Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ______ B. WING ______	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	**777 DRAPER AVENUE JOLIET, IL 60432**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Facility Reported Incident 1/22/20/IL119448: F656 and F689 cited.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)6) 300.1220b)2) 300.3240a) 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 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. Restorative measures shall include, at a minimum, the following procedures: 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.	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: 02/10/20

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ______ B. WING ______	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

Section 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

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.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Regulations were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to supervise cognitively impaired residents with dysphagia to prevent them from taking and ingesting food served to other residents.

This failure resulted in R1 choking and requiring emergency medical attention. R1 was transported to the local hospital and expired on January 22, 2020 at 9:06 AM.

This applies to 2 residents (R1, R6) reviewed for accidents and supervision during eating.

The findings include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ____ B. WING ____	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2	S9999		

1. The EMR (Electronic Medical Record) shows R1 was admitted to the facility, from the local hospital, on December 31, 2019 for continued physical therapy following a fall. R1 was discharged from the facility on January 22, 2020 following a fatal choking incident at the facility. R1 had multiple diagnoses including intracerebral hemorrhage, dysphagia, speech disturbances, unsteadiness on feet, abnormal posture, abnormal gait, Parkinson's Disease, fall, convulsions, hypertension, anemia, Bell's Palsy, and profound intellectual disabilities.

R1's MDS (Minimum Data Set) dated January 4, 2020 shows R1 had adequate hearing, no speech, was rarely/never understood, rarely/never able to understand others, and severe cognitive impairment. R1 required extensive assistance by one facility staff member with bed mobility, transfer between surfaces, locomotion on and off the unit, and was totally dependent on facility staff for eating, toilet use, personal hygiene, and bathing. R1 was always incontinent of bowel and bladder. R1's MDS shows R1 had a swallowing disorder, with loss of liquids/solids from his mouth when eating or drinking and holding food in his mouth/cheeks or residual food in his mouth after meals.

R1's order review sheet dated December 1, 2019 to January 31, 2020 shows a diet order for general diet, pureed texture, nectar thick liquids, double portions for all meals for dysphagia.

V2's (DON-Director of Nursing) documentation for R1 dated January 22, 2020 at 8:33 AM shows: "At approximately 8:30 AM resident (R1) was noted in a wheelchair rolling himself in the dining room with dusky skin color and discoloration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ______ B. WING ______	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3	S9999		

around the mouth. A mouth sweep was done revealing undigested scrambled eggs, Heimlich maneuver initiated. Resident became unresponsive, was lowered to the floor and CPR (Cardio-Pulmonary Resuscitation) initiated. Paramedics transported resident to the hospital at approximately 8:40 AM with faint pulse noted."

The local fire department documented they were dispatched to the facility for a non-breathing resident (R1) on January 22, 2020 at 8:28 AM and arrived at R1's side at 8:33 AM. "[R1] is put on the monitor and shows asystole (no heart rhythm). Pt (patient) airway is attempted to be cleared. Pt has no carotid pulse. Pt airway is suctioned, and some eggs are removed. Eggs are also removed while trying to intubate. Forceps are also used to try and clear the airway but unsuccessful because of the consistency of eggs. Intubation is tried twice unsuccessful since more eggs are down the airway. Pt condition is unchanged on arrival to the hospital. Pt is still asystole."

Hospital documentation shows R1 arrived at the emergency room on January 22, 2020 at 8:50 AM in asystole with ACLS (Advanced Cardiac Life Support) in progress. R1 was intubated by hospital staff at 8:55 AM, and ACLS continued. At 9:06 AM, efforts were terminated. Hospital documentation shows R1 expired at 9:06 AM.

On January 23, 2020 at 12:44 PM, V7 (LPN-Licensed Practical Nurse) said, "I was working yesterday when the choking happened with [R1]. We were in the dining room passing medications. I had my back to [R1]. V9 (RN-Registered Nurse) was finished feeding [R1] and went to pass medications to other residents. [R1] snatches food from other residents all the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ______ B. WING ______	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		

time. We feed him at a separate table, so he can't grab food from other residents while they are eating. [R1] can self-propel his wheelchair, and he was coming up behind me. I noticed he was blue around the mouth. I opened his mouth and did a quick mouth sweep. He was sitting in the wheelchair and I wrapped my arms around the back of the wheelchair and attempted to do the Heimlich maneuver. As soon as I did the Heimlich, he went limp in the chair. V9 looked in his mouth too and lowered him to the floor. I went to call 911, and the CNA (Certified Nursing Assistant) called code blue to the third floor. [V9] was doing CPR. I was in the room, but I had my back to him, so I don't know where [R1] got the food from. Normally another resident would yell if he took their food, but no one was yelling yesterday. I'm thinking he snatched someone else's food because it appeared to be regular consistency scrambled eggs and he eats pureed eggs."

