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:** COMPLETED A. BUILDING: C B. WING IL6003248 09/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 A JEFFERSON STREET ELDORADO REHAB & HEALTHCARE** ELDORADO, IL 62930 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULID BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Facility Reported Incident of 8/15/22/IL150889 S9999 Final Observations S9999 Statement of Licensure Findings 300.1210d)6) 300.2040b)1)2) 300.2040e) Section 300.1210 General Requirements for Nursing and Personal Care 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: 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. Section 300.2040 Diet Orders b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian. 1) The resident's diet order shall be included in the medical record. Attachment A The diet shall be served as ordered.

Illinois Department of Public Health

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

TITLE

Statement of Licensure Violations

(X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING: | COMF | (X3) DATE SURVEY COMPLETED | | |
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| 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | e) A therapeutic di physician or dietiti disease or clinical decrease certain s sodium) or to incre diet (e.g., potassiu | et means a diet ordered by the an as part of a treatment for a condition, to eliminate or substances in the diet (e.g., ease certain substances in the lm), or to provide food in a form able to eat (e.g., mechanically | A STATE | 3 3 3 | ₹ ¥ | |
| | Based on interview observation, the fa Soft/Mechanical Sor R3) reviewed for mample of 4. This fatextured diet being | were not met as evidenced by: v, record review, and cility failed to provide a Dental oft diet to 2 of 4 residents (R2, nechanically altered diets in the failure resulted in the wrong provided to R2 which resulted int and a trip to the emergency | # The state of the | *S | |) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1 |
| 10 10 | documents R2 had Dementia without I Dysphagia, History of Cerebral Encephalopathy, H HyperlipIdemia. R2 dated 8/22/22 under had a Brief Intervieindicating R2 had simpaired short term Under Section G of that R2 required 10 eating. In Section I | lypertension and less Minimum Data Set/MDS er Section C, documents R2 ew for Mental Status of 2, severely impaired cognition and and long term memory. If R2's MDS, it is documented 00 % of staff assistance for C of R2's MDS, it is 2 had a swallowing disorder | 88 | | ek KS | i i i i i i i i i i i i i i i i i i i |

Illinois Department of Public Health

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 100 | LE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
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| | thin liquids, and on diet was discontinu | on a Mechanical Soft diet with 8/27/22 the Mechanical Soft ued. R2's Physician's Orders ument that R2 was started on a |) i | | | ±8 | |
| | Pureed, No Added diet with double po | Salt, Concentrated Sweets ortions of protein. | | 6). | | 87 | |
| | Public Health Initia | eled Illinois Department of I Report dated August 15, 2022 | 19 | -11- | | | |
| ¥95 | | " Initial: It was reported that p, resident (R2) was eating | 15 | *5 | | | |
| | supper when he be | egan to choke on a piece of | 2 | | | -53 | |
| | meat. Nurse imme | diately assessed the resident | | | | | |
| | | Heimlich maneuver dislodging | | | | | |
| | | Resident was reassessed and coarse rattling sound. All vitals | === | | | | |
| :4 | were within normal | limits. Attending physician and | | , , , , , , , , , , , , , , , , , , , | | 8 | |
| | POA (Power of Atto | orney) notified and orders | | " | | 4.5 | |
| | | ER for evaluation. 9:30p | | 431 | | | |
| 940 | | from hospital Final: led that resident was eating | | 12 | | | |
| | | egan to choke on a piece of | | | (5) | | |
| | | lich was performed by nurse | | | | | |
| | dislodging the piece | e of meat. Resident was | | Œ | | | |
| - | | sician and POA notified. | | | 65 | | |
| 300 | retting sounds Vite | d to be coughing with course all signs were all within normal | #1 | | | | |
| | | ved to send resident to ER for | | | | W) | |
| | | as performed and was noted to | | | | | |
| ľ | be clear with no sig | ıns dyspnea. Physician | 800 | ** | 9 | | |
| | | t to be placed on a puree diet | | | | 70) | |
| | | uation to be performed. |] | ne. | | | |
| | | pureed diet with no noted assist with meals. Family is | | | ÷- | ājā. | |
| | | 's will update family once | | | | | |
| | | has been completed." | vs. | 2 | | | |
| | The facility's Diet S | preadsheet/Menu for supper | | | | - 4 | |
| | |) for Dental Soft (Mech Soft) | | | | | |
| | | meatball with sauce | | N N | | | |

