Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 08/03/2020 IL6002778 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER INTEGRITY HC OF ALTON **ALTON. IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Complaint 2045088/IL124339- F693 G S9999 \$9999 Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Attachment A Statement of Licensure Violations Section 300.1010 Medical Care Policies The facility shall notify the resident's h) physician of any accident, injury, or significant change in a resident's condition that threatens the

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

health, safety or welfare of a resident, including,

TITLE

(X6) DATE

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					0	;
		IL6002778	B. WING		08/03/2020	
NAME OF I	PROVIDER OR SUPPLIER			TATE, ZIP CODE	_	
INTEGRI	TY HC OF ALTON		KENHAUSEI	₹		
		ALTON, IL	. 62002		<del> </del>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 1	S9999			
	but not limited to, the manifest decubitus of five percent or manifest The facility shall obtain of care for the accident, injury or of notification.	ne presence of incipient or ulcers or a weight loss or gain fore within a period of 30 days. tain and record the physician's care or treatment of such change in condition at the time.				
	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.					
	Section 300.3240 A	Abuse and Neglect				
		see, administrator, employee or hall not abuse or neglect a 2-107 of the Act)				.9
	These Regulations by:	were not met as evidenced		v		
	review, the facility to nutrition for 2 resid gastrostomy tubes in R38 having a sig	ion, interview, and record failed to provide adequate ents (R8, R38) reviewed for (g-tubes). This failure resulted gnificant weight loss of 5.3 % due to no additional				

Illinois Department of Public Health

PRINTED: 09/28/2020 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: \_ IL6002778 08/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER** INTEGRITY HC OF ALTON **ALTON. IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 interventions, R38 continued to lose weight, resulting in a significant weight loss of 8.3 % in 3 months. Findings include: 1. On 7/22/20 at 7:55 AM, R38 was lying in his bed, partially covered to the waist with a sheet. He had an emaciated appearance, with the bony prominences of his shoulders, elbows and knees easily evident. He had enteral nutrition formula, Jevity 1.5, infusing at 55 milliliters (ml) per hour (hr) via his gastrostomy tube (g-tube). The bottle of tube feeding hanging was dated 7/21/20 and was untimed. It had about 200 mls left in the bottle. There was dried tube feeding formula on the tube feeding pump and on the floor below the pump. On 7/22/20 at 11:26 AM, V25, Registered Nurse (RN), pulled R38's sheet back to uncover his g-tube site, which did not have a dressing around it. V25 stated R38 should have a dressing around his g-tube to protect it because he is a "scratcher", and will dig at the skin around his g-tube with his fingernails. R38's fingernails on both hands had dark brown debris under them, and they were long and uneven. On 7/23/20 at 8:05 AM, R38 had a different enteral nutrition formula, Jevity 1.2, infusing at 55 mls/hr infusing per his g-tube. On 7/24/20 at 9:55 AM, V6, Certified Nursing Assistant (CNA), and V26, CNA, used full body mechanical lift to raise R38 completely off his bed, removed his heel protectors so he was only wearing a gown, and weighed R38 with the scale on the mechanical lift, after the scale was zeroed.

Illinois Department of Public Health

R38's weight was measured as 85.8 pds. V6 hit

FORM APPROVED 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: \_ B. WING IL6002778 08/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER** INTEGRITY HC OF ALTON **ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 the weigh button a second time and got the same weight. R38's Progress Notes, dated 4/27/20 at 10:18 PM, document he was admitted to the facility on that date from an acute care hospital. He is N.P.O. (nothing by mouth) and he has g-tube to his mid abdomen. He had Jevity 1.2 @ 55 ml/hr infusing continuously with 100 ml water flushes every (q) 6 hrs. R38's Medical Diagnosis were documented in his Electronic Medical Record including NONTRAUMATIC INTRACEREBRAL HEMORRHAGE, INTRAVENTRICULAR. COVID-19, MULTIPLE SCLEROSIS, GASTROSTOMY STATUS, DYSPHAGIA, UNSPECIFIED, and PROFOUND INTELLECTUAL DISABILITIES. R38's Minimum Data Set (MDS), dated 5/4/20. documented he is severely cognitively impaired and dependent on staff for all Activities of Daily Living (ADLs), including eating. His MDS documents R38 has a feeding tube and he receives 51 % or greater of total calories per day via his g-tube. R38's EMR (Electronic Medical Record) included the following weights: There was no admission weight until 12 days after he entered the facility. On 5/9/20 his initial weight was 99 pds; two weeks later on 5/23/20 his weight was 93.8 pds (5.3% weight loss); on 6/1/20 his weight was 93.6

