube to the feeding pump at the scheduled 4:00pm time; that occasionally, the pump would beep requiring her to check it. V6 stated that she had worked with feeding pumps before but was unfamiliar with R1's feeding pump and was unsure why the pump beeped. V6 stated that at 8:15pm, she checked the feeding pump and about 600 ml of fluid remained. Stated that she secured the tubing in place on the pump but it still beeped at times; stated that she turned the feeding pump off; clamped the tubing so it would not flow and also clamped R1's G-Tube tubing so the fluids would not infuse into R1. V6 stated that she does not know what happened to the feeding pump after she left at 10:00pm. V6 stated that prior to this 4/17/22 feeding pump incident involving R1's G-Tube, that she had no orientation or training on the feeding pump.

On 4/28/22 at 2:00pm, V7 Licensed Practical Nurse (LPN) stated that on 4/17/22, that she was the oncoming nurse after V6 LPN. V7 stated that V6 reported she had trouble with R1's feeding pump, had turned it off, and that R1 did not feel well and her stomach hurt. V7 stated that she checked on R1 and R1's feeding pump tubing was not secured in the pump chambers, and felt that V6 had not properly connected the tubing. V7 stated that the (G-Tube nutrient fluid) container was empty but should not have been as it was

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S9999	Continued From page 4 hung at 4pm that day to infuse at 65 ml per hour. V7 Stated that the fluids may have drained by gravity and infused very quickly into R1's stomach. V7 stated that R1's stomach was distended and it was normally flat. V7 stated that R1 had an emesis (vomit) soon after V7 checked on her; and that R1 also now had pneumonia per R1's X-ray report. On 4/28/22 at 3:10pm, V3 Assistant Director of Nursing (ADON)/Registered Nurse (RN) stated that V6 LPN had not been trained or orientated on R1's (G-Tube) feeding pump but should have been; stated that staff were encouraged to find out what to do if they did not know how to do tasks. V3 stated that V6 did not follow the policy for enteral feeding; and stated that the feeding Pump Brochure was available at the nursing station for reference also. (B)	S9999		