

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016497</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/19/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SOUTH SUBURBAN REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>19000 SOUTH HALSTED HOMWOOD, IL 60430</b>
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(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  Annual Health Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1010 h) 300.1210 b) 300.1210 d)3)</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies 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</p>	S9999	<p style="text-align: center;"><b>Attachment A 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 of notification.</p> <p><b>Section 300.1210 General Requirements for Nursing and Personal Care</b></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>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.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on interview and record review, the facility to follow their weight loss policy to develop a plan to reduce an insidious unplanned weight loss and failed to notify the physician of a significant weight loss. This affected 1 of 3 residents (R126) in a sample of 133. This failure resulted in R126 having a 11.7% weight loss in 30 days.</p> <p>Findings include:</p> <p>R126's weight variance report, dated</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>7/1/22-09/12/22, documents: 09/12/2022 Weight: 147.6 lbs 08/07/2022 Weight: 167.2 lbs 07/08/2022 Weight: 170.0 lbs</p> <p>On 10/18/22 at 12:58 PM, V23 (Dietitian) said, "I saw (R126) on 9/13/22 for a weight loss of 11.7% decrease since 8/7/22. The full reason of (R126's) weight loss was unclear. (R126) denied any change in eating habits and reported only having four working teeth. (R126) was on a regular diet. I increased (R126's) health shakes to 4ounces twice a day. I ordered weekly weights. The weekly weights were not done. I did not see any weekly weights . If I had seen (R126's) weights, I would have written a progress note. I don't have any progress notes for (R126) related to the weekly weights. (R126's) weight on 9/12/22 was re-weight."</p> <p>On 10/18/22 at 2:30pm, V2 (don) said, weekly weight are done to determine the effectiveness of the intervention, view further weight loss and a new to implement a new interventions.</p> <p>On 10/19/22 at 1:51 PM, V29 (Medical Doctor) said, "I expected the Dietitian recommendations to be followed. The weekly weight should have be completed. They would have documented further weight loss. I don't recall be notified of (R126's) weight loss. If I had been notified of (R126's) weight loss, I would have orders some labs, such as a complete blood count (CBC), basic metabolic panel (BMP), and possibly a carcinoembryonic antigen (CEA)."</p> <p>On 10/19/22 at 2:51 PM, V3 (Assistant Director of Nursing/ADON) said, "(R126's) weight on 9/12/22 was a reweight. I refer to the Dietitian. (R126) did not have an order or labs for CBC, BMP and or</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>CEA in the month of September. I'm not sure if the doctor or nurse practitioner was notified. Let me check."</p> <p>On 10/19/22 at 4:15 PM, V29 (Medical Doctor) said, "I talked to (R126) today. (R126) reported a loss of appetite. I just ordered some labs. "</p> <p>On 10/19/22 at 4:20 PM, V3 (ADON) did not present any document related to doctor/nurse practitioner notification for R126's weight loss.</p> <p>R126 did not have a an order for CBC, BMP or CEA for September 2022 written by the doctor, nurse practitioner or nurse.</p> <p>Weight Assessment and Intervention 8/2008 Policy: Any weight changes of greater than or less than five pounds within 30 days will be retaken for confirmation. If the weight is verified and triggers a significant weight change, the physician will be notified. #4 dietitian will determine if addition interventions are warranted. #5 significant weight changes are defined as more or less than 5% within 30 days.</p> <p>(B)</p>	S9999		