STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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	Final Observations Statement of Licensure Violations: 300.610a) 300.1210d)5) 300.1220b)3) 300.3240a) 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 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: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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		

develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

These Requirements are not met as evidenced by:

Based on observation, interview, and record

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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		

review the facility failed to identify a resident as high risk for pressure ulcers, failed to implement interventions to prevent a pressure ulcer from reoccurring, and failed to implement pressure relieving interventions. These failures contributed to R12 developing a deep tissure injury on his left hip and R9 developing five new stage II pressure ulcers.

This applies to 3 of 6 residents (R3, R12, R9) reviewed for pressure ulcers in the sample of 17.

The findings include:

1. R12's Physician Order Sheet (POS) dated May 1, 2015 shows diagnoses to include stage II pressure ulcer.

The Minimum Data Set (MDS) of June 2, 2015 shows R12 has severe cognitive impairment and requires extensive assistance from staff with transfers, eating, dressing, hygiene, bathing, and toileting. The June 2, 2015 MDS shows R12 has history of pressure ulcers.

R12's Pressure Sore Risk Assessment dated June 4, 2015 shows R12 is high risk for pressure ulcers.

R12's Pressure Ulcer care plan dated April 6, 2015 shows "Pressure reducing devices (cushions)."

R12's scrotum pressure ulcer care plan dated May 24, 2015 shows "assist with toileting and repositioning every 2 hours and PRN".

R12's Pressure Sore Weekly Flow Sheet shows R12 had a stage II pressure ulcer to his left ischium develop on September 9, 2014.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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		

The Pressure Sore Weekly Flow Sheet shows R12 had a stage II pressure ulcer develop to his scrotum on September 22, 2014.

R12's treatment record shows an order on June 25, 2014 "moderate risk skin check night shift on Wednesday, Saturday". R12 was not assessed as high risk (requiring daily skin assessments) until January 6, 2015, almost 4 months after he developed his second pressure ulcer.

On June 4, 2015 at 1:50 PM, R12 was in bed lying on his right side. R12 had an irregular shaped, circular, purple discolored area to the left hip. E21 (Licensed Practical Nurse -LPN) said R12 had a previous pressure ulcer to his left buttock but it was healed, and said the purple discolored area was new and she would consider it a "stage I or stage II".

The nurse note dated June 4, 2015 at 2:45 PM shows "Purple bruised area to left hip found today. Measures 4cm x 2 cm, red area around it 7cm x 4.5cm, tender to touch..."

The nurse note dated June 4, 2015 at 5:13 PM shows "Area on left hip appears to be possibly a DTI [deep tissue injury]..."

On June 5, 2014 at 8:40 AM, R12 was sitting in his wheelchair with a lift sling under his buttocks. E32 (LPN) checked under R12's bottom and said he did not have a pressure relieving cushion in his wheelchair. On June 5, 2015 at 9:15 AM, R12 was still sitting in his wheelchair in the activity room with a cushion.

On June 5, 2015 at 10:00 AM, E13 and E16 (Certified Nurse Assistants - CNA) said R12 had been up since approximately 6:30 AM, when they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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	S9999		

got him up before breakfast.

On June 5, 2015 at 10:00 AM, E13 and E16 said R12 does not have a set schedule or set times in which he should have pressure relieved from his bottom during the day. E13 and E16 said R12 does not have a schedule in which he goes to bed to relieve pressure to his bottom. E13 and E16 said some days he will lay down after meals and other days he stays up in his chair most of the day.

On June 5, 2015, E4 (MDS Coordinator) said there are several factors used to determine if a resident is at high risk for skin breakdown. E4 said if a resident has a history of a previous pressure ulcer, they would automatically be high risk for developing another even if the skin assessment tool does not identify them as high risk.

On June 5, 2015, at 8:40 AM, E2 (Director of Nursing - DON) said a daily skin check is done to make sure no skin breakdown is occurring and to identify skin concerns early. E2 said there should be preventative measures in place if a resident has a pressure ulcer and it heals. E2 said if a resident has a pressure ulcer, or a history of a healed pressure ulcer they would be considered high risk and should have daily skin assessments. E2 said a deep tissue injury would be considered a pressure related injury.

