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 IL6004428 B. WING 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Annual Health Survey \$9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.610 a) 300.1210 b) 300.1210 d)4) 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 practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care Attachment A plan. Adequate and properly supervised nursing Statement of Licensure Violations care and personal care shall be provided to each resident to meet the total nursing and personal Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) 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: IL6004428 B. WING 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. 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: Personal care shall be provided on a 24-hour, seven-day-a-week basis. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide timely incontinent care in order to maintain the resident's dignity, as well as prevent a resident from experiencing embarrassment due to incontinence, for 3 of 16 residents (R6, R23, and R25) reviewed for respect/dignity and personal worth in the sample of 34. This failure resulted in R6 feeling angry, R23 feeling "lousy", and R25 being embarrassed. Findings include: 1. R23's Minimum Data Set, (MDS), dated 5/29/2023, documents R23 is totally dependent on staff for toileting needs. On 8/15/2023 at 9:20 AM, R23's wife, V9, stated. "We had some issues Friday night. (R23) hit the call light 4 times during the night, (to be cleaned up from incontinence), he was so soaked. The whole bed, even the mattress, had pee standing on it. His diaper was so heavy it was making his hip hurt; he is already gaulded. Talk to (V10 and V11, Certified Nursing Assistants, CNAs). They (V10 and V11) worked Saturday and said every bed on this hall had to be changed completely."

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 IL8004428 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 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 2 S9999 At this time, R23 stated, "It made me feel lousy, how would it make you feel? They don't even offer me to use the urinal." V9 continued, to state she filed a grievance with the facility. On 8/16/2023 at 8:30 AM, V9 stated, she just put R23's call light on and told the CNA he needed to be changed. V9 stated she had been in R23's room since 6:30 AM, and no one had been in to check on R23. On 8/16/2023 at 8:43 AM, R23's call light had been turned off. V9 was in R23's room and said the CNA turned the call light off and said she had to find help. On 8/16/2023 at 8:48 AM, R23 had still not been assisted with incontinent care. On 8/16/2023 at 8:50 AM, R23 activated his call light again. On 8/16/2023 at 8:55 AM, V7, CNA, responded to R23's call light and turned it off. R23 stated he needed to be changed. V7 stated, "Give me just a moment" and left the room. At this time, R23 stated, "That's what the last gal said." On 8/16/2023 at 8:58 AM, V8, CNA, entered R23's room and told R23 she was going to get linens. On 8/16/2023 at 9:07 AM, a staff member, (who was not a CNA or Nurse), entered R23's room and turned off light, and offered R23 water or apple juice. R23 declined and the staff member then left the room. At this time, R23 stated. "There goes a third one", and re-activated his call light.

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: _ IL6004428 B. WING 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 On 8/16/2023 at 9:10 AM, V7 and V15, CNAs, entered the room and checked R23 for incontinence. R23's adult brief had blue lines to indicate R23 was wet with urine. R23's scrotum was red and gaulded. V7 stated she was taking R23 to the shower because it was his shower day. At this time, V7 asked R23 when the last time he was previous checked for incontinence and R23 stated it was around 5:30 AM. On 8/16/2023 at 2:45 PM, V16, Social Service Director, stated, "We did receive one grievance in August. It was (R23's) wife. It went straight to administration for investigation." The Facility's Grievance Form, dated 8/12/2023. documents, "Resident: (R23), Description: On August 11th I didn't get my shower. Also had my call light on four times the evening of August 11th the CNAs came in shut it off and walked away. never changed me once. My hip got to hurting so bad I had to loosen my diaper, because I was soaked." On 8/21/2023 at 11:17 AM, V2, Director of Nursing, (DON), stated from 8:30 AM until 9:10 AM is too long to wait to be changed after requesting it to be done. 2. R6's MDS, dated 7/17/2023, documents, R6 is cognitively intact, has an indwelling catheter, and is totally dependent on 2 staff for toileting needs. The Facility's Grievance Report Form, dated 5/17/2023, documents, "Name of Resident: (R6) Describe the nature of the grievance/complaint: Resident asked staff to perform peri-care and the staff left without assisting the resident."

