

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008759	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2024
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NAME OF PROVIDER OR SUPPLIER SOUTHGATE HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST NINTH STREET METROPOLIS, IL 62960
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S 000	Initial Comments Complaint Investigation: 2457635/IL178341	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.1220b)3) 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 300.1010 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	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Electronically Signed

TITLE

(X6) DATE
10/21/24

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S9999	<p>Continued From page 1</p> <p>plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to monitor weights and implement interventions to prevent weight loss for 1 of 3 (R3) residents reviewed for nutrition in a sample of 8. This failure resulted in R3 sustaining 9.5% weight loss in less than 1 month and a 14% weight loss in less than 3 months.</p> <p>Findings include:</p> <p>R3's "Admission Record" documents an admission date of 9/6/2024 with diagnoses including Chronic Obstructive Pulmonary Disease (COPD), Mild protein-calorie malnutrition, Pulmonary Hypertension, Parkinson's Disease, and Repeated Falls.</p> <p>R3's Minimum Data Set (MDS) dated 8/3/2024 documents a Brief Interview for Mental Status (BIMS) score of 13 indicating R3's cognition is intact. Section GG, Functional Abilities, indicates R3 requires set up or clean up assistance with eating. Section K, Swallowing/Nutritional Status, documents that R3 weighs 180 lbs, R3 has had a gain of 5% or more in the last month or a gain of 10% or more in the last 6 months, and R3 is not on a physician-prescribed weight-gain regimen.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R3's "Monthly Weight Report" documents a weight for August 2024 of 181.2 lbs September 2024 of 174 lbs. R3's "Weights and Vitals Summary" in the Electronic Health Record documents R3's weight on 7/1/24 was 189.2 lbs, 7/8/24 was 187 lbs, 7/15/24 of 183 lbs, 7/22/24 of 180 lbs, 8/5/24 of 181.2 lbs, 8/26/24 was 179 lbs (pounds), on 9/6/24 was 174 lbs, on 9/10/24 was 170.4 lbs, and on 9/23/24 was 166 lbs. A handwritten note on this same report documents a corrected weight of 162 lbs on 9/24/24. The documented weights from 8/26/2024 to 9/24/2024 indicate that R3 had a 9.5% weight loss in less than 1 month. The documented weights from 7/1/24 to 9/24/24 indicate that R3 had a 14% weight loss in less than 3 months.</p> <p>R3's Care plan includes a focus area (with a revision date of 4/27/2024) of R3 was admitted with history of weight loss with frequent poor intakes and diagnosis of malnutrition. IBW (Idea Body Weight) is 151 pounds-163 pounds. The documented Goal (with revision date of 8/14/2024) of R3 will maintain weight of 154 pounds or more through next review with target date of 11/15/2024.</p> <p>R3's "Order Summary Report" with active orders as of 9/24/24, documents diet of Mechanical Soft Texture, honey consistency liquids and ground meat with an order date of 9/23/2024 and an order dated 9/24/24 for Arginaid 2 times a day for wound healing. There were no other orders documented on the "Order Summary Report" for nutritional supplements.</p> <p>R3's Most recent Nutritional Assessment dated 4/25/2023, documents assessment as "Annual Assessment". R3's weight documented on</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>assessment is 186.2 lbs, height 70 inches with BMI of 26.7. Ideal Body Weight 149 pounds-183 pounds. Diet is documented as Regular, mechanical soft with honey thick liquids. The same assessment documents there have been significant weight changes, marked as weight gain of 1.5% in one month. R3's feeding ability is marked as self-fed after tray set up and documents a goal of weight maintenance by monitoring weekly weights. This Nutritional Assessment is signed by V 15 (Registered Dietitian).</p> <p>On 9/24/2024 at 12:50PM, R3 was observed resting in bed, refused interview. R3's bedside table was observed with a snack within reach. R3 had tray on the bedside table with approximately 25% of food consumed. There were no dietary supplements noted on R3's tray.</p> <p>On 9/24/2024 at 2:50PM, V15 (Registered Dietitian) was asked for notes for R3 in relation to his weight loss over the last 3 months from 187.6 to 162.0 as of today 9/24/2024. V15 was asked if she has seen R3 over the last 3 months due to his weight loss, V15 stated "I am seeing him today." V15 was asked how she determines who she sees. V15 stated she gets a list from the dietary manager. V15 was asked if she was aware of the weight loss over the last 3 months, V15 stated I guess I don't, but you should know to expect a weight loss on a resident with Parkinson's.</p> <p>On 9/24/2024 at 2:55 PM, V16 (Dietary Manager) stated she makes the list of residents for V15 to see with her visits to the facility. The list provided was reviewed with V15 and V16 and R3 was not on the list to be seen for the last 3 months. V16 stated R3 does get ice cream at times and</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>puddings but was aware there is no order to show this is being offered on a routine basis to promote weight gain.</p> <p>On 9/24/2024 at 3:00PM, V2 (Director of Nursing) provided a folder that contained monthly list of residents to be seen by V15 upon visits and verified R3 had not been placed on the visit list for V15 for the last 3 months. R3's nutritional assessment dated 4/25/23 was reviewed with V2. V2 stated R3 should have those assessments done quarterly. V2 stated she will make sure the weights are managed better and the list will reflect any weight losses. V2 verified R3 has ice cream under the "task" of the EHR (Electronic Health Record) but is not ordered to receive on a regular basis for weight promotion. V2 stated the weights were managed by V19 (Assistant Director of Nursing) who recently quit her job and V2 had to get weights caught up and reviewed appropriately. V2 stated R3 is on daily weights but was unsure when this was put into place and if so when this was used as an intervention. V2 was asked if R3's weight loss would be considered a significant weight loss and V2 stated "yes, it is." V2 stated "R3 has had frequent readmissions, and the ice cream and pudding did not get reinstated on one of the readmissions, we just missed it."</p> <p>On 9/24/2024 at 4:50 PM, this surveyor met with V2 and V4 (President/Owner) V4 stated V1 (Administrator) would be taking over the weight monitoring meetings and work with V2 to make sure the issues are addressed properly. V2 stated she was getting an order for ice cream and pudding for R3.</p> <p>The facility policy titled "Weight Loss" dated 3/31/2024, documents under "Purpose" that the</p>	S9999		

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S9999	Continued From page 6 facility will ensure that each resident maintains acceptable parameters of body weight, unless the resident's clinical condition demonstrates that this is not possible. Responsibilities documents, it is the DON, Quality Assurance, and Dietary manager to monitor the weight loss of residents. Under the section titled "Procedure", #2. e) Calculate weight losses and notify the resident's physician and dietitian if there has been a 1.) 5% weight loss in one month, 2) 7.5% weight loss in 3 months, 3) 10% weight loss in 6 months. (B)	S9999		