	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6011571	B. WING		03/	20/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
ACCOLA	DE HC OF PAXTON (REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	, IL 60957 ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
S 000	Initial Comments		S 000			
	Annual Licensure a	nd Certification				
S9999	Final Observations		S9999			
	300.340a) 300.2100 750.230a)1)2) 750.230c)1)2) 750.230d) 750.230f) Section 300.340 In	sure Violations 1 of 2: corporated and Referenced				
	Materials a) The followir are incorporated in	ng regulations and standards this Part:				
	3) State of Illin	ois rules:				
	iii) Food Code	(77 III. Adm. Code 750)				
	Section 300.2100	Food Handling Sanitation				
		comply with the Department's Service Sanitation" (77 III.				
	Section 750.230 F	ood Handlers ? Training				
	a) All Food Ha	Indlers				
	holding a certified f certificate, shall rec food handling princ	ndlers, other than someone ood protection manager eive or obtain training in basic iples, as outlined in Section days after employment.				
BORATORY	tment of Public Health / DIRECTOR'S OR PROVIE ically Signed	DER/SUPPLIER REPRESENTATIVE'S SI	GNATURE	TITLE		(X6) DATE 04/05/24

STATEMEN	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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S9999	 considered to be ar State, and local reg 3.05 of the Food Ha Enforcement Act) c) Food Handl Service Establishm 1) All food han service establishme other than someone sanitation manager obtain training in ba as outlined in Section and (e) of the Food Enforcement Act) 2) New employ within 30 days after d) Food Handler Facilities All food handlers en licensed day care his schools, and long-to their training every of the Food Handlin Enforcement Act) f) Proof of Train Proof that a food has be available upon re- or local health depa- in an electronic forr 3.06(b) of the Food Enforcement Act) 	ion of food handler training is n exclusive function of the gulation is prohibited. (Section andling Regulation ers Employed By a Food ent That Is Not a Restaurant adlers employed by a food ent that is not a restaurant, e holding a food service certificate, shall receive or asic food handling principles, on 750.210. (Sections 3.05(a) Handling Regulation and yees shall receive training employment. ers Employed by Certain mployed in nursing homes, iomes and facilities, hospitals, erm care facilities must renew three years. (Section 3.06(b) ng Regulation and ining andler has been trained shall easonable request by a State artment inspector and may be nat. (Sections 3.05(a) and Handling Regulation and	S9999			
	These Regulations	are not met as evidenced by:				

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S9999	Continued From pa	ige 2	S9999			
	review the facility d required minimum	ion, interview, and record ietary staff failed to complete training for food handlers. This ntial to affect all 90 residents ty.				
	Findings include:					
	V23 (Dietary Aide), (Cook) were workin reported the food p available for all resi	1:02AM, V3 (Dietary Manager), V27 (Dietary Aide), and V28 ng in the facility kitchen. V3 repared in the kitchen is idents to eat and not all dietary ed the required food handler				
	3/18/2024 to 3/20/2 necessary sanitatio test strips used to t	ration of the survey from 2024, the kitchen failed to have on test equipment (chemical est dish sanitizer solution failed to effectively sanitize basin sink.				
	documents V22 (Di Aide), V24 (Dietary (Cook), V27 (Dietar all been employed	staff roster (undated) ietary Aide), V23 (Dietary Aide), V25 (Dietary Aide), V26 ry Aide), and V28 (Cook) have in the facility kitchen longer ave not completed required ig.				
	documents V22, V2	Schedule (March 2024) 23, V24, V25, V26, V27, and week in the facility kitchen f March.				
		re Facility Application for caid (3/18/2024) documents in the facility.				

