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
	IL6005904	A. BUILDING: ______ B. WING ______	C 01/07/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR ESTATES NSG & REHAB	18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478

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S 000	Initial Comments Complaint Investigation 2091253/IL120226 2091740/IL120759 2093890/IL123071 2094867/IL124105 2096895/IL126359 2097059/IL126552 2097069/IL126559 2097354/IL126870 2097955/IL127529 2099074/IL128768 2099404/IL129136 2099703/IL129434	S 000		
S9999	Final Observations Statement of Licensure Violations (Violation 1 of 2) 300.610a) 300.1210b) 300.1210d)6) 300.1220b)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	S9999	**Attachment A** **Statement of Licensure Violations**	

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the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

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.

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.

Section 300.1220 Supervision of Nursing Services

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

3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel,

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representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to follow its fall policy and failed to develop fall prevention interventions to prevent or reduce the risk of falls for 1 of 8 residents reviewed for fall prevention protocols. This failure resulted in R16 having multiple falls and an unwitnessed fall near the bed with blood noted. R16 was sent to the local hospital and assessed with subdural hematoma and right arm fracture.

Findings include:

R16 was admitted on 10/1/2020 with diagnoses of Dementia with Lewy Bodies and Alzheimer's disease. R16's Minimum Data Set (DS) section G (functional status) dated 10/3/2020 documents: R16 required extensive assistance with one person physical assist with bed mobility and transfers. Walking or turning around did not occur. R16 was not steady without staff assistance moving from seated to standing position or transferring between bed/chair or wheelchair. R16 used a wheelchair for mobility.

On 12/24/2020 at 9:50am, V2 (Director of Nursing) said R16 was at high risk for falls based on a history of falls, cognition, difficulty with walking, and thinking he can do things he

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probably cannot. R16 had an unwitnessed fall on 10/3/2020. R16 was bleeding from the mouth and nose. R16's teeth punctured his lip. R16 had a laceration to the lip and face with swelling to the nose. R16 complained of pain to the right arm.

On 12/24/2020 at 11:40am, V8 (Restorative Nurse) said, "R16 did not have any interventions in place prior to the fall on 10/3/2020. I put in basic care plan interventions after the fall."

R16's fall assessment dated 10/1/2020 documents high risk for falls due to a weak gait and overestimates or forgets limits, and the use of crutches, cane or walker. R16's care plan intervention initiated on 10/02/2020 revised on 10/6/2020 documents: Follow facility fall protocol.

Progress note dated 10/3/2020 documents R16 was discharged to the hospital for bleeding on the brain.

Incident report dated 10/3/2020 documents R16 had an unwitnessed fall. R16 was noted on the floor near the bed lying on his stomach bleeding from mouth and nose with swelling to the nose. Predisposing factors: R16 was ambulating without assistance.

Hospital paper work dated 10/3/2020 documents R16 was diagnosed with subdural hemorrhage (type of bleeding that often occurs outside the brain as a result of a severe head injury) and fractured humerus (long bone of the arm that runs from the shoulder to the elbow).

(B)

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(Violation 2 of)

300.1010h)
300.1210b)
300.1220b)3)
300.3240a)

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. 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.

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.

Section 300.1220 Supervision of Nursing Services

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

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3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.

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 requirements were not met as evidenced by:

Based on observation, interview and record review the facility failed to implement the plan of care interventions to include feeding assistance and recommended dietary supplement for 2 of 4 residents (R4, R29) reviewed for nutrition. This failure resulted in R4 having a weight loss of 13.81% in 6 months, and R29 having a weight loss of 14.5% in less than 30 day.

Findings include:

1. R4 has diagnoses of dementia, Alzheimer's, pain, major depression,' diabetes mellitus, hypertension, hyperlipidemia, and generalized anxiety.

R4's Physician Order sheet dated 2/13/2020

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shows speech therapy recommends puree/thin diet to textured puree/liquids diet texture with aspiration precautions (1:1 feeding, small bite size, alternate bite/sip, all liquids via straw, slow rate of presentation, check oral cavity for holding prior to next presentation).

