

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001770	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/06/2025
NAME OF PROVIDER OR SUPPLIER CISNE REHABILITATION & HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 107 NORTH WATKINS STREET CISNE, IL 62823		
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S 000	Initial Comments Annual Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210a) 300.1210b)4) 300.1210c) 300.1210d)3) 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

Electronically Signed

TITLE

(X6) DATE

06/26/25

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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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p>	S9999		

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S9999	<p>Continued From page 2</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 by:</p> <p>Based on observation, interview, and record review, the facility failed to implement care plan interventions and dietitian recommendations as ordered for 1 (R12) of 1 resident reviewed for nutrition in a sample of 22. This failure resulted in R12 experiencing a 10.26 percent weight loss within three months.</p> <p>Findings include:</p> <p>R12's Admission Record documented an admission date of 7/12/2022 and included diagnoses of dementia in other diseases classified elsewhere, chronic diastolic (congestive) heart failure, type 2 diabetes mellitus, major depressive disorder, and end stage renal disease.</p> <p>R12's Minimum Data Set (MDS) assessment dated 3/11/2025 documented a Brief Interview for Mental Status (BIMS) score of 10, indicating R12 had moderate cognitive impairment. Under the section titled Mood, R12 was documented as having little interest or pleasure in doing things</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>and feeling down, depressed or hopeless for several days. Under the section for Functional Abilities and Goals, R12 was assessed as needing setup or cleanup assistance for eating.</p> <p>R12's Dietitian Progress Note dated 5/6/2025 by V13 (Registered Dietitian/RD) documented "...May wt (weight): 136# w/ (with) a sig wt loss (significant weight loss) noted x (times) 1 mo (month) (5.56%), x 3 mo (12.82%) and x 6 mo (12.26%). BMI (Body Mass Index): 24.9 (WNL) (within normal limits). Diet rx (prescribed): Regular, NAS (No added salt) w/ Thin Liquids, 1500 cc (cubic centimeters) Fluid Restriction, Magic Cup 1x/day and 60 cc 2.0 cal (calorie) Supplement TID (3 times per day). PO (by mouth) intake is reported as varied ~0-100% of meals w/ most meals reported as ~26-50% per the look back report. Meds reviewed- insulin rx in place to support glycemic control; antidepressant rx may alter appetite/wt (weight); diuretic rx may alter fluid balance/wt/electrolytes. Labs dated 4/8/25 reviewed: Cholesterol (H = high), HDL (L = low), LDL (H), Hgb/HCT (hemoglobin/hematocrit) (L), Iron (WNL), TIBC (total iron binding capacity) (L). Iron supplement and atorvastatin rx in place. Practitioner notified of labs. Staff report poor acceptance of the 2.0 cal (calorie) supplement rx to this RD and state that Magic Cup acceptance is hit or miss. At this time will recommend to d/c (discontinue) the 2.0 cal supplement rx, add Mighty Shake BID (twice per day) and recommend MD (medical doctor) to consider an appetite stimulant d/t (due to) generally poor appetite. RD to follow-up PRN (as needed)."</p> <p>R12's Care Plan documented a focus area of "NUTRITION/HYDRATION: At Risk for Complications with Nutrition and hydration r/t (related to) fluid restriction, diuretic use, impaired</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>cognition, psychotropic med use. Current weight is 154 Height is 62 BMI is 28.2" initiated on 9/18/24 and revised on 12/20/24. The goal listed documents "Will have no significant wt changes noted through review date" initiated on 12/20/24 with a target date of 8/31/25. The corresponding interventions are documented as follows: Meds /Labs/Treatments as ordered/accepted, initiated 12/20/24; Provide diet as ordered, initiated on 12/20/24; Record weights a minimum of monthly or per MD/RDN, initiated on 9/18/24; Set up meal per resident direction and assist with eating as/if needed and Honor food requests as able, initiated on 12/20/24; and Supplement as ordered, initiated on 9/18/24 and revised on 10/24/24.</p> <p>R12's Weight Log with print date of 6/5/2025 documents R12's weight on 2/27/2025 was 156 lbs (pounds) and her weight on 5/30/2025 was 140 lbs, which equals a significant weight loss of 10.26 percent in three months.</p> <p>On 06/04/25 at 12:50 PM, R12 was sitting at the lunch table with a regular meal of garlic and herb pork chop, sweet potatoes, peas, two snickerdoodle cookies and supplement. R12 was observed sleeping at the dining room table with no food touched on her plate while staff were sitting at another table assisting other residents with lunch. No staff were observed encouraging R12 to eat nor offering R12 assistance to feed herself.</p> <p>On 06/04/25 at 1:11 PM, V7 (Certified Nursing Assistant/CNA) and V8 (CNA) both stated, if they have a resident who is not eating or starts to have a decline in feeding themselves, they will encourage resident to eat or attempt to help feed them. V7 and V8 both stated, they would also</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>notify the nurse.</p> <p>On 06/04/25 at 1:13 PM V10 (Licensed Practical Nurse/LPN) stated, she will be notified by the CNA staff if a resident is not eating or declines in feeding self. V10 stated she would notify the provider and Registered Dietitian of resident change/decline. V10 stated R12 has not been wanting to eat and this started around the end of April 2025. V10 feels R12 is a failure to thrive since her husband passed away over a year ago. V10 stated, R12 will go back and forth with her intake of food depending on her mood. V10 stated R12's Dietary Note by V13 (RD) dated 5/6/2025 is sitting in V11 (Nurse Practitioner/NP's) folder for review. V10 stated, V11 had been in the facility today (6/04/2025) and did not sign V13's recommendations. V10 stated the facility did have a lapse in weekly NP coverage coming into the facility that started around the first of May 2025. V10 stated, she had not worked the week of 5/6/2025, but the nursing staff should have contacted V12 (Medical Provider) or the on-call telehealth service via phone to review V13's progress note and recommendations for R12 prior to today.