Illinois Department of Public Health

months).

pds, on 6/5/20 his weight was 93.8 pds; on 6/11/20 his weight was 96.2 pds; on 7/2/20 his weight was 98.4 pds, and on 7/27/20 his reweight was 90.8 pds (8.3% weight loss in two and a half

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 08/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER INTEGRITY HC OF ALTON **ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 R38's Initial Registered Dietician (RD) Assessment by V35, Registered Dietician, on 5/7/2020 at 9:53 PM, documented R38 is NPO and on continuous tube feeding and is receiving Jevity 1.2 at 55 ml/hr and 100 ml flushes every 6 hours with no feeding intolerance noted. R38's feeding and flushes are providing a total of 1584 kcal, 73 g (grams) protein and 1465 mL fluids.

The RD's assessment reviewed his labs from 4/24/20: Hgb 10.2 L (low), Hct 30.4 L, Na 142, K 3.1 L, magnesium 1.8, protein 6.2, albumin 2.7 L, BUN 3 L, Cr 0.5 L, calcium 8.4, phosphorus 3.2. V35 documented R38's height (ht) and weight (wt) taken on 4/18/20 per hospital record: ht 62 inches, Wt 114 pds, BMI 20.9-normal. Calories: 1560-1820 (30-35 kcal/kg); protein: 62 g (1.2 g/kg); fluids: 1560 mL (30 mL/kg), V35 recommended increasing R38's tube feeding to 60 mL/hr x 23 hours and flushing with 120 mL fluid every 6 hours. New orders will provide a total of 1656 kcal, 77 g protein and 1594 mL fluids. RD will monitor for tube feeding. V35's tube feeding/weight note on 5/22/2020 at 1:

23 PM documented: "(R38) was just weighed and new weight reported to be 93 pds, reflecting a 6 pd weight loss (6.1%) x 2 weeks. Significant. RD (V35) spoke with the nurse who said that resident is currently getting the Jevity 1.5 at 55 mL continuous to substitute for the Jevity 1.2 at this time. RD will recommend continuation of the Jevity 1.5 at 55 mL since the 1.5 is more calorie concentrated. If resident is on the 1.5 for awhile, weight gain likely to occur. Run at 55 mL x 23 hours daily and flush with 125 mL water every 4 hours. New orders will provide a total of 1898 kcal (45 kcal/kg), 80 g protein (1.9 g/kg) and 1711 mL fluids (40 mL/kg). RD will monitor."

V35's RD weight/tube feeding note on 6/25/2020

PRINTED: 09/28/2020 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 08/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER INTEGRITY HC OF ALTON **ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$9999 Continued From page 5 S9999 at 8:26 PM documented, "(R38) is on the Jevity 1.2 at 55 mL continuous. No tube feeding intolerance noted. Weight 6/11 96.2 pds, 6/5 93.8, 6/1 93.6 pds. Resident was reported to have a weight loss on 5/22 when he weighed in at 93 pds. See RD note 5/22. He is up 3.2 pds x 3 weeks-favorable. Current feeding and flush (100 mL flush every 6 hours-see 5/7 RD assessment) is providing 1584 kcal, 73 g and 1465 mL fluids. No labs in PCC (Electronic Medical Record) available to review at this time. Since resident recently had a weight loss, RD will recommend increasing feeding rate to ensure weight gain continues. Will recommend running Jevity 1.2 at 65 mL x 23 hours daily and flush with 150 mL every 6 hours to provide a total of 1794 kcal, 83 g, and 1806 mL fluids. RD will monitor." On 7/24/20 at 9:15 AM, R38's Physician Order Sheets dated April 2020, May 2020, June 2020 and July 2020 documented the same tube feeding order as R38 was admitted with, "Jevity 1.2 at 55 ml/hr". There were no changes to R38's tube feeding orders since his admission to include changes recommended by V35. On 7/23/20 at 9:00 AM, V2, Director of Nursing (DON), stated she found a dietary recommendation from 6/25/20 for R38 and was going to give it to V36, Nurse Practitioner (NP), to look at. She stated the Registered Dietician emails her recommendations to the DON, who gives them to the MD (medical doctor) or NP. She stated she does not know where any of R38's other recommendations from the RD are. or why they were not followed up on. At 9:25 AM, V2 stated V36 was agreeable with the recommendation from 6/25/20 and R38's tube feeding is now Jevity 1.2 to infuse at 65 ml/hr for

23 hours a day.

