

Illinois Department of Public Health

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>IL6005904 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br>C<br>08/26/2022 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ELEVATE CARE COUNTRY CLUB HILL | STREET ADDRESS, CITY, STATE, ZIP CODE<br>18200 SOUTH CICERO AVENUE<br>COUNTRY CLUB HILLS, IL 60478 |
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| S 000              | <p>Initial Comments</p> <p>Complaint Investigations:</p> <p>2295119/IL148545<br/>2295890/IL149475<br/>2294852/IL148212<br/>2294888/IL148257<br/>2295098/IL148516<br/>2296218/IL149865<br/>2295920/IL149510<br/>2295859/IL149434<br/>2295524/IL149022<br/>2295516/IL149007<br/>2294339/IL147834<br/>2295318/IL148776<br/>2294069/IL147249<br/>2296375/IL150062</p>  | S 000         |   |                    |
| S9999              | <p>Final Observations</p> <p>Statement of Licensure Violations (1 of 4):</p> <p>300.610a)<br/>300.1010h)<br/>300.1210b)<br/>300.1210d)5)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p> | S9999         | <p style="text-align: center;"><b>Attachment A</b><br/><b>Statement of Licensure Violations</b></p>             |                    |

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

TITLE

(X6) DATE

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| S9999              | <p>Continued From page 1<br/>the facility.</p> <p>Section 300.1010 Medical Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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.</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>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 develop pressure sores unless the individual's</p> | S9999         |   |                    |

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| S9999  | Continued From page 2<br><br>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.<br><br>These requirements were not met as evidenced by:<br><br>Based on observations, interviews, and records reviewed the facility failed to follow their pressure sore prevention policy and procedure by not obtaining treatment orders of new skin breakdown. This failure affected 1 of (R2) residents reviewed for pressure sore prevention protocols. This failure resulted in R2 developing Stage 2 and Stage 3 pressure ulcers within 72 hours before treatment orders were obtained.<br><br>Findings include:<br><br>A. On 7/14/22 at 12:25PM R2 said regarding her buttocks, "it burns when they change and if I move." When V29, Certified Nursing Assistant (CNA), turned R2 onto her right side R2s brief had 2 bright red spots and then an open area was noted on R2's right buttock that was bleeding bright red blood. V29 said I reported this open area to the nurse on Monday or Tuesday. V29 said she had seen the open area on R2's buttocks, when she reported on Monday and Tuesday, while providing R2 with morning care. V29 continued with incontinent care on R2. R2 was crying during care and a second open area was noted near R2's tail bone area. R2 was not using devices to offload pressure on her heels. The surveyor did not observe an air pump at the foot of the bed to indicate a special mattress was in use for R2. | S9999  |   |   |

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| S9999              | <p>Continued From page 3</p> <p>On 7/14/22 at 12:52PM V21, LPN, said there were no concerns related to R2 reported today. V21 said she has not performed any assessments on R2.</p> <p>On 7/15/22 at 11:30AM V2 (Wound Care Coordinator) said, "we have to do an assessment on R2, today", she has something on her skin. V2 said the nurse working today entered it into the charting system. V2 said R2 did not have that area yesterday. V2 said R2 was admitted in May with a stage 2 (pressure ulcer) that healed on 6/16/22. V2 said on admission a low air loss mattress, that has a pump was implemented. V2 said if the CNA sees an open area, they should notify the nurse. V2 said the nurse should call the doctor, get orders, and document the skin condition. V2 said the nurse should assess the wound and then we (wound care team) will look at it. V2 said R2 and R3 should have something in place to offload pressure on their feet, a pillow, blanket, or boots.</p> <p>On 7/19/22 at 11:01AM V2 said after looking at R2 on 7/15/22 she has a stage 2 pressure ulcer on her sacrum and a stage 3 pressure ulcer on her right ischial. V2 said the right ischial pressure ulcer has more depth so she staged it as a stage 3. V2 said the first time she was made aware that R2 had skin impairment was on 7/15/22. V2 said it is possible the pressure ulcers were a stage 1 or 2 before she was notified. V2 said if the floor nurse was notified that there is a skin impairment, she should have called the doctor and started a treatment. V2 said if a treatment had been initiated for R2 it could prevent her from developing a stage 3. V2 said the wounds are measured and staged when reported to be able to track the progress of the wound. V2 said at this</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 4</p> <p>time she has no way of knowing if the wound improved or declined since the CNA first saw it.</p> <p>R2's care plan initiated on 5/27/22 notes R2 has Stage 2 pressure ulcer to coccyx and remains at high risk for further skin breakdown.</p> <p>R2's Wound Assessment Details Report notes the coccyx wound was closed on 6/23/22. On 6/16/22 the Wound Assessment Details Report notes "remains on low air loss mattress" and "heels offloaded while in bed."</p> <p>A Skin Observation Report dated 7/13/22 for R2 notes redness on buttocks/coccyx/sacrum area.</p> <p>R2 has no wound orders on her orders or Treatment Administration Record until July 15, 2022 to treat her Sacrum or Right Ischial.</p> <p>Wound Assessment Details Report assessment dated 7/15/22, same as identified date, for R2's right ischial notes Stage 3 measuring 2.5 x 6.0 x 0 (Length x Width x Depth). A second wound report with the same dates noted a Stage 2 measuring 1.0 x 1.8 x 0.0 on R2's Sacrum.<br/>(B)</p> <p>Statement of Licensure Violations: (2 of 4):</p> <p>300.610a)<br/>300.1210b)<br/>300.1210c)<br/>300.1210d)6)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and</p> | S9999         |   |                    |

