

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003842	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/24/2022
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NAME OF PROVIDER OR SUPPLIER WILLOW ROSE REHAB & HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 410 FLETCHER JERSEYVILLE, IL 62052
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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2): 300.610a) 300.1210b) 300.1210d)3) 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. Section 300.1210 General Requirements for Nursing and Personal Care 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.	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X8) DATE
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S9999	<p>Continued From page 1</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 requirements were not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to notify and consult with a dietician for unplanned severe weight loss and failed to monitor and implement new interventions for 1 of 1 resident (R7) reviewed for weight loss in the sample of 29. This failure resulted in R7's severe weight loss of 16.3% in 6 months time.</p> <p>Findings includes:</p> <p>On 10/19/2022 at 12:10 PM, R7 was sitting up to her wheelchair in the dining area, she had eaten approximately 20% of her ground meat and approximately 25% of her gelatin dessert. Her vegetables and potatoes were not eaten. Staff around the table were assisting other residents and occasionally giving R7 verbal cues.</p> <p>The facility's Monthly Weight Grid, dated November 2022 through October 2022 documented R7's weight 11/2021 of 162 lbs., 12/2021 of 154 lbs., 1/2022 of 148 lbs., 2/2022 of 144 lbs., 3/2022 of 140 lbs., 4/2022 of 135 lbs.,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>5/2022 of 133 lbs., 6/2022 of 132, 7/2022 of 125 lbs., 8/2022 of 119 lbs., 9/2022 of 120 lbs., 10/2022 of 113 lbs. Weight loss percentages in 3 months 11/2021 to 2/2022 was 11.11% and in 6 months, 11/2021 to 5/2022, it was 17.9%. Weight loss percentage in 1 month (9/2022-10/2022) 5.83%, 3 months (7/2022-10/2022) 9.5%, in 6 months 4/2022-10/2022) 16.3% with current BMI (body mass index) of 19.2.</p> <p>R7's medical record has no documentation of any Dietician notes or recommendations from 11/2021 until 6/16/2022.</p> <p>R7's Dietary Services Communication, dated 6/16/2022, documents dietary recommendations to change house shake lunch & supper to super cereal at breakfast and magic cup lunch & supper.</p> <p>R7's medical record has no documentation of any Dietician notes or recommendations from the 6/16/2022 communication until the Dietary Notes of 9/27/2022.</p> <p>R7's Dietician notes, dated 9/27/2022 documented, "Diet NAS (regular no added salt) mech (mechanical) soft, SC (Super Cereal) at breakfast, Magic cup L+S (lunch and Supper), pudding thick liquids, 2 Cal med pass 90 cc (cubic centimeters) tid (3 times a day)." It also documents, "Noted wt (weight) stable x 1 mo (month). Wt (decreased) prior months." It further documents, "Wt (decrease) poss (possibly) D/T (due to) dx (diagnoses) psychosis, schizo (schizophrenia), bipolar, dysphagia, (decreased) appetite." It continues, "Recommend (continued) diet therapy, (continue) (supplements), (encourage) (by mouth) intake, no (weight loss) desired."</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R7's Physicians Order Sheet, dated 10/01/2022, documented, "Diet of Regular, mechanical soft with pudding thick liquids. "</p> <p>R7's Physicians Order, dated 10/13/2022, documented "(Discontinue) magic cup (with) meals.</p> <p>R7's Diet Order Form, dated 10/13/2022, documented, "(Discontinue) Magic cup (with) meals. Nursing Judgment due to swallowing difficulties." There is no documentation that the Dietician was notified of this change or consulted for a replacement for this supplement.</p> <p>R7's Minimum Data Set, dated 08/12/2022, documented that her cognition was severely impaired and that she requires limited assist of 1 staff member to assist with eating. R7's MDS also documents R7's weight as 119 pounds and weight loss of 5% or more in the last month or loss of 10% or more in last 6 months was no or unknown.</p> <p>R7's Nutrition Care Plan, started 11/19/21 and updated 01/12/2022, documented, Problem: "Potential risk for altered nutritional status and/or weight loss. Resident has poor dental health receives mech soft diet." Approaches include: "Encourage self feeding. Feed Resident to complete as much of meal as possible." "Assist/feed at meal times as needed to complete meal." "Report significant changes in weight to MD (Physician) & RD (Registered Dietician)/LDN (Licensed Dietitian/Nutritionist). Follow recommendations of RD/LDN." There were no new approaches added since Care Plan started on 11/19/21.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 10/19/2022 at 1:30 PM V9, Licensed Practical Nurse, stated that she did not know why R7's order for magic cup supplement was discontinued.