Illinois D	epartment of Public	Health					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/S IDENTIFICAT	SUPPLIER/CLIA ION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY
		IL601157	1	B. WING		03/2	20/2024
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
ACCOLA	NDE HC OF PAXTON (ON PELLS	1001 EAS PAXTON,	T PELLS ST IL 60957	IREET		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
\$9999	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal by this committee, o and dated minutes Section 300.1010	(C) sure Violations esident Care P shall have writt ing all services policies and pr Resident Care ing of at least th dvisory physici- ommittee, and r er services in the ly with the Act a shall be follow I be reviewed a documented by of the meeting. Medical Care P shall notify the cident, injury, o nt's condition th elfare of a residence presence of ulcers or a wei iore within a pe tain and record care or treatme	Policies en policies and provided by the rocedures shall Policy ne an or the representatives e facility. The and this Part. ed in operating it least annually written, signed Policies resident's resi	S9999			
	Section 300.1210 Nursing and Persor rtment of Public Health		ements for				
STATE FOR	M			6899	260R11	If continuat	ion sheet 4 of 12

STATEMEN	Department of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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S9999	Continued From pa	ge 4	S9999			
	care and services to practicable physica well-being of the re- each resident's com plan. Adequate and care and personal of resident to meet the care needs of the re- c) Each direct	shall provide the necessary o attain or maintain the highes I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each e total nursing and personal esident. care-giving staff shall review able about his or her residents'				
	respective residentd) Pursuant to nursing care shall in	care plan. subsection (a), general nclude, at a minimum, the be practiced on a 24-hour,				
	resident's condition emotional changes determining care re further medical eva	bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.	I			
	pressure sores, hea breakdown shall be seven-day-a-week enters the facility w develop pressure s clinical condition de sores were unavoid pressure sores sha services to promote	rogram to prevent and treat at rashes or other skin e practiced on a 24-hour, basis so that a resident who ithout pressure sores does not ores unless the individual's emonstrates that the pressure lable. A resident having II receive treatment and e healing, prevent infection, ressure sores from developing				

260R11

If continuation sheet 5 of 12

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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ACCOLA	DE HC OF PAXTON (DN PELLS PAXTON	, IL 60957			
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S9999	Continued From pa	ge 5	S9999			
	to assure that the mass free of accident nursing personnels that each resident mand assistance to p These Regulations Based on observative review the facility fare representative and loss, update a care address/prevent we implement nutrition (R11, R40, R4) of for nutrition in the sam	are not met as evidenced by: ion, interview, and record ailed to notify the resident physician of significant weight plan with interventions to eight loss for (R11) and al recommendations for three our residents reviewed for ple list of 50. This failure veriencing a severe weight loss				
	12/20/23 document impairment and a s loss that was not pl Care Plan dated 11 unplanned and une includes intervention dietitian immediated evaluate weight loss for weight loss. This that R11 receives a any new intervention R11's Diet order da documents regular consistency, and to	Data Set (MDS) dated is R11 has severe cognitive ignificant one-month weight hysician prescribed. R11's /10/23 documents R11 has xpected weight loss and ins to notify the physician and y when weight loss persists, s, and follow facility protocol s care plan does not document iny nutritional supplements or ins after 11/10/23. ted as revised 4/9/21 diet, pureed texture, honey offer a frozen nutritional laily. There are no other	t			

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S9999	Continued From pa	ge 6	S9999			
	150 pounds (lbs) or 143.2 lbs on 9/3/23 in three months/5.7 lbs on 11/6/23 and 126 lbs on 2/8/24 (123 lbs on 3/12/24 There is no docume record that R11's pl were notified of R1 ⁻¹ 10/6/23 and 3/19/24 R11's Nutrition/Diet 4:12 PM document (BMI) is 18.9 (low) weight loss of 5.7% months, and 11.2 % documents that a fr offered to R11 twice R11's Nutrition/Diet 12:05 PM and 12/1 recommendation to times daily. R11's N 1/9/24 at 11:34 AM significant weight los includes a recomm shakes three times R11's Nutrition/Die 11:49 AM document loss in six months a note documents R1	acludes the following weights: n 7/3/23. 145 lbs on 8/1/23. . 135 lbs on 10/6/23 (10% loss '3% loss in one month). 134 12/4/23. 130.5 lbs on 1/2/24. 12.01% loss in six months). (8.21% loss in three months). (8.21% loss in three months). entation in R11's medical hysician and representative 1's weight loss between 4. ary Note dated 10/11/23 at s R11's Body Mass Index and R11 had a significant o in one month, 10% in three 6 in six months. This note rozen nutritional supplement is e daily. ary Notes dated 12/5/23 at 2/23 at 12:20 PM document a o add a nutritional shake three Jutrition/Dietary Note dated documents R11 had a oss of 13% in six months and endation to add nutritional daily. This note documents				
	with the supplement	t rather than a supplement cuments a recommendation to				

