STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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 Complaint Investigation 2523619/IL190884	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 2 300.610a) 300.1010h) 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 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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	S9999		

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 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 ensure daily weights were completed as ordered for a resident with congestive heart failure and failed to identify an increase in weight for a resident with congestive heart failure for 1 of 3 residents (R1) reviewed for weights in the sample of 9. This failure resulted in R1's weight not being monitored appropriately, changes not being communicated with the physician, and R1 being transferred to the acute care hospital for treatment of congestive heart

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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	S9999		

failure exacerbations on 4/3/25 and 4/10/25.

The findings include:

R1's face sheet showed she was admitted to the facility on 2/3/2025 with diagnoses to include acute diastolic congestive heart failure, chronic obstructive pulmonary disease with acute exacerbation, need for assistance with personal care, acute and chronic respiratory failure with hypoxia, primary pulmonary hypertension, other forms of dyspnea, obstructive sleep apnea, and anxiety disorder. R1's facility assessment dated 4/23/25 showed she has severe cognitive impairment and requires substantial to maximum assist of staff for most cares.

On 5/2/25 at 1:08 PM, R1 said, "... The daily weights have not happened the way I want it to. Since I've been here it has not hardly been done at all. The fluid content in my body has to be monitored. I used to weigh myself every day at home..."

R1's 2/3/25 hospital discharge orders showed, "... Discharge Plan... Reason for Admission: CHF (Congestive Heart Failure) exacerbation... Instructions for Patients with Heart Failure: Please weigh daily (with the same scale and at the same time each day if possible) ... Report weight gain of 3 lbs in 1 day or 5 lbs in 1 week to cardiologist..."

R1's weight under the vitals tab in the electronic record showed on 2/3/25 she weighed 210 lbs (pounds).

R1's February 2025 eMAR (electronic Medication Administration Record) showed an order start date of 2/4/25 for "Daily weight due to CHF one

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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	S9999		

time a day. Report a weight gain of greater than 3 pounds in 1 day..." R1's weight was documented on this eMAR on 2/4/25 as 216.5 lbs (a weight gain of 6.5 lbs in one day). R1's medical record showed no evidence of notification to her physician on 2/4/25 of the 6.5 lbs weight gain. R1's 2/5/25 nursing note entered at 2:37 PM showed, "Possible admission to hospital. Currently on 2 liters of oxygen and COVID positive..." R1's record showed she remained in the acute care hospital until 2/18/25.

R1's 2/18/25 hospital discharge orders showed, "... Discharge Plan... Acute bronchitis with COPD... COVID-19... Hypoxia... Instructions for Patients with Heart Failure: Please weigh daily (with the same scale and at the same time each day if possible) ... Report weight gain of 3 lbs in 1 day or 5 lbs in 1 week to cardiologist..."

R1's census showed she was present in the facility from 2/18/25 through 2/25/25. R1's eMAR showed an order started 2/19/25 for "Daily weights x 3, Weekly weight x 4, monthly weight..." No order was entered to reflect daily weights. R1's record showed weights documented 2/19/25 as 186, 2/20/25 as 186, and 2/21/25 as 185.6. No weights were documented for 2/22/25, 2/23/25, 2/24/25 or 2/25/25 due to the incorrect order being entered. R1's record showed she remained in the acute care hospital from 2/25/25 through 3/5/25.

