

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEWIS MEMORIAL CHRISTIAN VLG	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL 62702
---	--

(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	S 000		
	Annual Licensure and Certification			
S9999	Final Observations	S9999		
	Statement of Licensure Violations			
	1 of 2			
	300.1210b)4)			
	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.			
	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			

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

TITLE

(X6) DATE
10/15/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEWIS MEMORIAL CHRISTIAN VLG	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL 62702
---	--

(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	<p>Continued From page 1</p> <p>These requirements were not met as evidence by:</p> <p>Based on interview, observation, and record review, the facility failed to answer call lights in a timely manner for 3 of 10 residents (R17, R58, R102) reviewed for dignity in the sample of 51. This failure resulted in R58 feeling less than a person, R102 feeling humiliated, and R17 feeling terrible.</p> <p>Findings include:</p> <p>1. On 09/23/24 at 11:27 AM, R58 stated, "It can take up to 1 hour for them to come and get me to the bedpan. They have to (full mechanical lift) me into bed and then get the bed pan. With waiting that long, I have accidents. I have lost a lot with my disease and being put in a nursing home. I am continent still and I don't want to lose that. When I have accidents, I feel like less of a person."</p> <p>R58's Admission Record, Print date of 9/24/24, documents that R58 was admitted on 8/1/23 and has diagnoses of Multiple Sclerosis and functional Quadriplegia.</p> <p>R58's Minimum Data Set,(MDS), dated 8/6/24, documents R58 is cognitively intact, is totally dependent on staff for all care and mobility, is occasionally incontinent, and that bowel continence was not rated.</p> <p>2. On 09/23/24 at 11:10 AM, R102 was questioned about how timely staff assist with answering the call light, R102 stated, "This morning I was in the dining room, I asked to be</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEWIS MEMORIAL CHRISTIAN VLG	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL 62702
---	--

(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	<p>Continued From page 2</p> <p>taken back to my room because I had to go to the bathroom. The aide in the dining room said, "Ok I will be back." If I ever write a book about this place that is going to be the title because that is all they ever tell you. They never took me to the bathroom. I had a number 2 in my pants because I couldn't hold it during breakfast and exercise class. When they finally brought me back to my room, I got cleaned up. It makes me humiliated when I have an accident because I have to wait so long.</p> <p>R102's Nurses Note, dated 9/12/2024 10:15 documents, "The staff member informed this writer that they were going to go on break and when they come back they are going to get up the resident. The staff member left on her break, the resident put on her light. This writer went to check on the call light and see what the resident needed. Resident stated that she needed the aid. This writer informed the resident that it was be just one moment and left the room to go get help. This writer walked down the hall to see if staff had returned, when resident put back on her light. Staff went back down to her room to check on the resident. Resident stated that she had soiled herself and she still need to go some more and wanted to get up to go to the restroom. This writer informed her it would be just one moment and went to go to get the aid. This writer left the floor to get the other staff member. However, did not see the staff member outside and returned to the floor. This writer could hear noise down the hall and resident call light was back on. This writer went back to the resident room with wipes and a depend. Resident was crying and very upset. She stated that it wasn't fair and that she always has to wait, and she is sick of it all. This</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEWIS MEMORIAL CHRISTIAN VLG	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL 62702
---	--

(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	<p>Continued From page 3</p> <p>writer and a different staff member assisted getting the resident up. She was placed on a sit-to-stand and transfer to the restroom. We were in the process of cleaning up the resident, when the aid returned to the floor and saw that the two of us were in the resident room. The different staff member and this writer finished cleaning up the resident while the aid went to get another resident up.</p> <p>R102's Admission Record, print date of 9/24/24, documents that R102 was admitted on 1/11/24 and has diagnoses of Polyarthritis and a history of falls.</p> <p>R102's MDS, dated 8/6/24, documents R102 is cognitively intact, has bilateral leg range of motion issues, dependent on staff for transfers and toileting hygiene, always continent of bowel, and frequently incontinent of urine.</p> <p>3. On 09/23/24 at 11:40 AM, R17 stated, "I am continent but it can take an hour before they come and answer the light. When it takes that long, I have accidents. I then feel terrible about it."</p> <p>R17's Admission Record, print date of 9/24/24, documents that R17 was admitted on 1/10/20 and has diagnoses of Type 2 Diabetes and Schizoaffective Disorder.</p> <p>R17's MDS, dated 7/19/24, documents that R17 is cognitively intact, dependent on staff for toileting, chair to bed transfer, uses a wheelchair, is occasionally incontinent of urine, and always continent of bowel.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEWIS MEMORIAL CHRISTIAN VLG	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL 62702
---	--

(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	<p>Continued From page 4</p> <p>The Resident Council Minutes, dated 9/3/24, documents, "New Business: Nursing: A lot of complaints about CNA's (Certified Nurses Aide) not coming to calls."</p> <p>The Resident Council Minutes, dated 7/2/24, documents, "New Business: Nursing: call light/ won't give to resident. Long wait times."</p> <p>The Illinois Long Term Care Ombudsman Program Resident Rights', dated 11/18, Your rights to dignity and respect. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.</p> <p>(B)</p> <p>2 of 2</p> <p>300.1210b) 300.1210c) 300.1210d)3)</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>c) Each direct care-giving staff shall review and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEWIS MEMORIAL CHRISTIAN VLG	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL 62702
---	--

