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
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 Complaint Investigations 23610474/IL167864 and 23610572/IL167974	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 3 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)4)C) 300.1220 b)3) 300.3240 a) 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. 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	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — Electronically Signed
TITLE
(X6) DATE 01/28/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 1	S9999		

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.

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:

4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:

C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

Section 300.3240 Abuse and Neglect

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 2	S9999		

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements are not met as evidenced by:

Based on interview and record review, the facility failed to provide care and treat residents in a dignified manor for one of nine residents (R13) reviewed for neglect on the sample list of 19. R13 was left on the floor, unclothed and incontinent, for a minimum of five hours, resulting in R13 having to roll on the ground approximately 90 feet, in tears, to get the attention of staff at the nurses station.

Findings Include:

On 12/20/23 at 3:09 PM, V18, Agency LPN (Licensed Practical Nurse), stated on 12/14/23 during the night, R13 some how got on the floor and "rolled all the way down part of one hall and down another hall to the nurses station where staff were", in order to get staff's attention. V18 explained R13 had tears in R13's eyes, and was "naked with bowel movement all over (R13)." V18 stated V18 asked V5, CNA (Certified Nursing Assistant), to assist V18 with getting R13 off the floor, as R13 requires a mechanical lift for transfers, and V5 stated V5 was "not going to help, {because} that this is what (R13) does all of the time." V18 stated V18 had to locate the other nurse, V21, Agency LPN, to assist V18 with getting R13 off the floor, cleaned up, and put back to bed.

R13's MDS (Minimum Data Set), dated 12/6/23, documents R13 is dependent on staff for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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	S9999		

transfers and toileting.

R13's Care Plan, updated on 10/30/23, documents R13 has aphasia, and impaired cognition related to a history of CVA (Cerebral Vascular Accident), resulting in right sided weakness of both upper and lower extremities. R13 is able to understand some verbal communication and will answer yes/no to most questions, but does get frustrated at times when R13 is not able to communicate what R13 needs and starts to cry. Staff are to explain procedures to R13, and the purpose for the interaction and what is expected of R13. This care plan also documents R13 attempts to crawl (on the floor) and can be difficult to re-direct at times, but does not include any interventions of what staff are to do when R13 is on the floor, or how to manage/redirect R13.

On 12/20/23 at 5:00 AM, V21 confirmed on 12/14/23, R13 was unclothed and had been incontinent with fecal matter up to R13's waist and smeared on the floor, due to rolling down the hallway. V21 also confirmed V21 assisted V18 with getting R13 off the floor between 1:00 am - 3:00 am, and cleaned up, due to V5 refusing to do it. V21 stated V21 had come into work at 6:00 pm on 12/13/23 and had seen R13 on the floor, unclothed, crawling around in the back hallway around 7:00 or 8:00 pm, and allegedly V5 had tried to get R13 off the floor, but R13 refused, so R13 was left on the floor. V21 stated no other staff had attempted to get R13 off the floor during that five {Plus} hours.

On 12/20/23 at 5:22 AM, V15, CNA, stated R13 will put R13's self on the floor, and V15 has personally has had to get R13 up from the floor up to five times a night. V15 stated, "I'm told

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ____ B. WING ____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 4	S9999		

(R13) is care planned for that as a behavior but you can't just leave (R13) there, I (V15) always get (R13) up." V15 explained staff have to talk to (R13) and say "what are you doing on the floor, we gotta get up and (R13) has never told me (V15) no." V15 stated V15 isn't sure how long R13 had been on the floor, however, V15 saw R13 on the floor around 11:00 pm, naked, wearing an incontinence brief only, and offered to assist V18 with getting R13 up at that time, but was told by V18 that V18 would have V5 {R13's assigned CNA} do it. V15 explained V15 assumed V5 never got R13 off the floor because around 1:00 am {two hours later}, V15 "overheard" someone telling V5 "if you aren't going to work, you might as well go home" and the next thing you know, V18 reported V5 was sent home for refusing to get R13 up off of the floor.

On 12/20/23 at 6:56 AM, V1, Administrator, stated the incident of R13 being on the floor was confirmed by V1 through watching video surveillance, and R13 was observed doing an "army crawl" down the hall to the nurses station where staff were. V1 also confirmed R13 was not dressed and had been incontinent of stool, which was smeared down the hall and on R13. At this time, the distance R13 crawled down the back hallway was walked out by surveyor and V1, which was approximately 90 feet. V1 explained staff should have kept attempting to get (R13) up, re-word how they talk with R13 to get R13 up, try other staff, or when asleep on the floor, at least try to roll R13 onto the floor mattress, etc., not let R13 stay on the cold floor.

On 1/4/24 at 10:04 AM, V1 stated the facility utilizes the Resident Right's for People in Long Term Care Facilities by the Illinois Long Term

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ________ B. WING ________	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 5	S9999		

Care Ombudsman Program as their policy for dignity.

The Resident Right's for People in Long Term Care Facilities by the Illinois Long Term Care Ombudsman Program, dated November 2018, documents the facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. The facility must provide equal access to quality care regardless of your diagnosis, condition or payment source. The facility must provide services to keep your physical and mental health, at their highest practical level.