R1's 3/5/25 hospital discharge orders showed, "Discharge Plan: ... Instructions for Patients with Heart Failure: Please weigh daily (with the same scale and at the same time each day if possible) ... Report weight gain of 3 lbs in 1 day or 5 lbs in 1 week to cardiologist..."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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 R1's census showed she was present in the facility from 3/5/25 through 4/3/25. R1's eMAR showed an order start date of 3/6/25 for "Daily weights x 3, Weekly weight x 4, monthly weight..." No order was entered to reflect daily weights until 3/27/25. R1's record showed her weight documented 3/6/25 as 185.6 lbs, 3/7/25 as 201.4 lbs, and 3/8/25 as 204.1 lbs. R1's medical record showed no evidence of notification to the physician of her weight change 3/7/25. No weights were documented from 3/9/25 through 3/26/25 due to the incorrect order being entered. No daily weights were entered 4/1/25, 4/2/25, or 4/3/25. R1's 4/3/25 nursing note entered at 9:48 AM showed, "Patient resting in bed with eyes closed. Had to sternal rub to wake her up. Did respond to verbal stimuli but would not stay awake. Blood pressure 88/48 pulse ox 90 % on room air, appears short of breath, using accessory muscles. Notified [R1's doctor], okay to send to emergency department for evaluation and treatment..." R1's record showed she remained in the acute care hospital from 4/3/25 through 4/7/25. R1's 4/7/25 hospital discharge orders showed, "... Hospital Course: ... presented to the hospital with worsening shortness of breath and cough. Admitted for acute CHF and was requiring 2L of O2 throughout the day, rather than only at night. She was diuresed with intravenous Lasix and transitioned back to oral Lasix, her dyspnea (difficulty breathing) resolved... Discharge Plan: ... Instructions for Patients with Heart Failure: Please weigh daily (with the same scale and at the same time each day if possible) ... Report weight gain of 3 lbs in 1 day or 5 lbs in 1 week to cardiologist..."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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	S9999		

R1's census showed she was in the facility from 4/7/25 through 4/10/25. One weight was documented between 4/7/25 and 4/10/25. 1 of 3 weights completed as ordered.

R1's 4/10/25 nursing note entered at 11:47 AM showed, "Call placed to [R1's Physician], reviewed current assessment findings of increased confusion... Respirations 32 utilizing abdominal accessory muscles with spO2 98% on 2L per nasal cannula, lung sounds with expiratory wheezing... Guest will open eyes with verbal and tactile stimulation for short periods. New order received for Albuterol Nebulizer treatment one time, reassess after nebulizer treatment and call report back to [R1's Physician]."

R1's 4/10/25 nursing note entered at 12:18 PM showed, "Call placed to [R1's Physician], reviewed assessment. New order received to send to [acute care hospital] for respiratory distress."

R1's 4/17/25 hospital discharge orders showed, "... Hospital Course:... presented with dyspnea and was admitted with acute on chronic respiratory failure secondary to CHF exacerbation and metabolic encephalopathy... Discharge Plan: ... Instructions for Patients with Heart Failure: Please weigh daily (with the same scale and at the same time each day if possible)... Report weight gain of 3 lbs in 1 day or 5 lbs in 1 week to cardiologist..."

R1's census showed she has been in the facility from 4/17/25 through current. R1's eMAR shows from 4/18/25 through 4/30/25 there were 5 daily weights not completed as ordered.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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	S9999		

R1's care plan initiated 4/24/25 showed R1 has Congestive Heart Failure but did not include information regarding daily weights or physician notification of weight changes.

On 5/6/25 at 11:25 AM, V4 RN (Registered Nurse) said daily weights are important for monitoring residents with CHF to monitor how their heart is functioning and identify when they are retaining fluid.

On 5/6/25 at 3:40 PM, V2 DON (Director of Nursing) said, "This is considered an order for daily weights. I expect daily weights to be done daily to monitor for fluid overload. Typically, if there is an order for parameters, usually weight gain over 3 lbs in one day we would contact [R1's Physician] so she can evaluate if there should be a need for a fluid restriction, add or change a diuretic, or possibly the need to be seen. Daily weights are important for monitoring the fluid for people with CHF because if there is too much fluid they can go into cardiac arrest especially with quick fluctuations."

On 5/6/25 at 12:49 PM, V7 (R1's Physician) said she has concerns with the facility completing daily weights. V7 said she is frustrated because she sees R1 every week for the most part and tries to communicate with the facility staff. V7 said part of the problem she feels is that the staff are always changing so there is not the follow through with the orders. V7 said she has expected to receive updates on R1's weights including notification of significant changes as the parameters on R1's record shows. V7 said she has received R1's weights one time since she was admitted to the facility. V7 said R1 has CHF which is the reason she is on daily weights. The daily weights monitor for fluid retention and the need to modify her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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	S9999		

medications and diuretics. V7 said she would expect them to have given me her weights so she could adjust R1's medications and possibly prevent her from having to go to the hospital.