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S9999	Continued From pa	ige 7	S9999			
	centimeters) three thickened coffee. T	oplement) 60 cc (cubic times daily in R11's honey here is no documentation that on was reported to R11's nented.				
	range 2/19/24-3/18 supplement is given entries that are mis documents "Not Ap	upplement Intake Log with date /24 does not identify what n and there are 33 of 58 sing/not recorded. This log plicable" for the noon meal on he evening meal on 2/19/24				
	dining room table e coffee, creamed co pureed meat. On 3	D AM, R11 was sitting at the ating lunch which consisted of orn, mashed potatoes, and /19/24 at 11:39 AM R11 ate all R11 was not served any ents.				
	viewed R11's meal ticket documents to the noon meal and supplement at the r meal ticket docume the frozen nutritiona milliliters. V3 stated supplements, and t R11's supplements	noon and supper meals. R11's ents the nutritional shake, and al supplement are each 118 I R11 sometimes refuses the he staff may not have given since R11 refuses them at				
	supplements and d supplements to ser tickets. V3 stated th are responsible for intakes. V3 confirm documentation doe the supplements ar	e staff should still offer R11 the ietary staff know what ve by looking at the dietary ne Certified Nursing Assistants documenting supplement led R11's supplement intake is not consistently document re given twice daily or en the nutritional shakes and				

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S9999	Continued From pa	ge 8	S9999			
	frozen nutritional su	ipplement.				
	(DON) stated the far meetings with V13 weights are reviewe stated V13 runs the residents with weig stated the nurses a weights and they sh family and physicial nursing notes. V2 s and frozen nutrition dietary staff and the from the nurses, ar be documented as and documented or Administration Reco order and confirme supplement is the of V2 stated V13 send electronic mail to V are then given to V2 review during V29's DON stated R11 wo supplement and R1 there was talk of pu supplement in R11' didn't think that was unsure if it would cu 2:54 PM and 3:24 F nutritional supplement followed up with the Practitioner. V2 cor documentation that	ord. V2 reviewed R11's diet d the frozen nutritional only documented supplement. ds V13's recommendations via 2 and the recommendations 29 Nurse Practitioner for weekly rounds. V7 Assistant ouldn't accept the nutritional 11 only likes coffee. V7 stated utting the nutritional s coffee like a creamer, but V7 s implemented since staff was urdle. On 3/19/24 between PM V2 confirmed the 60-cc ent recommended on 2/21/24 ed. V2 stated it was not e physician or Nurse offirmed there was no c R11's family and physician 1's weight loss. V2 stated V2	s r			

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S9999	Continued From pa	ige 9	S9999			
	interventions on the	e care plan.				
	attends the facility's generates a report V13 stated it depen of the resident weig weight report. V13 recommendations a the weight meeting generated report fo physician of V13's n R11 was not accep three times daily the January, so that wa (nutritional supplem R11's coffee. V13 st the progress notes supplements, and i assumes the reside V13 stated V13 had supplements such supplement in a se identify. V13 confirm the frozen nutritiona R11's diet order. V1	are given to the facility during s and V13 prepares a or the staff to notify the recommendations. V13 stated ting the nutritional shakes at was recommended in as why V13 changed to the ment) in February to be given in stated staff should document in if the resident is refusing f there isn't a note then V13 ent is taking the supplement. d asked for staff to put the as the frozen nutritional parate order so it is easier to med R11 should still be getting al supplement if it is listed on 13 stated if the resident isn't ments, this can contribute to				
	March 2023 docum significant weight lo physician to obtain	at Management policy dated nents a resident's unexplained loss will be reviewed with the orders for a nutritional Il be discussed during the				
	weekly risk meeting interventions and th updated to include	to determine appropriate ne resident's care plan will be weight interventions. This p notify the resident's				
		in at clarificant wordst				