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
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| S9999 | soft), soft-cooked ve Strawberry shortcake The Dining RD Sprint documents, "for Gro Sandwich in line #3: cooked meatballs in processor and grind hamburger. Reheat for 15 seconds. Add sauce to the ground moist but not soupy. Fahrenheit of above sandwich: Place #12 with sauce, 2 Tables ounce shredded che Cut sandwich in half | s drizzled with ketchup (dental egetables (dental soft), | S9999 | DEFICIENCY | | | |
| | Assistant) stated on (Registered Nurse) a because he wasn't e V7 stated dietary servery small meatballs up 2 meatballs into be was chewing the sure if he was swallowed the meat R2 wasn't coughing a stated V8 came quic Maneuver on R2 and she didn't usually wo thought R2 was on a dietary sent. V7 stated dietary card, or attern Maneuver. | 8/15/22 around 6:00 PM, V8 asked her to feed R2 ating very well on his own. In a sub sandwich that had on a bun. V7 stated she cut lite sized pieces for R2 and meatballs but she wasn't owing them. V7 stated R2 atting the meat when he and got choked. V7 stated and she ran to get V8. V7 kly and did the Heimlich I got the meat out. V7 stated rk on that side and she just regular diet since that's what ad she didn't look at the apt to do the Heimlich | | 79 | | | |

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003248 09/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 A JEFFERSON STREET ELDORADO REHAB & HEALTHCARE** ELDORADO, IL 62930 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 R2 had a stroke about 1 year ago and V10 (Physician) told her that R2 was having Transient Ischemic Attacks frequently. V8 stated she asked V7 to feed R2 because he wasn't trying to feed himself. V8 stated on 8/15/22 around 6:00 PM, V7 came and got her because R2 was choking. V8 stated when she got to R2 he couldn't speak. and he wasn't coughing. V8 stated it was apparent that he was choking, so she did the Heimlich Maneuver 4 times, and on the 4th try, a clump of meat came out of R2's mouth. V8 stated it looked like the meat was clumped together as though it had been pocketed, and there were also a few smaller pieces of meat. V8 stated the meatballs were small and on a bun, not ground per R2's Physician's Order. V8 stated they called for an ambulance immediately and then called V10 since R2 had choked. V8 stated once R2's airway was cleared, R2 was having stridor when breathing and continued to be "raspy" sounding when the ambulance arrived. On 9/6/22 at 11:00 AM, via telephone, V5 (Dietary Aide) stated the meatballs were very soft and were easily mashed with a fork. V5 stated she asked V3 (Dietary Manager) if it was ok to serve the meatball sub to R2 and V3 told her to serve them since the meat was soft. V5 also stated the meatball subs had Provolone cheese on them and she thought R2 was supposed to have ground meat, but since V3 said it was ok, she went ahead and served it to R2. On 9/6/22 at 10:15 AM, V3 stated R2 shouldn't have received the meatball sandwich with whole meatballs, but should have had the meat ground. V3 stated after the choking incident, R2 was assessed by speech therapy and his diet changed to pureed.