</p> <p>On 10/19/2022 at 2:15 PM V2, Director of Nurses stated that R7's magic cup supplement was discontinued because she was choking on it.</p> <p>On 10/20/2022 at 09:10 AM V26, Dietician, stated that the nurses usually don't call her but with R7's weight loss they could have called her to seek an alternative to the magic cup.</p> <p>The facility's policy, "Resident Weight Monitoring," dated 03/2019, documented, "9. The Dietitian shall review and document all significant weight changes along with any recommended nutritional interventions in the dietary progress notes in the medical record monthly." (B)</p> <p>Statement of Licensure Violations (2 of 2):</p> <p>300.610a) 300.696a) 300.696c)</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.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>The written policies shall be followed in operating the facility.</p> <p>Section 300.696 Infection Control</p> <p>a) Each facility shall establish and follow policies and procedures for investigating, controlling, and preventing infections in the facility. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. Each facility shall monitor activities to ensure that these policies and procedures are followed.</p> <p>c) Each facility shall adhere to the following guidelines and toolkits of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, and Agency for Healthcare Research and Quality (see Section 300.340):</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow their policy by ensuring all staff are vaccinated for COVID-19 or have a medical or religious exemption. The facility failed to develop a contingency plan for staff who are unvaccinated without exemptions in the sample of 29. This failure resulted in four residents (R28, R29, R30, R31) testing positive for COVID-19 infection on 9/19/2022.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Findings include:</p> <p>The Facility's "Healthcare Personnel COVID-19 Vaccination" report provided on 10/17/22 documents there are six employees (V14, V16, V17, V18, V19, and V20) who have not completed their initial Covid-19 vaccine series consisting of either one dose of a single dose vaccine or both doses of a two-dose vaccine. The "F888 Staff Vaccination Formula" documents 87.8% of staff have had their initial vaccine series.</p> <p>On 10/18/22 at 9:12 AM, V2, Director of Nursing (DON), stated there are several staff members that are not fully vaccinated without medical or religious exemptions. She stated, "(V14) is brand new and was going to get vaccinated. I may have an exemption for (V16). We are trying to get ahold of some of these staff members to see which vaccines they have had."</p> <p>The National Healthcare Safety Network (NHSN) documents 74% of Facility staff had completed their initial vaccine series as of the week ending on 10/2/22.</p> <p>On 10/18/22 at 1:46 PM, V1, Administrator, stated, "I report data to the NHSN (National Healthcare Safety Network). There is a discrepancy between NHSN (74%) and the numbers I provided (87.8%) because I only report the numbers to NHSN of who is working during that time frame. If the employees do not work, I do not report them on the website. I misplaced (V20)'s card so I am getting with her. I am also trying to get with (V16) and (V18) regarding their vaccination status."</p> <p>On 10/19/22 at 8:45 AM, V1 stated, "Our new</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>employees who are not vaccinated have been working the floor."</p> <p>On 10/18/22 at 3:57 PM, V20, Licensed Practical Nurse (LPN), was sitting at the nurse's station charting. She stated, "I just started working here. I am a nurse on evenings."</p> <p>The Facility's "COVID positive residents in the last 4 weeks" list signed and dated by DON on 10/17/2022 documents R28, R29, R30, and R31 all tested positive for COVID on 9/19/2022.</p> <p>On 10/20/22 at 2:35 PM, V1 stated she would expect the Facility to follow its policies regarding 100% staff Covid-19 vaccination unless exempt.</p> <p>The Facility's "Covid-19 Vaccine Policy and Procedure" revised 11/29/21 documents, "The purpose of this policy and procedure is to outline the facility approaches to encourage both staff and residents to receive a Covid-19 vaccine to reduce the risk of residents and staff of contracting and spreading Covid-19 and to establish a process to comply with the Federal Mandate that all staff are vaccinated against Covid-19, unless they have an approved medical or religious exemption. All facility staff are required to have received at least one dose of an FDA-authorized COVID-19 vaccine by December 6, 2021 and the second dose by January 4, 2022. New hires will be subject to the same requirements as current staff and must have received, at a minimum, the first dose of a two-dose COVID-19 vaccine or a one-dose COVID-19 vaccine by the regulatory deadline or prior to providing any care, treatment or other services for the facility and/or its residents."</p> <p style="text-align: center;">No Violation</p>	S9999		