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: B. WING 08/21/2023 IL6004428 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) IO (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 On 8/16/2023 at 2:50 PM, R23 stated, "The 'ones' here the other night, Friday night, wouldn't take me to the bathroom. I had to have a BM, (Bowel Movement). They kept giving me excuses starting at 6:30 (PM). Then they came in and said they had to clean me up, because a new group of people were coming in at 6 AM. I guess they thought I would mess the bed. I didn't think I could hold it all night, but I managed to keep it in. I told someone, and two ladies came in to talk to me, because come to find out, the whole floor, (hall), was complaining. It made me mad. That shouldn't happen to anvone!" R23 added he uses a machine, (mechanical lift), and he uses the toilet normally, because the bed pan hurts. 3. R25's MDS, dated 7/7/2023, documents R25 is cognitively intact and is totally dependent on staff for toileting needs. R25's Care Plan, dated 5/4/2023, documents, R25 is incontinent of bowel and bladder. It further documents, R25 is on Diuretic Therapy. On 8/16/2023 at 10:15 AM, R25 stated the regular employees of the facility treat her with dignity and respect, but agency "not so much". R25 continued, "The latest embarrassing thing that happened was because I have no control of my bowels or bladder. The whole time she (an unknown CNA) was changing me, she was giving me a lecture telling me that I should find out what is causing it, and that I was using too many linens. She also told me I should let them know right away when I go, but when they put me from my chair to bed, they won't get me back up because it takes too long, so I've been ignoring it until I have to have a bowel movement. I told everyone who came in that next morning."

PRINTED: 09/07/2023 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** IL6004428 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 The Resident Rights Handbook documents, "Your Rights and Protections as a Nursing Home Resident". It continues to document it is a resident right to be treated with respect. It further documents, "You have the right to be treated with dignity and respect." (B) 2 of 2 300.610 a) 300.1210 b) 300,1210 c) 300.1210 d)2) 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

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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

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 1L6004428 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 2) All treatments and procedures shall be administered as ordered by the physician. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement the Registered Dietician's recommendations and care plan interventions, resulting in a severe weight loss of 16.47% in a period of six months for 1 of 3 residents (R40) reviewed for weight loss in a sample of 34. Finding include: R40's Face Sheet, print date of 08/21/23, documents she has a diagnosis of Alzheimer's disease, unspecified. R40's Minimum Data Set, (MDS), dated 07/18/23, documents R40 is severely cognitively impaired and requires limited assistance, one-person physical assist with bed mobility, dressing, personal hygiene, extensive assistance, one-person physical assist with transfer, toilet use, supervision, setup help only with eating. R40's Care Plan, print date of 08/21/23,

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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 IDENT/FICATION NUMBER: COMPLETED A. BUILDING: _ IL6004428 B. WING 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 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 PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 documents R40 has unplanned/unexpected weight loss, poor food intake. --The resident will consume _x_50% two of three meals/day through the review date. --Alert Dietician if consumption is poor for more than 48 hours. -Give May supplements as ordered. Alert nurse/dietitian if not consuming on a routine basis. --Offer substitutes as requested or indicated. (Finger foods) -The resident will eat at least one bite of each food offered daily -- The resident will not have weight loss or complications, related to refusing food by review date. -- The resident needs encouragement/support to be independent with eating. Allow the resident to feed self if desired, regardless of skill. -The resident's food preferences are: Hot tea with creamer, fish sandwiches, french fries with ketchup, chips. R40's Physician's Orders, dated 01/26/23, documents, "Regular diet, Regular texture, Regular Liquid consistency." R40's weights for the past six months are as follows: 3/1/2023 12:23 137.2 lbs. (pounds) 4/4/2023 09:16 132.2 lbs. 4/8/2023 15:45 132.2 lbs. 5/1/2023 15:36 129.8 lbs.

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6/1/2023 13:12 125.6 lbs. 7/4/2023 12:45 113.4 lbs. 7/12/2023 13:59113.4 lbs. 7/22/2023 13:59113.5 lbs. 8/1/2023 11:08 112.0 lbs. 8/5/2023 13:59 112.0 lbs.

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 IL6004428 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET **HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRECIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 8 \$9999 8/8/2023 11:45 111.2 lbs. 8/15/2023 14:04114.6 lbs. R40 has had a -16.47% weight loss in the past six months. R40's Meal consumption for the past month (07/23/23-08/20/23) was reviewed. R40 only has 51 meals documents, out of the 90 meals for the past 30 days. 0-25%- 16 meals documented. 26-50%- 13 meals documented. 51-75%- 5 meals documented. 76-100%- 15 meals documented. R40's Progress Notes, dated 5/11/2023 at 10:34 AM, documents: "Dietary Note weight status Weight (5/1)-129.8 lbs., BMI (Body Mass Index)-23. significant weight loss triggering -15.2 lbs. x 12/4(10.5%). Regular diet order with intakes typically 50-100%, varied at times. Able to feed self with setup help. No issues noted on current diet order. Eats in restorative dining room. At increased nutritional risk related to Alzheimer's dementia dx, (diagnosis). No recent acute changes reported. Continue to encourage intakes and provide alternatives at meals as indicated. Recommend: Provide super cereal at breakfast and ice cream at lunch to halt further weight loss. RD, (Registered Dietician), to f/u, (follow up), PRN, (as needed)" Review of R40's Electronic Medical Record. (EMR), was done and there was no order noted for R40 to receive Super cereal for breakfast. R40's Progress Notes, dated 6/19/2023 at 1:22 PM, documents, "Dietary Note weight status Weight (6/1)-125.6 lbs., BMI-22.2. Significant weight loss triggering -11.6 lbs. x 3

