AND PLAN OF CORRECTION IDENTIFICATION NUMBER: IL6003065		A. BUILDING:		COMPLETED 12/06/2023	
		B. WING			
	PROVIDER OR SUPPLIER	55 FERRE	DRESS, CITY, S ELL ROAD RE, IL 62982	TATE, ZIP CODE	
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	ULD BE COMPLETE
S 000			S 000		
			S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

BYIA11

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 IL6003065 12/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 FERRELL ROAD **ROSICLARE REHAB & HCC** ROSICLARE, IL 62982 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PROVIDER'S PLAN OF CORRECTION m (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable This includes the resident's abilities to bathe dress, and groom; transfer and ambulate; toilet: eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide assistance with eating for 1 (R30) of 4 residents reviewed for nutrition out of a sample of 38. This failure resulted in R30 having a significant weight loss of 14.8% in 6 months. The Findings Include:

Illinois Department of Public Health

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		IL6003065	B. WING		12/06/2023	
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
ROSICLA	ARE REHAB & HCC		ELL ROAD RE, IL 62982	2		
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
S9999	Continued From pa	Continued From page 2				
	R30's Minimum Data Set (MDS) documents a most recent admission date of 11/25/22. The November 2023 Physician Orders includes the following diagnoses: Chronic Obstructive Pulmonary Disease, Hypertension, malignant neoplasm of eye, and dementia. Current Diet order is listed as regular diet. R30's care plan with a goal date of 2/24 lists a goal that resident weight will be a proper Body Mass Index (BMI). Interventions with a start date of 3/15/23 is listed for the following: serve diet as ordered and tolerated, see orders/tray card for current diet, set up tray per resident preference, Ensure proper/comfortable positioning at table, record intake for each meal, and offer substitutes for foods not eaten, note any reporting chewing/swallowing difficulties or changes in habits or intake and notify nurse for follow up with physician, allow use of clothing protector per resident/family preference, encourage the resident to participate to the fullest extent possible with each interaction, praise all efforts for eating/nutritional care. An intervention with the start date 3/15/23 is to use lids on coffee cups to prevent spills. R30's report of monthly weight and vitals for the 2023 year lists the following weights: June 2023					
	is 135 pounds, July 2023 is 125 pounds pounds, October 20 November 2023 is	following weights: June 2023 2023 is 131 pounds, August 3, September 2023 is 123 023 is 119 pounds, and 115 pounds. R30 has had a less of 14.8% over the last 6				
	stated that R30 doe supplements ordere	O AM, V1 (Administrator) es not have current ed due to poor intake of those tated that several different				

Illinois Department of Public Health

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 IL6003065 12/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 FERRELL ROAD

(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		
	types had been trialed.			
	R30's Skilled activities of daily living (ADL)	-		
	reports that are filled out by the CNAs (Certified Nursing Assistants) for June and July for eating	-		
	are coded daily as an 'S' which is described on	-		
	the form to be: Set Up/Clean Up by helper but			
	resident completes the ADL on own. The ADL	-		
	assist report for June and July is coded as a '1'			
	for all meals that is defined as '1' being supervision (oversight, encouragement or			
	cueing). August ADL assist report documents			
	R30 is coded as a '1' and '2.' A '2' is defined as			
	being limited assistance (resident highly involved			
	in activity and staff provide non-weight bearing			
	assistance). The August ADL report lists R30 as an 'S' or a 'V' (verbal cueing/supervision/touching,			
	helper may touch/steady/contact guard). The			
	September skilled ADL report lists R30 as an 'S'			
	all month except one meal she refused. The			
	September ADL assist report documents R30 as being a '2' for eating. The October skilled ADL			
	sheet documents that R30 is coded as an 'S' for			-
	eating and no skilled ADL assist report was			
	provided. November 2023 skilled ADL report was			
	coded as an 'S' for R30, and no skilled assist			
	report was provided.			
	R30's Minimum Data Set (MDS) dated 8/30/23 is			
	a quarterly assessment and codes eating as R30			
	requiring set up or clean up assistance, set up or			
	clean up provided, resident completes activity. The annual MDS with a 12/1/23 acceptance date			
	is coded the same as the 8/30/23 quarterly.			-
	These documents also show that R30 has a			***************************************
	BIMS (Brief Interview for Mental Status) score of			***************************************
	4, which indicates severe cognitive impairment.			
	On 12/1/23 at 10:30 AM, V15 (Regional MDS			-
	Coordinator) stated that the MDS's are coded			

