

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008049	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/28/2024
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NAME OF PROVIDER OR SUPPLIER ROCK RIVER HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 707 WEST RIVERSIDE BOULEVARD ROCKFORD, IL 61103
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S 000	Initial Comments Complaint Investigation 2411624/IL170305	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b)4) 300.1210d)3) 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the	S9999		

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

Electronically Signed

TITLE

(X6) DATE

03/15/24

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S9999	<p>Continued From page 1</p> <p>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>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to follow the dietitian's recommendation for free water flushes for a resident with a gastrostomy tube (g-tube) for 1 of 1 resident (R1) reviewed for g-tubes in the sample of 3. This failure resulted in R1 becoming dehydrated, requiring hospitalization.</p> <p>The findings include:</p> <p>R1's admission record showed R1 was a 56 year old female that was diagnosed with esophageal obstruction. The same document showed R1 was admitted to the facility on 11/13/23.</p> <p>On 2/28/24 at 8:45 AM, R1 was in bed with her g-tube connected to a tube feeding.</p> <p>On 2/28/24 at 10:25 AM, V3 (Dietitian) said R1 is completely dependent on her g-tube for nutrition/hydration and R1 has been dehydrated. V3 said she assessed R1's hydration needs on 11/15/23 (two days after being admitted to the facility) and made the recommendation for free water flushes of 200 milliliters (ml) every 6 hours. V3 said she did not know why R1 was getting</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>dehydrated because the free water flushes of 200 ml every 6 hours that she recommended would meet R1's hydration needs. V3 said the recommendations that she makes are given to V2 (Director of Nursing) who then contacts the doctor and if the doctor agrees with the recommendation the order is placed. V3 said the process normally takes 24 hours.</p> <p>R1's Nutrition Recommendations document dated 11/15/23 showed V3 recommended free water flushes of 200 ml every 6 hours to meet R1's fluid need for hydration. The bottom portion of the form was dated 11/28/23 indicating the doctor agreed with the recommendation and an order was entered.</p> <p>On 2/28/24 at 1:10 PM, V2 said R1 was hospitalized from 11/18/23-11/20/23 and that is why there was a delay in contacting the doctor regarding the recommendation for the free water flushes.</p> <p>On 2/28/24 at 12:15 PM, V8 (Registered Nurse) said R1's free water flushes were documented on the Medication Administration Record (MAR).</p> <p>R1's November MAR indicated R1 started receiving free water flushes on 11/21/23 of 100 ml every 6 hours. There was no documented free water flushes from 11/13/23 (admission) thru 11/18/23 (sent to the hospital). There was no indication on the November MAR that R1 received the 200 ml free water flushes that V3 recommended. The December MAR showed R1 started to receive 200 ml free water flushes every 6 hours on 12/1/23.</p> <p>On 2/28/23 at 1:40 PM, V2 said R1 returned from the hospital on 11/20/23 without a tube feeding or</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>water flush order. V2 said the nurse practitioner was contacted for a tube feeding and free water flush order that was started 11/21/23. The water flush order was for 100 ml four times a day.</p> <p>On 2/28/23 at 11:18 AM, V6 (Nephrology Nurse Practitioner) said R1 is prone to dehydration because of her comorbidities. According to V6, getting free water flushes would help prevent dehydration. V6 added that getting even an extra 200 ml of free water would help R1's hydration status. V6 said hypernatremia (elevated/high sodium level) would indicate dehydration.</p> <p>R1's progress note dated 11/18/23 (three days after V3 made the recommendation for free water flushes) showed R1 was lethargic and sent to the emergency room.</p> <p>R1's hospital paperwork indicated R1 was admitted to the hospital from 11/18/23-11/20/23. R1's hospital Admitting Note indicated R1's sodium level was high at 155 and was being admitted for, "hypernatremia - lack of free water intake," and volume depletion.</p> <p>(A)</p> <p>R1's Hospitalist Note dated 11/19/23 showed R1 had, "Acute metabolic encephalopathy: due to dehydration, hypernatremia."</p>	S9999		