Illinois Department of Public Health STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6002778 02/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER BRIA OF ALTON ALTON, IL 62002 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation 2340877/IL155958 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)1) 300.1210d)2) 300.2040b)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 Attachment A practicable physical, mental, and psychological Statement of Licensure Violations well-being of the resident, in accordance with

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED С IL6002778 B. WING 02/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER BRIAOF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 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. 2) The diet shall be served as ordered. These requirements were not met as evidenced by: Based on observation, interview, and record review, the Facility falled to provide Tube Feedings as ordered by the Physician for 1 of 2 residents (R2) reviewed for Tube Feedings in the sample of 4. This resulted in R2 being Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
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		IL6002778	B. WING			1	/03/2023
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(X4) ID	SUMMARY ST/	ATEMENT OF DEFICIENCIES	ID ID	DROVIDER'S PLAN (	OC CORRECTIO	211 E	(F)
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S9999	Continued From pa	age 2	S9999			100	= 197 37
2	hospitalized and re	equiring intravenous (IV) fluids		÷;	70.00		201 (2)
!	for Diagnosis of De	hvdration.		1/4			-1
1	4 ONLY EXT			-	2.	12	
/	Findings include:		- 3			81	4
*	and an or or	2 23	]	V.I			
	R2's Admission Re	ecord, dated 2/1/23, documents	, 122				
200	that R2 was admitte	ted to the facility on 1/26/23	ı j		V	2.5	
= 7,0	and discharged from	m the facility on 1/29/23.	I		12		
32	DOI- Floatronia Ma	The state of the s	07 50			8	W
	KZ'S Electronic iviet	dical Record documents R2's	3.6	N tol			4
	Medical diagnoses	include Protein-Calorie oral infarction, Dysphagia,					et.
	Cortical Blindness	Disorder of Autonomic		15 U. T.			12/
	Nervous system. A	Intiphospholipid Syndrome,		8	5 3	/ N	
	Hypertension, Psyc	choactive Substance		*1			8 8
C 10.	Dependence, and I	Major Depressive Disorder.				50 T	
(1170)		- W - 27					37
	R2's Care Plan, dat	ted 1/26/23, documents	77				8 ,
1):	"Dietary: (R2) is on	a therapeutic diet related to		9 <sub>6</sub> F			
10.	disease process: s/	/p (status post) stroke with	1		W	(i)	5.
	dysphagia. NPO (no	othing by mouth) diet with			1		
	Enteral Feedings to	or full nutrition. Interventions:	4.5	51		17.20	
4:	Mornior monuny we	eight, Monitor tolerance of TF onitor weight weekly, NPO diet		20			\$00 m
83		red Dietitian) to evaluate					7.9
	appropriateness of	TF regimen and adjust PRN		2.0			0.73
3.5	(as needed)."	The second secon	11	8	j		_
				75		31	85
	R2's Interim Baselir	ne Care Plan, dated 1/26/23,	1		95_		
	documents "(R2) is	at risk for Dehydration.	1	* * * * *			100
221	Interventions: Monit	tor for signs/symptoms of	1		77	a .	
	dehydration (i.e., de	ecreased urine output)." It	[ 34 ]			-	9
1=1	continues (KZ) requ	uires tube feeding and stoma	1 9				111
	Site çare, intervention	ons: Administer Tube Feeding octor) order, Elevate HOB		25			
	/head of hed) while	feeding is infusing, check	1 5				
	nlacement and pate	ency of feeding tube prior to	1				
	administering medic	cations, feedings, and flushes,	1			×	110 mg 4.10 mg
	and monitor stoma	site for signs/symptoms of	1			!	
	infection."	one reading of the reading of				***	