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| S9999  | Continued From page 5<br><br>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.<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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.<br><br>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.<br><br>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:<br><br>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. | S9999  |   |   |

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| S9999              | <p>Continued From page 6</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interviews, and records reviewed the facility failed to ensure staff used a full body mechanical lift per the manufacturers recommendations to ensure the machine is balanced during 3 resident (R3, R4, R12) transfers. In addition, the facility failed to identify 2 residents (R3, R4) of 3 residents requiring the use of a mechanical lift for transfers. This failure has the potential to affect 58 residents transferred with the full body mechanical lift. This failure resulted in R4 suffering a closed head injury.</p> <p>Findings include:</p> <p>A. R4 is 74 years old with diagnosis including but not limited to Ventilator Associated Pneumonia, Acute and Chronic Respiratory Failure with Hypoxia, Acute Kidney Failure, Tracheostomy Status, Respiratory [Ventilator] status, Attention to Gastrostomy, Dysphagia, Metabolic Encephalopathy, Morbid (Severe) Obesity. R4's Cognitive Pattern Assessment dated 6/25/22 notes she is severely impaired. On June 20, 2022 R4's weight was 420 pounds.</p> <p>On 7/13/22 at 3:46PM V7, Certified Nursing Assistant (CNA), said she was assigned to R4 on 6/22/22. V7 said V10 and V11, both CNAs, assisted her during R4's transfer from the bed to the chair with the full body mechanical lift. All 3 CNAs (V7, V10, and V11) said the facility has trained them on the use of full body mechanical lifts. V7 said while preparing R4 for the transfer she and V11 attached the sling hooks to the machine. V7 said V10 was managing R4's devices and tubes. V7 said "I was running the machine" and V11 was at the patient's side. V7</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 7</p> <p>said when they were ready, with the mechanical lift over the bed, and R4 in the sling, she began pressing the button to raise R4 up and I got R4 in the air off the bed. V7 said I then started pulling the lift back away from the bed. V7 said that is when the mechanical lift started tipping to the side. V7 said V11 placed the chair under R4, and she was lowered into the chair before the lift tipped further. V7 said after R4 was in the chair, I saw color forming and a raised areas on R4's right temple area. V7 said the area remained closed. The surveyor followed V7 to the unit to have her show me the mechanical lift used.</p> <p>On 7/13/22 at 3:00PM V7 with V10 showed the surveyor the mechanical lift used on R4. The lift has a sticker on it indicating a 450-pound capacity. V7 said she knew it was this lift used on R4 because it's "the big one." V7 said R4 weighed 410 pounds so we have to use the big machine. V7, V10, and V11 demonstrated the events of the transfer that occurred on 6/22/22 without a resident connected to the lift. V7 demonstrated how the mechanical lift would have been placed "t" like from the bed with the legs of the lift under the bed in the closed position. V7 and V11 demonstrated how the sling would be hooked to the machine. V7 showed after she pulled the lift away from the starting point the mechanical lift's legs started to lift to one side leaving the lift to balance on the opposite leg. V7 said when the lift was tipping R4 was no longer over the bed. V11 said she moved the chair under R4 while in the air and then V7 pressed the button to lower R4 into the chair. V7 said R4 hit her head on this part of the mechanical lift and placed her hand over the arm or arch of the lift, above the attachment hooks. V7 said after she pulled R4 away from the bed the legs on the lift remained in the closed position. V7 said the</p> | S9999         |   |                    |



