

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON COUNTRYSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864		
(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 Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) 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 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	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

02/10/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON COUNTRYSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864		
(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
S9999	Continued From page 1 care needs of the resident. 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. These requirements are not met as evidenced by: Based on interview and record review the facility failed to implement dietary supplements as ordered for 4 (R39, R44, R45 and R63) of 8 residents reviewed for nutrition in a sample of 36. This failure resulted in R63 experiencing a 7.88 percent weight loss within one month. Findings include: 1. R63's Resident Face Sheet documented an admission date of 3/13/24 with diagnoses including: dementia, underweight, mild protein-calorie malnutrition, muscle wasting and atrophy. R63's 12/13/24 Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 1, indicating R63 had severe cognitive impairment. R63's Progress Note dated 12/19/24 from V3 (Dietician) documents, "Note r/t (related to) wound. Resident has skin tear to R (right) hip/buttock. Wt (Weight) 104# (pounds), usual for resident and stable. Diet order: regular, regular texture, thin liquids. Health shake one daily. Dietary intake is poor to fair. Recommend health shake BID (twice daily) and vit C 1000mg (milligrams) r/t wound healing.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON COUNTRYSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864		
(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
S9999	Continued From page 2 R63's Active Physician Orders sheet document Vitamin C 1000 mg once a day with a start date of 1/23/25 and Health shakes twice a day, morning and evening with a start date of 1/23/25. R63's Care Plan documented in part "...Problem Start Date: 8/23/23 ...Category: Nutritional Status ... I am risk for impaired nutrition and hydration related to underweight, poor appetite, vitamin deficiencies, protein calorie malnutrition, electrolyte imbalance, impaired cognition ... January 2025: weight loss 7.8% one month and 7.8% loss 3 months ..." with a approaches documenting in part " ... Approach Start Date: 8/23/23 ... Nutritional supplements/ vitamins as ordered and monitor for side effects ... Approach Start Date, 8/29/23 Health Shake daily for nutritional supplement (related to) underweight/ poor intake ..." R63's Weight Log from 3/13/24 to 1/24/25 documents R63's weight on 12/3/24 as 104 pounds with a BMI (Body Mass Index) of 18.42 and a weight on 1/3/25 as 95.8 pounds with a BMI of 16.97. This weight loss represents a 7.88 percent (severe) weight loss in one month. On 1/23/25 at 9:31 AM, V7 (Dietary Manager) said when a resident has a diet or supplement change, nursing staff will bring the order to dietary staff. V7 said she was unsure how often the V3 (Dietitian) came to the facility to review residents. V7 said V1 (Administrator) was meeting with V3 while V7 was still learning the duties of the Dietary Manager. V7 said she did not receive V3's reports and Nutritional Recommendations, V1 was the staff that would receive them. On 1/23/25 at 9:46 AM, V1 said V3 would send her the Nutritional Recommendations and she	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON COUNTRYSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864		
(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
S9999	Continued From page 3 would then give them to V7 and V2 (Director of Nursing/ DON). V1 said V2 would print out the Nutritional Recommendations and give them to the resident's medical provider and when they were signed nursing staff would put the order in the Physician Order Set and notify dietary via a diet communication slip. On 1/24/25 at 11:17 AM, V9 (Nurse Practitioner) said a resident with weight loss was at risk to develop significant weight loss if not provided with ordered supplements. On 1/23/25 attempts were made to reach V3 via phone. A voicemail was left and not returned. On 1/24/25 an email was sent to V3 which again resulted in no contact back from V3. 2. R45's face sheet documents an admission date of 5/4/24 and included the following diagnosis: Unspecified severe protein-calorie malnutrition. R45's Nutritional Recommendation dated 12/12/24 by V3 documents, recommended Health shake twice a day related to weight loss. R45's current physician order sheet includes an order with a start date of 1/24/25 for Health Shakes twice daily. R45's care plan has a problem area of: Problem I am risk for impaired nutrition and hydration related to electrolyte imbalances, vitamin deficiencies. An approach to this problem area is a health shake twice a day with a start date of 1/23/24. On 1/22/25 at 2:30 PM, V1 (Administrator) stated that V7 (Dietary Manager) is a new employee and	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON COUNTRYSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864		
(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
