PRINTED: 09/07/2023

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED IL6008338 B. WING 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1314 ROWELL AVENUE** SALEM VILLAGE NURSING & REHAB **JOLIET, IL 60433** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) **PREFIX** TAG COMPLETE TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Health Survey \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1010 h) 300.1210 b) 300.1210 c) 300.2050 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 300.1010 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 Attachment A manifest decubitus ulcers or a weight loss or gain Statement of Licensure Violations 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 Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE

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: IL6008338 B. WING 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1314 ROWELL AVENUE** SALEM VILLAGE NURSING & REHAB **JOLIET, IL 60433** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Section 300.2050 Meal Planning Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to monitor and treat a resident who had known weight loss. This failure led to the resident experiencing significant weight loss. This applies to 1 of 1 resident (R133) reviewed

The findings include:

for significant weight loss in a sample of 35.

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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: A. BUILDING: COMPLETED IL6008338 B. WING 08/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1314 ROWELL AVENUE SALEM VILLAGE NURSING & REHAB JOLIET, IL 60433 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (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 6 S9999 restorative staff weigh the residents and should be documenting the weights in the EMR within a day. V18 said she had previously worked with R133, and had last evaluated him on 06/22/23. V18 said no staff had brought any concerns to her regarding R133's weight loss. V18 said on 06/15/23, she had requested weekly weights. V18 said again on 06/22/23, she had requested weekly weights, but did not follow up about the weights, or check to see whether they were taken. V18 said she was unaware he had significant weight loss. V18 said R133's name did not show up in the weight change report when she had printed it on 08/10/23. V18 said if a resident is readmitted to the facility, they should be reweighed within 48 hours. On 08/17/23 at 10:30 AM, V2 (DON/Director of Nursing) said when a resident is readmitted. weights should be obtained. V2 said the restorative CNAs were supposed to chart the weights in the EMR and document in the log that they give to the Dietary Director. V2 said they should be putting the weights into the EMR in a timely manner because it can cause un-addressed weight loss. V2 said if the weights were in the EMR, significant weight loss would be triggered in the monthly weight reports. On 08/18/23 at 11:13 AM, V2 said the weight taken on 08/08/23 of 143 pounds was documented in the EMR on 08/17/23. On 08/17/23 at 10:44 AM, V7 (Food Services Director) said he had not met with R133 to discuss his dietary requests. On 08/17/23 at 01:17 PM, V19 (NP/Nurse Practitioner) said she was not notified by any staff R133 was losing weight. V19 said every time she had evaluated him, he had mentioned he did not

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
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NAME OF BROWERS OF ALLES		DDRESS, CITY, STATE, ZIP CODE		80	08/18/2023		
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S9999	Continued From page 7		S9999	107			
The property of	a 16% weight loss starge amount of wei	said she was not aware he had since admission, and it was a light lost. V19 said it was her ses notify the providers if the g weight loss.					
	showed, "The facility status of all resident significant weight chre-admission, a resident who have month will be re-weigschedule. Significant change in one month 10% in six months. Change has been vanursing or designate physician, care plantech and other appronvestigations may be athologist, pharmackecommendations from the significant of the significan	e needed by a speech		32			
r v h v d v s n r V	evised on 03/14/19, will be obtained by resours of readmit and tAR's (Nutritional At will evaluate all readmit etermination if the reveights x 4. Dietary (ignificant weight chancomb and meet with hanagers and review veekly weights- Resisto [EMR] and onto weight onto weight and onto weight and onto weight and onto weight.	Policy and Procedure, showed, "Readmit weights istorative staff within 48 input into [EMR]. The Risk) interdisciplinary team nit weights and make a esident requires weekly Consultant will review inge report by the 15 of each nurses and/or nurse a significant weight changes. It is interested to a significant weight changes are updated, the restorative					

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