(B)

2 of 3

300.610 a)
300.1010 h)
300.1210 b)
300.1210 c)
300.1210 d)2)
300.1210 d)3)
300.1810 h)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ____ B. WING ____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 6	S9999		

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
h) 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
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 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.
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:
2) All treatments and procedures shall be administered as ordered by the physician.
3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 7	S9999		

determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

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.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to monitor weights, failed to notify the Dietitian of reduced oral intake, failed to record meal and enteral feeding intakes, failed to implement nutritional recommendations; failed to implement and administer enteral tube feedings as recommended by the Dietitian; failed to report changes in tube feeding orders to the Dietitian, failed to report gastrostomy tube (g-tube) malfunction to the physician, failed tomonitor and record tube feeding intakes; failed to supply adequate equipment for tube feeding infusions; failed to ensure adequate supply of enteral feeding; follow up on Dietitian recommended enteral feedings and flushes, and failed to report changes in tube feeding orders to the Dietitian for two of two residents (R13, R17) reviewed for enteral tube feedings in the sample list of 19. These failures resulted in R13 experiencing a significant weight loss of 7.22 %

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ____ B. WING ____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 8	S9999		

within one month of admission, experiencing an additional weight loss of 7.58% the following month, and continuing to be at risk for additional weight loss, dehydration, and fluid/electrolyte imbalance.reviewed for tube feedings in the sample list of 19. These failures resulted in a significant weight loss of 7.22 % within one month of admission, and an additional weight loss of 7.58% the following month.

Findings include:

1. R13's Minimum Data Set (MDS), dated 12/6/23, documents R13 has short/long term memory impairment, is dependent on staff for eating, and has not had a significant weight loss within the last six months.

R13's Dietary Admission Assessment documents R13 admitted on 8/30/23, and R13 weighed 209 lbs. There are no documented weights in R13's medical record after this date.

R13's Care Plan, revised 10/30/23, documents R13 has right sided impairment related to Cerebrovascular Accident. R13 is dependent on caregivers to complete eating, and the interdisciplinary team has concerns with weight loss. This care plan includes interventions to monitor and record R13's meal and fluid intakes and R13 receives Promote High Protein tube feeding at 120 ml/hr (milliliters per hour) 10 continuous hours per night as of 10/30/23. R13's care plan documents R13 has a g-tube/j-tube (jejunostomy) and includes interventions to administer feedings as ordered.

R13's November and December 2023 Physician's Order Summary does not document a diet order for R13. R13's Dietary Admission Assessment

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ____ B. WING ____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 9	S9999		

documents R13 admitted on 8/30/23 and R13 weighed 209 lbs. (pounds). R13's Report of Monthly Weight and Vitals documents R13's August 2023 weight as 209 lbs, and does not document weights after this date. There is no documentation R13 was placed on weekly weights after admitting to the facility.

The facility's November 2023 Significant Weight Change Report documents R13's current weight as 177.2 lbs, 30 days prior as 179.2 lbs, 60 days prior as 193.9 lbs, and 90 days prior as 209 lbs, a weight loss of 7.22 % one month after admission, and an additional 7.58% loss the following month. This report does not identify the specific dates that these weights were obtained. There are no documented December 2023 weights for R13.

R13's Dietitian Progress Note, dated 9/26/23, documents R13 weighed 209 lbs and R13 admitted with orders for Promote at 120 ml/hr (milliliters per hour) for 14 continuous hours per night with 100 ml water flushes before/after feedings. This provides 1604 ml of water, 1680 ml of formula, 1680 calories, and 106 grams of protein, which is 100% of R13's nutritional needs. This note documents nursing staff reported V23, Physician, decreased R13's tube feeding to 10 continuous hours per night, which provides 80 % of R13's recommended daily intake and 75% of R13's caloric needs. R13 is able to eat orally, but does not eat or drink much. This note documents to consider adding 100 ml water flushes four times daily for additional hydration.

R13's Dietitian Progress Note, dated 10/26/23, documents R13 weighed 179.2 lbs a significant weight loss of 14.2% since August, and there was no weight from September for comparison. R13 remains on Promote 120 ml/hr for 14 continuous

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 10	S9999		

hours per night and R13 is able to eat by mouth with assistance. V24, Registered Dietitian, recommended 100 ml water flushes before and after tube feedings.

R13's Dietitian Progress Note, dated 11/22/23, documents R13 weighed 177.2 lbs and remains on Promote 120 ml/hr for 14 continuous hours per night. There were no active diet orders found and V24, Registered Dietitian, recommended resuming R13's cardiac, moist/minced and thin liquid diet. V24 recommended adding a frozen nutritional supplement with meals.

R13's Nursing Note, dated 11/30/23 at 4:30 AM, documents R13 was given a bolus feeding due to not having a supply of enteral feeding bags. This note does not document the amount of feeding given, or that V23, Physician, was notified.

R13's Nursing Note, dated 12/2/23 at 8:25 PM, documents a new order for Promote bolus feedings. There is no documentation this order was reported to V24 to re-evaluate the feeding rate for R13's nutritional needs.

