STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b)4) 300.1210d)2)3) 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 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and	S9999		

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provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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 following and shall be practiced on a 24-hour, seven-day-a-week basis:

2) All treatments and procedures shall be administered as ordered by the physician.

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

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made by nursing staff and recorded in the resident's medical record.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview, and record review, the facility failed to follow current care plan interventions/physician orders to maintain a resident's weight and to prevent significant weight loss for 1 of 8 residents (R76) reviewed for nutrition in the sample of 52. This failure resulted in R76 losing 14.84% body weight in 3 months.

Findings include:

R76's Face Sheet documents an original admission date of 11/4/2022. The Face Sheet documents R76's diagnoses as Muscle Wasting and Atrophy, Cerebral Ischemia, Moderate Protein-Calorie Malnutrition, Altered Mental Status, Weakness.

R76's Minimum Data Set (MDS) dated 3/26/2024 documents R76 is moderately cognitively impaired and R76 requires touching assist with eating.

R76's Care Plan updated 3/26/2024 documents "Dietary: (R76) is at nutritional risk as disease progresses: schizophrenia, hypertension, hyperlipidemia, and malnutrition." R76's Care Plan Interventions, dated 6/20/23, documented "Provided diet as ordered; and weight monitoring." R76's Care Plan interventions, dated 6/23/23, documented "double portions at dinner; health shakes TID with meals." R76's Care Plan Intervention, dated 9/14/23, documents "Provide snacks/supplements as ordered." Care Plan

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interventions were not updated as R76 continued to have insidious weight loss.

R76's Weights and Vitals Summary On 6/7/2024 R76's weight requested. R76's weight recorded at 109#. On 3/1/2024 R76's weight was recorded at 128 pounds (#). This equals -14.84% in 3 months. R76's weights recorded as follows: 1/5/2024 139.8#, 2/5/2024 128.4#, 3/1/2024 128#, 4/3/2024 125#, 5/2/2024 115.8#, 6/7/2024 109#.

R76's Physician's Order (PO), with start dated of 11/04/22 documented "Regular diet, regular texture, regular liquids consistency, health shakes TID with meals. Double portions at dinner. Fortified foods all meals."

R76's Physician's Order Sheet (POS) dated 3/25/2024 documents Regular diet, regular texture, regular liquids consistency, health shakes twice daily with meals. Double protein and fortified foods with meals.

R76's Progress Notes, dated 5/6/2024 at 3:57PM document Nutrition: Registered Dietician review (Weight) History: Schizophrenia, vitamin D deficiency, hypertension, hyperlipidemia, altered mental status Body mass index: 66 in/ 115.8 pounds/ 18.7. Significant weight loss x 30 days, 90 days, 180 days (-7.4%, 9.8%, 21%). Diet regular, liquids consistency. Supplements: health shakes twice daily, Hi Calorie twice daily. Intake %: 76-100% Medication: divalproex sodium, folic acid, fenofibrate, risperidone, B12, Vitamin D, cetirizine HCl. Skin: intact Labs: Albumin 3.5, BUN 28, Calcium 8.3 from 3/20/24. Review Assessment: Significant weight loss x 30 days, 90 days, 180 days. Intakes 76-100% at meals. R76 continues on health shakes twice daily and HI Cal

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twice daily, also receives Drip intravenous nutrition therapy. Unintended weight loss related to chronic illness and significant weight loss x 30 days, 90 days, 180 days. Recommendations: Reinstate double portions at dinner and fortified foods with meals, obtain reweight. Plan: Monitor weekly on Nutrition Review meeting.

R76's Physician's Orders were reviewed and there were no orders discontinuing the double portions at dinner and the fortified foods.

R76's Dietary Nutritional Risk Assessment dated 5/23/2024 documents Reweigh, confirmed loss. Double proteins at dinner and fortified foods reinstated. Meal intakes 50-100%.

On 6/4/2024 at 9:01 AM, V30 (Cook) stated there was fortified oatmeal for breakfast and she just adds butter and brown sugar to the regular oatmeal in place of fortified oatmeal, and that is what everyone gets who wants oatmeal. There is no fortified oatmeal.

On 6/4/2024 at 9:03 AM, R76 was served the regular oatmeal, but his food ticket documented he was supposed to get fortified oatmeal.

On 6/7/2024 at 12:40 PM R76 had lunch tray in room. R76 fed himself dessert and laid down. Health shake and double portion on tray and not eaten. No staff in room. No encouragement or prompting during meal. At 1:00PM tray taken from room.

On 6/7/2024 at 1:00PM V18 (Certified Nursing Assistant/CNA) stated "(R76) has to have a lot of encouragement to eat. He lays down and then gets back up. We can't get him to stay in the dining room. He gets up and leaves when he is in

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the dining room."

On 6/7/2024 at 1:10PM V2 (Director of Nursing/DON) stated R76 normally eats in the dining room. If he likes the food, he will eat it. If he does not like the food, he won't eat it.

On 6/7/2024 at 9:12 AM, V20 (Registered Dietician) stated, there is a difference between regular oatmeal and fortified oatmeal. The fortified cereal has extra calories, butter, sugar, and fat. The recipe should contain milk, butter as well as the sugar. I would expect any resident on fortified oatmeal to be served fortified oatmeal. It's important for a resident who experiences weight loss to be served the fortified oatmeal. If a resident has weight loss, I expect my orders to be followed and fortified oatmeal be served.

On 6/7/2024 at 2:05PM V20 stated "I did not have the most recent weight yet today. (R76) has a significant weight loss. He is ordered health shakes, double protein, fortified foods with meals. I would expect him to eat in the dining room and to have encouragement with eating."

Facility Weight Management policy with a revision date of 10/2023 states "Weekly weights will also be done with a significant change of condition, food intake decline that has persisted for more than one week or with a physician order. Once the reweights have occurred any resident with an unexplained significant weight loss will be discussed during the weekly Nutrition Review meeting. The Director of Nursing, DON, or designee will forward dietary recommendations to the Physician or Nurse Practitioner (NP)."

"B"