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 IL6005292 B. WING 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1010 SOUTH LOGAN STREET LENALIVING CENTER LENA, IL 61048** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Licensure and Certification Survey **Final Observations** S9999 S9999 #1 Statement of Licensure Violations: 300.1010h) 300.1210b) 300.1210c)3) Section 300.1010 Medical Care Policies 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. 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 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 Attachment A measures shall include, at a minimum, the Statement of Licensure Violations following procedures:

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

TITLE

(X6) DATE

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his nutritional caloric needs as recommended

FORM APPROVED 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 IL6005292 05/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1010 SOUTH LOGAN STREET **LENALIVING CENTER** LENA, IL 61048 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) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 3 S9999 S9999 daily from January 25, 2022, to May 3, 2022 = 98 days). R50's weight report: January 13, 2022= 147.2 lbs. (pounds) February 10, 2022 = 139 lbs. March 1, 2022 = 140 lbs. April 7, 2022 = 138.2 lbs. April 21, 2022= 132. 4 lbs. (14.8 lbs. pounds lost in 3 months = 10%) On 5/3/22 at 12:26 PM, V2 (DON) said weights should be monitored monthly by the dietitian. V2 said they have had several different dietitians at the facility, and she has been trying to get a hold of V16 (Dietitian) but she has not returned her calls. V2 said R50 was not seen by V16 in April and should have been. V2 confirmed R50's tube feeding was not being infused long enough to meet his nutritional needs. V2 said R50's tube feeding should have been infused for a total of 18.5 hours to equal 1200cc to meet his nutritional caloric needs. The facility did not provide a policy regarding Significant Weight loss and Interventions. (B) #2 Statement of Licensure Violations 300,615e) 300.615f)

Section 300.615 Determination of Need Screening and Request for Resident Criminal

e) In addition to the screening required by Section

History Record Information

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