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6002778			(X2) MULTIP	LE CONSTRUCTION	(X3) DATE COMP	SURVEY
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S9999	Continued From p	age 3	S9999	10		
ė	(Entry) and 1/29/2	ta Set (MDS), dated 1/26/23 3 (Discharge) was not R2's short stay at the facility.		4	Na ES	74 72 77
2	On 2/1/23 at 2:50 l "My daughter (R2) 1/26/23 at 10:30 A	PM, V9 (R2's Mother) stated arrived to that facility on M. (R2) has a feeding tube and	e I			
Sc	there, they did not to her. They went town) to get a case	ngs to survive. When she got have any tube feeding to give to their sister facility in (local of the Jevity Tube Feeding. 2:00 PM feeding that day	31 3- 		a n	77
ж в	because they didn supposed to get 30 day. I do not believ her feedings and v	't have any to give her. (R2) is 00 ML (milliliters) four times a re that she was getting all of vater boluses as was ordered.	G. S		2 50: E:	21
	the facility, there w in (R2's) room and was the date she c complaining of bei	ing (1/28/23) when I came into vas a bottle of the tube feeding it was dated 1/26/23, which came in. My daughter started ng thirsty and wanting water,	2 E	59 50 500	*	
	which she never a mouth with some whelping her. I knew looked at the bottle	sks for. I was sponging (R2's) water and that wasn't even v that something was not right. I e of tube feeding in her room,			2 3	ς. -
13	it was still half full. been on a second facility got an entire	dated 1/26/23 and it looked like (R2) definitely should have or third bottle by then. The e case of the tube feeding from so I know they had some.	55			
2 3	When I mentioned RN/Registered Nu look like (R2) has a The nurse told me	it to the nurse (V7, rse), she told me that it does not been getting her feedings. that (R2) has not urinated all			20 20 28 28	9.
(x	day and that she we never got a phone the next morning (	ould call me if she did, but I call. When I went to the facility 1/29/23), I spoke with (V12, Nurse/LPN) and he said that		Ē.	3:	23 23

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6002778 B. WING 02/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER BRIAOF ALTON ALTON. IL 62002** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 4 S9999 they are to send (R2) to the hospital. When she got to the hospital, they had to put a urinary catheter in (R2) to get some urine. They diagnosed (R2) with Dehydration and told me that (R2) was really dry. We had to do an emergency admit for (R2) to go to another facility, because I was not letting (R2) go back to that place." On 2/1/23 at 3:10 PM, V7 (RN) stated "I picked up a shift on Saturday evening (1/28/23) and took care of (R2). She was to get G-Tube (Gastric Tube) feedings at 6:00 AM, 12:00 PM, 6:00 PM, and again at 12:00 AM. I gave her the feeding at 6:00 PM and flushed it like I'm supposed to. I think the date on the bottle was either 1/26/23 or 1/27/23. I remember (R2's) mother (V9) was here and thought that (R2) was dehydrated and was not getting her feedings. I showed her in the computer where she was getting them along with the flushes. I asked her if she wanted me to call the physician and ask for an increase in her water/feedings and she didn't answer me. (V9) pointed out the date on the bottle was 1/26/23 and said that (R2) should not still be on this bottle and she should be on a newer bottle. There was still at least another feeding left in the bottle after t fed her. I could not honestly tell you if she was getting her feedings or not." On 2/1/23 at 3:30 PM, V10 (MDS Coordinator) stated "We keep the tube feedings either in the medication room or in Dietary. I believe when (R2) got here, we had to get some from our sister location, and we put that case in the medication room. It looks like there are two bottles missing from the case of six. There is 1500 ML (milliliters) in each bottle." On 2/1/23 at 3:30 PM, a case of Jevity Tube Feeding was setting in the medication room on