The facility's weight policy was obtained but did not include daily weights. On 5/6/25 at 3:40 PM, V2 DON said the facility does not have a policy regarding care of residents with Congestive Heart Failure or have a policy related specifically to daily weights. V2 said the order for daily weights would be expected to be completed as all other physician orders are.

(A)

2 of 2

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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 8	S9999		

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 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 ensure a resident with an order for a BiPAP (Bilevel Positive Airway Pressure) machine was provided one for 1 of 3 residents (R1) reviewed for respiratory devices in the sample of 9. This failure resulted in R1 being hospitalized for respiratory failure due to not using BiPAP machine.

The findings include:

R1's face sheet showed she was admitted to the facility on 2/3/2025 with diagnoses to include acute diastolic congestive heart failure, chronic obstructive pulmonary disease with acute exacerbation, need for assistance with personal care, acute and chronic respiratory failure with hypoxia, primary pulmonary hypertension, other forms of dyspnea, obstructive sleep apnea, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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 9	S9999		

anxiety disorder. R1's facility assessment dated 4/23/25 showed she has severe cognitive impairment and requires substantial to maximum assist of staff for most cares.

On 5/6/25 at 10:45 AM, V12 (R1's Power of Attorney) said R1 had a CPAP prescribed at home and they were in the middle of getting her settings readjusted when she went into the hospital. V12 said they took R1's home CPAP machine to the facility for use with the settings she was using at home. V12 said coming out of the hospital on 4/17/25 there was an order for a BiPAP because she was doing well on a BiPAP in the hospital. V12 said he was concerned that the facility did not have the BiPAP available until 4/22/25 (5 days after R1 returned from the hospital) which caused her to have marked difficulty with disorientation, cognitive ability, and sleep patterns..."

R1's 2/3/25 hospital discharge orders showed, "Durable Medical Equipment (DME)(CPAP) See instructions: BiPAP at 14/7, mask and supplies..." R1's 2/3/25 Admission/Readmission Screener assessment showed no oxygen used and showed no information regarding R1 wearing a CPAP or BiPAP at night.

R1's census showed she went back to the acute care hospital 2/5/25 and was readmitted to the long term care facility 2/18/25.

R1's 2/18/25 hospital discharge orders showed, "Durable Medical Equipment (DME)(CPAP) See instructions: BiPAP at 14/7, mask and supplies..." R1's 2/18/25 Admission/Readmission Screener assessment showed no oxygen was used and no CPAP or BiPAP was used.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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 10	S9999		

R1's February 2025 eMAR (electronic Medication Administration Record) and eTAR (electronic Treatment Administration Record) showed no orders for applying either a CPAP or a BiPAP at night.

R1's census showed she went back to the acute care hospital 2/25/25 and was readmitted to the long term care facility 3/5/25.

R1's 3/5/25 hospital discharge orders showed, "Durable Medical Equipment (DME)(CPAP) See instructions: BiPAP at 14/7, mask and supplies..." R1's 3/5/25 Admission/Readmission Screener assessment showed no information related to R1's oxygen use, CPAP, or BiPAP use.

R1's March 2025 eMAR showed an order started 3/5/25 for "CPAP worn at night- 14/7, every night related to sleep apnea..." Between 3/5/25 and 3/31/25, there was documentation of 6 nights which R1 did not wear her CPAP.

R1's census showed she went back to the acute care hospital 4/3/25 and returned to the facility 4/7/25.

R1's 4/7/25 hospital discharge orders showed, "Durable Medical Equipment (DME)(CPAP) See instructions: BiPAP at 14/7, mask and supplies..." R1's 4/7/25 Admission/Readmission Screener assessment showed R1 was wearing oxygen at 2 LPM and had neither a CPAP or a BiPAP. R1's April 2025 eMAR showed no order for CPAP or BiPAP entered upon R1's return to the facility 4/7/25.