R4's Physician order sheet dated 11/8/2019 shows orders: D/C skilled speech therapy as patient's progress has plateaued. Rec. cont. puree/thin diet texture with 1:1 feeding assistance to utilize aspiration precautions. Refer to speech therapy with any decline in swallowing function.

R4's point of care charting for intervention task of ADL (Activities of Daily Living)-eating dated January 2020 shows on the 2nd, 6th, 10th, 12th, 16th, 18th, 19th, 22nd, 25th, 26th there was no documentation showing assistance with feeding was provided by staff. On the 1st, 3rd, 7th, 9th, 14th, 20th, 24th, 27, 28, 29th and 30th there was no documentation showing any feeding support was provided by staff for dinner service. On the 4th, 5th, 11th, 13th, and 17th, there was no documentation showing feeding assistance was provided by staff for breakfast and lunch service.

R4's point of care charting for nutrition amount eaten dated January 2020 shows on the 2nd, 6th, 10th, 12th, 16th, 18th, 19th, 22nd, 25th, 26th, there was no documentation showing R4 had eaten breakfast, lunch or dinner. On the 1st, 3rd, 7th, 9th, 14th, 20th, 24th, 27, 28, 29th and 30th there was no documentation showing R4 had eaten dinner. On the 4th, 5th, 11th, 13th, and 17th, there was no documentation showing R4 had eaten breakfast and lunch.

R4's point of care charting for intervention task of ADL-eating February 2020 shows on the 3rd, 7th,

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S9999	Continued From page 7 8th, 9th, 10th,11th, 14th 15, 16th, 22nd and 23rd there was no documentation showing assistance with feeding was provided by staff. On the 4th, 5th, 12th, and 13th, there was no documentation showing any feeding assistance was provided by staff for dinner service. On the 1st, 6th, 17th, and 18th, there was no documentation showing feeding assistance was provided by staff for breakfast and lunch service. R4's point of care charting for nutrition amount eaten February 2020 shows on the 3rd, 7th, 8th, 9th, 10th,11th, 14th 15, 16th, 22nd and 23rd there is no documentation showing R4 had eaten breakfast, lunch or dinner. On the 4th, 5th, 12th, and 13th, there was no documentation showing R4 had eaten dinner. On the 1st, 6th, 17th, and 18th, there was no documentation showing R4 had eaten breakfast and lunch. R4's point of care charting for intervention task of ADL-eating March 2020 shows on the 1st and 2nd there was no documentation showing any feeding assistance was provided by staff. R4's point of care charting nutrition amount eaten for March 2020 shows on the 1st and 2nd there was no documentation showing R4 had eaten breakfast, lunch or dinner. R4's MDS (Minimum Data Set) dated 2/23/2020 section C shows BIMS (Brief Interview for Mental Status) score of 00 (represents cognitive problems), section G shows R4 needs extensive assist with eating and requires one person physical assist with eating. Section K shows R4's weight was 96 pounds and R4 had a weight loss of 5% or more in 1 month or 10% in 6 months. R4's MDS dated 11/23/2020 section C shows	S9999		

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BIMS score of 00 (represents cognitive problems), section G shows R4 needs extensive assist with eating and requires one person physical assist with eating. Section K shows R4 weight was 103 pounds and R4 had a weight loss of 5% or more in 1 month or 10% in 6 months.

R4's weight record shows R4 weighed 102.8 pounds on 11/7/2019, 107.2 pounds on 12/5/2019, 104.4 pounds on 12/10/2019, 101.2 pounds on 1/6/2020, 96.4 pounds on 2/4/2020, and 88.6 pounds on 3/3/2020. In one month R4 had a significant weight loss of 6.14%, in 3 months R4 had a significant weight loss of 12.62%, and in 6 months R4 had a significant weight loss of 13.81%.

