

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004741	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/31/2020
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NAME OF PROVIDER OR SUPPLIER PINE CREST HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3300 WEST 175TH STREET HAZEL CREST, IL 60429
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S 000	Initial Comments Complaint Investigation: 2090205/IL119030	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b)4) 300.1210d)3) 300.1220b)2) 300.3240a) 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	S9999	Attachment A Statement of Licensure Violations	

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

TITLE

(X6) DATE

02/20/20

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S9999	<p>Continued From page 1</p> <p>manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. 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.</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>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the Facility failed to follow their Weighing Residents Policy and failed to notify a Physician or Dietitian of weight loss and poor appetite for 1 of 3 residents (R4) reviewed for weight loss in a total sample of 10. This failure resulted in R4 being transferred to the local hospital with severe dehydration and a 15 pound weight loss in 2 weeks.</p> <p>Findings Include:</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>The Nurse's Notes dated 6/21/19 documents that R4 was admitted to the facility and required extensive assistance with all activities of daily living. R4's weight on admission was 180 pounds. The Vitals Sheet documents that R4 weighed 170 pounds on 6/28/19 and 160 pounds on 7/4.</p> <p>The Intake Sheet for June and July documents that R4 had a poor appetite on 6/22/19 through 6/26/19 and 7/2/19 through 7/5/19.</p> <p>The Nurse's Notes dated 7/5/19 documents that R4 was noted with altered mental status. R4 was assessed by the Nurse Practitioner and sent to the local hospital for evaluation.</p> <p>Hospital Records dated 7/5/20 documents that R4 was admitted with severe dehydration, increased sodium levels, acute kidney injury and sepsis. R1 required aggressive IVF hydration due to severe volume depletion. R1's weight on admission 165lbs. R1 was sent to ICU and a gastric feeding tube was inserted for nutrition.</p> <p>On 1/31/20 at 12:35pm ,V11 (Physician) stated "This is not a desirable weight loss. I would expect to be contacted. The weight loss was pretty significant. The Nurse Practitioner was contacted on 7/5/19. I was not aware prior to this date. It looks like the resident is not eating if the resident is losing that much weight and something would've been done. I would've talked with the family, suggested a feeding tube, check for malignancies, things like that."</p> <p>On 1/31/20 at 1:50pm V12 (Dietary Supervisor) stated "I rely on restorative to weigh the residents and to notify the department if there are changes throughout the month. I was not aware of R4's</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>poor eating or appetite and I was not aware of the continued weight loss. I would have reached out to the resident or the family, increased the portion sizes or changed the preferences. We also notify the Dietitian of weight loss when they come to the facility."</p> <p>On 1/31/20 at 2:35pm V13 (Restorative Aide) stated "After I weigh the resident, if there's a significant weight loss I notify the DON or the ADON. I weighed R4, I wrote the weights down and took it to the office for review. I can't remember if I gave it to the DON or the ADON at the time, but they were notified of the weight loss."</p> <p>On 1/31/20 at 3:00pm V3 (DON) stated "I was never notified of the resident having weight loss. I had just started this position. I am unaware of the Dietitian being notified."</p> <p>The Weighing Residents Policy documents that Each resident is weighed on admission and in accordance with Physician orders or plan of care. A licensed Nurse evaluates weight changes and determines if there is a 3 pound or greater weight loss/gain in one week and notifies Physician of unanticipated or undesired weight gain or loss. A re-weight should be taken as soon as possible after an unanticipated weight reading is noted and prior to callings the Physician and recorded usually within 24 hours. Staff should conduct a thorough nursing assessment, and consult with Dietitian if weight gain or loss is excessive.</p> <p>(B)</p>	S9999		
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