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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6004428 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 9 S9999 months (8.5%), -19.4 lbs. x 6 months (8.5%). Regular diet order with intakes 0-100%. Able to feed self with setup help. No issues noted on current diet order. Eats in restorative dining room. At increased nutritional risk related to Alzheimer's dementia dx. No recent acute changes reported. Continue to encourage intakes and provide alternatives at meals as indicated. Recommend: 1. Provide super cereal at breakfast 2. Provide house supplement 90 ml BID, (twice a day), to halt further weight loss RD to f/u PRN" Review of R40's Electronic Medical Record. (EMR), was done and there was no order noted for House supplement 90ml BID and super cereal. R40's Progress Notes, dated 7/17/2023 at 12:48 PM, documents, "Dietary Note weight status Weight (7/12)-113.4 lbs., BMI-20.1. Significant weight loss triggering -16.4 lbs. x 5/1(12.6%), -25.4 lbs. x 2/1(18.3%). Noted varied intakes at meals. Receiving regular diet order. Set up help at meals. At increased nutritional risk related to Alzheimer's disease progression. Recommend: 1. Add house supplement 120 ml TID (three times a day) for nutrition support 2. super cereal at breakfast for nutrition support 3. weekly weights to monitor nutritional status Monitor, RD to follow" R40's Physician' Orders, dated 07/25/23 at 6:00 PM, documents, "House Supplement after meals for nutrition support 120 milliliters (ml)." R40's Physician's Orders, dated 07/26/2023 at 8:00 AM, documents, "Super cereal one time a

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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: IL6004428 B. WING 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1300 EAST TREMONT STREET HILLSBORO REHAB & HCC** HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 10 S9999 day for nutrition support at breakfast." On 08/15/23 at 9:30 AM, R40 was dressed in clothes that were big and baggy, and they hung on her. R40's skin on her cheeks and neck area was loose and hanging. On 08/15.23 at 12:10 PM, R40 was observed being given her noon meal tray, which included Salisbury steak, broccoli, steamed rice, a dessert. and bread. On 08/15/23 at 12:20 PM, R40 was observed picking up her Salisbury steak with her fingers and took one bite, and put it back down on her plate. On 08/15/23 at 12:25 PM, R40 was observed pushing her tray away. On 08/21/23 at 11:52 AM, V25, Registered Dietician stated when she gives a recommendation, she sends an email to the Director of Nursing, (DON), Administrator, and the Dietary Manager. She said, "The DON is to send the recommendation to the Physician for him to sign off on if he agrees with the recommendations." She said she would expect that once she makes a recommendation, they would get it to the Physician in a timely manner for him to sign off on it. On 08/21/23 at 1:19 PM, V2, Director of Nursing. (DON), stated she would probably consider a 16% weight loss, a severe weight loss. When

asked what she expected of the nurses when it

recommendations, she stated she really couldn't answer that, because she just started in July.

comes to implementing the Dietician's

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: 8. WING IL6004428 08/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADORESS, CITY, STATE, ZIP CODE 1300 EAST TREMONT STREET HILLSBORO REHAB & HCC HILLSBORO, IL 62049 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) \$9999 Continued From page 11 S9999 The facility's Policy Nutrition (Impaired)/Unplanned Weight Loss- Clinical Protocol, revised date of September 2012. documents, "Assessment and Recognition 3. The threshold for significant unplanned and undesired weight loss will be based on the following criteria (where percentage of body weight loss = [usual weight- actual weight) [usual 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." It further documents "Treatment/Management b. Nutritional needs: The Dietitian and Physician consult to determine the appropriate diet for the resident based on the resident's degree of nutritional impairment, expressed wishes, and underlying causes and conditions. Order for appropriate will be obtained from the Physician. c. Supplementation: Strategies to increase a resident's intake of nutrients and calories may include fortification of foods, increasing portion sizes at mealtimes, and providing between-meal snacks and/or nutritional supplementation." (B)