(X6) DATE

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PF

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		IL6009260	B. WING		08/0	2/2024
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
VANDAL	IA REHAB & HEALTH	CARE C	ST ST LOUIS A, IL 62471	AVENUE		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Health Surv	еу				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)2)					
	300.1210 d)3)					
	a) The facility of procedures governifacility. The written be formulated by a Committee consisting administrator, the a medical advisory confined in the policies shall complete the facility and shall by this committee, confided and dated minutes of the policies and dated minutes of the facility and shall by this committee, confided in the policies and dated minutes of the facility and shall by this committee, confided in the procedure of the pr	dvisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating I be reviewed at least annually documented by written, signed of the meeting.				
	Nursing and Persor b) The facility scare and services to practicable physica well-being of the reseach resident's com- plan. Adequate and care and personal of	shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal				
IIIi. D	tment of Public Health					

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

Electronically Signed 08/26/24

TITLE

STATE FORM If continuation sheet 1 of 13 KK1N11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				ATE SURVEY DMPLETED	
	IL6009260	B. WING		08/0	2/2024	
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE			
VANDALIA REHAB & HEALTI	1 CARE C	A, IL 62471	AVENOL			
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (COM		
and be knowledge respective resident d) Pursuant to nursing care shall following and shall seven-day-a-week 2) All treated be administered a 3) Object a resident's conditional changes determining care refurther medical evenade by nursing seresident's medical. These requirement Based on observative review, the facility supplementation at R15, and R4) of sinutrition in a samp significant weight. Findings include: 1. R3's face sheet of 02/19/2024, with kidney failure, chrowenous hypertens bilateral lower extra hyperuricemia with arthritis and tophaneoplasm of colon	t care-giving staff shall review able about his or her residents' t care plan. o subsection (a), general include, at a minimum, the be practiced on a 24-hour, a basis: attents and procedures shall so ordered by the physician. ive observations of changes in ion, including mental and so, as a means for analyzing and equired and the need for aluation and treatment shall be staff and recorded in the record. Its are not met as evidenced by: tion, interview, and record failed to provide nutritional is recommended for three (R3, x residents reviewed for le of 27. This failure resulted in	S9999				

Illinois Department of Public Health

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	CARE C 1500 WE	DDRESS, CITY, S' ST ST LOUIS .IA, IL 62471	•		
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S9999	R3's Care Plan dod "Nutrition", dated 04 resident has potent (related to) diet residated 02/27/24 stat to evaluate and marecommendations R R3's Dietician Revie AM, documents: risinclude advanced a BMI (Body Mass Intervaluation is > 65 y (<23.0) factors affer intake is fair-good, left hip surgical word own teeth, ambulate independent, alert, (Regsitered Dieticial current condition in not require addition Additional recomme 2020 calories, 88 g ml fluids - 1 ml/calo assessment. R3's Nutrition/Dieta 10:44 AM, docume note: Ht (height): 66 lbs (pounds) (mech index): 18.1 indicate weight was 141.2 lb a weight loss of 21. Spoke with (V3, Die inconsistent weight weight seems accu weight to assess w CCD (consistent ca added salt), regular	cuments a focus area titled 4/24/24, documents: "the ial nutritional problem r/t trictions with an intervention ing: RD (Registered Dietician) ke diet change PRN (as needed)." ew, dated 03/22/24 at 10:05 k factors for weight loss may ige and restrictive diet order, dex) is calculated as 22.8. BMI r/o (years old), underweight cting nutritional needs include: stage 3 wound left buttocks, und, stage 2 wound coccyx, ory/wheelchair, normal weight, advanced age. (V14) an/RD) reviewed evaluation of cludes: nutrition/weight does ial diagnosis at this time. endations may be necessary. rams protein - 1.2 g/kg, 2020				