</p> <p>On 06/04/25 at 1:19 PM, R12 was sitting at the dining room table with a new tray served with garlic and herb pork chop, mash potatoes, peas, snickerdoodle cookie and her magic cup. R12 was again observed sleeping at the dining room table with no food touched on her plate. No staff were observed encouraging R12 to eat nor offering assistance to feed her.</p> <p>On 06/05/2025 at 7:42 AM, R12 was sitting in the dining room with her breakfast in front of her. R12 was not eating and there were staff at another table assisting other residents with</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>breakfast.</p> <p>On 06/05/2025 at 8:12 AM, R12 was observed sitting in the dining room with her breakfast still untouched. R12 had drank her milk and started eating her cereal R12 was observed eating approximately half the bowl of cereal.</p> <p>On 06/05/25 at 9:15 AM, V6 (Dietary Manager) stated R12 had started showing signs of not wanting to eat at meals around the last week of April 2025. V6 stated, R12 started with not wanting to eat some items at meals to then gradually not wanting to eat at any meals over the last 4 weeks. V6 stated R12 does have periods where she will eat and not eat depending on her mood. V6 stated, staff should encourage residents to eat when observed not eating or have a decline in intake. V6 stated, the process for communication with diet changes/recommendations starts with V13 (RD) coming in once a month to review residents. V6 stated that herself, V1 (Administrator) and V2 (Director of Nursing) will receive a copy of V13's progress notes with recommendations. V6 stated, V2 will then take the note with recommendations and put them in the folder for the Nurse Practitioner (NP) to see weekly. V6 stated, once the NP signs the orders, the nursing staff will then make the updates/changes in the resident's electronic health record (EHR). V6 stated, once the changes are made in the resident's EHR, she can update dietary information on her end. V6 stated she did receive V13's progress notes with recommendations on 5/6/2025 via email. V6 stated, to her knowledge V2 did put the progress note in the NP folder to be reviewed. V6 stated the facility did have a lapse in weekly in-person NP coverage at the facility that started the first week of May 2025. V6 said in her opinion, V12</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>(Medical Provider) should have been contacted via phone to review V13's progress notes and recommendations by the nursing staff prior to today. V6 stated 4 weeks is too long of a period to wait on reviewing recommendations.</p> <p>On 06/05/25 at 10:23 AM, V11 (Nurse Practitioner/NP) stated, she started weekly in-person visits in the facility on 5/29/2025. V11 stated, the facility did have a lapse of a NP coming into the facility weekly for a few weeks and that did start around the first of May. V11 stated however, the facility did have coverage by an on-call telehealth company or V12 (Medical Provider). V11 stated, in her opinion the facility should have contacted the telehealth service or V12 (Medical Provider) to review V13's progress notes and recommendations for R12 that was dated 5/6/2025, prior to today. V11 stated she did not review R12's recommendations dated 5/6/2025 when she was in the facility on 6/4/2025.</p> <p>On 06/05/25 at 12:19 PM, V2 (Director of Nursing/DON) stated, she does receive V13's monthly notes via email. V1 stated, she did receive R12's progress note with recommendations on 5/6/2025 from V13, however, she was on vacation until 5/12/2025. V2 stated, V6 (Dietary Manager/DM) should have printed out V13's progress note, with her recommendations and given it to the nurse to contact a provider to review. V2 stated V6 noticed the recommendations had not been reviewed and printed them 6/2/2025 for V11 (NP) to review at her weekly visit this week. V2 (DON) stated, if the CNA staff notices a resident who is not eating, they should give them verbal cues, notify V6 (Dietary Manager) and Nurses. V2 stated, the CNA staff should assist to feed the resident as well, if the resident will allow. V2 stated, in her</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>opinion V12 (Medical Provider) should have been notified via phone to review V13's progress note with recommendations in a timely manner.</p> <p>On 06/05/25 at 10:46 AM, V1 (Administrator) stated his expectation would be the nursing staff should have contacted telehealth or V12 (Medical Provider) by phone to review recommendations by V13 for R12.</p> <p>On 06/06/25 at 09:25 AM, V13 (Regional Dietitian) stated the process of communication for her recommendations on residents starts with her emailing them to V1 (Administrator), V2 (DON) and V6 (DM). V13 stated, from there V2 (DON) will print out her progress note with recommendations for a provider to review and sign. V13 stated, then the nursing staff will enter the providers orders into the residents EHR (electronic health record). V13 stated, she did send R12's progress note with her recommendations via email to V1 (Administrator), V2 (DON) and V6 (DM) on 5/6/2025. V13 stated, in her opinion, the facility should have contacted V12 (Medical Provider) to review R12's status and recommendations in a timely manner.</p> <p>R12's Physician Order Summary documented Megestrol Acetate Oral Suspension 200 mg (milligrams) by mouth two times a day for weight loss and liquid supplement two times a day with a start date of 6/5/2025.</p> <p>The facility's Resident Weight Monitoring policy and procedure (revised 3/19) documented under Procedure: "7. If there is an actual significant weight change (i.e. +/- 5% x 1 month, +/- 7.5% x 3 months, +/- 10% x 6 months), the resident, POAHC (Power of Attorney for Health Care)/family/guardian, physician, and dietitian are</p>	S9999		

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S9999	Continued From page 9 notified. The physician shall be notified using the MD notification of weight change form." (B)	S9999		