R13's Dietitian Progress Note, dated 12/15/23, documents R13's December weight is pending and R13's tube feeding was recently changed to bolus feedings of Promote 275 ml and 200 ml water flushes four times daily, which provides 1724 ml of water, 1100 ml of formula, 1100 calories, and 69 grams of protein. R13 does not eat enough orally to meet nutritional needs. Staff reported R13's g-tube (gastrostomy tube) was clogged yesterday and tube feedings were administered through R13's j-tube (jejunostomy tube). This note documents bolus feedings can not be administered through a j-tube and V24 discussed with staff the tube feeding needs

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 11	S9999		

changed until the g-tube is unclogged. This note includes recommendations to administer j-tube feeding Promote 130 ml/hr for 16 continuous hours and 75 ml water flushes every six hours or administer g-tube feeding Promote 350 ml bolus six times per day with 30 ml water flush before and after each feeding. The g-tube bolus feeding provides 2100 ml of formula, 2100 calories, 131 grams of protein, and 2124 ml of water. R13's nutritional needs were based on R13's November weight.

R13's September 2023 Food/Fluid Intake Sheet documents R13's oral meal intake varied between 0-75% of each meal and consumed fluids varied between 0-310 ml. R13's October 2023 Food/Fluid Intake Sheet documents only six meals had recorded intakes of which were 25% or less food intake and 240 ml or less fluid intake, a decline compared to September. R13's meal/fluid intake is only recorded for 28 out of 93 meals during October and 28 out of 90 meals in November. R13's November 2023 Food/Fluid Intake Sheet documents food/fluids were consumed for only three meals, 25% or less food and 300 ml or less fluid intake. There are only two recorded food/fluid intakes on R13's December 2023 Food/Fluid Intake Sheet - 12/9/23 25 % of noon meal and 12/23/23 10 ml of fluids. There is no documentation that R13 receives a frozen nutritional supplement with meals. There is no documentation that the facility identified R13's decreased oral intake in October 2023 and reported this to V24 prior to 10/26/23. There is no documentation the facility followed up on and implemented V24's recommendation for a frozen nutritional supplement noted on 11/22/23.

R13's September-November 2023 Medication Administration Records (MARs) documents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 12 Promote 120 ml/hour per j-tube was administered for 10 continuous hours per night beginning on 9/27/23 (not 14 hours as noted by V24). The November 2023 TAR documents seven times R13's feeding was not administered, but there is no documented rationale why. These MARs do not document the total feeding volumes infused daily. R13's December 2023 MAR documents from 12/3/23 through 12/26/23 Promote 275 ml per g-tube feeding was scheduled four times daily with 200 ml water flushes four times daily (not 350 ml bolus feedings six times daily with 30 ml water flush before/after feedings). There is no documentation in R13's medical record V24's recommendations from 12/15/23 were implemented and communicated to V23, Physician. There is no documentation in R13's medical record the facility routinely recorded R13's administered enteral feeding volumes, or R13's clogged g-tube was addressed prior to 12/27/23. On 12/26/23 at 12:28 PM, R13 was lying in bed with R13's lunch tray on an overbed table. There were no staff present in R13's room. R13 had taken only a few bites of R13's meal, and R13's meal did not include a frozen nutritional supplement. There was no feeding pump observed in R13's room. At 12:43 PM, V10, CNA, removed R13's meal tray from R13's room, which did not contain a frozen nutritional supplement. At 12:47 PM, R13 was lying in bed, and R13 had an enteral feeding tube in R13's abdomen, and there was no feeding pump observed in R13's room. On 12/26/23 at 12:37 PM, V27, Agency Registered Nurse (RN), stated R13 receives bolus enteral feedings at 6:00 AM, 11:00 AM,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ___ B. WING ___	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 13 4:00 PM, and 8:00 PM, which was recently changed from feedings by pump. On 12/26/23 at 3:03 PM, V2, Director of Nursing, stated V2 was unsure where tube feeding intakes are recorded, and thought this is documented on the MAR or as part of an intake sheet located in the MAR book. At this time, R13's enteral feeding intakes were requested. On 12/26/23 at 3:40 PM, V25, RN, stated R13 used to have tube feedings given by pump during the night shift. V25 stated R13 wasn't eating well due to being full from the feeding, so R13's feeding was changed to bolus feedings. V25 stated R13's g-tube is clogged, so R13's bolus feedings are administered through the j-tube. R13's Nursing Note, dated 12/27/23 at 10:30 AM, documents R13's g-tube was completely clogged and orders received to send to emergency room for new g-tube. R13's Hospital Admission Note, dated 12/27/23, documents R13 was admitted due to a j-tube malfunction/occluded j-tube, and the hospital replaced R13's g-tube/j-tube. This note documents R13's gastrojejunostomy tube was previously inserted on 8/1/23, and R13 was previously hospitalized for a clogged enteral tube with tube replacement on 10/16/23. On 12/27/23 at 11:09 AM, V2 stated V2 would refer to the facility's policy regarding weight monitoring for new admissions. V2 stated for new admissions, typically weights are monitored for a few days and then weekly, and weights/weight loss is reviewed during the weekly weight meetings. V2 stated R13 was sent to the hospital on 12/27/23, due to a clogged g-tube. At 12:20	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 14 PM, V2 reviewed R13's MARs/TARs and confirmed they do not document tube feeding volumes infused. V2 stated V2 was unable to locate recorded enteral feeding volume intakes for R13. V2 confirmed dates circled on the MAR means the feeding was not administered. V2 stated the nurses should document on the back of the MAR or in a nursing note the reason why the feeding wasn't given or if the resident refused. V2 stated if the nurses do not have the supplies needed to administered the feedings by pump, then they should notify the physician to get the order changed to bolus feedings. If the physician gives orders to change the tube feeding the nurse should follow up with the Dietitian to review for nutritional needs.V2 stated communication with the physician should be documented in the nursing notes and any new orders. V2 reviewed R13's documented weights on the facility's weight report. V2 stated R13 is trending weight loss, and will need to be evaluated by V24 to determine if R13's tube feedings need adjusted. At 1:13 PM, V2 stated R13's enteral tube has two ports each labeled with j-tube and g-tube. R13's feedings are administered through the g-tube, and if the tube is clogged, the nurses should notify the physician and send R13 to the hospital, and this should be documented in a nursing note. At 3:50 PM, V2 provided R13's meal intakes and confirmed missing entries. V2 stated R13 does not have NPO (nothing by mouth) orders, and V2 was unaware R13 was taking anything by mouth. V2 stated the Certified Nursing Assistants (CNAs) should be recording meal intakes for each meal. V2 was not able to locate a December weight for R13, R13's weights listed on the facility's weight report are not documented in R13's medical record, and there are no documented weekly weights for R13. V2 confirmed the weights on the facility weight report do not identify the date the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 15	S9999		

