

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015895	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER FRIENDSHIP MANOR HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 485 SOUTH FRIENDSHIP DRIVE NASHVILLE, IL 62263		
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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 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	S9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/18/25

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S9999	<p>Continued From page 1</p> <p>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 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)</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 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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These requirements were not met as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Based on observation, interview, and record review, the Facility failed to implement progressive fall interventions in 2 of 11 residents (R18, R25) reviewed for accidents and hazards in the sample of 40. This failure resulted in R18 sustaining lacerations requiring Emergency Room (ER) transfer and repair with sutures and R25 sustaining bruising to forehead.</p> <p>Findings include:</p> <p>1-R18's Face Sheet documents R18 was admitted to the Facility on 4/9/19 with diagnoses including weakness, polyneuropathy, right foot drop, lack of coordination, abnormalities of gait and mobility, age-related cognitive decline, and muscle wasting and atrophy.</p> <p>R18's Minimum Data Set (MDS) dated 4/17/24 documented R18 was moderately cognitively impaired and ambulated via wheelchair.</p> <p>R18's Undated Care Plan documents R18 is at risk for falls related to weakness, incontinence, history of falls, and leaning when tired.</p> <p>R18's 4/17/24 Progress Note documents R18 was found lying on the floor next to her bed on her right side with a significant amount of blood on the floor next to her left foot. R18 stated she was attempting to sit up on the side of the bed and "lowered herself to the ground." There was bleeding between left great toe and left second toe and on underside of left great toe. Emergency Services were contacted.</p> <p>R18's 4/17/24 Fall Investigation documents R18 was found on floor next to her bed lying on her right side. There was bleeding to the space between her left great toe and left second toe and</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>the underside of her left great toe. There was blood on the floor by her foot. R18 stated she was attempting to sit up on the side of the bed and "lowered herself down onto the floor." Resident was sent to (Local Hospital).</p> <p>R18's 4/18/24 Progress Note documents R18 returned to the facility at approximately 2:20 AM with diagnosis of closed displaced fracture of proximal phalanx (bone at the base) of left great toe. There were new orders for the antibiotic Bactrim DS every 12 hours for 10 days for toe wound. The ER nurse reported R18 had 7 sutures to the laceration between left great toe and left second toe. An orthopedic surgery referral was made with plan to remove sutures in two weeks.</p> <p>R18's Fall Risk Assessment dated 4/18/24 documented R18 was at high risk for falls.</p> <p>R18's 4/18/24 Fall Investigation does not document any progressive interventions for R18's 4/17/24 fall.</p> <p>R18's Care Plan does not document any new interventions for R18's 4/17/24 fall.</p> <p>R18's Progress Notes for the month of April 2024 do not document any new interventions for R18's 4/18/24 fall.</p> <p>R18's 8/30/24 Progress Note documents R18 was sent to the ER for alleged fall.</p> <p>R18's 8/30/24 Fall Investigation documents R18 was observed lying on her right side on a floor mat next to her bed. R18 was hallucinating and attempted to get up and stand and fell down. There was a large red bump on the right side of</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>her forehead and a left second toe laceration with bleeding. R18 was sent to the hospital.</p> <p>R18's 8/30/24 ER Notes document R18 had a forehead laceration and a 2 cm (centimeter) by 2 mm (millimeter) left second toe laceration with persistent bleeding that required repair with four sutures.</p> <p>On 12/18/24 at 3:25 PM, V12, MDS/Care Plan Coordinator, stated she was unable to provide documentation that progressive interventions were added for R18's falls on 4/17/24 or 8/30/24.</p> <p>On 12/19/24 at 10:53 AM, V19, Certified Nursing Aide (CNA), and V20, CNA, transferred R18 from wheelchair to bed via mechanical lift. There was no fall mat or visible fall intervention in R18's room. V19 stated the only fall intervention in place for R18 is the call light (within reach).</p> <p>On 12/20/24 at 9:20 AM, V1, Administrator, and V2, Director of Nursing (DON), stated they are aware they need to work on implementing post-fall interventions.</p> <p>On 12/20/24 at 9:00 AM, V21, Medical Director (MD), stated he would have expected the Facility to put something in place to help prevent subsequent falls.</p> <p>2-R25's Face Sheet undated documents her admitting diagnosis as Unspecified Sequelae of Unspecified Cerebrovascular Disease, Vascular Dementia Moderate with Anxiety, Unspecified Convulsions.</p> <p>R25's Minimum Data Set (MDS) dated 2/14/24 documents R25 is cognitively intact, toilet transfer, dependent, chair/bed to chair transfer</p>	S9999			