On January 23, 2020 at 12:53 PM, V8 (CNA) said, "The nurse was feeding [R1] and I had my back to him. Two other residents were arguing about the drink cart, so I got up and I took the juice cart out of the room to move it. I could see [R1] propelling his wheelchair towards [V7] (LPN). I yelled out to her that [R1] was coming up behind her because she had her back to the resident. I didn't realize he was choking. He grabs food, and he is really quick. Usually the other residents yell if he grabs their stuff. I didn't hear any yelling. When they were doing CPR, eggs were coming out of his mouth. The eggs looked like regular consistency, scrambled eggs, not pureed eggs. He grabs food a lot. Ever since they moved him up here he's been grabbing food. I was never told to do anything special with him after he was done eating to keep him from grabbing other

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ___ B. WING ___	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5	S9999		

resident's food."

On January 23, 2020 at 1:04, PM V9 (RN) said, "I was in the dining room and I fed the resident myself. He had pureed eggs, he had oatmeal and he had some pureed meat as well. I fed him myself. I started around 8:10 AM and finished around 8:20 AM. The last thing I gave him was some nectar thick juice. He ate everything on his plate. He did not have any food in his mouth when we finished. I took his breakfast tray away, and I went to assist another resident. I left [R1] sitting at his table. I didn't see him personally or observe him from the time I finished feeding him until 8:30 AM when [V7] LPN yelled to me for help. When I responded she was doing Heimlich maneuver on the resident, and she was having a hard time. He was sitting in the wheelchair. We were doing the Heimlich maneuver while he was sitting in the chair. When we did the mouth sweep there were eggs in his mouth. He's known to grab food from other people's trays. He had moved from one side of the room, where I had fed him, to the other side of the room in that short period of time. Most of the time when he gets fed he is fine, and we redirect him, but sometimes we get busy and by the time we get back to him he's already grabbed something. The breakfast trays were in the middle of the room, and he had passed the breakfast trays on his way to where the other nurse was. He lost consciousness as we were doing the Heimlich, so we had to put him down and started CPR. I couldn't feel a pulse before I started compressions. He's aphasic so he couldn't tell you anything."

On January 27, 2020 at 2:14 PM, V15 (Speech Therapist) said, "I saw R1 for a treatment prior to his expiration. He was under speech therapy because he came here on an altered diet (pureed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ___ B. WING ___	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6	S9999		

diet). He was impulsive and tried to grab food from other people. He required feeding assistance due to his impulsiveness. He needed 100 percent supervision due to his impulsivity, and if he got food in his mouth there was the risk of choking. If no one was watching, he would just shovel in the food. Based on the intellectual disability he had, he couldn't stop himself in any way. Staff had to watch to make sure his mouth was empty. I never saw him pocket or hold food in his mouth. He was impulsive, and he would put so much food in his mouth that he could choke."

On January 28, 2020 at 9:05 AM, V16 (Chief Administrative Director-Will County Coroner) said, "Food particles, appearing to be eggs were present in R1's airway and mouth during the autopsy." R1's cause of death is pending toxicology results.

On January 28, 2020 at 9:22 AM, V13 (Social Worker) said, "I am the Social Worker from the group home where [R1] previously resided prior to his recent hospitalization and stay at the nursing facility. We intended for him to return to the group home. We had locks on the refrigerator and the snack cabinets at the group home, so he was unable to get into things on his own. We had staff always monitor him and made sure he was always within eyesight. He would always come in and try to take food even after he was done eating. I attended a care plan meeting for [R1] at the facility on January 14, 2020. The facility did not reach out to us for help with interventions for his food grabbing, to my knowledge. There were things that he enjoyed chewing on, including his fingers. He also liked beanie babies, and a stuffed monkey that he put in his mouth and a red foam soccer ball that he

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ______ B. WING ______	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7	S9999		

would put his mouth on. I remember bringing that up at the meeting. At the end of the meeting, there was no plan in place for him to return to the group home."

On January 10, 2020 at 1:43 PM, V14 (LPN) documented R1 was "putting objects in mouth, stuffing other resident food in mouth, possible choke risk, poor safety awareness." R1 was given redirection, and the behavior remained unchanged.

On January 12, 2020 at 6:40 PM, V17 (RN) documented, "Resident restless, constant visual contact required, attempting to go into other's rooms, grabbing other's food. Standing up and walking unassisted. Very impulsive with behavior."

On January 13, 2020 at 9:09 PM, V18 (Nurse) documented, "Slept three quarter of the night, wandering the rest of the night in other resident's rooms and taking their stuff, redirection provided which only worked for about a minute."

On January 13, 2020 at 10:04 PM, V19 (LPN) documented, "Earlier in shift resident very restless and compulsive, moving back and forth in wheelchair, safety reminders shown to resident to sit back in wheelchair, and to return to chair, after attempts to roam out of chair. Resident has a very unsteady gait. Resident very confused, and unable to express needs, resident repeatedly sucks and chews on fingers."