R4's RD (Registered Dietitian) note dated 1/22/2020 shows weight, PMH (past medical history) includes Alzheimer's, DM (Diabetes Mellitus), and Dementia. Ht (height) 60", 1/6 101.2#, 12/5 107.2# (-5.6%), 7/5 112.8# (-10.3%). Weight record indicates significant weight loss x 1, 6 mos (months) possible r/t (related to) variable po (by mouth) intake from 25%-100% of meal. Weight loss unplanned. Needs total assistance with feeding due to cognitive deficit r/t disease process: Alzheimer's, Dementia. Diet: General Pureed with thin liquids, House supplements 240 ml QID (4 times a day) Plan: To prevent further weight loss, will recommend super cereal at breakfast. RD to follow up prn (as needed).

R4's RD (Registered Dietitian) note dated 2/10/2020 shows, weight, PMH includes Alzheimer's, DM, Dementia. Diet: General Pureed with thin liquids. House supplements 240 ml QID. Ht 60" BMI=18.8 Lower end of normal range. 2/4 96.4#, 12/5 107.2# (-10.1%), 9/6 109.8#

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(-12.2%). Weight record indicates significant weight loss x 3, 6 mos possible r/t (related to) variable po intake from 25%-100% of meal. Weight loss unplanned. Staff continues to provide total assistance during meals. Plan: To prevent further weight loss, will recommend super cereal at breakfast, Magic cup at lunch, RD to follow up prn (as needed).

Review of R4's physician order sheet (POS) for January 2020, there were no orders noted for super cereal at breakfast. Review of February 2020 and March 2020 POS there were no orders noted for super cereal at breakfast, there were no orders noted for magic cup at lunch. Review of R4's medication administration record, treatment administration record does not show super cereal or magic cup was given in January, February or March. Review of R4's diet slip there are no orders, notes, or alerts for super cereal or magic cup supplements.

On 12/24/2020 at 9:33a.m V6 (Dietary Manager) said super cereal and magic cup are nutritional supplements for residents who have concerns with weight loss and R4 did not have any orders for super cereal or magic cup supplements. V6 said it would have been on the diet slip if she (R4) did.

On 1/7/21 at 12:35p.m V29 (Unit Manager) said once the information is received from the dietitian, the information is then relayed to the physician for approval or declination. If the physician agrees, the information is sent to the dietary staff and the orders are initiated and also the orders are placed on the physician order sheet. If the physician does not agree, there should be documentation with the reason for disagreeing with recommendations. V29 said

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R4's dietary recommendations should have been relayed to the physician.

On 01/06/21 at 12:17p.m. V20 (Physician) said the resident should receive feeding assist according to the plan of care. V20 said he was not aware of the recommendations from the Registered Dietitian for the super cereal or the magic cup. V20 said he would have agreed to the recommendations and started R4 on the nutritional supplements. V20 said the supplements were recommended to prevent weight loss and R4's weight loss was avoidable.

2. On 12/29/2020 at 9:53 a.m. V26 (Certified Nursing Assistant/CNA) was observed carrying a breakfast tray for R29. V26 said she was discarding the tray. The tray was observed to be undisturbed, the food portion on the plate was not disturbed, the utensils were wrapped in a white napkin, and the clear lid was on the bowl. V26 said R29 did not want to eat. V26 then said, "You can ask therapy; they (therapy) tried to feed him (R29)."

On 12/29/2020 at 9:58 a.m. V27 (Physical Therapist) was observed in the room with R29. V27 said she did not try to feed R29. V27 said she only asked R29 was he hungry. V27 said R29 said he was not hungry. V27 then said she thinks R29 was weak due to him not eating. V27 said R29 was confused. V27 said she was the only therapist in the room with R29; she did not see another therapist trying to feed R29.

On 12/29/2020 at 10:02a.m. R29 was observed lying in. R29 was awake, alert to name and birthday. R29 said he was hungry, and no one offered him food.

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On 12/29/2020 at 10:05a.m V29 (Unit Manager) was made aware that R29 stated that he was hungry, and no one offered him food.