S9999	Continued From page 4 had not been given the list of residents who had dietary recommendations from the December dietary recommendations made by V3. On 1/23/25 at 9:31 AM, V7 (Dietary Manager) provided a list of residents receiving supplements and R39, and R45 were not on the list. On 1/24/25 at 11:28 AM, V9 stated she expected the facility to follow the orders written for dietary supplements and provide them as ordered with meals and/or snacks. 3. R39's face sheet documents an admission date of 9/24/2024. This same document include the following diagnosis: unspecified severe protein-calorie malnutrition. R39's Nutrition Recommendation dated 12/12/24 by V3 documents health shake snack daily related to weight loss. R39's current Physician orders include an order for sugar free health shake daily, once a day- day shift starting 10/22/24 with no end date and a second order for sugar free health shakes twice a day, morning and evening starting 1/23/25. Review of R39's care plan problem: I am risk for impaired nutrition and hydration related to vitamin deficiencies, weakness/fatigue, acid reflux, decreased cardiac function, hypo/hyperglycemia, or poor intake. My appetite is fair to good. The goal for this problem area is: I will be nutritionally stable as evidenced by no significant weight changes through the next review. An approach to this problem area with a start date of 1/24/24 is to provide a sugar free health shake twice a day. 4. R44's Resident Face Sheet documented an	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON COUNTRYSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864		
(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
S9999	Continued From page 5 Admission Date of 8/23/24 and listed diagnoses including Dementia, Hypertension, and Anxiety Disorder. R44's Minimum Data Set dated 11/27/24 documented that R44 is severely cognitively impaired, requires partial or moderate assistance for eating, and requires a mechanically altered diet, R44's Care Plan dated 12/20/24 documented a problem area, "I am at risk for impaired nutrition and hydration related to poor intake, tearful behavior, decreased activity tolerance, vitamin deficiency, and electrolyte imbalance." R44's January 2025 Physicians Order Sheet documented an order for a regular mechanical soft with thin liquids, and a 1/23/24 order for health shakes three times daily. R44's 12/12/24 Registered Dietician Progress Notes, authored by V3, Registered Dietician, documented, "Note related to weight loss, wound. Weight 123lb., significant loss in the past 1 month. Resident's condition has declined, and she was put on palliative care with comfort measures on 11/22/24. Weight loss is related to change in condition and decrease in oral intake. Resident has an open area to right ischium which is being treated. Recommend offer health shake three times daily if resident does not eat meals." There was no documentation in the record to indicate R44 received health shakes from 12/12/24 through 1/23/25. On 1/21/25 at 1:26pm, R44 was alert only to herself. R44 was sitting up in bed with a lunch tray on the overbed table in front of her. R44's plate contained a whole boneless chicken breast which had not been cut up. There was no health shake on the tray. When R44 was asked why she didn't eat the chicken, R44 stated it was too	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON COUNTRYSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864		
(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
S9999	Continued From page 6 tough. On 1/22/25 at 11:16am, V4, Family Member, stated R44 is weak at times, with a generally poor appetite. V4 stated she has been to visit during meals several times in the past few months and has not witnessed anybody offering a R44 health shake nor has she seen one on her tray. On 1/23/25 at 10:01 AM, V5, Certified Nursing Assistant (CNA) working on the 200 hall, stated R44 was transferred there from the 300 hall yesterday. V5 stated R44 had fed herself breakfast that morning and ate about 50 percent of the meal. V5 stated she did not offer R44 a health shake and was not aware she should have had one. On 01/23/25 at 10:09 AM, V6, CNA working on the 300 hall, stated some days R44 will feed herself, and some days she needs assistance. V6 stated R44 is on a mechanical soft diet. V6 stated she has never given R44 any supplements and doesn't think any were ordered. On 01/23/25 at 11:08 AM, V7, Dietary Manager, stated she was not sure if R44 was supposed to be getting a health shake. V7 stated if R44 was to be offered a health shake due to poor meal intake, the CNAs should notify the kitchen and they would send it along with a snack. On 01/23/25 at 02:31 PM, V1, Administrator, stated there is no documentation of R44 receiving health shakes as V3's 12/12/24 order was overlooked and not implemented. V1 stated on 1/23/25, R44's Primary Care Provider ordered health shakes to be given three times daily regardless of meal intake.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012512	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER MOUNT VERNON COUNTRYSIDE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864		
(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
S9999	Continued From page 7 On 1/23/25 at 2:31 PM, V1 said none of the Nutritional Recommendations from December of 2024 had been completed. The facility's revised February 2024 Weight Management Program documented in part " ... 10. The DON or his/her designee will list all residents who have had a weight loss or gain greater than five pounds, poor intake ... results will be given to the register dietician (sic) for assessment and recommendations. 11. The DON will then distribute the R.D. (Registered Dietitian) recommendations per wing to the charge nurse. 12. The charge nurse will notify the attending physician of the current resident's condition and of the R.D.'s recommendations and document the physician's order on the physician order sheet and the 24 hour report sheet. 13. The charge nurse will then initiate a Diet Order & Communication form to the Dietary Manager who will chart the change in the dietary progress note and to the MDS Coordinator to update the care plan ..." A (Trade Name) Supplementation Policy dated November 2017 stated, "It is the policy of (the facility) to provide each resident with additional supplementation as ordered by the Physician to promote weight maintenance or gain, to promote skin integrity, or to maintain nutritional status if meal intake is inadequate to meet needs." (B)	S9999		