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| S9999              | <p>Continued From page 8</p> <p>mechanical lift's "legs are only extended when you are going into the chair, then they open."</p> <p>R4's functional status assessment dated 6/25/22 (6/22/22 is part of the 7 day look back for the assessment) notes R4 requires a minimum extensive assistance for activities of daily living.</p> <p>The facility Report to IDPH Regional Office Final Report Summary states while transferring resident from bed to wheel chair accompanied by three CNAs, using a full mechanical lift, the lift began to tilt. R4 assessed and noted to have a raised area with discoloration to the right side of the forehead.</p> <p>R4's hospital Clinical Impression notes closed head injury without loss of consciousness.</p> <p>B. R3 On 7/14/22 at 11:44AM V14 and V15, both CNAs, observed using the full body mechanical lift to transfer R3 from her bed into an electric wheel chair. V14 pushed the mechanical lift under R3's bed with the lift's legs in the closed position. V14 and V15 then hooked the sling, with R3 in it, to the lift. V14 operated the machine and pulled the lift away from the bed and maneuvered it to the electric wheel chair. While R3 had no surface under her, and the lift had been maneuvered away from the bed, the legs of the mechanical lift remained closed. Once at the chair, then V14 opened the lift's legs. R3 was then lowered into her chair.</p> <p>On 7/14/22 at 2:28PM V10, Restorative CNA, said she trains new staff on the use of mechanical lifts. V10 said when training staff she demonstrates how the lift is to be used. V10 said the mechanical lift legs are left closed and how wide the legs will open depends on the width of</p> | S9999         |   |                    |

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| S9999  | <p>Continued From page 9</p> <p>the chair you are transferring the person into.</p> <p>On 7/15/22 at 9:45AM V12, Restorative Nurse, said I have not trained the staff on the use of the full body mechanical lift use. V12 said R4 was assessed to require the use of the full body mechanical lift for transfers. V12 said she did not see a transfer care plan identified for R4. V12 was asked to explain the use of the full body mechanical lift to the survey, as V12 would train staff on the use of the lift. V12 said when the full body lift's legs are under the bed, the staff should "open the legs as easing out from under the surface and close the legs." V12 said the staff should "start to close as pull out" the lift from the bed. V12 said the legs "position depends on obstacle dealing with," such as furniture and room size. V12 said if the legs are not in the proper position the lift may tile. The surveyor asked questions to clarify the position the lift legs should be in and V12 said "it all depends on the obstacles in the rooms."</p> <p>On 7/15/22 at 1:41PM V1, Director of Nursing, said if a transfer assessment is not done and there is no care plan for the transfer status of a resident, then the staff will not know how to transfer them. V1 said R4 required a full body mechanical lift for transfers and is should have been in the care plan. V1 said following R4's closed head injury she spoke with the CNAs involved and they showed her they were trying to put R4 in her chair. V1 said the CNAs told her R4's head was bumped. V1 said the injury was caused by "maybe her weight was disproportion, [R4's] weight not distributed evenly." V1 said the legs on the mechanical lift help to keep the machine balanced. V1 said the legs are able to be adjusted. V1 said when she investigated the cause of R4's injury "I did not ask about the</p> | S9999  |   |   |