On 12/29/2020 at 10:40a.m V26 (CNA) was observed assisting R29 with eating. V26 had to open the beverage for R29. V26 was observed providing total support. R29 drank four ounces of thickened drinks and consumed 98% the food on the plate. Two drinks were noted in R29's room and two drinks were brought in by V26 with the current meal. During the feeding assistance, R29 was observed to say the food was good; when asked did he want more, R29 said no, however R29 was observed to continue to eat and drink the serving as it was being offered to him. R29 was observed swallowing as appropriate and drinking appropriately when assisted. R29 would rest his head on the pillow at times but continue to keep his eyes open and was alert to staff. V26 was observing coaching R29, saying "You don't want the food do you," also saying"You sleepy, huh?".,

On 12/29/2020 at 3:10p.m V26 said she was assigned to care for R29. V26 said she did not take R29 his breakfast tray that morning. V26 said when the surveyor approached her she was picking up trays after breakfast service. V26 said she had fed all the resident that she was supposed to feed for that breakfast service. When asked who was supposed to feed R29, V26 said everyone is responsible for feeding the residents. V26 said she saw the therapist feeding R29. When asked what feeding assistance did she see the therapist provide, V26 said "I just saw the lid off the bowl." V26 said "I don't want to lie; I can't speak to what I saw, all I know is she tried to feed R29," then V26 said she saw the therapist bring the plate to R29. V26 said she did not

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S9999	Continued From page 12 attempt to feed R29 any food; she only asked R29 was he hungry. V26 said whoever brought R29 his tray should have fed him (R29). V26 then said she did not know R29's tray was there. V26 said R29 requires assistance with feeding. On 12/30/2020 at 10:57a.m. V12 (Assistant Director of Nursing) said nurses and CNA are responsible for feeding residents. V12 said staff should not just ask residents if they are hungry, they should make an attempt to feed the resident. V12 said she has to check to see how the feeding assist is assigned. Upon exit from the facility V12 did not give any information on how the feeding assist is assigned. Review of the facility daily assignment sheet for 12/29/2020, there were no assignments made for the residents who needed feeding assistance. On 1/7/21 at 12:35p.m V29 said whoever delivers the food tray to the room should feed the resident. On 1/6/2020 at 10:33a.m V42 (Nurse) said he admitted R29 to the facility and he was notified that R29 requires 1 to1 assist with feeding, and during his initial assessment R29 did need assistance with eating. V42 said he initiated the base line care plan for R29 and documented that R29 requires 1 to 1 assist with feeding. V42 said R29 usually eats 90% of his meal when he is assisted. On 12/30/2020 at 11:06a.m. V14 (Speech Therapist) said R29 requires 1 to 1 assistance with feeding. V14 said this is printed on R29's meal ticket. R29 is at risk for weight loss and is on aspiration precaution. V14 said staff should initiate feeding for 29. V14 said sometimes R29	S9999		

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	IL6005904	A. BUILDING: ______ B. WING ______	C 01/07/2021

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S9999	Continued From page 13	S9999		

initiates feeding himself, however he should not be left to eat alone. Due to his cognition R29 puts more food in his mouth and it's not safe so staff should assist. V14 said R29 usually eats at least 75% of meals all the time.

R29's Physician Order sheet dated 12/21/2020 shows speech therapy recommends downgrade diet to texture puree/nectar thick liquids with 1:1 feeding assistance to implement aspiration precautions (only feed when awake/alert, slow rate of presentation, liquid wash, small bites and sips size).

R29's point of care charting for intervention task of ADL-eating for December 2020, there is no documentation showing feeding assistance was provided on the 19th, 20th, 25th, 28th, for breakfast and lunch. There was no documentation showing any feeding assistance was provided on the 26th and 27th.

R29's point of care charting for intervention task nutrition eaten for December 2020, there was no documentation showing R29 ate breakfast or lunch on the 19th, 20th, 25th, and 28th. There was no documentation showing R29 had eaten breakfast, lunch or dinner on the 26th and 27th.

R29's point of care charting for intervention task of ADL-eating for January 2021, there is no documentation showing feeding assistance was provided on 1st and there is no documentation showing feeding assistance was provided on 3rd, 4th and 5th for breakfast and lunch.

R29's point of care charting for intervention task nutrition eaten for January 2021, there was no documentation showing R29 ate breakfast or lunch on the 3rd, 4th and 5th.