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S9999	feeds self, no repord difficulties. Meds (no reviewed above. Pt-stage 3 to left butto surgical wound. Per Supplements recombreakdown and we adequate nutrition/lichange within 1 most acceptable to MD (wound healing. Plath (regular)/thin liquids protein with meals of Monitor wt intake, lath (Registered Dieticial R3's Nutrition/Dietat 10:37 AM, docume follow up/wound Note (mechanical lift) BM Admission weight with the months. Current die and regular liquids, per documentation, chewing/swallowing skin reviewed aboves tage 3 to left butto surgical wound. Per Supplements recombreakdown and we adequate nutrition/lichange within 1 most to MD 4. Improved continue CCD-NAS extra oz protein with healing. 3. Monitor Refer to RD PRN."	ge 3 Its of chewing/swallowing nedications), labs, and skin (patient) has multiple wounds tock, stage 2 coccyx and r (V3) pt refuses supplements. Inmended due to skin ight loss. Goals: 1. Maintain hydration, 2. stable wt/<5% is (month) period, 3. Labs medical doctor) 4. Improved ins: 1 continue CCD-NAS/Reg is. 2. Provide extra oz (ounce) to aid with wound healing. 3. abs, and skin 4. Refer to RD in PRN (as needed)." In Note, dated 06/21/24 at ints, "Note text: weight loss of an PRN (as needed)." In Y Note, dated 06/21/24 at ints, "Note text: weight loss of an PRN (30 lbs) x 4 ints, "Note text: weight loss of 21.8% (30 lbs) x 4 intakes are mostly 76-100%, feeds self, no reports of a difficulties. Meds, labs, and in the provided in the self in the supplement. In the mended due to skin in the self i	\$9999			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY MPLETED	
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VANDAL	IA REHAB & HEALTH	CARE C	ST ST LOUIS A, IL 62471	AVENUE			
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S9999	follow up/wound not (mechanical lift) BN No weight for July, ground meat and remostly 76-100% per no reports of chewing Meds, labs, and sk multiple wounds - scoccyx and surgical supplement. Supplement. Supplement. Supplement. Supplements of change with acceptable to MD 4 Plans: 1 continue Consistency of the Provide extra oz provide extra oz provide extra oz provide extra oz providements: not added salt, order for added salt, order for added prosummary Report. The facility documed documents: mechangork fritter with gray potatoes, 4 ounces peaches. On 07/29/24 at 12: scoop (3.25 ounces not receive the extra potatoes and receive the extra potatoes.	nts, "Note text: weight loss of te: Ht:66 in, Wt: 110.4 lbs of text of te	S9999				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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S9999	On 07/29/24 at 12:2 substituted mashed potatoes and the # the mechanical soft pork fritter. The facility docume documents: mechanground roast turkey gravy, #8 scoop mashussel sprouts, 1 et # 12 scoop warm beat 12:05 PM, R3 returkey. R3 did not relunch. The facility docume documents: mechange of juice, 1 secereal, 2 each eggs with icing, 8 fluid outs: 12 AM, R3 received for breakfast. There R3's tray. R3's food 07/31/24 a "3" for beat consumed 75 - 100. The facility documed documents: mechange of juice, 1 secereal, 1 slice saus slice softened toast and 3 fluid ounces R3 received 2 saus breakfast. There we tray. On 07/29/24 at 1:11 horrible here. I will interest and the same states and the same should be received 2 saus breakfast. There we tray.	ge 5 21 PM, V6 (Cook) stated they depotatoes for the scalloped 10 scoop is what is listed for the scallents to receive for the sent titled, "week 3 Tuesday" nical soft diet: 3 ounces with gravy, 2 ounces poultry ashed potatoes, 4 ounces each moistened roll/margarine, lueberry cobbler. On 07/30/24 ceived 3 ounces of ground eceive extra protein with his ent titled, "week 3 Wednesday" nical soft diet: 6 fluid ounces erving moistened choice of so, 1 each soft cinnamon rolls unces milk. On 07/31/24 at ed cereal and a cinnamon roll ewere no eggs observed on dintake record documents on breakfast indicating R3 10% of R3's breakfast. Sent titled, "week 3 Thursday" nical soft diet: 6 fluid ounces erving moistened choice of age breakfast pie with gravy, 1 to 1, 1 teaspoon margarine/jelly, milk. On 08/01/24 at 8:04 AM, age links and toast for ere no eggs observed on R3's leave a note to tell staff to put the and wake me up if I'm				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		VANDAL	IA, IL 62471			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	sleeping and they way food is sitting the already bad enough horrible, they are wegg stuff. The fried sometimes they are of oil they are using Sometimes the omnot, it is not hard to egg." R3 said he do learned to cook, but of the food here is the has no teeth, "what he can deal with trying to starve him more. R3 was alert On 08/01/24 at 8:0' Aide/CNA) stated Fivere served because rambled eggs, shanything else in pladoes not want the esausage links, the sausage links, the sausage links, the sausage links with fried and On 08/01/24 at 11: stated she is not avextra protein with a not on his dietary caware of it, and no given to nursing by physician because	vill not do it. I will wake up and lere and is cold, and it is h. The scrambled eggs are latery and make with that liquid eggs are ok sometimes, be brown, who knows what kind g back there to cook with. Letes are ok, and sometimes of make an omelet or fry an obes not know where the cook to it's not right. He stated some tough and he cannot chew it, what do they expect?" He eats with. He feels like they are here, he is used to eating to person, place, and time. 7 AM, V15 (Certified Nurse R3 did not get the eggs that se he does not like the ne stated they do not bring ce of the eggs if the resident eggs. R3 received two same as everyone else. 9 AM, V27 (Dietary) stated she supplements for R3 or any do not offer him a different lot like the one they are at eggs, just not scrambled, he				

