

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009849	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/06/2024
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NAME OF PROVIDER OR SUPPLIER ALDEN LINCOLN REHAB & H C CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 504 WEST WELLINGTON AVENUE CHICAGO, IL 60657
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S 000	Initial Comments Complaint Investigation: 2482917/IL171890	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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.	S9999		

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

TITLE

(X6) DATE
05/16/24

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S9999	<p>Continued From page 1</p> <p>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 of notification. (B)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>2) All treatments and procedures shall be administered as ordered by the physician.</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 are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility:</p> <p>1. Failed to ensure Registered Dietician/Clinical Dietician's enteral feeding recommendation was</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>implemented.</p> <p>2. Failed to notify Nurse Practitioner (NP) or physician that enteral feeding recommendation was not carried out.</p> <p>3. Failed to ensure that enteral feeding and flushing were administered as ordered by physician.</p> <p>These failures resulted in R1's significant / severe weight loss of 11.3lbs (pounds) = 10.7% x 30 days and elevated BUN (Blood Urea Nitrogen) level reviewed for improper nursing care in a sample of 3.</p> <p>The finding include:</p> <p>R1's health record documented admission date on 2/14/24 with diagnoses not limited to Unspecified dementia, severe, with other behavioral disturbance, Adult failure to thrive, Encounter for attention to gastrostomy, Type 2 diabetes mellitus with diabetic chronic kidney disease, Unspecified severe protein-calorie malnutrition, Chronic combined systolic (congestive) and diastolic (congestive) heart failure, Hypertensive heart and chronic kidney disease with heart failure, Diaper dermatitis, Schizo affective disorder bipolar type, Pneumonia, Dysphagia oropharyngeal phase, Body mass index [bmi] 19.9 or less, Ocular pain left eye, Gastro-esophageal reflux disease without esophagitis, Personal history of COVID-19, Age-related osteoporosis without current pathological fracture, Restlessness and agitation, Peripheral vascular disease, Long term (current) use of insulin, Chronic kidney disease stage 2 (mild), Primary insomnia, Personal history of transient ischemic attack (tia), and cerebral infarction without residual deficits, Vitamin d deficiency, Iron deficiency anemia, Long term (current) use of oral hypoglycemic drugs,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Unspecified psychosis not due to a substance or known physiological condition, Hyperlipidemia, Long term (current) use of anticoagulants, Post-traumatic stress disorder, Epilepsy, Paroxysmal atrial fibrillation, Aphasia.</p> <p>On 5/5/24 at 1:03pm Enteral feeding and flushing administration observation conducted with V3 (Registered Nurse / RN) and V5 (Certified Nursing Assistant / CNA). R1 sitting up in wheelchair, wearing abdominal binder, Gastrostomy tube (G-tube) site with dressing dry and clean. Observed V3 checked gastric residual then administered Fibersource HN 1.2 250ml bolus enteral feeding and flushed with 150ml water.</p> <p>At 3:18pm Interviewed V2 (Director of Nursing / DON) and V2 said nurses are expected to follow doctor's order in administering G-tube feeding and flushing. Nurses are expected to document or sign off on the MAR (Medication Administration Record) after administering g-tube feeding and flushing. If MAR was not signed or documented, task was not done, G-tube feeding and flushing was not administered. If G-tube feeding and flushing were not administered or were missed could potentially lead to weight loss or dehydration.</p> <p>On 5/6/24 at 8:02am interviewed V17 (Clinical Dietician / Registered Dietician), stated R1 had weight change in April, weight loss of 10% x 30 days, 5% and above considered as significant weight change x 30 days. Recommended increasing the tube feeding to elevate volume and concentration. V17 said Fibersource 1.2 1250ml per day was not adequate to meet R1's needs, recommended to increase enteral feeding to 1800ml / day on 4/20/24. Recommendation</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>was calculated based on R1's ideal body weight and R1 is underweight with history of malnutrition. V17 said was informed that his recommendation was not put through because the family (POA) needed to okay the recommendation. Stated that his goal for his recommendation was to meet R1's nutritional needs through enteral feeding. R1 is on pleasure feeding but not eating enough about 0-50% per staff documentation. If R1 continues to receive enteral feeding of Fibersource 1250ml/day will continue to lose weight due to not enough for his nutritional needs. He said during weight meeting, he was informed that R1 with issue of diarrhea. Fibersource will help with diarrhea. R1 significant weight loss is contributed with: 1. enteral feeding not meeting his nutritional needs. 