weights are obtained.

On 12/27/23 at 1:23 PM, V26, Dietary Manager, stated V26 didn't think R13 receives any nutritional supplements, and supplements would be listed on the resident's meal tray card. V26 went into the kitchen and viewed R13's tray card, which documented heart healthy diet, minced and moist, and did not list any supplements. V26 stated the Dietitian recommendations are communicated to V26 or the nursing department, and then nursing gives a paper form to Dietary to implement the recommendations.

On 12/28/23 at 5:00 AM, V21, Agency Licensed Practical Nurse, stated R13 has three different ports of the enteral feeding tube, and the g-tube and j-tube are labeled. V21 stated they have been giving bolus feedings of 275 ml through R13's g-tube, with 300 ml water flushes at 8:00 PM and 6:00 AM. At 6:25 AM, V21 stated that when the facility ran out of R13's enteral tube feeding bags, R13's feedings were changed to bolus feedings.

On 12/28/23 at 10:16 AM, V26 stated, "The CNAs should be recording nutritional supplements on the meal intake sheets. Diet orders should be part of the residents chart. These orders should be documented on the resident's Physician's Orders Summary. The order should include the type of diet and any nutritional supplements."

On 12/28/23 at 10:20 AM, V25 stated R13's g-tube has been clogged. V25 was not sure when R13's g-tube became clogged, but it was during V25's leave of absence. V25 returned to work on 12/14/23, and was told R13's g-tube was clogged. V25 stated some of the nurses have been confused and have asked which port is the j-tube and g-tube.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 16 On 12/28/23 at 10:55 AM, V24, Registered Dietitian, stated, "When (R13) first admitted, staff reported that (R13) was eating by mouth more, and the physician decreased (R13's) tube feeding amount. Since then, (R13's) feeding has been increased due to (R13) not eating as much." V24 confirmed R13's September and October significant weight loss. V24 stated the facility has not been good about obtaining and monitoring resident weights. V24 stated they reviewed R13's significant weight loss again in October, and the staff should have reported R13's poor oral intakes so that R13's tube feedings could have been adjusted. V24 stated, "Staff should record total volumes of enteral feedings administered and meal intakes, and this information is reviewed to determine tube feeding adjustments. In September, the physician changed (R13's) feeding duration, which was not enough to meet (R13's) nutritional needs." V24 stated V24 has told the nursing staff to report to V24 within 24 hours of physician ordered changes to enteral feedings, and the facility has an ongoing problem with not implementing/following up on Dietitian recommendations, and therefore hasn't been able to keep a Dietitian, and this affects the residents. V24 stated V24's reports are submitted by facsimile/electronic mail to the facility's nursing and Dietary departments, as well as the Corporate Regional Dietitian. V24 stated V24 expects the facility to follow up with the physician to implement V24's recommendations. V24 stated V24 verbally tells the floor nurses and provides them with handwritten notes of V24's recommendations so they can follow up. V24 stated R13 requires the tube feeding to meet R13's nutritional needs, which R13's oral intake does not cover due to eating minimal amounts. V24 stated V24 was not notified right away when	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 17	S9999		

