FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ COMPLETED B. WING IL6004055 10/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST SLOAN STREET SHAWNEEROSE CARE CENTER HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Licensure and Certification Survey Final Observations S9999 S9999 Statment of Licensure Violation: 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2) 300.2040d) Section 300.610 Resident Care Policies 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 300.1010 Medical Care Policies

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h)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

The facility shall notify the resident's

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

physician of any accident, injury, or significant

TITLE

Attachment A

....ternent of Licensure Violations

(X6) DATE

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R9's Minimum Data Set (MDS) dated 9/27/21

PRINTED: 12/22/2021 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6004055 10/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST SLOAN STREET SHAWNEE ROSE CARE CENTER HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 documents a Brief Interview for Mental Status (BIMS) score of 11, indicating moderate cognitive impairment. R9's MDS Section G for Activities of Daily Living regarding level of assistance needed for Eating is documented as "Supervision oversight, encouragement, or cueing" and support provided is coded as "Setup help only." R9's Care Plan, with a start date of 10/7/16 notes a problem/need area of "Nutrition" and documents R9 currently receives a regular diet. which she is able to feed herself with setup from staff. "Per resident's choice (R9) eats most meals in her room." The care plan also documents as of 5/1/20 resident to continue to eat meals in room per social distancing guidelines and CDC recommendation of non-communal dining related to Covid 19. A corresponding intervention notes to provide R9 ample time to eat; Encourage resident to eat 75-100% of meals; Record Meal Intake; Note and report changes in resident usual patterns with a start date of 12/9/19. Review of R9's medical record documents the following recorded weights over the last year: October 2020 - 140.0 lbs. November 2020 - 139.80 lbs. December 2020 - 138.80 lbs. January 2021 - 138.70 lbs. February 2021- 135.4 lbs. March 2021 - 134.80 lbs.

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April 2021- 130.40 lbs. May 2021- 122.40 lbs. June 2021- 125.90 lbs. July 2021- 124.30 lbs. August 2021- 121.0 lbs. September 2021- 114.60 lbs. October 2021- 116.2 lbs.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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SHAWNEE ROSE CARE CENTER 1000 WEST SLOAN STREET HARRISBURG, IL 62946					
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S9999 Continued From pa	99 Continued From page 4				
R9's Dietary Notes (Registered Dieticia of 130.4 lbs. (pound Index) of 19.7%. Weight Ioss (down with recommendati (Multivitamin) with a (twice per day). R9's 5/1/21-5/31/21 door minerals and magic R9's Dietary Notes document a May 20 BMI of 18.7%. V5 doss of (6.13%) x 1 and (12.45%) x 6 m recommendation of was added on 5/12 current note that shadding med pass the physician's orders of (cubic centimeter) may 10.38%. V5's recommendations of vitamin C, Zinc Sulfincrease med pass R9's physician's orders were noted to dietary assessment R9's Dietary Notes weight of 121 lbs. We documents a significant was significant was sessment R9's Dietary Notes of the physician's orders were noted to dietary assessment R9's Dietary Notes weight of 121 lbs. We documents a significant as significant was significant was significant to the physician's orders were noted to dietary assessment R9's Dietary Notes weight of 121 lbs. We documents a significant significant was significant was significant was significant to the physician's orders were noted to dietary assessment R9's Dietary Notes weight of 121 lbs. We documents a significant significant was sign	dated 4/28/21 by V5 an) document an April weight ds) with a BMI (Body Mass 5 notes R9 has had a gradual lo lbs.) x (times) 6 months, ons for R9 to receive a MVI minerals and magic cup bid s physician's orders dated ument that the MVI with c cup bid were ordered. dated 5/26/21 by V5 221 weight of 122.4 lbs. with a ocuments a significant weight month, (9.6%) x 3 months, onths. V5 notes the previous magic cup in her 4/28/21 note 21, and documents in the e will additionally recommend d (three times daily). R9's lated 6/1/21-6/30/21 note 60cc ned pass tid was ordered. dated 7/29/21 by V5 again eight loss in 6 months of nmendations were to add fate for 6 weeks, and to to 120cc three times daily. lers dated 8/1/21-8/31/21 vsician ordered the on 8/9/21. The same focument that on 8/17/21 odiscontinue vitamin C until	\$9999			

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