Illinois Department of Public Health

BYIA11

PRINTED: 01/08/2024 FORM APPROVED 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 IL6003065 12/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 FERRELL ROAD **ROSICLARE REHAB & HCC** ROSICLARE, IL 62982 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 based on the CNA daily ADL report and ADL assist report. V15 stated that she is not in the building daily, as she is a regional MDS coordinator. V15 further stated that prior to taking on a regional position she was the floating MDS coordinator for this facility, so the facility has not had a full-time person in the MDS position for some time. V15 stated that she guestions what can be done if many residents need assistance with eating because they do not have enough CNAs to do that and they are looking at reducing the nursing hours. On 11/29/23 at 11:50pm, R30 was in her room with lunch tray and drinks on the bedside table. R30's tray contained the regular diet of pulled pork, macaroni and cheese, butternut squash, and fruit cup (strawberries in juice/syrup and bananas). R30 was lying in bed with eyes closed. Observations of R30 conducted at approximately 15-minute intervals revealed R30 not attempting to eat, tray still untouched at bedside. No staff were observed going in the room to encourage her to eat or offer assistance. Housekeeping was noted entering in room at approximately 12:45PM cleaning up soda that R30 had spilled on the floor. R30 was awake and sitting up with bedside table & tray in front of her at this time but had still not taken any bites of food. At 12:52 PM, R30 started eating her fruit cup with her fingers, which contained cut up strawberries in a juice/syrup. despite having rolled up silverware in front of her. After finishing this, R30 did not attempt to eat any

Illinois Department of Public Health

of the other food items on her tray. At

approximately 12:58pm, V4 and V8 (CNAs) came to room. When asked at this time if R30 requires assistance with eating, V4 stated no she didn't. When asked about R30 eating the strawberries in juice/syrup with her fingers despite having silverware and pointing out the fact she did not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			COMPLETED	
		IL6003065	B. WING		12/	06/2023
	PROVIDER OR SUPPLIER ARE REHAB & HCC	55 FERRE		TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	attempt to eat any yes R30 has been any alternative food picked up with only On 11/30/23 at 11:5 dining table with lur and vegetable bein 11:55am to 12:20pr of her, not eating, vencouraging her to 12:20pm, R30 was jelly sandwich (white for her tablemate (leating it. At 12:29p Nurse/LPN) began the sandwich, and of the sandwich un On 12/01/23 at 11:3 sleeping laying acre feet hanging over the sandwich of the room laced in her room resident remained a housekeeping was from R30's room. The silverware was and the drinks still intermittent observation throughout the luncation of 12/01/23 at 12:47PM and R30 an untouched tray assistance.	other meal items. V4 stated, declining. R30 was not offered d items before her tray was the fruit cup eaten. 55PM, R30 was observed up to not meal of taco salad, rice, g served at this time. From m, R30 sat with meal in front with no staff prompting or eat the taco salad meal. At brought a peanut butter and ch had been requested by staff R5), but R30 still sat without orm, V7 (Licensed Practical verbally prompting R30 to eat she responded by taking bites til she finished it.	S9999			

Illinois Department of Public Health

BYIA11

PRINTED: 01/08/2024 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: R WING IL6003065 12/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 FERRELL ROAD **ROSICLARE REHAB & HCC** ROSICLARE, IL 62982 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 6 S9999 removing R30's tray from the room and acknowledged that the tray had not been touched, the silverware remained wrapped, the cover was still on the plate as well as the lids on the drinks. R30 was still sleeping at this time. R30's nutritional assessment signed off on 11/17/23 by V16 (Regional Dietitian) documents the following: weight of 115.7 pounds is below acceptable BMI (Body Mass Index) range of (21.92)-underweight or age with significant weight loss noted for 6 months (15.55%). Resident diet/supplement prescription is noted above and resident feeds self. Oral intake is reported as approximately 25-50% of most meals per the November intake log. Varied oral intake may alter weights. R30's food and fluid intake sheet for November 2023 shows a varied intake of 0-100%, with the resident usually showing an intake of 25-50%. On 12/5/23 at 12:56 PM, V16 (Regional Dietitian) stated that when she is in the facility, she observes mealtimes, reviews charts, and speaks with residents. V16 stated that she had not witnessed the issues survey staff have observed this week with R30 not eating. V16 stated that what she had seen was that R30 was able to feed herself. V16 said that CNAs fill out the ADL sheets and that is how the care plan and MDS are filled out to determined how residents are to be assisted. V16 stated she trialed all the

Illinois Department of Public Health

different supplements for R30 and said that she had not been made aware that R30 needed assistance and was not eating on her own anymore. V16 stated she was just told R30 had poor intake. V16 said she would expect staff to tell her if there were any issues with residents needing more assistance, then see if adding that as an intervention would improve intake and

RYIA11

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	IL6003065		B. WING	12/	06/2023		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 55 FERRELL ROAD ROSICLARE, IL 62982							
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
	ontinued From pa abilize R30's weig		S9999				

Illinois Department of Public Health STATE FORM