

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE PEORIA, IL 61604
---	--

(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 1720730/IL91600	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.2040b) 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 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	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/23/17

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE PEORIA, IL 61604
--	--

(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	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.2040 Diet Orders</p> <p>b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by: Based on observation, interview and record review the facility failed follow their policy by not using tray cards to ensure correct diets are followed for one of three residents (R1) reviewed for therapeutic diets in the sample of 12. This failure resulted in R1 being served the wrong diet, choking and requiring hospitalization for aspiration pneumonia.</p> <p>Findings include:</p> <p>The facility policy for "Resident Tray Identification Card" documents, "Purpose: to identify the resident's diet and food preferences in order to ensure correct meal service...the resident tray identification card will contain at least the following information: Resident name, room number, diet as ordered by the physician, resident dislikes, special items to be served: either by the resident request or per care plan</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE PEORIA, IL 61604
---	--

(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	<p>Continued From page 2</p> <p>approaches, adaptive equipment and dining location."</p> <p>The Facility policy "Feeding the Impaired Resident" documents, "Purpose: The primary purpose for feeding an impaired resident is to provide the resident who needs assistance with eating a well-balanced diet. Key Procedural Points:...Make sure the right tray is served to the right resident...Be observant during the feeding process. Watch for signs of choking or anything unusual..."</p> <p>An Incident Report for R1 on 2/5/2017 at 6:30PM documents, "Resident choked on a bratwurst at dinner. Certified Nurse Aide (CNA) performed Heimlich and meat expelled."</p> <p>On 2/8/2017 at 3:15PM E9 Certified Nurse Aide (CNA), stated, "I was passing meal trays. I passed by (R1) who started to cough. (R1) couldn't speak and was drooling. I did the Heimlich several times. I swiped his mouth and took out a quarter-size piece of meat. It was about 6:15 or 6:20PM. R1 had a regular (consistency) tray... (E10) Registered Nurse came over while I was doing the Heimlich and looked at him and in his mouth...Sometimes we use the tray cards and sometimes we don't. We did not use the tray cards on Sunday (2/5/2017)."</p> <p>The Hospital Emergency Department notes dated 2/5/2017 at 10:12PM document, "(R1)...presenting to the emergency department due to choking. Patient was sent here from (Facility). Per (Emergency Responders) EMS patient was eating around 5:00PM tonight when choked on a piece of meat."</p> <p>R1's 2/6/2017 Nursing progress notes at 1:04AM</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/09/2017
NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE PINES			STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE PEORIA, IL 61604		
(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 document, "(R1) being admitted to (hospital) due to Aspiration Pneumonia." R1's current Physician's Orders documents R1's diet as "Mechanical Soft Diet." R1's Tray/Diet card documents R1 is to receive a "Mechanical Soft diet." R1's Care Plan developed 4/18/2016 documents, "The resident has a diagnosis of Dysphagia, is on a Mechanical Soft Diet." The goal is documented, "The resident will remain free of injury related to aspiration that requires hospitalization." The Care Plan interventions are listed as: "Diet to be followed as prescribed, Monitor for shortness of breath, choking, labored respirations, lung congestion. Monitor/document/report (as needed) any (signs and symptoms) of dysphagia: pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing...appearing concerned during meals." On 2/7/2017 at 5:45PM, E2 Assistant Director of Nursing (ADON) stated, "Sunday night (2/5/2017) the Staff did not use the Tray cards on the trays." On 2/7/2017 from 12:10 - 12:45PM and again from 6:00 - 6:45PM an observation of the meal service: A CNA standing outside the meal serving window pulled a resident's tray card for a resident seated and waiting in the dining room. The cook inside the kitchen would then be told by the CNA what diet to serve: Mechanical soft, General, double portions, no gravy, etc. The cook then prepared the tray as requested without visualizing the tray card. In the mean time, if a resident left the dining room or wanted a substitution, the tray and card would be brought	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007298	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/09/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER SHARON HEALTH CARE PINES	STREET ADDRESS, CITY, STATE, ZIP CODE 3614 NORTH ROCHELLE PEORIA, IL 61604
---	--

(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	<p>Continued From page 4</p> <p>back to the CNA with the tray cards and the tray was assigned to another resident with a General, Mechanical soft diet by the CNA near the serving window. Meals served for R1 - 15 were observed during both meals.</p> <p>On 2/8/2017 at 11:20AM E5 Dietary staff, who prepared food on the meal trays 2/5/2017, stated, "The CNAs (Certified Nurse Aides) outside the window pull the (tray) cards for the resident's sitting in the dining room and ready to eat. They try to pull the Special diets first, then Mechanicals then the General, then the puree when the CNAs are available to watch/assist them to eat. The CNAs don't say who the tray is for but the CNAs say what diet should be served and if they need double portions or a sub."</p> <p>On 2/8/2017 at 11:20AM, E4 Dietary Manager for the nursing Complex states, "All residents have a tray (diet) card. The Tray cards are in the kitchen and the dietary staff are to use the cards to set-up each tray for each resident then send the tray out to be delivered. There is no way for the cook to serve according to the tray cards for likes, dislikes, allergies, special needs if they do not see the tray card."</p> <p>(A)</p>	S9999		
-------	--	-------	--	--