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S9999	Continued From page 14 R29's baseline care plan dated 12/18/2020 shows dietary nutrition status, diet order is pureed, thin liquids. Mechanically altered diet: yes. Resident dietary goals; maintain current weight, and prevent weigh loss. Dietary interventions; other; 1:1 feeding. Dietary preference; none. Dietary risk; risk for weight loss, risk for swallowing problems, and risk for chewing problems. R29's comprehensive care plan dated 12/19/2020 shows R29 has nutritional problems or potential nutritional problem r/t pureed, NAS, LCS, low cholesterol diet restrictions. Goal is the resident will not develop complications related to obesity, including skin breakdown, ineffective breathing pattern, altered cardiac output, diabetes, impaired mobility through review date. R29 will comply with recommended diet daily through review date. R29 will maintain adequate nutritional status as evidenced by maintaining stable weight no s/sx (signs and symptoms) of malnutrition, and consuming food and fluids in adequate amounts to meet maintain optimal health and nutrition through review date. Interventions/tasks are Administer medications as ordered. Monitor/Document for side effects and effectiveness. Assist the resident with developing a support system to aid in wt (weight) loss efforts, including friends, family, other residents, volunteers, etc. Develop an activity program that includes exercise, mobility. Offer activities of choice to help divert attention from food. If unsuccessful at weight loss, or if the resident chooses not to lose weight, refer me to the physician. Assist with obtaining special equipment as needed. Provide and serve diet as ordered. See current Pos. Provide, serve diet as ordered. Monitor intake and record q meal. The resident needs a calm, quiet setting at meal times with	S9999		

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S9999	Continued From page 15 adequate eating time. Weigh at same time of day and record per facility protocol. R29's MDS dated 12/25/2020 section G shows R29 requires extensive assist with one person physical assist for eating. R29's hospital records show on 12/14/2020 R29's weight was 171 pounds. During weight observation on 12/29/2020 at 1:27pm with V21 (Restorative Aide), R29 was observed to weigh 144.4 pounds using mechanical lift scale. R29's MDS dated 12/25/2020 (currently in progress) shows R29's admission weight is 168 pounds. R29's face sheet shows admission date 12/18/2020. R29 had a significant weight loss on 12/29/2020 of 14.5% since admission (11 days). On 1/7/21 at 11:00a.m V12 (ADON) said staff should wake residents up for meals, care planning is based on resident individualized needs, and staff should provide care according to the resident's needs. The feeding assistance is documented in the point of care charting, it should be completed with each meal. If the documentation is not there the task was not completed. If it's not documented that the resident ate a meal, then they didn't eat. The expectation would be for the nurse to relay the information to the provider that day when they receive the information or no later than the next business day. When the dietitian gives recommendations, the recommendation should be relayed to physician by the unit manager, so the provider can decide if they agree or not. On 1/6/21 at 12:01p.m V40 (Physician) said he does not believe R29 had a weight loss of 14.5% in 11 days since admission. V40 said "That is a lot of weight in such a short time." V40 said R29	S9999		

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S9999	Continued From page 16 was diagnosed with COVID 19 and anorexia in the hospital and maybe R29 had poor appetite. V40 also said it is possible for R29 to lose weight if he's not being fed. V40 said the care plan should be followed. R29's face sheet shows R29 has diagnoses of encephalopathy, pneumonitis due to inhalation of food and vomit, acute respiratory failure with hypoxia, acute kidney failure, unspecified, need for assistance with personal care, other symbolic dysfunctions, personal history of other malignant neoplasm of large intestine. Facility policy titled "Care Plans - Baseline" with revision date 12/2016 shows, policy statement, A baseline care plan to meet the resident's immediate needs shall be developed for each resident within forty-eight hours of admission. Policy interpretations and implementation to assist the resident's immediate care needs are met and maintained, a baseline care plan will be developed within 48 hours of the resident admission. The Interdisciplinary Team will review the healthcare practitioners orders (dietary needs, medications, routine treatments, etc) and implement a baseline care plan to meet the resident's immediate needs including but not limited to initial goals based on admission orders, physician orders, dietary orders, therapy services, social services, and PASSAR recommendations, if applicable. The baseline care plan will be used until the staff can conduct the comprehensive assessment and develop an interdisciplinary person-centered care plan. (B)	S9999		