

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005748	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/03/2023
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NAME OF PROVIDER OR SUPPLIER MAR KA NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 201 SOUTH 10TH STREET MASCOUTAH, IL 62258
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S 000	Initial Comments Annual Licensure Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)2 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. 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	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>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>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 observation, interview and record review, the Facility failed to ensure residents received nutritional supplements and proper portion sizes in 1 of 4 residents reviewed for nutritional status in the sample of 25. This failure resulted in R1 losing significant weight of 12% loss over three months.</p> <p>Findings include:</p> <p>R1's Face Sheet documents R1 has diagnoses including cerebral palsy, dependence on wheelchair, gastro-esophageal reflux disease (GERD) without esophagitis, constipation, vitamin B12 deficiency anemia due to intrinsic factor deficiency, anemia, hypothyroidism, oropharyngeal phase dysphagia (difficulty swallowing), age-related osteoporosis without current pathological fracture, and unspecified intellectual disabilities.</p> <p>R1's Minimum Data Set (MDS) dated 9/14/23 documented R1 was severely cognitively</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>impaired, required total dependence with two or more-person physical assistance, and required total dependence with one-person physical assistance for eating.</p> <p>R1's Care Plan documents, "(R1) has potential for nutritional problem r/t cerebral palsy, PVD (peripheral vascular disease), seizure d/o (disorder), hyperlipidemia, vitamin B deficiency, intellectual disabilities, vitamin D deficiency, anemia, GERD, hypothyroidism, dysphagia, osteoporosis." "(R1) has anemia r/t (related to) vitamin B12 deficiency." "(R1) has osteoporosis." "(R1) has GERD."</p> <p>R1's "Monthly Weight Report" documents R1 weighed 139.8 pounds on 6/23/23 and 123.0 pounds on 9/20/23. This is a 16.8-pound weight loss or 12% weight loss over 3 months.</p> <p>R1's "Order Summary Report" printed 9/28/23 documents order for Regular Diet with Pureed Texture and 90 cc (cubic centimeters or milliliters) Med Pass PO (by mouth).</p> <p>R1's Progress Note by V20, Registered Dietitian (RD), on 7/27/23 at 8:15 PM documents, "Diet Order: Pureed with 90mL (milliliters) Med Pass Supplement BID (twice per day)."</p> <p>R1's Progress Note by V19, RD, dated 9/17/23 at 8:44 AM documents, "Diet is pureed with 90ml (mL) Med Pass Supplement BID." "Regimen continues to provide supportive nutrition. Goal remains for stable weight pattern. Will monitor."</p> <p>R1's Medication Administration Records (MAR) from 6/1/23 through 9/27/23 were reviewed and do not list Med Pass Supplement or document the Med Pass Supplement was given.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>On 9/27/23 at 3:25 PM, V2, Director of Nursing (DON), stated there is no documentation that R1 received the Med Pass supplement.</p> <p>On 9/27/23 at 3:51 PM, V1, Administrator, stated, the Med Pass was on the POS, (Physician Order Sheet), but not the MAR, (Medication Administration Record).</p> <p>The Facility's Dietary Order Listing Report printed 9/28/23 documents, R1 has been on a Regular Diet with Pureed Texture since 4/6/23.</p> <p>R1's Dietary Card from 9/26/23 Lunch documents, R1 was on a Puree Diet with Double Portions.</p> <p>The Facility's Week 1 Tuesday Pureed Lunch documents, entrée was ½ c, (cup), Pureed Ham with Pureed Bread and ½ c Pureed Mixed Vegetables with Pureed Bread.</p> <p>On 9/26/23 at 12:19 PM, V9, Cook, used a Number 16 Scoop to plate two scoops of Pureed Ham and Bread and two scoops of Pureed Vegetables and Bread on R1's plate.</p> <p>On 9/28/23 at 11:44 AM, V20, Registered Dietitian, (RD), stated, "That's not right. They shouldn't be using the blue scoop for lunch or dinner meals. I set up the menus that way to make sure the portions are correct. The blue scoop is only used for breakfast. If they got what was listed on the menu, they should not be losing weight."</p> <p>On 9/28/23 at 2:03 PM, V1, Administrator, stated, she expects dietary staff to use scoop sizes listed on the menu and follow their food service</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>policies.</p> <p>On 9/29/23 at 9:00 AM, V23, Nurse Practitioner, (NP), stated, she expects Facility staff to follow dietary orders and provide appropriate serving sizes.</p> <p>The Facility's "Serving Utensils Portion Guide" documents, the size of a Number 16 scoop is ¼ cup. The Facility's Week 1 Tuesday Lunch portion for Mechanical Soft and Pureed Diets is ½ cup.</p> <p>The Facility's "Therapeutic Diet Orders" Policy revised 7/5/23 documents, "The facility provides all residents with foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician, and/or assessed by the interdisciplinary team to support the resident's treatment/plan of care, in accordance with his/her goals and preferences." "Mechanically Altered Diet" is one in which the texture or consistency of food is altered to facilitate oral intake. Examples include soft solids, pureed foods, ground meat, and thickened liquids. "Therapeutic Diet" is a diet ordered by a physician, or delegated registered or licensed dietitian, as part of treatment for a disease or clinical condition. It also may be ordered to eliminate, decrease or increase specific nutrients in the diet." "Dietary and nursing staff are responsible for providing therapeutic diets in the appropriate form and/or the appropriate nutritive content as prescribed."</p> <p>The Facility's "Nutritional Management" revised 7/5/23 documents, "The facility provides care and services to each resident to ensure the resident maintains acceptable parameters of nutritional status in the context of his or her overall condition."</p>	S9999		
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