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	PROVIDER OR SUPPLIER	CARE C 1500 WES	DRESS, CITY, S BT ST LOUIS A, IL 62471	STATE, ZIP CODE S AVENUE		
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\$9999	V14 (Registered Dithat. If the resident they will send the peggs, they do not personal them. They tried a once, super cereal, she believes, and hall three on the san again. There was necessary documentation becovered by the state of the same documentation becovered by the state of the same documentation becovered by the same documentation of the same documentation o	etician/RD) to find out about does not like scrambled eggs, late out without the scrambled ut anything else in the place of few supplements with R3 gelato and the health shake he didn't like them. They tried he day and did not try them to order for them, or probably ause they just tried them once. In stituted the eggs and sausage he sausage pie breakfast eggs and 2 sausage links. O PM, R3 stated he tried or ice cream once, but it got eating his food. It could have as frozen. A0 AM, V22 (Registered believes any recommendation ed Dietician) goes to V3 first, then to the nurse on duty tify the doctor. O PM, V3 stated any from the RD should come to the nurse and then to the other house and then to the could put a recommendation in for protein for R3 in May, she are she sent it to V3 (Dietary)	S9999			

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	PROVIDER OR SUPPLIER	CARE C 1500 V	ADDRESS, CITY, S' VEST ST LOUIS ALIA, IL 62471			
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S9999	he was not. V14 sta supplements were the same time, she be offered more that expect if there was that R3 did not like different offered in recommended extraction receives a couple in not consider that to stated she uses all documented on a recommendations. The facility policy, of Supplements and N is the policy of (this additional calories a cannot and/or are radequate nutrients is also the policy of provide guidelines and monitoring of radequate nutrition supplements and monitoring of radequate nutrition supplements be determined by the dietitian, and/or into Nutrition supplements be ordered by the president's diet ordemedical nutrition pronly with a physicial frequency of supplements in the policy titled, "Radiana in the policy tit	ated she was unaware the only offered to R3 one time a would have expected them an once. V14 stated she would a protein item being served, she would expect something its place, especially since she a protein. V14 stated if a led the full meal and only tems of the meal, she would be a 75 - 100% intake. She that information that is esident to make her dated 10/13, titled, "Nutrition Nourishments" documents; "I health care facility) to provide and/or protein to residents who had be a reprotein to residents who had the physician, ordering, us nutrition supplements and be dure: 1. The need for a led and/or nourishment should he physician, nursing staff, the physician and are part of the r. Nutrition supplements are roducts and are to be served in sorder. 8. The volume and the ement is based on the sesident Weight Monitoring", the sident Weight Monitoring, the sident weight Monitoring weight Monitor	to lid g e e lit de no lit e, di			
	there is an actual si	nents: "Procedure step 7. If gnificant weight change (i.e. x 1 month, +/-1 7.5% x 3				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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\$9999	months, +/- 10% x POAHC (Power of Care)/family/guardinotified. The physic MD (physician) not form. 8. The Food sinterdisciplinary teaweights and nutritic recommendations in Dietitian shall revieweight changes alonutritional intervent notes in the medica contacts the physic recommendations from and/or dietitian, and Significant weight commendations from and/or dietitian, and significant weight common committee will also weight loss or gain weights are docum goals and approact 2. R15's Face Shere R15 was admitted diagnoses including disease stage 3, manxiety, hyperlipide R15's Care Plan, we documents a focus Daily Living) function assists only minimal restorative program ability/participation of life care." Docum serve diet as order	6 months), the resident, Attorney for Health Ian, physician and dietitian are sian shall be notified using the ification of weight change Service Manager and Im review the resident's sonal status, and make for intervention. 9. The Iw and document all significant long with any recommended Itions in the dietary progress Il record monthly. 10. Nursing				