R1's census showed she went back to the acute care hospital 4/10/25 and returned to the long term care facility 4/17/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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 11	S9999		

R1's 4/17/25 hospital discharge orders showed, "Durable Medical Equipment (DME)(CPAP) See instructions: BiPAP at 14/7, mask and supplies... Hospital Course: was admitted with acute on chronic respiratory failure secondary to CHF exacerbation and metabolic encephalopathy. Respiratory failure due to noncompliance with diet and not using BiPAP. Family initially wanted a different skilled nursing facility but are now agreeable to go back to where she came from. She is requiring 2L of oxygen and is supposed to be on BiPAP at night. Patient has not been compliant with this, and long discussions have been had with her daughter regarding continuing current treatment.... she encouraged her mom to be compliant with BiPAP... Strongly recommend complying with BiPAP at night or patient is at risk for readmission..."

R1's 4/17/25 Admission/Readmission Screener assessment showed R1 using oxygen but indicated "no" for CPAP/BiPAP.

R1's care plan initiated 4/24/25 (the first indication in R1's care plan of BiPAP use) showed, "The resident utilizes a BiPAP related to Obstructive Sleep Apnea... The resident intermittently refuses to wear BiPAP as prescribed, placing them at risk for respiratory complications such as hypoxia, fatigue, and poor sleep quality... Use BiPAP as scheduled."

R1's April 2025 eMAR showed an order started 4/17/25 for "BiPAP at night- bilevel 14/7."

The facility provided a receipt showing a BiPAP machine was delivered by their Durable Medical Equipment provider on 4/22/25.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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 12	S9999		

R1's same eMAR showed R1 has refused wearing the BiPAP 4 times between 4/17/25 and 4/30/25 and being compliant with wearing the BiPAP 10 nights.

On 5/6/25 at 12:49 PM, V7 (R1's Physician) said, "[R1] had been on BiPAP in the past in the hospital. She historically had not wanted to wear her CPAP when she was at home. Since she has been at the facility, she has not been wearing it. In part, she has hesitation to wear it, but it's only been the last week that her BiPAP was even there for her to use... Based off of the orders she had coming from the hospital she should have had the BiPAP starting all the way back 2/3/25 when she first admitted. I think the reason it was done now after this admission is there was more detail in the discharge because there was a conversation about hospice. I think it was a more forceful conversation that she has to have the BiPAP or she is not going to make it. For her, the BiPAP is very important..."

On 5/6/25 12:06 PM, V2 DON (Director of Nursing) said, "[R1] had a CPAP at home that she was noncompliant with it... We tried to encourage her to use her CPAP, but it was hit or miss. She brought it from home when she was admitted. She went back to the hospital and when she returned to us, they changed her to a BiPAP on her last hospitalization... The family is aware that she has a lot of reasons she doesn't like wearing it. Not sure the reason, just uncomfortable. The BiPAP was delivered 4/22/25. We are fine tuning DME process. Typically, the equipment is here within a couple of days. I think the ordering of this fell on a holiday weekend and it ended up being several more days. [V7] (R1's physician) was fine with her using her CPAP until the BiPAP arrived. [Reviewing the documents from the hospital] it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6013023	A. BUILDING: _____ B. WING _____	C 05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVIS CENTER FOR NURSING REHAB & CAR	1455 HOSPITAL ROAD SILVIS, IL 61282

(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 13 clearly looks like the order was for BiPAP all along (from 2/3/25) so I don't know why there was confusion... It is here and set to 16/6 which is the correct setting. I would have expected them to clarify what she was supposed to have based on the orders we received. We should have known exactly what the settings were, and it should have been on the eMAR." The facility's policy and procedure with review date of 5/6/2025 showed, "Policy for CPAP/BiPAP... BiPAP provides continuous positive pressure to the airways of spontaneously breathing residents... Purpose: to augment breathing... to treat sleep disorders... to correct arterial hypoxemia... to decrease work of breathing... to increase compliance..." (A)	S9999		