

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014666</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/25/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RIVER CROSSING OF ST CHARLES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 DUNHAM RD ST CHARLES, IL 60174</b>
---	--

(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	S 000		
	Annual Certification and Licensure			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.610a) 300.1810h) 300.3220f)</p> <p>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.</p> <p>Section 300.1810 Resident Record Requirements h) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output.</p> <p>Section 300.3220 Medical Care f) All medical treatment and procedures shall be</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014666</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/25/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>RIVER CROSSING OF ST CHARLES</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>850 DUNHAM RD ST CHARLES, IL 60174</b>
---	--

(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
S9999	<p>Continued From page 1</p> <p>administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure weekly weights were obtained for a resident receiving enteral nutrition. This failure resulted in R73 sustaining an 18.2 lb (10.47%) weight loss in three weeks. This applies to 1 of 2 residents (R73) reviewed for enteral nutrition in the sample of 19.</p> <p>The findings include:</p> <p>R73's Admission Record sheet shows the following diagnoses: right humerus fracture, hemiplegia and hemiparesis, type 2 diabetes mellitus, respiratory failure, dysphagia, cerebral infarction, paroxysmal atrial fibrillation, Barrett's esophagus, dysphagia, aphasia, and chronic kidney disease stage 2.</p> <p>R73's Minimum Data Set (MDS) dated 10/11/2022, showed R73 was receiving 51 percent (%) or more of total calories through a tube feeding.</p> <p>R73's Order Summary Report printed on 1/24/23 at 4:26 PM, shows an active order for weekly weights with a start date of 9/16/2022. The directions state, to weigh R73 "in the morning every 7 days for weight monitoring ***MUST BE WEIGHED R/T TUBE FEEDING****". This report</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6014866	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/25/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  RIVER CROSSING OF ST CHARLES	STREET ADDRESS, CITY, STATE, ZIP CODE 850 DUNHAM RD ST CHARLES, IL 60174
--	--

(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
S9999	<p>Continued From page 2</p> <p>also showed R73's diet order of nothing by mouth (NPO) with a start date of 7/29/2022 during the period of weight loss. This report also shows a R73 had and order for "(brand name of enteral nutrition) at 65 cc/hour via feeding tube for 18 hours with auto flush at 150 cc/hour every 4 hours. On at 6pm and off at 12noon. INFUSE FOR 18 HOURS TOTAL OF 1170ML" during the period of weight loss from 9/16/22 to 10/21/22.</p> <p>R73's Weights and Vitals Summary printed on 1/24/2023 at 4:28 PM, shows the following weights on and after 9/16/2022 until 10/21/2022. 9/16/2022 167 pounds (lbs), 9/23/2022 168 lbs, 10/7/2022 167.2 lbs, 10/21/2022 149.7 lbs. Weights were not obtained on the week of 9/30 and 10/14. Between 10/7 and 10/21 R73 sustained an 18.2 lb (10.47%) weight loss.</p> <p>On 10/25/2023 at 12:12 PM, V13 (Registered Dietitian/RD) said that weekly weights are important to monitor tube feeding tolerance.</p> <p>On 10/25/2023 at 1:02 PM, V22 (Nurse Practitioner) said that a tube fed resident whose diet is not supplemented with food or supplements should not sustain a significant weight loss. V22 also said that weights are done to identify if an intervention should be implemented immediately to prevent a significant weight loss.</p> <p>The facility's Weighing/Weight Loss Protocol revised on 3/5/2021 states, "Weekly and daily weights may be obtained per RD or Physician orders in order to monitor clinical status of a resident requiring closer monitoring and intervention."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6014666	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  01/25/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  RIVER CROSSING OF ST CHARLES	STREET ADDRESS, CITY, STATE, ZIP CODE 850 DUNHAM RD ST CHARLES, IL 60174
--	--

(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
S9999	Continued From page 3  "B"	S9999		