FORM APPROVED CONTRACTOR CONTRACTOR Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6003248 09/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 A JEFFERSON STREET ELDORADO REHAB & HEALTHCARE** ELDORADO, IL 62930 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD) BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 On 9/12/22 at 10:15 AM, V3 stated he receives a diet slip from the nurse who received a physician's order for the diet. V3 stated he enters the dietary order into his computer, including the liquid consistency. V3 stated when a diet order changes, the nurses fill out the standard dietary form that has the physician's name and date of diet change. V3 said when he gets the dietary order changes, he enters the new diet order into his computer and informs the dietary staff about the diet order change. V3 said once he instructs the staff about the diet order change, he monitors the meal tray to make sure the diet is sent out correctly. V3 also stated when he gets an order change, it is not only entered into the computer, he prints it out along with the Spread Sheet and the recipes for all of the diets, including the specialized diets for the cooks to use. V3 stated they use DiningRD as guidance and that includes the correct size scoops, menus and recipes for all the diets that are to be used daily. On 9/12/22 at 11:50 AM, V6 (Registered Nurse/RN) stated when they receive a diet order change from the physician, they put the new order on the Medication Administration Record. make out a Dietary Order form and take it to the Dietary staff. V6 stated when V3 is there, they make sure he gets the order change. V6 also stated the nursing staff watch and monitor to see if the diet the resident received is the diet that the physician just ordered. V6 also stated when they get a recommendation from the Speech Therapist, they send that recommendation to the physician and he will send a telephone order for the diet change.

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On 9/6/22 at 12:05 PM, V4 (Dietician) was in the main dining room and when asked if R2 should have received the meatball sub on a Dental

PETATY. PRINTED: 10/06/2022 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6003248 09/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1001 A JEFFERSON STREET **ELDORADO REHAB & HEALTHCARE** ELDORADO, IL 62930 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD) BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 soft/Mechanical Soft diet, she stated "no. the meat should have been ground up." V4 stated a Mechanical Soft diet should always have the meat ground up. On 9/12/22 at 12:42 PM, V13 (Speech Therapist) stated she hadn't done a swallowing evaluation on R2 prior to the choking incident because he hadn't had any problems with eating up to that point. V13 stated she did do a swallowing evaluation on R2 on 8/16/22 when R2 returned from the hospital. V13 stated R2's diet was down graded to a Pureed diet and V10 was sent the recommendation and he gave an order for the Pureed diet. On 9/12/22 from 9:30 AM to 9:55 AM, V12 (Certified Nurses Aide), V14 (Certified Nurses Aide), V15 (Certified Nurses Aide), and V16 (Certified Nurses Aide) all stated they are to check the resident's dietary card to verify the resident's name and what diet the resident is to be receiving and if the diet isn't correct, they take the tray back to the kitchen and ask for the right diet. All of these C.N.A.s stated they are trained on the Heimlich Maneuver and would know how to perform the Heimlich Maneuver if a resident is choking. On 9/12/22 at 8:34 AM, via telephone, V10 stated R2 was having multiple Transient Ischemic Attacks (TIAs) and he was in decline prior to the choking incident. V10 stated R2's decline related to the TIA's, may have been the reason R2 had

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nursing home.

the choking incident. V10 stated the Mechanical soft diet should have been given to R2 but the choking incident didn't cause his decline or eventually, his death. V10 stated R2 did go on hospice on 8/24/22 and R2 died on 8/27/22 at the

24 9011913 RINTED: 10/06/2022 FORM APPROVED CONTROL WAS A WARLAND OF Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6003248 B. WING 09/13/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1001 A JEFFERSON STREET ELDORADO REHAB & HEALTHCARE** ELDORADO, IL 62930 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX (EACH CORRECTIVE ACTION SHOUL ID BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 R2's Progress Notes dated 8/15/22 document: "At 6:05 pm; V7 was feeding resident (R2) meat balls for dinner, called me to come quickly, he's choking. Arrived to find resident unable to speak. could not cough, Heimlich done immediately. Took 4 tries before 1 whole meat ball and several pieces came out. He refused to open mouth, has stridor resp (respirations), continue to try and sweep mouth was successful only once. Eventually did cough once. Upper chest with loud rhonchi sounds. Ambulance called and report given to ER nurse, (name of nurse). 6:25 pm. ambulance here for resident. He has recovered somewhat, 6:40 pm left with ambulance crew to a local ER." Signed by: V8 (RN). R2's Hospital Provider Notes dated 8/15/22 document under Chief Complaint: Choking-Aspiration into airway. Review of Systems, under Respiratory: No complaint of cough or shortness of breath. On 8/15/22 Chest x-ray Finding: The pulmonary vascularity is unremarkable. The lungs are clear. There is no consolidation, infiltrate, pleural effusion or pneumothorax, Impression: No. evidence of active pulmonary disease. R2's Progress Note dated 8/16/22 at 4:47 AM. documents, resident returned to facility via ambulance at 9:30 PM. Vital Signs 97.5, 76, 18, 158/86, O2 Saturation 95% Room Air. Hospital Report Xray- Clear. Complete Blood Count and Comprehensive Metabolic Panel done. Reported 500cc from straight catheter and no Urinary Tract Infection, No new orders received. Resident