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6002778 02/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER **BRIA OF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 the floor. The case held six bottles of the tube feeding. There were four unopened bottles left in the case, with two bottles missing from the case. Each bottle had 1500 ML of tube feeding in it. On 2/2/23 at 7:45 AM, V12 (LPN) stated "I was the one who sent (R2) to the hospital that day. It was the first time I took care of (R2). I was told in the morning report to make sure (R2) voids because she may be dehydrated. (R2's) mother (V9) came in on 1/29/23, very concerned about (R2) possibly being dehydrated, however, (R2) did void while her mother was here that morning. (R2) already received her tube feeding at 6:00 AM that morning prior to my arrival. I remember there was still some feeding left in the bottle, but I am not exactly sure how much. It looked like at least another feeding or two worth. I don't remember what the date was on the bottle. I know that either (V13, Certified Nursing Assistant/CNA), or the Dietary Department orders the tube feeding. I really think that (R2) should have been on at least her third bottle of feeding by Saturday (1/29/23), and it looked like she was still on her second one." On 2/2/23 at 8:00 AM, V14 (Dietary Manager) stated "I used to order the tube feeding, but since the new company took over around July 2022, (V13) orders it now. I do have eight cases of TwoCal HN (high nutrition) which has twenty four eight ounce cartons of feeding per case. I have had this in Dietary since 10/1/22. I heard that someone had to go to (other facility) to get a case for a resident and that they were ordering more." On 2/2/23 at 8:15 AM, V14, stated "(V13) ordered seven cases of Jevity on 1/27/23 at 2:26 PM. It looks like we received it already, but I'm not sure

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where it is."

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6002778 B. WING 02/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER BRIAOF ALTON ALTON. IL 62002** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 On 2/2/23 at 8:30 AM, V1 (Administrator) stated "There are seven boxes of Jevity sitting at the end of the 300-hall. I don't know why they were put there, but there is no tracking or delivery sheet with them. It looks like one box was opened already." On 2/2/23 at 8:30 AM, there were seven cases of Jevity setting on the floor at the end of the 300-hall. Each case had twenty-four eight-ounce cartons of Jevity. One case was opened with three cartons removed. On 2/2/23 at 8:40 AM, V1 (Administrator) stated "It looks like the Jevity was delivered on 1/30/23 at 12:53 PM. (R2) was already gone by then, I understand now. It does look like (R2) should have been on at least her third bottle of Jevity by the time she left here. I will check with each of the nurses who documented it as given and try to find out what happened." R2's Physician Order, dated 1/26/23, documents "Enteral Feed QID (four times a day), flush feeding tube with 100 ML of water." R2's Physician Order, dated 1/26/23, documents "Jevity 1.5 Cal/Fiber Oral Liquid (Nutritional Supplements). Give 300 ML via Peg-Tube four times a day for bolus feedings." R2's Physician Order, dated 1/26/23, documents "Check residual. If greater than and/or equal 100 ML hold feeding. If feeding held: Check residual after one hour and if residual still great than or equal to 100 ML notify MD (Medical Doctor). Every Shift." R2's Physician Order, dated 1/26/23, documents

PRINTED: 03/04/2023 **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: **B. WING IL6002778** 02/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER **BRIAOF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 7 S9999 "Check placement of G-Tube using auscultation before administering food/medications/fluids." R2's January 2023 Medication Administration Record (MAR) documents Residual Checks BID (twice a day) from 1/26/23 PM until 1/29/23 AM. Each residual check was documented as zero. Flush Peg-Tube with 60 ML BID was documented as completed from 1/26/23 PM until 1/28/23 PM. Enteral Feeding QID - Jevity 1.5Cal/Fiber - 300 ML via Peg-Tube QID was documented as given from 1/26/23 at 6:00 PM until 1/29/23 at 6:00 AM for a total of eleven times. R2's MAR documents that there were eleven feedings given to R2. If R2 received 300 ML of feeding each eleven times, there should have been 3300 ML's given. There were only two bottles missing (1500 ML per Bottle) which equals to 3000 MLs. R2's Nurses Note, dated 1/26/23 at 1:13 PM. documents "Patient arrived via EMS (Emergency Medical Service) from (Metropolitan Hospital). NKA (No Known Allergies), Full Code, alert to self only, unable to respond to verbal commands. Is blind, has a Peg-Tube in left lower abdomen, flushed with no resistance. Patient has bolus feedings QID 300 ML Jevity 1.5 with flush, flush increased to 100 ML before and after feedings by NP (Nurse Practitioner). Was admitted to hospital on 12/23/22 after being unresponsive. Patient is incontinent of bowel and bladder, history of HTN

