

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003768</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>09/02/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF MASCOUTAH</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>901 NORTH TENTH STREET MASCOUTAH, IL 62258</b>
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S 000	Initial Comments  Annual Certification Licensure Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.1210b)4 300.1210c) 300.1210d)3  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.  c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.  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:  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.  These Requirements were NOT MET as	S9999	Attachment A Statement of Licensure Violations	

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</p> <p>evidenced by:</p> <p>Based on observation, interview, and record review, the Facility failed to conduct ongoing assessment and monitoring of a resident with significant weight loss for 1 of 5 residents (R12) reviewed for nutrition in the sample of 26. This failure resulted in continued weight loss for the resident.</p> <p>Findings include:</p> <p>On 8/31/22 at 1:14 PM, R12 was sitting in a geriatric chair at a table in the dining room and stated, "I've been here before." R12 was feeding herself pureed spaghetti, mixed vegetables, ice cream, and cake fortified with powdered milk.</p> <p>R12's Face Sheet documents R12 was admitted to the Facility on 8/18/2020 and has diagnoses including unspecified severe protein calorie malnutrition, dysphagia (difficulty swallowing), abnormal weight loss, unspecified dementia without behavioral disturbance, major depressive disorder, and gastroesophageal reflux disease without esophagitis.</p> <p>R12's Minimum Data Sheet (MDS) dated 7/11/2022 documents R12 has significant cognitive impairment and requires extensive 2+ person assistance with eating.</p> <p>R12's Physician Order Sheet (POS) documents, "Regular diet, pureed texture, thin liquids consistency for diet until July 13, 2024. Health Shakes two times a day for weight loss, 120cc."</p> <p>The Facility's "Monthly Weight Report" documents R12 weighed 132.8 pounds in November 2021 and 119.4 pounds in May 2022.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>This reflects a 13.4 pound or 10% weight loss over 6 months which is significant.</p> <p>R12's Care Plan dated 6/20/2022 documents, "I have a nutritional/potential nutritional problem r/t (related to) not wanting to eat my meals. Monitor/record/report to MD (medical doctor) PRN (as needed) s/sx (signs/symptoms) of malnutrition: Emaciation (cachexia), muscle wasting, significant weight loss: 3 lbs (pounds) in 1 week, &gt;5% in 1 month, &gt;7.5% in 3 months, &gt;10% in 6 months. RD (Registered Dietitian) to evaluate and make diet change recommendations PRN. Resident had experience unplanned weight loss related to decreased appetite, post hospitalization, acute illness."</p> <p>R12's Progress Note from Registered Dietitian (RD) dated 5/13/2022 at 9:48 AM documents, "RD annual assessment. 91 y/o (year old) female with dx (diagnoses) including dementia, MDD (major depressive disorder), GERD (gastroesophageal reflux disease), HLD (hyperlipidemia), osteoporosis, hypothyroid, L (left) femur fx (fracture), h/o (history of) falling, cerebral infarction, HTN (hypertension), malnutrition. Current medications include raloxifene, escitalopram, DSS (docusate sodium), omeprazole, donepezil, mirtazapine. Current diet ordered is regular with mech (mechanical) soft texture, fortified foods with all meals; ice cream (with) lunch and supper, 90 mL (milliliters) house supplement TID (three times daily). PO (oral) intake ranges 0-100%. Current ht (height) 64", wt (weight) 119.4# (pounds), BMI (body mass index) 20.4. Noted wt (weight) fluctuation since admission. No skin concerns noted. No new labs available for review. Estimated nutrition needs: 1626 kcal (kilocalories) (30 kcal/kg (kilogram)), 65 g (grams) protein (1.2 g/kg), and 1626 mL fluid</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>(30 mL/kg). Continue with prescribed diet and supplementation as tolerated. Noted recent addition of mirtazapine, which will likely have positive effect on appetite. Continue to monitor intake and wt. Refer to RD as needed."</p> <p>R12's "Monthly Weight Report" documents R12 weighed 119.4 pounds in May 2022 and 112.0 pounds in August 2022. This reflects an additional 6.2% weight loss over the time R12 was not being monitored by a RD.</p> <p>On 8/31/22 at 9:03 AM, requested that V1, Administrator, provide RD phone number and/or additional documentation from RD.</p> <p>On 9/1/22 at 8:34 AM, requested that V1 provide RD phone number and/or additional documentation from RD.</p> <p>On 9/1/22 at 9:42 AM, V11, Nurse Practitioner, stated, "The team meets weekly and reviews weight losses. Then I am notified of any weight loss and recommendations by the dietitian. I would have expected to be notified by the team of (R12's) weight loss."</p> <p>On 9/1/22 at 10:12 AM, requested that V7, Dietary Manager, provide RD phone number. He stated he would have to check with V1, Administrator.</p> <p>On 9/1/22 at 12:12 PM, V1 stated, "I have no additional RD documentation since May. She wasn't seen."</p> <p>On 9/2/22 at 10:40 AM, no contact information for RD was received from the Facility. V1, Administrator, stated, "We do not have a policy on Nutrition Assessment."</p>	S9999		

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