The facility "Prevention of Pressure Ulcers" dated November, 2013 states "Pressure ulcers are usually formed when a resident remains in the same position for an extended period of time causing increased pressure or a decrease of circulation...The most common site of a pressure ulcer is where the bone is near the surface of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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		

body including the back of the head around the ears, elbows, shoulder blades, backbone, hips, knees, heels, ankles, and toes".
"For a person in bed - change position at least every two hours or more frequently if needed".
"For a person in chair - Use foam, gel or air cushion as indicated to relieve pressure".

The facility "Braden Risk Preventative Measures" policy dated November, 2013 states
Severe and High Risk - skin checks should be done daily.
Moderate Risk - skin checks should be done 2x per week.

2. R3's May 1, 2015 POS shows diagnoses to include traumatic falls with fractures, alzheimer's disease, and psychotic conditions.

The MDS (Minimum Data Set) of May 9, 2015 shows R3 requires extensive staff assistance with transfers, dressing, hygiene, bathing, and toileting. The May 9, 2015 MDS shows R3 has severe cognitive impairment.

The Weekly Pressure Ulcer flow sheet shows R3 had a stage II pressure ulcer to her left inner buttock on January 23, 2015.

R3's POS dated June 1, 2015 shows an order on September 10, 2014 for bilateral heel protectors when in bed each shift and on December 9, 2014, "dimethicone to buttocks and peri-area with each incontinent episode and PRN".

On June 2, 2015 at 1:30 PM, E16 transferred R3 to the toilet with a mechanical stand lift. R3 was incontinent of urine from the wheelchair to the bathroom. E16 provided incontinence care to R3 but did not apply barrier cream prior to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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		

transferring her from the bathroom to bed. E16 positioned R3 on her left side and did not put heel protectors on her prior to covering her up and leaving the room.

On June 4, 2015 at 1:30 PM, E16 said R3 only wears heel protectors when she is in bed at night.

On June 4, 2015 at 10:00 AM, E2 said R3 should have barrier cream put on after each incontinent episode and with peri-care.

The MDS of May 4, 2015 shows R9 is a 94 year old with a history to include Stage 3 Kidney disease, ileostomy, anemia, and gastrointestinal bleeding. R9 was admitted to the facility on April 15, 2015 with open wounds on his buttocks and readmitted on May 26, 2015 with no open wounds. R9 requires extensive assistance with bed mobility, transfers, and toilet use.
On June 2, 2015, R9 was sitting in his wheelchair in his room at lunch time, and in the afternoon.
On June 3, 2015, R9 was sitting in his wheelchair in the morning, at lunch time, and at 4:00PM
On June 4, 2015, R9 was sitting in his wheelchair in the morning, at lunch time, and at 4:00PM.
On June 5, 2015, R9 was sitting in his wheelchair in the morning, at lunch time, and at 4:00PM.
During observation R9 was not assisted or encouraged to change positions.
On June 2, 2015 at 11:30, R9 said sometimes staff comes in his room 1 or 2 times a night and sometimes I don ' t see staff all night. They need to hire more staff. R9 states, " I ' m in the chair pretty much all day. "
On June 2, 2015 at 12:30PM, Z4 said (R9) stays in his wheelchair all day unless he ' s in therapy. Call light times are long. I don ' t think they have enough staff to take care of everybody.
On June 3, 2015 at 12:30PM, Z5 said call light

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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		

times are long, and that more staff needs to be hired to care for all these people.
On June 3, 2015 at 1:00PM E18 RN (Registered Nurse) said R9 has five new stage 2 pressure ulcers on his buttocks. Two sores on the right buttocks, and three sores on the left buttocks.
The May, 2015, The MAR (Medication Administration Record) shows a liquid nutritional supplement was ordered on May 8, 2015 three times a day for 10 days. Out of the 30 doses R9 should have received, only 2 doses are signed as given.
On June 4, 2015, at 2:00PM E2 DON (Director of Nursing) said she is not sure why R9 did not get his liquid nutritional supplement three times a day from May 8 to May 18, 2015. E2 was unsure why an alternate liquid nutritional supplement was not offered. E2 said proper nutrition was important in the healing of wounds.
The April 15, 2015 care plan shows, Problem: At risk for skin breakdown, Goals: Not acquire any new pressure ulcers, and intervention: Reposition every 2 hours or as indicated by resident need, provide reminders to reposition.
The MDS dated May 4, and June 4, 2015 shows R9 ' s bed mobility as needing extensive assistance.
R9 ' s nursing progress notes, MAR ' s and TAR ' s (Treatment Administration Record) from April 15 through June 6, 2015 shows no documentation of R9 being repositioned or reminders/encouragement to reposition.
The June 3, 2015 skin risk assessment tool rated R9 as 14 which is moderate risk.
The CNA skin check detail report on June 2, 2015 at 11:16PM, and on June 3 at 7:55AM shows R9 had no new skin problems. The Accident/Incident/Unusual Occurrence Report dated June 3, 2015 at 8:00 AM, shows E18 RN found Five stage 2 pressure ulcers on R9 ' s

