

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6016885 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/14/2024 |
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| NAME OF PROVIDER OR SUPPLIER MANOR COURT OF CARBONDALE | STREET ADDRESS, CITY, STATE, ZIP CODE 2940 W WESTRIDGE PLACE CARBONDALE, IL 62901 |
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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 Certification and Licensure Survey | S 000 | | |
| S9999 | Final Observations Statement of Licensure Violations: 300.1010h) 300.1210b) 300.1210d)3) 300.1220b)2) 300.2040b)2) 300.2040d) 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 accident, injury or change in condition at the time of notification. 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 d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the | S9999 | | |

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| Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed | TITLE | (X6) DATE 07/01/24 |
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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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.2040 Diet Orders</p> <p>b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian.</p> <p>2) The diet shall be served as ordered</p> <p>d) The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical record.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow therapeutic</p> | S9999 | | |

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| S9999 | <p>Continued From page 2</p> <p>dietary recommendations for residents at risk for weight loss for 1 of 1 (R64) resident reviewed for nutrition in a sample of 38. This failure resulted in R64 having a significant weight loss of 16.8% over a period of 6 months.</p> <p>The Findings Include:</p> <p>R64's Resident Face Sheet documents an admission date of 8/7/21 and a date of birth of 7/18/42. This same document includes the following diagnoses: unspecified dementia, dysphagia, anxiety disorder, and cognitive communication deficit.</p> <p>R64's 06/2024 Physician Order Sheet documents a diet order for mechanical soft, high calorie/high protein (HCHP) diet.</p> <p>R64's Quarterly Minimum Data Set (MDS) dated 3/20/2024 documented a Brief Interview for Mental Status (BIMS) score of 15, indicating that she is cognitively intact. This same MDS Section K0300 documents 'No' under the weight loss category question regarding "Loss of 5% or more in the last month or 10% or more in the last 6 months."</p> <p>On 6/13/24 at 12:45 PM, R64's lunch tray was delivered to her room and had turkey, gravy, bread, mashed potatoes/gravy, vegetable medley, pineapple cake, and a red juice drink. R64's meal ticket included that R64 should receive a fortified whole milk-8 ounces, offer ice cream, offer egg salad, tuna salad and hard boiled eggs. R64 stated at this time she doesn't really like the food today and is not very hungry. R64 stated that sometimes she gets a pudding and/or milk but not every time and she is never offered the egg/tuna salad or hard boiled eggs. At</p> | S9999 | | |

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| S9999 | <p>Continued From page 3</p> <p>this time, R64 had a pudding but not a fortified milk.</p> <p>On 6/13/24 at 1:00 PM, V21 (Certified Nurse Assistant/CNA) stated that the CNA's pass out the supplements that are prepared prior to the meal service, like pudding, milk or ice cream.</p> <p>Review of R64's Comprehensive Care Plan does not include a focus area for nutrition or weight loss.</p> <p>A "Vitals Report" dated 9/1/23-6/14/24 documents the following weights: September 2023-125.8 pounds, October 2023-125 pounds, January 2024-106 pounds, February 2024-100 pounds, March 2024- 104 pounds, and June 2024-96 pounds.</p> <p>R64's Resident Progress Note dated 3/27/24 by V10 (Registered Dietitian/RD) documents that "RD wound/wt (weight) note. Weights (3/7) 104# (pounds), 2/27: 100#, 1/23 106#, 1/12 112, and 9/7 125.8#. Resident with 21% weight loss/6 months. Within normal limits of IBW (Ideal Body Weight) 108-138 pounds. Body Mass Index: 18 (underweight). Resident (underweight) with Stage 2 P.U. (pressure ulcer) Rt (right) upper buttock. On a mechanical soft diet (has signed a waiver for regular potato chips). High Calorie High Protein supplement. Intakes 25-27%. On Remeron which can increase appetite. Bilateral heels boggy. Plan: Continue Arginaid daily, MVI (Multivitamin), Vitamin C, and Zn (Zinc) for healing needs. To boost calories/protein. Re-Recommended. Add: Fortified Pudding at lunch and supper. Will monitor. Refer PRN (as needed)."</p> <p>R64's Resident Progress Note dated 4/23/24 by</p> | S9999 | | |

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| S9999 | <p>Continued From page 4</p> <p>V10 documents: "Resident with resolved Stage 3 P.U., still has a Stage II P.U. on Rt buttock and P.U. on Lt (Left) buttock. Hx (history) poor-fair meal intakes. Remeron use may stimulate appetite. March 7 Wt 104 #, weights fluctuating. Continue M/S (Mechanical Soft) HCHP supplements all meals. Recommend fortified pudding at lunch and supper for additional protein. Monitor weights, intakes, skin. Refer PRN.</p> <p>On 6/12/24 at 2:00 PM, V2 (Dietary Supervisor) stated that for some reason the two dietary (computer) programs are not communicating. V2 determined that the orders are put in for the supplements, but the labels are not printing for the dietary staff to know to prepare these supplements. V2 further stated that the staff prepares the HCHP food items prior to each meal and delivers to the dining room the resident will be dining in. V2 stated that the staff are alerted to prepare these food supplements from labels generated (from the system).</p> <p>On 6/12/24 at 2:30 PM, V10 (Registered Dietitian) stated that anyone with a HCHP supplement ordered, it is procedure that residents will receive these supplements at all meals. V10 further stated that the only time that it would be specific to a certain meal would be when the order has that specific meal written in. When asked how V10 knows what residents require her assessment, V10 stated that she reviews charts offsite prior to her onsite facility visits twice a month to determine who needs to be evaluated. In addition, while onsite the staff can always let her know of any issues that need to be addressed that she was unaware of.</p> <p>On 6/12/24 at 3:00 PM, V9 (Physician) stated that</p> | S9999 | | |

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| S9999 | Continued From page 5 when a resident has weight loss and/or is at risk and there are supplements ordered, he would then expect those supplements to be provided to prevent weight loss/increase the intake. (B) | S9999 | | |