STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	C 01/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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 #1660321/Il82820 Complaint #1660469/IL82983	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.1010h) 300.1210b) 300.1210d)1)2)3 300.1610a)1 300.1610d) 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 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. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	C 01/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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		

administered.
2) All treatments and procedures shall be administered as ordered by the physician.
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.

Section 300.1610 Medication Policies and Procedures
a) Development of Medication Policies
1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.
d) All medications administered shall be recorded as set forth in Section 300.1810.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements were not met as evidenced by:

Based on interview and record review the facility failed to ensure sufficient fluid intake by failing to accurately provide, document, and monitor gastrostomy tube feeding and fluid intake for one of three residents (R2) reviewed for specialty care in the sample of ten. This failure resulted in R2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	C 01/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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		

becoming dehydrated and requiring the use of Intraveneous Therapy.

Findings include:

R2's 12/2016 Medication Administration Record (MAR) documents an order for Glucerna 1.5 at 400 milliliters (ml) per hour four times a day and an order to flush tube with 90 ml of water while tube feeding is infusing. These orders do not specify the total time the feeding and flushes should be infused or the total amount of feeding and flushes that should be administered. The physician's order sheet does not document an intake for R2's feeding and flushes.

R2's Nursing Note dated 12/02/15 at 10:20 PM documents, "(R2's) tube feeding started late. Began at 6:30. At the time for next feeding (R2) refused stating that the times were too close together and it would make him vomit. Writer did not give 8 PM feeding.

On 1/28/16 at 11:10 AM, E36 Licensed Practical Nurse (LPN) stated on 12/02/15 she was R2's nurse. It was the first time E36 worked on R2's hallway. E36 stated R2's 4:00 PM feeding and flushes were not started until 6:30 PM. E36 stated R2 did not want the 8:00 PM feeding or flushes because R2 was afraid it would come up. E36 stated the amount of feeding and flushes infused were not documented because there wasn't anyplace to document the amounts. E36 stated the feeding pump was already set up so E36 is not sure how long feeding or flushes infused or the exact amount that was infused.

On 1/28/16 at 10:30 AM, Z9 stated on 12/7/15 Z9 had a couple conversations with R2 regarding R2's tube feedings and flushes because R2 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	C 01/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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		

refusing some of R2's tube feedings and flushes. R2 also seemed to think that feeding pump wasn't running consistently. Z9 stated R2's pump seemed to be infusing fine that day. Z9 stated Z9 did not check on pump after that, not sure about the other days. Z9 stated the documentation on the medication administration record (MAR) does not document the volume of feeding or flushes that were infused. Based on the MAR, you can not tell how much feeding or flushes R2 received.

R2's Nursing Note dated 12/9/15 at 12:13 PM documents, "Writer (E7, Social Service Director) spoke with (R2) at IDT (interdisciplinary team) request regarding patient progress and his refusals related to tube feeding..."

On 1/28/16 at 10:10 AM, E7 stated on 12/9/15 the IDT team asked E7 to speak to R2 because R2 was refusing R2's feeding and flushes. E7 stated R2 thought the tube feedings were making R2 feel full and then R2 wouldn't want the tube feeding if R2 felt like the tube feedings and flushes were being administered late.

R2's Nursing Note dated 12/13/15 at 10:35 PM documents, "...(R2) upset states (R2) only received one feeding on day shift."

On 1/28/16 at 11:34 AM, E38 LPN stated, R2 missed dayshift feeding because R2 was in therapy. E38 stated, there is not anywhere on the MAR to document the volume of feeding received.

On 1/28/16 at 11:17 AM, E37 LPN stated the nurses do not document the actual volume of the feeding or the flushes. E37 stated, E37 may not have documented the actual change in the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	C 01/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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		

volume of feeding and flushes received when R2 would refuse or want feeding or flushes decreased.

The facility's enteral tube policy and procedure dated 12/2009 documents that nursing documentation should include: "Amount and type of feeding, patient response to tube feeding and patency of tube. Volume of formula and any additional water administered."

R2's Nursing Notes dated 12/15/15 at 3:53 PM documents, "Therapy staff reported (R2) has increased confusion yesterday and today. During assessment noted (R2) unable to verbalize clearly his needs and asking writer to feed him by mouth...(R2) c/o (complained of) feeling tired and sluggish...face flushed...(R2's physician) notified of (R2's) assessment. (Received) new orders for U/A (urine analysis) with C&S (culture and sensitivity) if indicated and CBC (complete blood count) and CMP (complete metabolic profile). R2's Nursing Notes dated 12/16/15 at 12:30 AM documents, "...Observed (R2) with increased slurred speech (and) confusion observed to have a hard time forming sentences clearly." R2's Nursing Notes dated 12/16/2015 at 8:13 AM documents, "(Received) call from lab for abnormal values with sodium level HP (high panic). (R2's physician) was called and (received) new orders to start IV (intravenous) D5 (Dextrose 5%) with water at 150 ml per hour with one liter...Increase (gastrostomy) flushes to 200 ml before and after feedings x 2 days."

On 1/28/16 at 11:17 AM, E37 stated on 12/15/15 the lab called to report that R2 had a panic high sodium level. E37 stated R2's physician (Z4) was notified and Z4 informed E37 that R2 was dehydrated and Z4 gave orders for IV fluids and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	C 01/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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 extra flushes. R2's nursing notes dated 12/17/15 at 1:47 PM documents, "(Z4, R2's physician) called back in reference to lab values. Per (Z4), administer 1 liter of (Dextrose 5%), redraw labs in am..." R2's nursing notes dated 12/17/15 at 2:03 PM documents, "called pharmacy and asked to have IV (intravenous) fluid (Dextrose 5%) and water sent to us stat (as soon as possible)." R2's Medication Administration Sheet (MAR) documents an order dated 12/17/15 for Dextrose 5% with water at 125 milliliters (mls) continuous from 2:00 PM until 6:00 AM. This order is signed out on 12/18/15 and 12/19/15. R2's nursing notes dated 12/18/15 at 6:04 AM documents, "Peripheral IV (intravenous) to left hand is patent and flushes easily. D5W (Dextrose 5%) infused without difficultly..." On 1/27/15 at 1:00 PM, E2 Interim Director of Nursing stated, E2 was not sure why the nurses waited until the next day to give R2's intravenous therapy. E2 stated there would have been a registered nurse here to give it. E2 confirmed that R2's administration of Dextrose 5% was not documented on 12/17/15 but was documented on 12/18/15. On 1/28/16 at 5:20 PM, Z4 stated Z4 would have expected R2's intravenous therapy of Dextrose 5% to have been given within a couple hours and should have called Z4 to let Z4 know it wasn't given within a couple of hours, and the reason why. Z4 (R2's Physician) stated Z4 ordered IV fluids and extra flushes because R2 was dehydrated.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000285	A. BUILDING: _____ B. WING _____	C 01/30/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTLAND OF DECATUR	444 WEST HARRISON STREET DECATUR, IL 62526

(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 (B)	S9999		