Illinois Department of Public Health

(Hypertension), Stroke, Substance Abuse, and

R2's Nurses Note, dated 1/26/23 at 6:46 PM. documents "Jevity bolus feedings given. Tube flushed, no resistance or issues noted."

Anxiety." (Documented by V15, LPN)

(Documented by V15, LPN).

Illinois Department of Publi STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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S <b>9</b> 999	Continued From p	age 8	S9999			<del> </del>
4))	= at	10 L 10 M		at 15		55
	R2's Nurses Note,	dated 1/29/23 at 00:42 AM,		B. 20		y =
W	documents "Family	y called up to facility very	- 8		175	
279	Concerned that res	sident may be dehydrated. bottle of feeding was dated	Л:			55
10	hack to 1/26/23 an	pottie of reeding was dated nd she should have had another		- W		
3	bottle of feeding by	y this date. Family thinks	13			11 14
W (%)	resident was not getting her feedings at night.					
Ē :	This writer reassured the family that she would			in 199		*
118 3	get her feedings on night shift when they are due		93	#8		
100	and will get her flushes when due. Resident			н		
¥6 ()	received her feedings and medicine at midnight on tonight. Tolerated well and will continue to			* **		
172	monitor Resident	has a new bottle of feeding at	7.1	E. 20 42 ==		
meg.	bedside." (Docume	ented by V16, LPN).		23 EX		L
4	4.3		-	170	131	
50	R2's Nurses Note,	dated 1/29/23 at 6:26 AM,	İ	10 <sup>27</sup>		=
	documents "Keside	ent has not voided on night	44			
TH 8 TH	doctor no answer	d and aware. Tried to contact Will ask day nurse to notify		57) 220 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		
X	doctor to see what	are the next steps to take."		# 31 £ #00		27 19
	(Documented by V	16. LPN).			10	_ U
	N= 12	•			iè.	_
	R2's Nurses Note,	dated 1/29/23 at 10:17 AM,				W-10
.4	documents "Follow	-up from last nurse's note:		111 15	5.5	10 P
	resident aid void th	is morning. Mother is currently		li li	as .	- Te - N
9	to the one Hospital)	uested resident to be sent out to be evaluated. Notified NP,		0.0	e <sup>2</sup>	
	agreed to send out	resident. Called (Local	88	v		
	Hospital) and gave	report to the RN, tried calling		2 200	- 2	8
Į.	(Local EMS) and th	ey stated that ETA (estimated				5 60
	time of arrival) is cl	ose to two hours, called 911		- B		
	and they stated tha	t they will send an ambulance	.01			
	as soon as they car	n. Resident's mother is		2.5		
	(Documented by V	n. EMS just arrived."				
4	(bocamented by v	12, LFN).		20		
	R2's Nurses Note, o	dated 1/29/23 at 10:32 AM,		30		
[	documents "EMS fr	om (Local) Fire Department		_ ×		37 10
	just departed facility	y with resident to (Local				

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procedure, provide privacy, cleanse hands and done gloves. 3. Check tube placement by aspiration or air insertion. 4. Instill formula and run over appropriate time frame, monitoring resident for signs and symptoms of aspiration. 5. Flush tube with amount of water ordered at end of

disconnect and cover the end of the feeding set. 7. Document feeding and alert the Health Care

tube feeding. 6. When feeding complete.

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6002778 02/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER BRIA OF ALTON ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE PREFIX TAG TAG DEFICIENCY) S9999 Continued From page 10 S9999 Provider of any issues or problems." (B)