R13's feedings were recently changed from the pump to 275 ml bolus feedings, and this is not enough to meet R13's nutritional needs, so V24 recommended 350 ml bolus feedings with water flushes six times per day. V24 stated not administering this recommended amount puts R13 at risk for dehydration and continued weight loss. V24 stated the nurses reported on 12/15/23 R13's g-tube was clogged, so they were administering bolus feedings through the j-tube. V24 stated, "It is inappropriate to give bolus feedings through a j-tube, as the jejunum can not handle large bolus feedings since the feedings do not go through the stomach. This can hurt the jejunum and cause hypoosmolality (low levels of electrolytes, protein, and nutrients in the blood). This can cause diarrhea and puts (R13) at risk for dehydration and continued weight loss." V24 stated V24 wrote out instructions for R13's feeding to be administered by pump through the j-tube or bolus through the g-tube. V24 stated, "In November 2023, a recommendation was made for (R13) to have a frozen nutritional supplement with meals for weight loss/nutrition, and this should still be a current intervention. For new admissions, the facility should monitor weights for a few days or weekly, and (R13's) significant weight loss absolutely could have been avoided if they had been routinely monitoring (R13's) weight."

On 12/28/23 at 1:27 PM, V1, Administrator, stated V1 does not receive a copy of the Dietitian's visit reports, and the facility is unsure who the reports have been submitted to.

2. R17's December 2023 Physician's Order Summary documents to administer Glucerna 350 ml per g-tube four times daily at 6:00 AM, 11:00 AM, 4:00 PM, and 10:00 PM, and administer 300

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 18	S9999		

ml water flushes per g-tube six times daily at 12:00 AM, 6:00 AM, 11:00 AM, 4:00 PM, and 10:00 PM. There are no documented orders for water flush amounts to be given with medication administration. The telephone order, dated 1/3/23, documents may substitute Jevity for Glucerna when unavailable. This order does not identify Jevity 1.2 cal or 1.5 cal.

R17's Dietitian Progress Note, dated 12/15/23, documents Glucerna 1.2 cal 350 ml per g-tube four times daily with 300 ml water flushes six times daily and Glucerna is ordered due to R17 being diabetic. This note documents R17 may benefit from additional water flushes of 100 ml before/after feedings four times per day to equal 800 ml, and 30 ml before and after medications three times daily. There is no documentation in R17's medical record that the Dietitian recommendations noted on 12/15/23 were followed up on or that a Dietitian was consulted when R17's feeding orders were changed on 1/3/23.

On 1/3/24 at 12:28 PM, R17 was lying in bed. There was a bottle of Jevity 1.5 cal nutritional formula on R17's night stand. At 3:36 PM, V32, Registered Nurse, administered R17's scheduled tube feeding. There was a graduated cylinder with 300 ml of water on R17's night stand. V32 poured 350 ml of Jevity 1.5 cal into another graduated cylinder. V32 administered approximately 30 ml of water into a 60 ml syringe by gravity flow into R17's g-tube. V32 administered 350 ml of Jevity 1.5 cal followed by the remaining water.

On 1/3/24 at 3:47 PM, V32 stated 20 ml of water is administered before/after R17's medication administrations, which is twice daily. V32 stated R17 does not have specific water flush orders for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ____ B. WING ____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 19 medication administration. V32 stated V32 notified the Nurse Practitioner today when R17 ran out of Glucerna. V32 stated V32 did not notify the Dietitian because V32 did not have the Dietitian's contact information. V32 reported R17's feeding change to V2, Director of Nursing, and V2 said V2 would contact the Dietitian. On 1/3/24 at 4:26 PM, V2 stated V2 was unaware R17's feeding had been changed today, and V2 did not notify the Dietitian of changes in R17's feeding. The facility's Weight Monitoring policy, dated as revised October 2014, documents monthly weights are obtained by the CNAs by the 5th of each month and a monthly weight report is printed by the 8th of the month to be reviewed by the Dietary Manager and DON. Reweighs are obtained for significant weight changes and the monthly weight report is finalized by the 10th of each month. Weights are recorded on the resident's Report of Monthly Weight and Vitals form. The dietitian should be notified of significant weight changes and the physician notified using the MD (Medical Doctor) notification of weight change form. The dietitian shall document nutritional recommendations in the dietary progress notes on a monthly basis. Nursing staff are responsible for reporting the dietitian's recommendations to the physician to obtain new orders for implementation. Significant weight changes are documented on the care plan and should include interventions and approaches. Residents who are at risk for weight loss will be weighed weekly for at least four weeks and then monthly once the weight has stabilized. New admissions and readmissions will be weighted weekly for at least four weeks and then monthly if	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ____ B. WING ____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 20	S9999		

weight remains stable.

The facility's undated Nursing Documentation Guidelines documents to record the amount of food/fluids consumed for each meal, record refusals and the reason why, and if substitutions were offered and consumed. Tube feeding documentation includes the amount of feeding administered. Weight documentation includes the date and time obtained, weight variations, reason for variation, physician notification/response, and interventions to address weight loss/gain.

The facility's undated Nursing Documentation Guidelines documents tube feeding documentation includes accurate intake and output data, amount of feeding administered, and any problems with the feedings. Weight documentation includes weight variance notification to the physician, the physician's response, and implemented interventions. This policy documents not to wait until the physician's next scheduled visit to report problems.