2. Diarrhea - due to altered bowel function. 3. Loss of fluids due to his diarrhea. V17 said enteral water flushing order is 150ml 5x per day, total of 750ml per day. He said R1's fluid needs is 1900-2200ml/day. R1 is getting his hydration needs from enteral feeding of 1010ml /day, 120ml from medication flushing and 120ml from supplements. Total of 2000ml/day. V17 said R1's nutritional needs, calculated with his ideal body weight of 142lbs. Calorie intake 30-35kg came out to 1928-2249cal/day. Current order of enteral feeding (Fibersource 1.2 1250ml/day) provides 1500cal/day. R1's oral intake = 0-50%. V17 said if g-tube water flushes were missed could potentially elevate the BUN level and needs not being met as R1 with very poor oral intake. If enteral bolus feeding were missed or not given could contribute to significant weight loss, based on current regimen, anything missed would be detrimental. R1's hydration and nutritional needs is dependent to enteral feeding and flushing.</p> <p>At 9:19am Interviewed V18 (Nurse Practitioner /</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>NP), stated he is aware of R1's significant weight loss of 10% for 30days and the recommendation to increase enteral feeding to 1800ml/day and was okay with it but was not aware that order was not in place at this time. If enteral feeding recommendation was not carried out, it would contribute to further significant weight loss, any missed enteral feeding can also contribute to weight loss. V18 said missed enteral water flushing could potentially elevate BUN level. Depending on how many times R1 missed his G-tube flushes will depend how elevated the BUN level would be. R1 is getting his hydration and nutritional needs through G-tube flushes and feeding so it is important to give G-tube feeding and flushing as ordered and recommended.</p> <p>Minimum Data Set (MDS) dated 3/29/2024 showed R1's cognition was severely impaired. He needed total assistance or Dependent with eating, oral, toileting and personal hygiene, shower/bathe self; Substantial / maximal assistance with upper and lower body dressing; Partial / moderate assistance with chair/bed transfer. MDS showed R1's weight was 105lbs, had weight loss of 5% or more in the last month or loss of 10% or more in last 6 months, not prescribed weight loss regimen and R1 with feeding tube.</p> <p>Reviewed R1's weight and documented in part: 4/17/2024 = 94.7 Lbs (pounds); 3/28/2024 = 105.0 Lbs; 3/21/2024 = 106.0 Lbs; 3/14/2024 = 105.0 Lbs; 3/12/2024 = 108.0 Lbs.</p> <p>R1's laboratory results reviewed and documented in part (BUN reference range = 7-23): 3/25/24: BUN = 36; 4/1/24: BUN = 29; 4/10/24: BUN = 40; 4/18/24: BUN = 34; 4/19/24: BUN = 28.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>R1's MAR (medication administration record) reviewed:</p> <ul style="list-style-type: none"> - Enteral feed order five times a day flush feeding tube with 125ml H2O with each bolus feed - not signed as administered on 4/10/24 at 6am. - Enteral feed order five times a day flush feeding tube with 150ml H2O with each bolus feed - not signed as administered on 4/18/24 at 2pm. - Enteral feed order five times a day flush feeding tube with 175ml H2O with each bolus feed - not signed as administered on 4/11/24 at 10pm. - Enteral feed order five times a day tube feeding (BOLUS FEED): Fibersource HN 1.2 250ML 5X per day - not signed as administered on 4/10/24 at 6am, 4/18/24 at 2pm <p>R1's POS (physician order sheet) reviewed with active order not limited to:</p> <ul style="list-style-type: none"> - Enteral Feed five times a day flush feeding tube with 150ml with each bolus feeding. - Enteral Feed five times a day tube feeding (BOLUS FEED): Fibersource HN 1.2 250ml 5x per day 1,250ml/daily. <p>V17's Nutrition notes dated 4/20/2024 documented in part: Weight: 94.7, -5.0% change [10.7%, 11.3lbs] x 30d; -7.5% change [16.9%, 19.3] x 90d; -10.0% change [20.4%, 24.3] x 180d. 04/20/2024; BMI 15.3 reflects underweight for age. Diet: Pleasure Feeding diet, Mechanical Soft texture, thin consistency; Meal intakes 0-50%; wt. (weight) loss likely inadequate kcal intakes and/or inadequate Enteral infusion; Start EN (enteral nutrition) Fibersource HN 1.2 to infuse 1800 mL/d @ 90 mL/h, continuous; Flush @ 145mL q6h, bolus.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>R1's monthly enteral assessment dated 4/20/24 documented in part: Dietary recommendations - Start EN (Enteral Nutrition) Fibersource HN 1.2 to infuse 1800ml/day at 90ml/hour, continuous via PEG (Percutaneous Endoscopic Gastrostomy); Flush at 145ml every 6hours, bolus via PEG. EN provides 2160kcal, 97g, 1454ml free water.</p> <p>R1's electronic health record reviewed no documentation showed that dietary recommendation was carried out or implemented. No documentation indicated that Nurse Practitioner or Physician was notified that RD's enteral feeding recommendation was not implemented.</p> <p>Facility's enteral nutritional feeding policy dated 9/2020 documented in part: Verify MD (Medical Doctor) orders for feeding. Document on MAR (medication administration record) with initials verifying that feeding was running on that shift.</p> <p>(B)</p>	S9999		