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S9999	<p>Continued From page 5</p> <p>dependent.</p> <p>Incident report dated 5/3/24 documents R25 was just transferred to wheelchair using a mechanical lift. The mechanical lift bar was unhooked. Bar on machine turned around bumped resident on the right upper forehead. Noted area raised 4 cm circle with purple bruise.</p> <p>On 12/19/24 at 10:00 AM V13 Social worker stated she was the administrator at that time and was unaware of the incident.</p> <p>On 12/20/24 at 9:50 AM V6 Registered Nurse stated she could not remember the incident or the staff involved.</p> <p>The facility policy "Safe Lifting and Movement of Residents" revised December 2013 documents in order to protect the safety and well-being of staff and residents, and to promote quality care, this facility uses appropriate techniques and devices to lift and move residents.</p> <p>The Facility's "Falls" Policy revised 9/2012 documents, "The staff and physician will identify pertinent interventions to try to prevent subsequent falls and to address risks of serious consequences of falling."</p> <p>(B)</p> <p>Statement of Licensure Violations 2 of 2</p> <p>300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210c) 300.1210d)3)</p>	S9999		

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S9999	Continued From page 6 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 300.1010 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 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	S9999		

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S9999	<p>Continued From page 7</p> <p>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 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)</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 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>These requirements were not met as evidenced</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>by:</p> <p>Based on observation, interview, and record review, the Facility failed to implement nutritional interventions to prevent weight loss in 1 of 3 residents (R37) reviewed for nutrition in the sample of 40. This failure resulted in R37 sustaining significant, severe weight loss at the one, three, and six month marks.</p> <p>Findings include:</p> <p>R37's Face Sheet documents R37 was admitted to the Facility on 5/23/24 with diagnoses including Alzheimer's disease, anemia, right hip pain, weakness, constipation and dehydration.</p> <p>R37's Minimum Data Set (MDS) dated 11/27/24 documented R37 was severely cognitively impaired, had impairment on one side upper extremity, and was dependent with bed mobility and transfer.</p> <p>R37's Care Plan initiated 6/18/24 documents R37 has a nutritional deficit. Documented interventions include, "Provide and serve supplements as ordered."</p> <p>R37's Monthly Weight Report documents R37 weighed 99.0 pounds in June 2024 and 93.2 pounds in July 2024. This reflects a weight loss of 5.8 pounds or 5.8% body weight loss in one month.</p> <p>R37's Monthly Weight Report documents R37 weighed 88.0 pounds in September 2024. This reflects a weight loss of 11.0 pounds or 11.0% body weight loss in three months.</p> <p>R37's Monthly Weight Report documents R37</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>weighed 83.4 pounds in December 2024. This reflects a weight loss of 15.6 pounds or 15.7% body weight loss over 6 months.</p> <p>R37's Order Summary Report documents 5/23/24 order for regular diet with mechanical soft texture.</p> <p>On 12/19/24 at 9:59 AM, V14, Registered Dietitian (RD) stated recommendations for dietary changes are documented in both resident "Progress Notes" and on the "Nutritional Care Form" which she provides to the V1, V2 and V4 after each visit.</p> <p>R37's Progress Notes for the month of September 2024 do not contain any documentation from V14.</p> <p>The Facility's 9/19/24 "Nutritional Care Form" documents the "Action" to change R37's diet order in (Electronic Health Record) to reflect dietary meal sheet with supplement three times daily.</p> <p>R37's 10/24/24 Progress Note by V14 documents, "Recs (Recommendations): Initiate extra protein with all meals."</p> <p>The Facility's 10/24/24 "Nutritional Care Form" documents the "Action" to change R37's diet order in (Electronic Health Record) to reflect dietary meal sheet which has supplement ordered three times daily. The "Action" column does not document giving R37 additional protein with meals.</p> <p>R37's Progress Notes from November 2024 do not contain any documentation from V14.</p> <p>The Facility's 11/26/24 "Nutritional Care Form"</p>	S9999			