PRINTED: 09/28/2020 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: \_ C B. WING IL6002778 08/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER INTEGRITY HC OF ALTON **ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE DATE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 On 7/23/20 at 10:25 AM, V36 stated she had not been given any dietary recommendations for R38 until she was given the recommendation from 6/25/20 this morning from V2. V36 stated she did not know what the difference between Jevity 1.5 and Jevity 1.2 is because she is not a dietician and that writer would need to call the dietician and ask her. V36 stated she had never disagreed with any dietary recommendations she has reviewed from a Registered Dietician before. On 7/24/20 at 10:15 AM, V2, DON stated that R38's weight of 85.8 pds would be a big weight loss for him and it is the facility's policy to get a reweight, but she did not want to have the same CNAs weigh him ...she would have someone else do it later. On 7/28/20 at 8:42 AM during a phone interview, V2 stated R38's reweight was done on 7/27/20 (three days after he was weighed at 85.8 pds) and his reweight was 90.8 pds. She stated the facility does not have a specific weight or weight loss policy. She stated she has requested the MD see R38 on his weekly rounds to address weight loss. 2. R8's Electronic Medical Record documents her diagnoses as: COPD (Chronic Obstructive Pulmonary Disease); TIAs (Transient Ischemic Attacks); Hemiplegia; CVA (Cerebral Vascular Accident- Stroke); Flaccid left side; ASHD (Arteriosclerotic Heart Disease); Acute Respiratory Failure; Pressure Ulcer; GERD (Gastroesophageal Reflux Disease); Skin Infection; HTN (Hypertension); Anorexia; and Pneumonia. R8's Admission Physician Orders, dated 4/5/20,

Illinois Department of Public Health

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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		08/03/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
		3523 WIC	KENHAUSEF	र		
INTEGRI	TY HC OF ALTON	ALTON, IL	62002			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 7	S9999			
	does not include ar feedings, rate or flu	ny order for type of tube				
	documents R8's tul 1.5 @ 60 ml/hr run	be feeding is infusing at Jevity ning continuously.				
	ASSESSMENT doo mouth). NKFA (No	48 AM, R35's INITIAL RD cumented: NPO (Nothing by known food allergies).  I noted 4/7 nursing note (when				
	transient cerebral a hemiparesis affecti	X (diagnosis): COPD, attack, hemiplegia and ng left non-dominant side,				
	acute respiratory fa attack), gastrostom	art disease, cerebral infarction, ailure, NSTEMI (a type of heart by status, hypo-osmolality and min D deficiency, HTN,				
	hypothyroidism, hy anorexia, pneumor	RD, constipation, anemia, pokalemia, dysphagia, nia, pressure ulcer of sacral				
	eliquis, lactobacillu pravastatin, vitamir	eds: aspirin, MVI/minerals, s, metoprolol, miralax, n D3. Labs 4/3/20: Na 150 H, K 58, glucose 118 H, GFR >90,				
	calcium 7.6 L, Hgb pressure ulcer on s Alteration Record 4	8.8 L, Hct 31.3 L. Stage III sacrum per Initial Skin 1/6/20. Ht 65 in, Wt 130.0#,				
	upper extremity) pe	Edema +1 pitting to RUE (right er nursing note 4/7/20. 35 (30-35 kcal/kg); protein: 77 g	:			
	(1.3 g/kg); fluids: 1 Increased protein r	770-1947 mL (30-33 mL/hr). needs raises fluid needs. ng provides a total of 2160				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	kcal, 92 g protein, running Jevity 1.5	2594 mL. Will recommend at 45 mL x 23 hours daily, flush	:			
	protein TID (three protein and flushes	4 hours. Give 30 mL liquid times daily). Feeding, liquid s will provide a total of 1852, and 1866 mL fluid. Will				