The facility's Enteral Feedings policy, revised April 2016, documents a physician's order must be obtained prior to initiating tube feedings. The Dietitian will assess the resident's nutritional needs and make recommendations. The nursing staff is responsible for communicating the dietitian's recommendations to the physician and consulting with the Dietitian when there are changes in tube feedings. Tube placement is confirmed through aspiration of residual or air rush when unable to perform aspiration. Placement should be checked prior to flushing, medication administration, initiating feedings, after vomiting or suctioning, and as needed. Weight fluctuations will be reported to the dietitian and physician to determine appropriateness of

S9999 Continued From page 21 S9999

feeding.

(B)

3 of 3

300.810 a)
300.1210 b)
300.1210 d)4)A)
300.1210 d)4)C)
300.1210 d)4)D)
300.1220 b)1)
300.1220 b)7)

Section 300.810 General
a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least one staff member awake, dressed, and on duty at all times.

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 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:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 22	S9999		

4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:

A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.

C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.

D) Each resident shall have clean bed linens at least once weekly and more often if necessary.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

1) Assigning and directing the activities of nursing service personnel.

7) Coordinating the care and services provided to residents in the nursing facility.

These requirements are not met as evidenced by:

Based on observation, interview, and record review, the facility failed to have adequate staff to meet the needs of the residents. This failure affects 9 of 15 resident's (R2, R4, R5, R6, R8, R9, R12, R13, R15) reviewed for staffing on the sample list of 19. This failure resulted in R13 being found tearful, incontinent ,and unclothed on the floor - on two separate occasions, one with R13 being left on the floor for at least 5 hours.

Findings Include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ____ B. WING ____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 23	S9999		

Continued From page 23

The facility's Resident Council notes, dated 10/10/23, documents under old business call lights aren't being answered. Under new business documents concerns with staffing to answer call lights and requesting at least two Certified Nursing Assistants (CNAs) at night. The facility's Resident Council notes, dated 11/14/23, document CNA's tell the residents they have to wait when they request to use the bathroom which causes accidents (incontinence).

The facility's Facility Assessment, dated 12/15/23, documents the facility has an average daily census of 49 residents, and the facility needs 36 hours of licensed nurses per day and 120 hours of CNAs per day.

On 12/27/23 at 3:39 PM, V33, Resident Care Coordinator/Infection Preventionist, stated V33 completes the nurse and CNA schedules. V33 schedules two nurses for day shift and one nurse for night shift, which are twelve hour shifts, and there is an additional nurse scheduled for 6:00 PM to 10:00 PM. V33 stated, "The CNA staffing is based on census and we try to run four to five CNAs on for the 6:00 AM to 6:00 PM shift, two to three CNAs on the 6:00 PM to 6:00 AM shift, and one CNA that works from 10:00 PM to 6:00 AM." V33 stated the minimum should be four CNAs on days and evenings, and two to three CNAs for night shift.

1. R13's MDS (Minimum Data Set), dated 12/6/23, documents R13 has moderately impaired cognition and is dependent on staff for toileting and transfers.

On 12/20/23 at 3:09 PM, V18, Agency LPN (Licensed Practical Nurse), reported on 12/14/23,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ___ B. WING ___	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 24	S9999		

R13 was naked on the floor with feces "all over" R13, and tears in R13's eyes. V18 stated R13 had been in R13's room, but had some how gotten on the floor then rolled down part of one hall, and down the other hall to the nurses station. V18 stated there was initially two CNA's on duty, however, V5, CNA (Certified Nursing Assistant), refused to assist with getting R13 off the floor and cleaned up, so V18 had V5 clock out and go home, leaving only one CNA in the building until day shift arrived at 6:00 AM.

On 12/28/23 at 5:00 AM, V21, Agency LPN who was also scheduled on 12/14/23, confirmed R13 was on the floor naked and had been incontinent of a bowel movement. V21 stated R13 was originally observed on the floor between 7:00 PM and 8:00 PM on 12/13/23, and was gotten up off the floor and cleaned up on 12/14/23 between 1:00 AM and 3:00 AM. V21 explained V21 assisted V18 with the mechanical lift to get R13 off the floor and cleaned up due to V5, CNA (Certified Nursing Assistant), refusing to help and being sent home. Confirmed after V5 left the facility, there was only one CNA in the building until day shift arrived at 6:00 AM.

2. The Daily Staffing Assignments document the following: 12/16/23 - V18, Agency LPN (Licensed Practical Nurse), V2, DON (Director of Nursing) and V15, CNA, were the staff working from 6:00 PM - 6:00 AM and V2 was working as a CNA. 12/17/23 - V6 CNA, V9 CNA, V10 CNA and V11 CNA were the staff working 6:00 AM - 6:00 PM.

R6's Minimum Data Set (MDS), dated 9/6/23, documents R6 has moderate cognitive impairment and is dependent on staff for transfers and hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ___ B. WING ___	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 25	S9999		

R5's MDS, dated 10/1/23, documents R5 has moderate cognitive impairment and is dependent on staff for transfers and toileting.