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| S9999              | <p>Continued From page 10<br/>position of the legs."</p> <p>On 7/16/22 at 2:29PM V16, Restorative Corporate Nurse, was interviewed by phone by the surveyor. The surveyor asked V16 what position the full body lift machine legs should be in when a resident is in it and being moved to a wheel chair. V16 responded when the full body mechanical lift is used for transfers it should have the legs wide open. V16 said the purpose of opening the legs is to provide a wide base of support, V16 said because we need balance so it will not tip over.</p> <p>C. On 7/27/22 at 1:12PM the surveyor observed V44 and V45, both CNAs, preparing to transfer R12 from his bed into his wheel chair. A letter H observed on the wall over R12's bed. The surveyor observed the legs on the full body mechanical lift to be opened while positioning the device under the bed. The surveyor observed as the transfer was initiated and R12 was being connected to the transfer sling the legs on the lift were closed under the bed. When R12 was connected to the full body mechanical lift, fully lifted off the bed, and the CNA pulled the mechanical lift away from the bed, the legs on the lift were closed. The CNA turned with R12 in the lift to her left and completed a half circle turn to position the resident over his wheel chair. Once nearing the wheel chair the CNA opened the legs of the mechanical lift. The mechanical lift legs were closed while R12 was away from the bed and wheel chair. There was no obstacle from bed to wheel chair preventing the legs from being opened.</p> <p>The care plan provided by the facility for R3 created on 3/17/22 has no transfer status identified.</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 11</p> <p>Review of the facility provided mechanical lift transfer training record does not state legs should be open on full body machine. This training records was reviewed for V10, dated 5/18/22; V11, dated 12/14/21; V15 and V7, both undated.</p> <p>On 7/20/22 the facility provided a list titled Midnight Census Report dated 7/19/22 and R3 is indicated as requiring a full body mechanical lift transfer. R12 is indicated as requiring a full body mechanical lift transfer. [indicated with letter H per interview with V10.] There are a total of 58 residents indicated on this list as requiring a full body mechanical lift.</p> <p>The facility provided an undated mechanical lift user manual that states on page 20, Warning the legs of the lift must be in the maximum open position and the shifter handle locked in place for optimum stability and safety.<br/>(B)</p> <p>Statement of Licensure Violations (3 of 4):<br/>300.610a)<br/>300.1210b)</p> <p>Section 300.610 Resident Care Policies</p> <p>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</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 12</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to implement dietary recommendation to prevent unplanned weight loss for 2 of 3 (R30 and R1) reviewed for unplanned weight loss prevention. This failure resulted in R30 having a 12% weight loss in a 30-day period, and R1 having an insidious weight loss of 16.9 (9.3%) pounds over a six-month time frame.</p> <p>Findings include:</p> <p>R30</p> <p>R30's discharge hospital paperwork printed 3/4/22 documents: diet puree. 1:1 feed.</p> <p>Dietary note dated 4/12/22 documents: Informed</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 13</p> <p>of decrease appetite. Food intake varies 25-50% meal. R30 with new wounds. At high risk for malnutrition related to inadequate nutrient intake. Plan: recommend increasing liquid protein 30ml three times a day, house supplement 120ml three times a day, consider appetite stimulate, fortified potatoes lunch and dinner, weekly weight for four weeks.</p> <p>R30's physician order sheet dated 4/19/22 documents: Pureed diet order date 4/19/22. Regular diet end 4/19/22. Liquid Protein three times a day for wound healing, med pass (2.0) 120ml /supplement and megestrol 5ml order 4/26/22</p> <p>Speech Therapy Plan of Care dated 4/19/22 document: R30 was recommended to be on puree/thin diet texture during 3/2/22 hospitalization with 1:1 feeding assistance.</p> <p>Previous weight:<br/>5/5/22 - 150 pounds<br/>4/4/22 - 170.4 pounds - change over 30 days [Comparison weight 4/4/22 170.4, -12% 20.4lbs]<br/>3/8/22 - 171.2 pounds</p> <p>On 7/21/22 at 12:19pm, V58 (dietitian) said, R30 was supposed to be on a pureed diet, I must have missed it in the hospital papers.<br/>On 8/4/11 at 4:51pm, V67 (speech language pathologist) said, R30 had moderate to severe swallowing impairment.</p> <p>On 8/10/22 at 3:34pm, V1 (DON) said, R30 dietary recommendation written on 4/12/22 wasn't implemented until 4/26/22. Hospital discharge paperwork is reviewed for continuity of care. R30 was not started on a pureed diet as prescribed from the hospital and week weights were not</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 14</p> <p>done.</p> <p>On 8/11/22 at 12:14pm, V69 (MDS coordinator) said, R30 received feeding assistance 7 days in March and April.</p> <p>On 8/15/22 at 4:30pm, V58 (Dietitian) said, I expected my interventions to be implemented. If my recommendations were offered/implemented, I would have been able to see if they made a difference such as decrease hydration, promote wound healing and increase calories to promote weight gain/stability.</p> <p>Eating point of care charting dated 3/1/22-3/31/22 document: R30 received feeding assistant on 3/1 (dinner), 3/14 (dinner) 3/20 (dinner), 3/23 (breakfast), 3/24 (dinner), 3/26 (breakfast/lunch) and 3/28 (dinner).</p> <p>Eating point of care charting dated 4/1/22-4/30/22 document: R30 received feeding assistant on 4/8 (dinner), 4/17 (dinner), 4/25 (lunch/dinner), 4/27 (dinner), 4/28 (dinner) and 4/29 (breakfast/lunch).</p> <p>Weight Assessment and Intervention undated documents: The goal is to ensure adequate parameters of nutritional status are maintained by preventing unintentional weight loss. Interventions for undesirable weight loss shall be based on careful consideration of the following: chewing and swallowing abnormalities and the need for diet modifications. Severe weight loss greater than 5% in 1 month.</p> <p>R1</p> <p>Dietary note dated 5/23/22 document current weight indicates significant weight loss in 1, 3, 6</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 15</p> <p>months despite of nutrition intervention. Weight loss due to variable appetite. Food intake 25%-75% of meal. Weight loss unplanned and unavoidable. To halt further weight loss, recommend increasing med 120ml to TID (three times a day) and double potion at breakfast and weekly weight times four weeks</p> <p>R1's physician order sheet dated 3/2/21 documents house supplements two times a day for weight loss.</p> <p>Current weight<br/>7/28/22-164.4 pounds<br/>Previous weight<br/>6/3/22 - 167 pounds<br/>5/24/22 -164.4 pounds<br/>5/17/22 -162.6 pounds<br/>5/5/22- 163 pounds [Comparison weight 174.4 lbs. -6.5% -11.4lbs]<br/>4/4/22 - 174.4 pounds<br/>3/8/22 - 170.2 pounds [Comparison weight 2/4/22 181.3 pounds, -6.1% -11.1 lbs]<br/>2/4/22 -181.3 pounds</p> <p>On 7/21/22 at 12:19pm, V58 (Dietitian) said, R1 had an ordered for double portions all meals but R1 refused to eat double all meals so I made it double potion for one meal. Sometimes a lot of food on the plate can be overwhelming.</p> <p>On 8/10/22 at 3:34pm, V1 (DON) said, R1's health shake was not increased to three times a day and double portion at breakfast wasn't added as recommended.</p> <p>On 8/15/22 at 4:30pm, V58 (Dietitian) said, I expected my interventions to be implemented. If my recommendations were offered/implemented. R1's health shake was supposed to be on three</p> | S9999         |   |                    |