Illinois Department of Public Health

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PRO

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			08/03/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 5	STATE, ZIP CODE			
NITEODI	TV UC OF ALTON	3523 WIC	KENHAUSE	R			
INTEGRI	TY HC OF ALTON	ALTON, IL	62002			i	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PRÉFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL	LD BE	COMPLETE	
IAG	NEGGENTORY GIVE	OU DENTIL TIMO IN CRIMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DAIG	
S9999	Continued From pa	ge 8	S9999				
00000	<b>A</b>		03333				
	provide a total of 20	070 kcal, 88 g protein 2128 mL					
		kcal, 144% protein and 100%					
	fluid needs. RD will	monitor.					
	Review of R8's Phy	sician Order Sheets and					
		/20 to 4/14/20 indicates the					
		ation was not put in place and					
		eive the same tube feeding of					
		hr and no liquid protein was					
	ordered.						
	R8 was hospitalized from 4/14/20 to 4/28/20. Her readmission orders dated 4/28/20 included the						
	order: Jevity 1.5 at	60 mi/nr.					
	On 5/13/2020 at 6:	36 PM, R35 documented :					
		ASSESSMENT: resident					
	ł	evity 1.2 at 60 mL/hr					
		orders not available in PCC for					
		ng currently providing a total of					
		tein and 1162 mL fluids. RD					
		over the phone today (working					
		9 restrictions) and there were					
		duals since resident has a hx					
	,	sident is NPO, NKFA. Family					
		ollen tongue per nursing note cerebral infarction, hemiplegia					
		STEMI, gastrostomy status,					
		hyponatremia, vitamin D					
		ERD, AMS, constipation,					
	anemia, hypothyroi	dism, hypokalemia, UTI,					
		a, stage III pressure ulcer of					
		list taken from discharge					
	orders dated 4/28/2						
		ith minerals, eliquis,					
		ex, pravastatin, vitamin D3, ressor. No labs to review at					
		pds, Ht 65 inches, BMI					
		III pressure ulcer on coccyx					
		ation Record 4/28. No edema					

Illinois Department of Public Health

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6002778	B. WING			C 03/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
INTEGRI	TY HC OF ALTON	3523 WIC ALTON, IL	KENHAUSE 62002	R		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETE DATE
S9999	protein: 77 g (1.3 g/	70-2065 (30-35 kcal/kg); /kg); fluids: 1770-2065 mL	S9999			34
	at 45 mL x 23 hours TID, and flush with orders will provide a	commend running Jevity 1.2 s, give 30 mL liquid protein 250 mL every 4 hours. These a total of 1542 kcal, 102 g L fluids daily. RD will monitor.				
	Progress Notes from hospitalized again of continued to receive	sician Order Sheet and m 5/13/20 until R8 was on 6/3/20 documents she a Jevity 1.5 at 60 ml/hr, and no e regarding the dietary ade on 5/13/20.				127
	DON contacted this nurse practitioner or her skin breakdown Jevity 1.5 provide a assessment 6/11/20 mL Prostat once da and 15 g protein. W and 107 g protein de	81 PM, V35 documented: "the RD earlier to say that the rdered RD consult regarding and the consult regarding and the consult regarding and the consult regarding and the consult receive a total of 2260 kcal cally. Continue MVI with the consult receive an order for this on itor."				
	Progress Note indic recommendation wa 6/12/20 until 6/16/20	sician Order Sheet and R8's ate the dietary as not carried out from 0, when R8 was admitted to stat was ordered during that				
	V1, Administrator, s residents to be weig admitted to the facil but since that is clin	PM, during a phone interview, tated he would expect phed soon after they were ity to get a baseline weight, ical, he does not know the during which it should be				

PRINTED: 09/28/2020 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 08/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3523 WICKENHAUSER** INTEGRITY HC OF ALTON **ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 10 S9999 done. V1 stated residents should be weighed monthly thereafter. On 7/29/20 at 1:30 PM, V35, Registered Dietician, stated she had recommended R8 be given liquid protein 30 milliliters (ml) three times a day when she first assessed her because she was trying to ensure she get the adequate nutrition to maintain her health and to assist with healing her current pressure ulcers and prevent additional skin impairment. V35 stated the nurses had reported to her that they were getting residuals when checking R8's gastrostomy tube. and this could cause decreased calories and nutrition. She stated the liquid protein may not have brought or kept Albumin level within normal range, but it certainly would have helped, and may have helped wound healing. On 7/29/20 at 2:31 PM via email. V1 stated he is unable to locate any dietary recommendations for R8. The Facility's Policy, "Enteral Tube Feeding via Continuous Pump" revised January 2020, documents, "The purpose of this procedure is to provide nourishment to the resident who is unable to obtain nourishment orally." The Facility's Policy,"5.5 Enteral Tube Medication Administration" dated December 2017,

Illinois Department of Public Health

assessment. "

documents, "Procedure: The selection of the

administration and rate of flow is determined by the physician based on the nursing assessment of the resident's condition and approval by the physician. The facility dietician and consultant pharmacist may provide consultation for this

enteral formula, equipment, route of

PRINTED: 09/28/2020 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: \_\_\_\_\_ C IL6002778 B. WING 08/03/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3523 WICKENHAUSER INTEGRITY HC OF ALTON **ALTON, IL 62002** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) 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 DATE TAG DEFICIENCY) S9999 Continued From page 11 S9999 (B)