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S9999	Continued From pa	ige 10	S9999			
	documents the Dire	cal record. This policy ector of Nursing is responsible etary recommendations to the se Practitioner to obtain				
	weighed 157 pound	weight log documents R4 ds on 9/1/23 and weighed /4/24 (21.66 percent weight				
	PM documents R4 th pounds. This note of loss of 8.33 percent weight loss in six m R4 had a recent die feedings, allowing h is now eating more likes due to texture	ary Note dated 3/9/23 at 10:11 s current weight as 123.5 documents R4 has a weight t at one month, and 25.86 nonths. This note documents et change to pleasure him to have regular texture and as he can have foods, he change. This note documents th shake twice a day and high <i>v</i> ith meals.				
	eating lunch. R4 wa of soup was on R4' of yogurt and puddi	3 AM, R4 was sitting at a table as eating a hotdog and a bowl s table. There was a container ing sitting in front of R4. A ce cream were not on R4's				
	provided R4's dieta documents R4 sho high protein ice cre whole milk for the la confirmed that R4 i shake and high pro meal. V4 stated R4 shake or the high p	D AM, V4 Cook/Dietary Aide ry slip. This slip dated 3/20/24 uld receive a health shake, am, two hotdogs, soup, and unch meal. At that time, V4 s supposed to receive a health tein ice cream with his lunch 4 did not receive a health rotein ice cream with his lunch supposed to offer it but didn't.				

1001 EAS	B. WING DDRESS, CITY, S ST PELLS ST ,IL 60957 ID PREFIX TAG S9999	PROVIDER'S F (EACH CORRECT CROSS-REFERENC	PLAN OF CORRECTIO TIVE ACTION SHOULD CED TO THE APPROP EFICIENCY)	D BE COM
STREET AL 1001 EAS PAXTON , DEFICIENCIES ECEDED BY FULL NG INFORMATION) Ord weight log 5 on 9/5/23 and .05 percent weight ated 2/23/2024 at ressure and uments R40 has a 7 percent in six er a health shake was lying in bed sitting on the was not present on ed he did not get a	DDRESS, CITY, S ST PELLS ST ID PREFIX TAG S9999	REET PROVIDER'S F (EACH CORRECT CROSS-REFERENC	TIVE ACTION SHOULD CED TO THE APPROP	DN (X D BE COMI
1001 EAS PAXTON, DEFICIENCIES ECEDED BY FULL NG INFORMATION) ord weight log 5 on 9/5/23 and .05 percent weight ated 2/23/2024 at ressure and uments R40 has a 7 percent in six er a health shake was lying in bed sitting on the was not present on ed he did not get a	ST PELLS ST IL 60957	REET PROVIDER'S F (EACH CORRECT CROSS-REFERENC	TIVE ACTION SHOULD CED TO THE APPROP	D BE COM
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sitting on the was not present on ed he did not get a				
ook/Dietary Aide is slip dated d receive health blate cake, and a nfirmed that R40 is shake with his lunch eceive a health to offer it but didn't.				
r s	late cake, and a ifirmed that R40 is hake with his lunch ceive a health	late cake, and a nfirmed that R40 is hake with his lunch ceive a health	late cake, and a nfirmed that R40 is hake with his lunch ceive a health	late cake, and a nfirmed that R40 is hake with his lunch ceive a health