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| S9999              | <p>Continued From page 16</p> <p>time a day. I order double portion at breakfast to see if R1 would eat then I was going to gradually increase it but the meal shakes were not changed or the double implemented.</p> <p>Weight Assessment and Intervention undated documents: The goal is to ensure adequate parameters of nutritional status are maintained by preventing unintentional weight loss. Interventions for undesirable weight loss shall be based on careful consideration of the following: use of supplements. Severe weight loss greater than 10% in 6 months.<br/>(B)</p> <p>Statement of Licensure Violations (4 of 4):</p> <p>300.610a)<br/>300.1210b)<br/>300.1210c)<br/>300.1210d)1)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 17</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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observations, interviews, and records reviewed the facility failed to follow their pain management program to ensure that staff report pain and treat verbalizations and symptoms of pain for 1 resident (R2) of 3 reviewed for pain. This failure resulted in R2 screaming and reporting pain in her left leg during care.</p> <p>Findings include:</p> | S9999         |   |                    |



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| S9999              | <p>Continued From page 19</p> <p>(DON), said if a resident shows pain during care, then the nurse should take care of it and give the resident whatever the doctor has ordered. V1 said the CNA should report pain immediately to the nurse. V1 said if a resident reports pain during care the CNA should ask the resident if they can continue with care or if they want medicine before they continue.</p> <p>On 7/22/22 at 9:59AM V29 said residents show pain by not eating, not wanting to get up, or they verbally report pain. V29 said if during care the resident reports pain then she would finish providing care and then report to the nurse, once care has been completed.</p> <p>Medication Review Report for R2 notes order on 6/28/22 for left knee X-Ray for diagnosis of pain/swelling. Order initiated on 5/14/22 notes monitor and record pain level every shift for pain management. As needed pain medications include Acetaminophen and Norco, both every 6 hours when needed.</p> <p>R2's care plan initiated on 5/16/22 notes R2 has acute on chronic pain related to bilateral knee Arthritis. Potential for further signs/symptoms of pain and discomfort related to Gout, Polymyalgia Rheumatica, neuropathy, and bilateral lower extremity muscle spasms. Interventions include administer analgesia as ordered. Monitor/ record/ report to nurse any signs/symptoms of non-verbal pain including vocalizations, face (sad, crying, grimacing), and body (tense).</p> <p>The facility Pain Management Program revised on 7/16/18 notes:</p> <p>The resident's descriptive words regarding the</p> | S9999         |   |                    |

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| S9999              | <p>Continued From page 20</p> <p>quality, duration, and location of pain will be used to evaluate the pain and to identify changes in pain. When the resident is unable to describe pain, physical signs such as grimacing, body posturing/protecting, vital sign changes, and changes in behavior and mood will be used to determine the present of pain.</p> <p>Assessment of non-verbal residents for signs and symptoms of pain.</p> <p>Pain to be considered the 5th vital sign, along with temperature, pulse, respiration, and blood pressure.</p> <p>All care givers are instructed to report the resident's or family's report of pain or discomfort.<br/>(C)</p> | S9999         |   |                    |