

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004642	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/23/2024
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NAME OF PROVIDER OR SUPPLIER ACCOLADE HEALTHCARE OF PONTIAC	STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST LOWELL PONTIAC, IL 61764
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(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 Annual Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2) 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 plan of care for the care or treatment of such	S9999		

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

TITLE

(X6) DATE
09/12/24

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S9999	<p>Continued From page 1</p> <p>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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements are not met as evidenced:</p> <p>Based on observation, interview, and record review the facility failed to implement an ordered nutritional supplement and failed to notify a resident representative of the significant weight loss for one of two residents (R379) reviewed for nutrition in the sample list of 26. These failures resulted in R1's severe weight loss of 10.8% in 12 days.</p> <p>Finding include:</p> <p>On 8/20/2024 at 11:55 AM, R379 was sitting in a wheelchair in the dining room eating lunch with V17 (family) present. No nutritional supplements</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>were present on the tray. At this time, V17 states R379 "has lost a lot of weight since his surgery", which was prior to being admitted to the facility. V17 is not aware of any ordered nutritional supplements and has not been notified by the facility of any weight loss since R379 being admitted. V17 stated V17 is at the facility for most of R379's meals and acknowledges that R379 has a decreased appetite and intake.</p> <p>R379's ongoing Census documents R379 was admitted to the facility of 8/07/2024.</p> <p>R379's ongoing Weight Log documents a weight of 149.8 pounds on 8/07/2024 and 133.6 pounds on 8/19/2024. This weight loss calculates as a 10.8% weight loss in 12 days.</p> <p>R379's Dining RD Request for Diet Change report dated 8/08/2024 documents "(R379) is at risk for altered nutrition status r/t (related to) reduced meal intake, recent surgery, and dx (diagnosis) of Dementia. Recommend {to} add house supplement 1 dly (daily) and liq (liquid) pro (protein) 30ml (milliliters) dly (daily). Monitor wt (weight)." This report recommendation was signed and accepted by V11 (Nurse Practitioner) on 8/09/2024. R379's ongoing August 2024 Physician Order Sheet does not contain the accepted dietary recommendations for nutritional supplements.</p> <p>On 8/21/2024 at 8:35 AM, R379 was sitting at the dining room table eating breakfast which consisted of: scrambled eggs with cheese, cornflakes, toast, milk, and coffee. R379 consumed: 100% of coffee, 10% of eggs, 0% toast, 0% cornflakes, 0% milk. No nutritional supplement was present at breakfast.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>On 8/21/2024 at 8:40 AM, V6 CNA (Certified Nursing Assistant) states "I am not aware of any nutritional supplement (R379) is supposed to get but I (V6) usually work in the evenings". V6 acknowledged that if R379 was getting a supplement it would be on the tray.</p> <p>On 8/21/2024 at 08:45 AM, V4 RN (Registered Nurse) confirms that R379 has not received any nutritional supplements. V4 looked in the EMR (Electronic Medical Record) and confirmed there was no order transcribed for a nutritional supplement.</p> <p>On 8/21/24 at 10:55 AM, V8 RD (Registered Dietitian) confirmed that V8 recommended the above nutritional supplements on 8/09/2024 for R379, and states V8 would have expected the supplement to be given by now. V8 also stated if R379 was receiving the nutritional supplements as recommended and ordered, it could have possibly prevented R379's additional weight loss.</p> <p>On 8/21/24 at 12:38 PM, R379 was in the dining room with V17 eating lunch with no nutritional supplement present.</p> <p>On 8/21/24 at 12:52 PM, V1 (Administrator) with V2 (Director of Nursing) present stated that V8 had notified V1 that the ordered supplement was not implemented because V8 sent the signed recommendations to an invalid email address.</p> <p>R379's computerized Medical Record does document a history of CHF (Congestive Heart Failure), however R379's Progress Notes do not document any signs and symptoms of CHF. V10's (Nurse Practitioner) Progress Notes on 8/12/2024 and 8/19/2024 do not document any CHF signs or symptoms, nor does V11's (Nurse</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Practitioner) Progress Note on 8/08/2024, 8/12/2024, and 8/16/2024.</p> <p>On 8/22/24 at 8:10 AM, V8 confirmed that the order for the nutritional supplement was not implemented and that it was an error on V8's part due to sending the signed recommendation to an invalid email address.</p> <p>The facilities policy Fortified Foods, Supplements, and Snacks dated 2020 documents residents who cannot consume adequate amounts of regular foods at meals to meet their nutritional needs may be considered for Fortified Foods, snacks, or supplements in order to increase nutritional intake. Residents will be evaluated by the Registered Dietitian when additional nutritional intervention is warranted. Commercially prepared supplements, including liquid high calorie and high protein supplements, will be ordered by the physician. Fortified foods, house supplements, or snacks will be provided within the specifications of the diet order.</p> <p style="text-align: center;">(B)</p>	S9999		