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VANDAL	IA REHAB & HEALTH	CARE C	ST ST LOUIS A, IL 62471	AVENUE			
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S9999	a Focus area of "N potential nutritional dementia." Docume provide and serve sprovide, serve diet record every meal, evaluate and make recommendations R15's Order Summ documents active of mechanical soft textonsistency, dated meal of the month, meals, using diet of meals, Supercerea (Nutritional Suppled dated 8/23/23, 2.0 times a day 90 cc (4/2/24, and Hospical R15's Minimum Dadocuments in Section Mental Status (BIM has severe impaired documents R15 is R15's weight summ weights: 02/16/24 at 123.2 lbs., 04/02/24 06/03/24 at 11: mechanical soft polygrayy, green beans thickened juice and	15's Care Plan also documents utrition: the resident has a problem r/t (related to) ented interventions include supplements as ordered, as ordered, monitor intake and RD (Registered Dietitian) to diet change	\$9999				

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		IL6009260	B. WING		08/0	2/2024	
	PROVIDER OR SUPPLIER	1500 WES	DRESS, CITY, S ST ST LOUIS	TATE, ZIP CODE AVENUE			
		VANDALI	A, IL 62471				
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S9999	Continued From pa	ge 11	S9999				
	mechanical soft tur gravy, mixed veget thickened water an	45AM, R15 was served key, mashed potatoes with ables, cobbler, nectar d juice. There was no magic pplement) observed on R15's					
	stated no resident of received a nutrition stated V27 (Dietary send out the nutrition and 07/30/24 at lur about it, and told he supplement both de educated V27 about served. V3 said all the nutritional supplement beautificated v27 about served. V3 said R15 nutritional supplement he nutritional supplemen	4AM, V3 (Dietary Manager) on 07/29/24 and 07/30/24 all supplement at lunch. V3 v Aide) told her she forgot to onal supplements on 07/29/24 ach. V3 said V27 talked to her er she forgot the nutritional ays at lunch meal. V3 said she at making sure they are residents who are to receive element should have received should have received should have received her ent, but stated she doesn't eat element a lot. V3 stated R15 cereal at breakfast, and if R15 ey will make her the nutritional supper as well. V3 said she d a weight loss, but R15 is on t is expected for her to lose					
	stated she did not s supplement on 07/2 meal. V27 said on 0 serving, and she fo supplements. V27	OAM, V27, (Dietary Aide) serve any resident a nutritional 29/24 and 07/30/24 at lunch 07/29/24 she was nervous with orgot all about the nutritional stated on 07/30/24, the day d she didn't think about the ent at all.					
Illinois Depar	diet order for a regi	Physician Orders document a ular diet, pureed texture, s, and high calorie/high protein					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER VANDALIA REHAB & HEALTH CARE C STREET ADDRESS, CITY, STATE, ZIP CODE 1500 WEST ST LOUIS AVENUE VANDALIA, IL 62471						
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S9999	supplement BID (twand supper. On 7/29/24 at 12:08 reclining wheeled of R4's meal consister mashed potatoes with peaches, pudding the R4 did not have a high supplement, which on 7/30/24 at 12:30 V16, CNA. R4's me mashed potatoes with role, pudding thick gets a high calorie/ times, and had one confirmed R4 did not lunch today. On 7/30/24 at 12:30 gets the high caloris supper, but V6 was to get it at lunch todo. On 7/31/24 at 8:44 Dietician) confirmed	vice a day) served with lunch B PM, R4 was sitting up in a hair being fed by V8 (CNA). d of pureed pork fritter, vith gravy, green beans, hick cranberry juice and water. high calorie/high protein V8 confirmed. D PM, R4 was being fed by al consisted of pureed turkey, vith gravy, peas, cake, dinner tea and water. V16 stated R4 high protein supplement at last night for supper. V16 ot receive a supplement at not aware R4 was supposed D. AM, V14 (Registered d R4 is to be receiving the supplements BID due to a	S9999			

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