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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		

buttocks.
The November, 2013 pressure ulcer/skin breakdown policy states 1). The nursing staff and attending physician will screen and document an individual ' s significant risk factors for developing pressure sores; for example, immobility, recent weight loss, and history of pressure ulcer(s). 2). In addition, the nurse shall monitor and document/report ...e. Resident ' s mobility status. The same policy states, under the heading, " Prevention of Pressure Ulcers " , General Guidelines. 1). Pressure ulcers are usually formed when a resident remains in the same position for an extended period of time causing increased pressure or a decrease of circulation (blood flow) to that area and subsequent destruction of tissue.

(B)

300.610a)
300.1210b)5)
300.1210d)6)
300.3240a)

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 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. 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. 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: 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These Requirements are not met as evidenced	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 by: Based on observation, interview, and record review the facility failed to supervise a resident with dementia to prevent a fall, the facility failed to ensure a resident bed was in a locked position, the facility failed to have staff available to assist a resident at risk for falls. The facility failed to safely transfer residents with the use of mechanical lift devices. These failures contributed to R3 sustaining fractures to two cervical vertebrae (C1, C2). This applies to 4 of 17 residents (R3, R7, R1, R14) reviewed for safety in the sample of 17 and 1 resident (R21) in the supplemental sample. The findings include: 1. On June 2, 2015 at 11:50 AM, R3 was leaning forward in her wheelchair at the dining room table with a soft neck brace on. R3's May 1, 2015 POS (Physician Order Sheet) shows diagnoses to include traumatic falls with fractures, Alzheimer's disease, and psychotic conditions. The MDS (Minimum Data Set) of May 9, 2015 shows R3 requires extensive staff assistance with transfers, dressing, hygiene, bathing, and toileting. The May 9, 2015 MDS shows R3 has severe cognitive impairment. R3's August 20, 2014 and February 18, 2015 fall risk screening tools shows R3 is high risk for falls. R3's nurse note entry dated September 9, 2014 shows "Called to B1 hallway approximately 6:45	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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		

AM. Resident on floor with moderate amount of bleeding coming from her head. Assessment obtained as well as I could. Resident has impaired cognition...Sent to ER for Evaluation..."

R3's nurse note entry dated September 9, 2014 at 2:37 PM states "called to check resident status. Informed resident taken to [medical center] with C1, C2 [cervical neck] fractures."

The facility Accident/Incident/Unusual Occurrence Statement dated September 7, 2014 shows E29 (CNA -Certified Nurse Assistant) wrote "I came out of a residents room, and heard [R3] yelling. I walked to the activity area and saw [R3] on the floor in front of the wheelchair. I notified the nurse and applied pressure to her head wound".

R3's Emergency Room note dated September 7, 2014 shows "The patient presents following fall out of a wheelchair at the nursing home" and "closed fracture of the cervical vertebra".

On June 6, 2015 at 5:20 PM, Z3 (Primary Medical Doctor) said the residents with dementia on the B wing need more supervision and should not be left unsupervised in the B wing activity room.

On June 4, 2015 at 1:30 PM E16 (CNA) said the B Wing activity room is not supposed to have residents in it unless there is a staff member or nurse in the room with them. E16 said she was working the morning R3 fell. E16 said "I was still getting people up" and was in a resident room when she [R3] fell. E16 said R3 is in the B wing activity room for supervision and because she is high risk for falls.

On June 5, 2015 during a confidential staff interview, it was stated there are many times

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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		

there are not any staff members in the B wing activity room with the residents in the morning until the activity staff arrives. It was also stated there is usually only two CNAs until around 8:00 AM and the CNAs cannot see into the activity room while they are getting residents up.