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speaking. No signs or symptoms of Dyspnea. V11 (Family) was notified after ambulance transferred

R2's Progress Note on 8/16/22 at 9:56 AM. (late

him to the local hospital emergency room.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6003248

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

1001 A JEFFERSON STREET

FORM APPROVIDER

(X2) MULTIPLE CONSTRUCTION

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| S9999 | Continued From page 8 | S9999 | 6 | _ 83 8 | | |
| 75 | entry) Received report from LPN, evaluation shows resident is lethargic, drooling, but awake. Smiles readily at V6, speech remains garbled and slurred. Oral cavity clear except for spittal. T 98.4 p 90 R 18 b/p 155/100 p/o (Pulse Oximeter) 95% on ra (room air). Lungs with slight rhonchi heard left upper lobe. Other clear. Pulses adequate. Signed by: V6 (RN) | | | 25 A 25 A 25 A | | |
| :4 | 2.) R3's Physician's Orders dated September, 2022, document R3 is to have a Regular, Mechanical Soft diet with Super-cereal at breakfast. | | | ₽° ≤5 | e ³⁷ | |
| i i | R3's Minimum Data Set dated 7/1/22 documents under Section C that R3 has a Brief Interview of Mental Status of 5, indicating R3 is severely cognitively impaired. In Section G under Eating, R3 requires supervision and cueing during her meals and requires set up help. | | | | 53 S | |
| | On 9/6/22, R3 was eating in her room at 12:25 PM. R3 was sitting in her recliner with a bedside table that had her meal of Spaghetti, whole corn, pineapple dessert, bread stick and butter, tea and water sitting in front of her. R3 stated she was hungry and the food was good. | | # | | | |
| | On 9/12/22 at 12:30 PM, R3 was sitting in her recliner with her bedside table in front of her and she received a mechanical soft diet of ground pork with brown gravy, mashed potatoes, soft brussell sprouts that were easily mashed with a fork, banana split pudding, tea and water. | | | | | |
| | At 12:55 PM on 9/6/22, V4 was asked if whole corn and a bread stick were appropriate on a Dental Soft/Mechanical Soft Diet. V4 stated the spaghetti was fine on a Mechanical soft diet, but | | \$ | 3 | 8 | |

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
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| \$9999 | R3 should have had corn, and R3 should because it would be swallow. V4 stated training on the imporight before they go stated she gave an on 9/6/22 about dief Mechanical Soft and The Dietary Spread 2022 documents un Soft) that R3 was to spaghetti and sauce pineapple trifle, bread beverage. The facility's policy of Soft) Diets, dated 20 Indications for Use: Soft) Diet is for indivin chewing regular of Mechanical Soft Diet (Mechanical Soft) Diethere is a chewing/dimay also be used by Pathologist (SLP) in with individualization SLP. This diet may be experiencing mouth problems including I dentures. Individualitiolerances is require any swallowing probrecommended that a | d creamed corn not whole dn't receive a bread stick too hard to chew and the dietary staff need more ortance of getting the diets out to the residents. V4 in-service to the dietary staff torders, Spread Sheets, d Pureed diets. sheet for Spring/Summer of Dental Soft (Mechanical have Ground meatballs with the creamed corn, pureed and and margarine and a con Dental Soft (Mechanical D22 documents under The Dental Soft (Mechanical Viduals with limited or difficulty consistency foods. If a control to the control of the treatment of dysphagia of per recommendations by the | S9999 | | | | |
| | implemented. | в. | | | | | |

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