(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	<p>Continued From page 5</p> <p>be knowledgeable about his or her residents' respective resident care plan.</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>Based on interview, observation, and record review the facility failed to implement interventions to prevent weightloss, monitor weightloss, encourage resident eating for 2 of 7 residents (R7, R46) reviewed for weight loss in the sample of 51. This failure resulted in R7 and R46 both experiencing significant weight loss.</p> <p>Findings include:</p> <p>1. On 9/24/24 at 11:58 AM, R7 was served her lunch tray. During the meal, R7 sat still and looked at her food. At 12:20 PM, the Chaplin came and removed her from the dining room to take her back to her room. During the meal, R7 was not offered help with cutting up her turkey, encouragement to eat, or offered something else to eat.</p> <p>R7's Admission Record, print date of 9/25/24, documents that R7 was admitted on 4/24/2017 and has a diagnosis of Dementia.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEWIS MEMORIAL CHRISTIAN VLG	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL 62702
---	--

(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	<p>Continued From page 6</p> <p>R7's Minimum Data Set (MDS), dated 7/8/24, documents that R7 is severely cognitively impaired and requires set up or clean up assistance with dining.</p> <p>R7's Diet Order, dated 9/18/24, documents, "Sodium precautions diet, Regular texture, Thin consistency."</p> <p>R7's Dietary Note, dated 8/15/2024 08:58, documents, "WEIGHT WARNING: Value: 134.2 Vital Date: 2024-08-06 11:27:00.0 MDS: -5.0% change over 30 day(s) [9.5% , 14.0] -7.5% change [8.2% , 12.0] RD (Registered Dietician) evaluation for unplanned wt (weight) loss. Wt (8/6) 134.2# BMI (body mass index) 28 (overweight). Sodium precautions. PO (oral) intakes had been varied/poor over the past month, but more meals >76% consumed recently per documentation. Continue to encourage intakes and fluids. Offer alternatives and snacks as desired. No pressure wounds reported as present. Continue to monitor PO (oral) intakes and wt trends. RD to f/u prn (follow up)."</p> <p>R7's Weight Summary documents on 6/10/24 R7 weighed 147.2 pounds, on 8/6/24 134.2 pounds resulting in a 8.83% weight loss in one month, and on 9/10/24 133.2 pounds resulting in a 9.5% weight loss in 3 months.</p> <p>R7's Meal Intake Percentages Summary documents that from 9/1/24 - 9/24/25, 14 days were documented on and 20 entries made documented that R7 ate 0 - 25%.</p> <p>2. R46's Admission Record, print date of 9/25/24,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEWIS MEMORIAL CHRISTIAN VLG	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL 62702
---	--

(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	<p>Continued From page 7</p> <p>documents that R46 was admitted on 6/4/24 and has diagnoses of Senile Degeneration of the Brain, anorexia, Dementia, skin cancer of the nose and right lower leg.</p> <p>R46's MDS, dated 7/10/24, documents that R46 is severely cognitively impaired and requires supervision or touching assist for eating.</p> <p>R46's Diet Order, dated 6/5/24, documents, "Regular diet, Regular texture, Thin consistency." R46's Electronic Medical Record fails to document any other dietary orders.</p> <p>R46's Dietary Note, dated 9/16/2024 11:07, documents, "WEIGHT WARNING: Value: 121.6 Vital Date: 2024-09-10 15:15: 00.0-3.0% change over 30 day(s) [4.3% , 5.4] -7.5% change [12.1% , 16.7] RD (Registered Dietician) evaluation for wt (weight loss) loss x 3 mo (months). Insignificant 4/3% wt loss x 1 mo. Anticipated wt loss r/t (related to) hospice. Wt (9/10)121.6# BMI 19.6 (low based on age). Regular diet. Most meals 51-100% per documentation. Continue to encourage intakes and fluids as desired. See Skin & Wound Evals (evaluations) for cancer lesions details. Chart reviewed. Declines including poor intakes and wt loss r/t hospice. RD to plan to f/u (follow up) monthly/prn (as needed)."</p> <p>R46's Weight Summary documents that R46's weight on 6/6/24 was 138.3 pounds, 7/10/24 was 138.1 pounds, 8/6/24 127 pounds (8.03% loss in one month), and on 9/10/24 it was 121.6 pounds (4.25% weight loss in one month). R46 had a 11.94% loss from July to September.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005300	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/26/2024
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LEWIS MEMORIAL CHRISTIAN VLG	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 WEST WASHINGTON SPRINGFIELD, IL 62702
---	--

(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	<p>Continued From page 8</p> <p>R46's Care Plan,dated 9/9/2024, "(R46) is at nutritional risk related to Admit to hospice for senile degeneration of brain and anorexia 6/5/24 History of weight loss Impaired skin integrity r/t CA (cancer) lesions to nose/R (right) thigh. Interventions: Nutrition Interventions to encourage adequate intakes r/t underweight per BMI (body mass index) and altered skin integrity 9/9/24 - Fortified Juice BID (twice a day) (B/D meals)(breakfast and dinner). Serve diet as ordered, weight as ordered, record meal intake, encourage appropriate intake of food and fluids, offer substitutes for dislikes. 6/5/24 Regular diet."</p> <p>On 9/24/24 at 4:05 PM, V1, Administrator, stated, "We do not have a feeding assistance policy, but staff should be assisting those that need help."</p> <p>On 9/25/24 at 2:20 PM, V2, Director of Nurses, stated that even though she (R46) is on hospice some intervention should be put into place to at least try to keep the weight loss at a minimum. V2 further stated that residents should be encourage to eat, receive assistance from staff if they need it, and offered something else to eat if they are not eating.</p> <p>(B)</p>	S9999		