On June 4, 2015 at 1:15 PM, E35 (Activity Aide) said residents are not supposed to be in the B wing activity room unless a staff member is present. E35 said everyone on the B wing is considered high risk for falls because they have dementia. E35 said the activity department works in the activity room from 8:00 AM until 9:00 PM and if a resident is up before 8:00 AM a nurse or a CNA is supposed to stay with them.

On June 4, 2015 at 10:00 AM, E2 (Director of Nursing- DON) said R3 was left in the B wing activity room unsupervised when she fell on September 7, 2014. E2 said the residents on the B wing should be under direct supervision at all times while up because they are at a high risk for falls and most have dementia.

The facility "Fall Management" policy states "The staff will identify interventions related to the resident's specific risks and causes to try to prevent the resident from falling and to try to minimize complications from falling."

The May, 2015 Fall Prevention Activities Pre and Post Falls shows "As a fall occurs...the plan of care will be updated...The revisions to the fall care plan will be monitored for effectiveness and adjustments made as needed".

2. On June 2, 2015 at 1:30 PM, E16 (CNA) attached a stand lift sling to R3. E16 had to assist R3 by placing her hands on the standing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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	S9999		

mechanical lift hand bars. Without attaching the lift leg strap around R3's legs, E16 raised R3 to a standing position and took R3 into the bathroom. R3 let go of the stand lift with her her right arm while she was wheeled into the bathroom. After R3 was finished in the bathroom, E16 used the mechanical lift to raise R3 to a standing position. R3 was not holding onto the lift with her left or right hand. E16 did not prompt R3 to hold onto the handles, and did not attach the strap to R3's legs. E16 said R3 does not step off the lift so she does not need the leg strap secured around her legs. E16 said the CNAs know if someone will step off and if they do, they use the leg strap on them.

On June 4, 2015 at 10:00 AM, E2 said the restorative CNAs assess the appropriateness of resident transfers. E2 said after they assess the resident, they notify her and she updates the care plan. E2 said if a resident is unable to hold on to the handles on the mechanical stand lift, the resident should be changed to a mechanical lift. E2 said it is not a safe transfer if the resident cannot hold onto the handles on the mechanical stand lift. E2 said it would depend on the situation whether or not the leg strap should be used, and she has not care planned the leg strap as needed for any residents, and she is not sure when it would be needed.

The facility policy "Safe, Lifting, and Movement of Residents" dated November, 2013 shows "Staff responsible for direct resident care will be trained in the use of manual and mechanical lifting devices.

The facility undated Owners Operator and Maintenance Manual states "secure legs" prior to transfer of the resident and "instruct the patient to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 14	S9999		

hold onto the hand grips on both sides of the stand up lift.

3. R12's care plan dated May 24, 2015 shows diagnoses to include dementia, prostate cancer, and pressure ulcers.

The MDS of June 2, 2015 shows R12 has severe cognitive impairment and requires extensive assistance from staff with transfers, eating, dressing, hygiene, bathing, and toileting. This MDS shows R12 has a history of falls.

R12's May 12, 2015 Fall Risk Screening Tool shows R12 is at a high risk for falls.

On June 5, 2015 at 9:15 AM, R12 was in the B wing activity room, sliding out of his wheelchair. E32 Licensed Practical Nurse (LPN) was holding onto R12 and calling for a CNA to help her.

R12's January 12, 2015 at 12:06 AM nurse notes shows " CNA entered the room for 12 midnight rounds. Patient legs and buttocks are in the bed, his head and shoulders are on the floor between the wall and the bed frame. The bed is not locked and has rolled away from the wall. Patient assisted up into the bed. He has an indentation on his left temple from pressure against the soft foam wall guard. His face appears puffy and reddened."

On June 5, 2015 E2 (DON) said a resident bed should be locked at all times to prevent the bed from moving. E2 said R12's bed positioned up against the wall but moved because it was unlocked.

On June 5, 2015 at 10:00 AM, E16 (CNA) said a resident bed should be locked.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 15	S9999		

4. R7's POS shows diagnoses to include depression, psychosis, and dementia with Behaviors.

R7's Minimum Data Set (MDS) of March 1, 2015 shows R7 requires extensive assistance from staff with transfers, dressing, eating, hygiene, bathing, and toileting.