On January 16, 2020 at 12:35 PM, V17 (RN) documented, "He has a very good appetite, eats his plate, and any other food he can get a hold of. Propels self in w/c (wheelchair) and at times will stand up suddenly and walk away from w/c."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ______ B. WING ______	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8	S9999		

On January 17, 2020 at 1:05 PM, V17 (RN) documented, R1 was "attempting to grab someone's food and was prevented. Attempted to bite and scratch staff when he couldn't, he bit his own hand." The intervention the facility tried was putting R1 at a separate table until his food arrived.

On January 28, 2020 at 10:32 AM, V2 (DON) said, "During my investigation into [R1's] choking incident, it seems likely that he must have grabbed some food from another resident tray. The resident receives one-to-one feeding assistance because of his behavior for grabbing food. He was our only developmentally disabled resident. We do not have any other residents with developmental disabilities residing at the facility. We placed him on the unit with other dementia residents. The staff did not receive any specialized training to deal with a developmentally disabled resident. I did call his previous facility and they told me he liked holding a toy for chewing on. He had a toy here at the facility, but it seems it was misplaced. The interventions we had for [R1] were supervision, feeding him at a separate table, and keeping him in an area where he was visible. He propels himself back and forth in the wheelchair. [R1's] choking incident happened in the middle of the dining room. Despite the fact three facility staff were present in the room, none of them can say that they know how [R1] got access to the food he choked on, nor did they have him in their direct line of sight when he grabbed the food. None of the residents in the area were cognitively intact to ask what happened. None of the residents in the room would have been able to say he's grabbing my food."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ______ B. WING ______	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9	S9999		

On January 29, 2020 at 10:00 AM, V2 said, "We identified concerns and that there are supervision issues in that third-floor dining room where [R1] resided. On the day of the choking incident, we identified that the nurses had their backs to the residents."

2. On January 28, 2020 at 1:00 PM, 35 residents were present in the dining room with only V8 (CNA) supervising the residents. V8 was feeding a resident. Multiple residents were asking for assistance, including asking for coffee, juice and water, and V8 was unable to attend to all the resident's needs. R6 was sitting in the dining room and had eaten 100 percent of her lunch. R6 had reached across the table and grabbed a plate of food belonging to another resident. R6 was using her fingers to eat the food off the plate. V8's view of R6 was obstructed by a column in the middle of the room. V8 was asked to look at the plate R6 was eating from and V8 responded that R6's tablemate had left the table without eating any of her lunch, and R6 was eating from the tablemate's plate. R6 was unable to be interviewed due to her cognitive status.

The EMR shows R6 was admitted to the facility in November 2015 with multiple diagnoses including dementia, major depressive disorder, cognitive communication deficit, and arthritis.

R6's MDS dated January 6, 2020 shows R6 has severe cognitive impairment, requires supervision with setup help only for eating, extensive assistance with bed mobility, transfers between surfaces, dressing, toilet use, and personal hygiene. R6 is totally dependent on facility staff for bathing and is always incontinent of bowel and bladder.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ______ B. WING ______	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10	S9999		

R6's speech therapy progress and discharge summary report dated October 22, 2019 shows R6 was treated by speech therapy for dysphagia. Clinical impressions by speech therapy include: "Pt requires supervision during meal to ensure usage of safe swallow strategies and reduce occurrence of pocketing."

Patient/caregiver training since last report: "Pt/staff educated on safe swallow strategies (small bites/sips, alternate bites/sips, slow rate) to reduce aspiration risk." Precautions: "Aspiration precautions - regular with thin liquids."

On January 28, 2020 at 2:45 PM, V2 (DON) said he was not aware R6 was at risk for aspiration or had issues with pocketing food as documented by speech therapy. V2 said he was not aware that one staff member was left to supervise 35 residents during the lunch meal on the third floor, and that more staff should have been present to assist with supervision of residents and assist residents with dining needs.

On January 29, 2020 at 10:00 AM, V2 said, "There are three CNAs on the third floor. The nurses also help pass the meal trays. There should be two CNAs and the nurses, so at least four staff are present in the dining room. At the minimum, there should be two staff members." V2 said R6 requires intermittent observation for food pocketing. "Intermittent observations of the resident mean we have to observe her once or twice a week, not during every meal."

On January 29, 2020 at 11:40 AM, V15 (Speech Therapist) said R6 should be monitored during every meal to ensure she is not pocketing food while she is eating. V15 said intermittent observation for food pocketing should be defined

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016786	A. BUILDING: ______ B. WING ______	C 01/30/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SPRING CREEK	777 DRAPER AVENUE JOLIET, IL 60432

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 11	S9999		

as observing the resident during every meal to ensure the resident clears her mouth of food, and R6 should be sitting at a table with staff supervision. Intermittent observation does not mean occasionally observing a resident once or twice a week to check for pocketing food.

On January 29, 2020 at 12:00 PM, V9 (RN) said, "The third-floor dining room is usually staffed with two CNAs and two nurses during meal time, and a manager might come and help as well."

On January 29, 2020 at 12:05 PM, V20 (CNA) said, "The third-floor dining room is usually staffed with three CNAs, a restorative aid, and two nurses."

(A)