STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012512	A. BUILDING: _____ B. WING _____	R 02/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOUNT VERNON COUNTRYSIDE MANOR	606 EAST IL HWY 15 MOUNT VERNON, IL 62864

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S 000	Initial Comments First Certification Revisit to Annual Licensure Survey date 1/24/25	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	S9999		

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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 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 observation, interview, and record review the facility failed to provide physician ordered nutritional supplements for 1 (R44) of 4 residents reviewed for nutritional supplements in a sample of 11. This failure resulted in R44 experiencing a 6.25% severe weight loss in 21 days.

Findings include:

R44's Resident Face Sheet documented an admission date of 8/23/24 with diagnoses including: dementia, anxiety disorder, cognitive communication deficit, muscle weakness, need for assistance with personal care, muscle wasting and atrophy, lack of coordination. R44's 11/27/24 Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 99, indicating R44 was not able to complete the interview and was severely cognitively impaired.

R44's care plan documented and edited 2/11/25 problem documenting in part " ...risk for impaired nutrition and hydration related to poor intake, tearful behavior, decreased activity tolerance ... Per facility dietitian: "Note (related to) weight loss (times) 1 month, wound. (Weight 123 pounds),

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significant loss (times) 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. February 2025: weight loss 10.1% (per) 1 month, 20% loss (per) 3 months ..." with a 1/24/25 approach documenting in part " ... Health Shake TID (3 times per day) ..."

R44's Physician Order Report documented an 1/23/25 order for health shakes 3 times a day.

On 2/27/25 at 10:42 AM, V1 (Administrator) provided the facility's undated Supplement List that did not document R44 received health shakes 3 times a day.

On 2/27/25 at 11:33 AM, the noontime meal service was started, and resident meals trays were observed being prepared.

On 2/27/25 at 1:06 PM, R44's noontime meal tray was delivered containing mechanical soft turkey, au gratin potatoes, carrots, cheesecake, lemonade, and milk. No health shake was present on R44's meal tray.

On 2/27/25 at 1:10 PM, V14 (Certified Nursing Assistant/ CNA) verified R44 did not receive a health shake on her meal tray. V14 was asked if R44 was supposed to receive a health shake and V14 said she was not sure V14 would have to look at R44's meal card. V14 said no health shakes were documented on R44's meal card. V14 said she could look in R44's medical record to find out if R44 was supposed to receive a health shake. V14 was asked if anything would que V14 to look in R44's medical record at the time of delivering R44's meal tray to find out if

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R44 was supposed to receive a health shake and V14 said there was not because no health shake was documented on R44's meal card.

On 2/27/25 at 1:22 PM, V1 (Administrator) was shown a copy of R44's meal card documenting no health shakes. V1 said she would speak with V7 (Dietary Manager) to ask why no health shake was documented on R44's meal card.

On 2/28/25 at 10:43 AM, V7 said she did not know why R44 was not on the supplement list. V7 said the supplement list was a running list of residents that received a nutritional supplement. V7 said if a resident's name was not on the list dietary staff would not know to provide the resident with a nutritional supplement. V7 said she updated the supplement list when nursing staff provided her with a medical provider signed dietary order change. V7 said on 2/27/25 she, V1, and V2 (Director of Nursing/ DON) had performed an audit of all residents verifying any residents with orders for a nutritional supplement were on the supplement list and a new supplement list had been made.

On 2/28/25 at 11:33 AM, V9 (Nurse Practitioner) said she expected staff to provide nutritional supplements as ordered. V9 said while R44's weight loss was expected due to R44 receiving palliative care, it was possible R44 would not have had a severe weight loss if R44 had been receiving ordered nutritional supplements.

On 2/28/25 at 12:00 PM, V3 (Registered Dietitian) said health shakes were ordered for additional calories and should be given if they are ordered. V3 said she expected R44 to receive the health shakes because it was possible the health shakes were the only calories or nutrition R44

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was receiving. V3 said not receiving the health shakes could have contributed to R44's severe weight loss.

R44's Search Vitals Results documented on 2/7/25 R44 weighed 112.0 pounds.

On 2/28/25 at 10:34 AM, R44's wheelchair without the pedals weighed 32.8 pounds.

On 2/28/25 at 1:13 PM, R44 was weighed in her wheelchair without the pedals and weighed 137.8 pounds, indicating R44 weighed 105 pounds. From 2/7/25 to 2/28/25 R44 lost 6.25% indicating a severe weight loss in 21 days.

The facility's revised February 2024 Weight Management Program policy documented in part " ... Policy ... to manage resident weight through prevention, assessment, and implementation and evaluation of interventions ... Procedure ... 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, pressure ulcers, chewing or swallowing problems, receive tube feedings, all new admissions, all readmissions, or abnormal lab results will be given to the register dietician 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 RD's recommendations and document the physician's order of the physician's order sheet and the 24 hour report sheet. 13. The charge nurse will then initiate a Diet Order & Communication for to the Dietary Manager who will chart the change in the dietary progress note and to the MDS Coordinator to update the care plan ..."

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