On June 2, 2015 at 11:20 AM, E16 (CNA) placed a mechanical stand lift sling on R7. Without attaching the leg strap, E16 raised R7 to a standing position from her wheelchair and transferred her to the toilet. E16 transferred R7 back to her wheelchair with the mechanical stand lift without securing R7's legs with the leg strap. E16 said she only uses the leg strap on certain residents who move their legs away from leg rest on the lift. E16 said the straps are used to keep the legs on the lift and prevent the residents from lifting their leg up or stepping off the lift.

5. On June 2, 2015, at 9:27 AM, E12 (CNA) and E17 (Nursing Assistant - NA) performed a mechanical lift transfer on R1. E17 used the lift controls as E12 stood behind R1 to guide his body. R1 was removed from his wheel chair at the foot of the bed and then moved over to the side of the bed. During the transfer, R1's body was aligned with his legs facing and intermittently touching the support bar and his back to E12. Once the CNA's had R1 at the side of his bed, E17 realized she had not lowered the side rail of the bed. E17 left the controls to lower the side rail. E17 had difficulty lowering the side rail as the bed side table was blocking the lowering of the rail. E12 told E17 to pull the side table out from the wall and move it to get the side rail lowered. E11 was still holding onto R1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 16	S9999		

torso/back, however, while trying to explain how to lower the side rail to E17, R1's legs were pushed into the mechanical lift support bar. R1 began screaming out in pain and saying "ouch my legs, your hurting my legs. You are pinching my legs!" E17 returned to the controls of the lift and attempted to pull R1's left leg to the opposite side of the support bar so that he had a leg on each side. R1 continued to scream and said "don't pull on it your hurting me!"

R1's medical record showed he has multiple medical diagnoses which includes osteoarthritis. The MDS of March 24, 2015 showed R1 has no cognitive impairment.

The facility's policy titled Lifting Machine, Using a Portable, revised November 2013, under the section "to put the resident back to bed," showed the following: "f. Assist the resident in guiding his or her legs. g. Move the lifter away from the chair. Be sure the resident is turned in such a manner that the resident is facing you. Do not pull the resident backwards."

6. On June 2, 2015 at 10:05 AM, R14 was in her room on the A wing hallway. R14 was seated in a recliner at a 45 degree reclining position with her feet elevated. The recliner was located in the corner of the room with a nightstand between the recliner and the bed. R14's call light was on the far side of the bed, near the center of the room and inaccessible to R14. R14 stated she needed to use the bathroom and was unable to get there without assistance. R14 stated she had no way of getting the attention of the staff. R14 stated "someone came in earlier and said they would be right back but never came." E13 (CNA), the B wing CNA came to R14's room at the request of the surveyor. E13 looked into R14's room and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 17	S9999		

stated R14's call light was not within reach. E13 stated call lights are to be with in the residents reach at all times. R14 told E13 "I think I have already gone (urinated in her clothing)" waiting for assistance. The Minimum Data Set (MDS) dated March 31, 2015 showed R14 requires extensive physical assist of staff for ambulation. The fall risk assessment of April 1, 2015 scored R14 as a 16 (greater than 14 is high risk for falls.)

On June 4, 2015, during a confidential staff interview, it was said that during meal times, the B wing is left unattended. The interviewee said because the staff are busy feeding residents who require assistance, they (staff) are unable to be on the unit. It was stated that staff have no way of knowing if a resident is taken back to the unit unless they "happen to see it." It was stated that when and if someone is taken back to the B unit or needs to return to use the bathroom, the residents being fed must be left unassisted.

On June 4, 2015 at 8:10 AM, R21 was brought from the dining room back to the B wing and left sitting in front of his room door. The unit was unattended by staff. R21's medical record showed his fall risk assessment of April 20, 2015 scored him as a 30 (14 or greater is high risk).

The facility's policy and procedure titled Answering the Call Light, revised November 2013 showed call lights are to be answered as soon as possible. "If you have promised the resident you will return with an item or information, do so promptly. If assistance is needed when you enter the room, summon help by using the call signal."

(B)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 18	S9999		

300.1010h)
300.1210b)
300.2040d)
300.3240a)

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

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.