On 12/20/23 at 5:05 AM, V1, Administrator, stated V2, DON (Director of Nursing), came into work on Saturday night into Sunday (12/16-12/17/23) and worked the floor as a CNA, due to the scheduled CNA being a no call/no show, leaving only one CNA in the building after 6:00 PM with one nurse, but V2 didn't arrive to the facility until around 1:00 AM. V1 explained with only one CNA from 6:00 PM until around 1:00 AM, some residents (R2, R5 and R6) were not laid down and were up all night.

On 12/20/23 at 8:35 AM, V15, CNA, stated V15 came into work at 6:00 PM on 12/16/23, and worked until 6:00 AM on 12/17/23. V15 stated V15 was the only CNA in the building from 6:00 PM until around 12:00 Am, when V2 arrived at the facility to work as a CNA. V15 explained V15 was still trying to put residents to bed on V15's side of the building, opposite of where R2, R5 and R6 reside, when V2 arrived, so V15 told V2 that V15 would assist with whatever V2 needed, however, V15 was still putting residents to bed, and V2 never asked for V15's assistance. V15 stated V15 knows for a fact R2, R5 and R6 were still up when V2 arrived at the facility, however, V18, Agency LPN (Licensed Practical Nurse), said V18 would put R2 and R6 to bed. V15 stated V15 is unsure if that happened or not, because when V15 left the facility at 6:00 AM on 12/17/23, R5 was still sitting up in the wheelchair.

On 12/20/23 at 9:27 AM, V6, CNA, stated upon arriving to work at 6:00 AM on 12/17/23, R2, R5 and R6 were still up having not been laid down at night, nor cares provided to them. V6 explained

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 26	S9999		

R2 and R6's room was the first room V6 checked, and R2 was lying in bed, fully clothed and saturated in urine. R2 was in bed, but still had the mechanical lift sling under R2. R6 was still up in the wheelchair, dressed with a mechanical lift sling under R6 and the mechanical lift in front of him. V6 stated R6 normally doesn't get up until either right before breakfast or sometimes even after lunch, so V6 asked R6 what R6 was doing up so early, and R6 reported he had been up all night and hadn't been laid down yet. R6 also reported R2 had just been laid down approximately one hour prior to this. R6 had stated V2, DON, told R6 V2 hurt V2's back, so V2 wasn't going to be laying R6 down. V10, CNA, was with V6 at the time, and heard what R6 said. After providing cares to R2 and R6 and leaving the room, R4's call light was on. Upon entering R4's room, R4 had feces all over, R4's colostomy supplies were sitting on the bed but not on R4. R4 reported V2, DON, was in/out of R4's room for the past 3 hours saying V2 was going to put the ostomy back on R4 and never did.

On 12/26/23 at 9:41 AM, R6 stated the facility has had only two nurses and one CNA working within the last two weeks. There were staff scheduled to work, but they had called off due to COVID-19. One of the nurses told R6 and R2 she would lay them down after she was done passing medications, but both R2 and R6 were left up until 7:00 AM the next morning. R6 stated R6 was left sitting in feces and urine for three hours that night.

On 12/26/23 at 10:17 AM, R5 stated the facility doesn't have enough CNAs and nurses. There was one night within the last few weeks where the facility had only one nurse and one CNA on night shift. R5 was left up all night, was incontinent, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ____ B. WING ____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701

(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 27	S9999		

was not provided incontinence cares. R5 wanted to stay up that night, but R5 wanted to be changed and gotten back up. R5 turned on R5's call light around 8:00 PM, and an unidentified CNA responded and told R5 that they were the only CNA working, and had 45 residents to care for and the CNA never returned to lay R5 down or change R5.

On 12/20/23 at 11:10 AM, R2 confirmed R2 had not been placed to bed the night of 12/16/23 stating R2 was "pretty much up all night and placed to bed right before breakfast". R2's MDS, dated 12/12/23, documents R2 has moderate cognitive impairment, requires maximal assistance from staff with toileting hygiene, and is dependent on staff for toilet transfers.

On 12/20/23 at 11:14 AM, V9, CNA, stated V9 arrived at work on 12/17/23 at 6:30 AM, and confirmed the reported condition of R2, R4, R5 and R6 by V18, V15 and V6.

On 12/20/23 at 1:13 PM, V10, CNA, stated upon arriving to work on 12/17/23 around 6:15 AM, V2, DON, was there working as a CNA along with V15, and V18 was the nurse. V10 stated R5 was sitting up in the wheelchair in the dining room with "blood shot eyes" and reported R5 had been up all night. V10 also stated R5 was up in the chair, soaked in urine, had a puddle of urine on the floor underneath R5, and had reported R5 had not been laid down. R5 reported R5 asked "the new girl", later identified as V2, DON, to lay R5 down, but V2 was too busy and didn't; V2 just "avoided me (R5) all night". V10 stated V10 then noticed R3 in bed with R3's clothing still on, and was soaked in urine, including the bed. "The entire hall smelled like urine and feces." R6 was up in the chair and reported R6 hadn't been laid down

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ________ B. WING ________	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 28	S9999		

yet, he was soaked in urine as well. R6's roommate, R2, was lying in bed, on the sling soaked in urine and feces. V10 stated after leaving R2 and R6's room, R4's light was on and R4 yelled out for help. R4's colostomy bag was laying on the bed. R4 had dried crusty feces smeared across R4's chest. R4 "was fuming mad" and reported V2 had come in three different times over three hours and kept saying V2 was going to return, to put the colostomy bag back on, but never did. "(R4) was darn near in tears." V10 then stated V10 went into R13's room, and noticed R13, who is paralyzed on one side "on the cold concrete floor. (R13) was a complete filthy mess too, covered in feces. (R13) had a (incontinence brief) on that was half off of him, not even a gown and was crying."

