Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** (X3) DATE SURVEY A BUILDING: COMPLETED C iL6012637 B. WING 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG TERRACE FREEBURG, IL 62243 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE DATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z 000 COMMENTS Z 000 COMPLAINT INVESTIGATION 2347288/IL163910 **Z9999 FINDINGS** Z9999 Statement of Licensure Violations: 350.1840b) 350.1890b) Section 350.1840 Diet Orders Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered. Section 350.1890 Food Preparation and Service Foods shall be attractively served at the proper temperatures and in a form to meet individual needs. These requirements are not met as evidenced by: Based on observation, record review and interview, the facility failed to prevent incidents of choking for one of two individuals in the sample (R1) and one individual outside the sample (R4) with modified diets by their failure to: -follow R1's diet of minced and moist causing R1 to choke at supper and have emesis. Attachment A -follow R4's current diet of pureed by serving the Statement of Licensure Violations wrong consistency who had a previous choking incident requiring the Heimlich Maneuver and 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 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER-**COMPLETED A. BUILDING: C IL6012637 B. WING 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG TERRACE FREEBURG, IL 62243 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Z9999 Z9999 Continued From page 1 Emergency Room visit. Findings include: Facility provided International Dysphagia Diet Standardization Initiative/IDDSI diet descriptions (July 2019) indicates: Level 5 Minced and Moist: soft and moist, but with no liquid leaking/dripping from the food; biting is not required; minimal chewing required; lumps of 4 millimeters/mm in size; lumps can be mashed with tongue; food can be easily mashed with just a little pressure from a fork; should be able to scoop food onto a fork, with no liquid dripping and no crumbles falling off the fork. IDDSI Fork Pressure Test-For adults the lump size is 4 mm, which is about the gap between the prongs of a standard dinner fork. Level 4 Pureed Extremely Thick: usually eaten with a spoon; cannot be drunk from a cup because it does not flow easily; cannot be sucked through a straw; does not require chewing; can be piped, layered or molded because it retains its shape, but should not require chewing if presented in this form; shows some very slow movement under gravity but cannot be poured; falls off spoon in a single spoonful when tilted and continues to hold shape on a plate; no lumps; not sticky; liquid must not separate from solid. IDDSI Fork Pressure-Smooth with no lumps and minimal granulation; when a fork is pressed on the surface of Level 4 the tines/prongs of a fork can make a clear pattern on the surface and or the food retains the indention from the fork. R1's Physician Order Sheet/POS dated October 2023, indicates R1 functions in the Severe Range of Intellectual Disabilities and is to receive a Minced and Moist diet. R1 has additional

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: _ IL6012637 B. WING 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE #4 HILL MINE ROAD FREEBURG TERRACE FREEBURG, IL 62243 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG: TAG DEFICIENCY) Z9999 Continued From page 2 Z9999 diagnoses of Gastro Esophageal Reflux Disease/GERD and Dysphasia. R1's esophagram of 4/21/23, exam revealed mildly decreased esophageal motility with intermittent GERD and minimal sliding Hiatal Hernia. Review of R1's medical record indicates R1 was seen at local Emergency Room/ER for emesis after eating on 3/2/23 and 3/15/23 with discharge diagnosis of Gastroparesis. R1 was seen on 7/25/23 at ER to rule out aspiration related to emesis and was discharged with no findings. On 10/20/23 at 5:30-6:00 PM, during supper observations, R1 received ham with pineapple, California medley (broccoli, carrots, cauliflower) and a pumpkin desert square with nuts on top. R1's food was chopped in 1/2 inch pieces for the ham and vegetables. The ham and vegetables were mixed together. The four inch pumpkin dessert square with chopped nuts on top wasn't cut up at all. On 10/24/23 at 11:50-12:10 PM, at R1's day training, Z1/Case Coordinator stated that R1 refused lunch and often does. R1's lunch was still in her lunchbox and consisted of a bowl of brown ground meat in a brown liquid with some whole corn visible and a bowl of stewed tomatoes that were not minced but instead were cut up in half inch square pieces. On 10/24/23 at 5:30-6:10 PM, during supper observations, R1 received chicken and dumplings with carrots and a four inch piece of cake. R1 did not want the green beans. R1's chicken and dumplings with carrots had several large chunks of noodles that were about 1.5 inches and some

Illinois Department of Public Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 11/02/2023	
		IL6012637				
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	TATE, ZIP CODE		
FREEBU	IRG TERRACE		MINE ROAD RG, IL 62243			
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Z9999	Continued From pa	age 3	Z9999			
	large chunk of chic eventually was able emesis in her plate and noodles that w larger chunks. R1 v R4's POS dated Of functions in the Pro Disabilities with add	s of chicken. After R1 ate a sken she started choking and a to cough it out. R1 then had a of a large bolus of chicken as not chewed up and was went to lay down afterward. ctober 2023, indicates R4 ofound Range of Intellectual ditional diagnoses of Autism et order dated 9/25/23, states of Puree diet.		27		
	indicates R4 choke and Heimlich Mane expelling a piece of transported to loca discharged with no bite size diet at the	PM, TLOG (Incident Report) of at dinner time. Back blows ever was done with R4 for brussel sprout. R4 was then I Emergency Room and findings. R4 was on soft and time of choking and was eed pending Barium Swallow				
YY Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	R4 had ham with p (broccoli, carrots, c square. The texture and moist and had	O PM-6:00 PM, during supper ineapple, vegetable medley auliflower) and a pumpkin appeared to be more minced numerous small visible pieces eal was not a smooth pudding				
	observations, R4 w chicken and noodle were not a smooth					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		DN IDENTIFICATION NUMBER: A. BUILDING: COM				TE SURVEY MPLETED C 1/02/2023	
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Z99 99	Continued From page 4 interviewed and stated R1's minced and moist should have the consistency of ham salad with pieces no larger than a grape nut. R4's pureed food should be a smooth thick pudding texture.		Z9999		12		
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