Section 300.2040 Diet Orders

d) The resident shall be observed to determine

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 19	S9999		

acceptance of the diet, and these observations shall be recorded in the medical record.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)

These Requirements are not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure staff performed interventions as planned for a nutritionally compromised resident. The facility failed to review and revise inventions to address R9's poor oral intake. These failures contributed to R9's severe unplanned weight loss of 13.8 pounds in one month, and the development of a multiple pressure wounds.
This applies to 1 of 10 residents (R9) reviewed for weight loss in the sample of 17.
The findings include:
The MDS (Minimum Data Set) dated May 4, 2015 shows R9 has a history to include recent deep vein thrombosis, pulmonary embolism, chronic kidney disease stage 3, atrial fibrillation, ilieostomy/hemicolectomy, prostate cancer, and recent gastrointestinal bleed. R9 was admitted to the facility on April 15, 2015 at a weight of 146.3 pounds and on May 24, 2015 R9 was 128.5 pounds.
On June 2, 2015 at 11:50 AM staff brought R9 his lunch, which was fish, cheesy rice, and spinach. Staff did not monitor R9's consumption, provide any verbal encouragement or request suggestion for alternate food items. Z4 replaced R9's meals with a peanut butter and jelly sandwich without

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 20	S9999		

asking R9 if he would prefer something else. On June 3, 2015 and June 6, 2015 R9 did not receive a morning snack. R9 was not on the June 5, 2015 facility list of residents to receive morning snacks. R9's current plan of care stated he was to receive one-on-one attention at meals and he was to receive a daily morning snack.
The May, 2015 MAR (Medication Administration Record) showed R9 had a nutritional supplement ordered three times a day, from May 8 to May 18, 2015. The same MAR showed only two of thirty scheduled supplements were provided to R9.
On June 4, 2015 at 2:00 PM, E2 DON (Director of Nursing) was unsure why R9 did not get his physician ordered supplements. E2 said it may have been a supply issue. E2 was unsure why an alternative was not offered or why the physician was not called. E2 said R9's meal intake should be documented in his progress notes. The progress notes from April 15, 2015 to June 6, 2015 do not show staff had monitored, reviewed, or documented R9's meal consumption.
On June 2, 2015 at 11:30 AM, R9 said sometimes I don't get my snack, and it's when I do not it may be something I do not like to eat. When I don't like the meal the staff only give me a peanut butter and jelly sandwich. R9 said I do not get supplement all the time.
On June 2, 2015 at 12:30 PM, Z4 said the food is often served late and it is cold when served to (R9). Z4 has told the kitchen what (R9) likes and dislikes but (R9) is still served food he doesn't like. Z4 said at times (R9) does not get his liquid nutritional supplement, or his snack.
On June 3, 2015 at 11:45 AM, Z5 said (R9) likes oatmeal with honey but the facility was not providing honey. Z4 brought in single serving packets of honey for R9.

The " Clients by Vital Parameter " , weight

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 21	S9999		

documentation shows on April 21, 2015 R9's weight was 142.3 pounds. The same document shows on May 23, 2015 R9's weight was 128.5, a loss of 13.8 pounds or 9% in one month.
The May 5, 2015 nutritional assessment sheet shows R9's food intake was between 26-75%. No documents were found or provided to document percentage of food consumed.
On May 21, 2015 the nutritional progress notes shows R9's blood albumin level was 2.7 g/dl (grams per deciliter). The June 3, 2015 the nutrition assessment/data collection sheet shows R9's blood albumin level at 1.8 g/dl.
Tthe computerized care plan does not include approaches for weight loss, A hand written care plan was presented dated May 5, 2015, which includes approaches to stem weight loss. Iinterventions that include: 1. Determine food preferences through one-to-one interview and/or family interview. 2. Provide one-to-one staff intervention and attention. 3. Dietary supplements as ordered. 4. Encourage and praise the resident's attempts to follow the prescribed diet. 5. Offer between meal, and bed time snacks.
The November, 2013 policy on unplanned weight loss states, 1. " The nursing staff will monitor and document the weight and dietary intake of residents in a format which permits readily available comparisons over time. 2. As part of the initial screening, the staff and physician will define the individual's current nutritional status and identify individuals with ...recent weight loss and significant risk for impaired nutrition. Under " Monitoring " , The policy states. 1. The 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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6009179	A. BUILDING: _____ B. WING _____	06/09/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STERLING PAVILION	105 EAST 23RD STREET STERLING, IL 61081

(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 22 attaining the established nutritional and weight goals; (1) Evaluating the resident's response to interventions should be based on defined criteria for improvement/worsening of nutritional status. (B)	S9999		