R4's MDS (Minimum Data Set), dated 10/14/23, documents R4 is cognitively intact and is dependent on staff for toileting.

On 12/26/23 at 9:22 AM, R4 stated, "Last weekend, there were issues with staffing, there was one CNA and one Nurse, so (V2, DON) was called in to help." R4 explained R4 needed R4's ostomy replaced and "(V2) came in, cut the ring (to the disc/wafer) and left. I turned the call light on and told (V2) that I needed help, but (V2) left again and never came back." V2 had told R4 to turn the call light on if V2 didn't come back, so R4 did, "but nobody answered my light. The first shift CNA's ended up putting the wafer and bag on." R4 explained R4 was without the colostomy bag all night.

3.) On 12/26/23 at 9:55 AM, R8 stated the facility doesn't staff enough nurses and CNAs, and sometimes the staff doesn't answer R8's call light. R8's Minimum Data Set (MDS), dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ___ B. WING ___	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 29	S9999		

9/5/23, documents R8 is cognitively intact and requires supervision to limited assistance with activities of daily living.

On 12/26/23 at 11:30 AM, R9 stated the facility does not have enough CNAs, and R9 has to wait a long time when R9 requests to use the bedpan. Sometimes R9's call light is on for almost an hour on both day and night shifts. R9 stated R9 does not have a gallbladder, so R9's bowel movements come on quickly. R9 has also had to wait an hour or more to be taken off of the bedpan. R9 stated there have been several nights the facility has had one nurse and one CNA for night shift due to the staff being out sick. R9 admitted to the facility in November 2023, and has not had a shower/bed bath since R9 admitted. R9's hair appeared dark and greasy. R9's MDS, dated 11/20/23, documents R9 is cognitively intact. R9's Baseline Care Plan, dated 11/8/23, documents R9 requires assistance of two for bed baths and toileting.

On 12/26/23 at 1:00 PM, R12 stated the facility doesn't have enough CNAs and nurses, and it takes a long time to answer R12's call light. R15, R12's roommate, stated, "A lot of times there's only one nurse and one CNA on night shift, and they need more staff." R15 stated it takes longer to answer R15's call light when they are short staffed, the staff apologize that it has taken so long to answer the call light, and say it is due to being short staffed. R12's MDS, dated 9/24/23, documents R12 is cognitively intact and requires extensive assistance to dependence on staff for activities of daily living. R15's MDS, dated 12/8/23, documents R15 has moderate cognitive impairment and requires substantial/maximal assistance of staff for toileting, hygiene, dressing, and bathing. R15 is dependent on staff for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ____ B. WING ____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 30	S9999		

transfers.

On 10/26/23 between 9:10 AM and 10:39 AM, there were three CNAs and two nurses observed working in the facility.

The facility's Daily Assignment Sheets, dated 12/13/23-12/28/23, document the facility had three CNAs for dayshift on seven days,

4.) R5's MDS, dated 10/1/23, documents R5 has moderate cognitive impairment, is dependent on staff for toileting and transfers, and is frequently incontinent of urine.

On 12/26/23 at 10:17 AM, R5 was sitting in the dining room and there was a puddle on the floor underneath of R5's wheelchair. R5's pants were wet. R5 stated the puddle is urine, and R5 has frequent incontinence due to taking a "water pill". R5 propelled R5's wheelchair into R5's room. R5 stated R5 requires one to two staff assistance for toileting and incontinence cares. R5 has been wet for about an hour and has not reported this to anyone. R5 stated the facility does not have enough CNAs and nurses, specifically on evening and night shifts. R5 stated there were only two CNAs working this morning, so R5 was late getting out of bed. R5 was last changed around 7:30 AM -8:00 AM. R5's call light was activated at 10:32 AM to request incontinence cares. At 10:43 AM, R5 was in R5's room. There was a puddle on the floor underneath R5's wheelchair. At 10:54 AM, V10, CNA, entered R5's room with the sit to stand lift and provided R5's incontinence cares and changed R5's pants. R5's brief and pants were saturated with urine.

On 12/26/23 at 11:07 AM, V10 stated V10 and V9 were the only two CNAs working this morning

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000996	A. BUILDING: ______ B. WING ______	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLOOMINGTON REHABILITATION & HCC	**1925 SOUTH MAIN STREET BLOOMINGTON, IL 61701**

(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 31	S9999		

until 7:30-8:00 AM when V11 arrived. "There were two CNAs that had called off today so we were behind this morning due to staffing. Residents should be checked and provided incontinence care every two hours or more frequent if the resident requests." V10 confirmed R5 was last checked for incontinence when R5 got up around 7:30-8:00 AM.

(B)