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S9999	<p>Continued From page 10</p> <p>does not contain any documentation from V14 regarding R37.</p> <p>R37's 12/18/24 Dietary Meal Sheet for Breakfast documents mechanical soft diet with supplement three times daily. There is no documentation to provide an additional protein serving.</p> <p>On 12/17/24 at 12:20 PM, R37 was sleeping in bed in her room. She appeared very thin with muscle wasting and orbital wasting. There was no meal tray in the room.</p> <p>On 12/18/24 at 8:50 AM, R37 was feeding herself French toast in the dining room with adaptive utensils. There was no nutritional supplement on R37's tray.</p> <p>On 12/18/24 at 9:05 AM, V5, Dietary Aid, stated R37 refused her supplement today and refuses them the majority of the time.</p> <p>On 12/18/24 at 2:07 PM, V2, Director of Nursing (DON), stated there has not been good communication with V14. She stated she requested some information on weight loss from V14 a couple of weeks ago and has not yet received that information.</p> <p>On 12/19/24 at 9:55 AM, V2 stated she was unable to provide any documentation of meal or supplement intakes for R37, because the Facility's documentation "is minimal."</p> <p>On 12/19/24 at 9:59 AM, V14 stated residents with weight loss are considered "High Risk" and are seen monthly, but she did not see R37 last month and was unaware R37 continued to lose weight or refuse nutritional supplements. She stated the Facility does not consistently track</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>meal or supplement intakes for residents and would expect to be notified of significant weight losses between visits so they can be addressed. She stated she previously recommended adding double protein portions at meals for R37, but did not add that to the "Action" list for the Facility, so it was never implemented.</p> <p>On 12/19/24 at 10:45 AM, V4, Dietary Manager, stated R37 does not take nutritional supplements very well. V14 stated she was unsure if she had ever seen R37 in person, and her weight loss was significant over one and six months and would not be desirable.</p> <p>On 12/20/24 at 9:20 AM, V1, Administrator, and V2 stated this is a concern that will be addressed.</p> <p>On 12/20/24 at 9:00 AM, V21, Medical Director, stated he expects physician orders to be followed and supplements to be given as prescribed.</p> <p>The Facility's "Nutrition (Impaired)/Unplanned Weight Loss - Clinical Protocol" Policy revised 9/2012 documents, "The nursing staff will monitor and document the weight and dietary intake of residents in a format which permits readily available comparisons over time." "The threshold for significant unplanned and undesired weight loss will be based on the following criteria" "1 month - 5% weight loss is significant; greater than 5% is severe." "3 months - 7.5% weight loss is significant; greater than 7.5% is severe." "6 months - 10% weight loss is significant; greater than 10% is severe." "Strategies to increase a resident's intake of nutrients and calories may include fortification of foods (for example, protein added to mashed potatoes), increasing portion sizes at mealtimes, and providing between-meal snacks and/or nutritional supplementation." "The</p>	S9999		

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S9999	Continued From page 12 Physician and staff will closely monitor residents who have been identified as having impaired nutrition or risk factors for developing impaired nutrition. Such monitoring may include: a. Evaluating the care plan to determine if the interventions are being implemented and whether they are effective in attaining the established nutritional and weight goals." (B)	S9999		