(X3) DATE SURVEY COMPLETED

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

	#):	IL6001143	B. WING		C 01/25/2021
i	PROVIDER OR SUPPLIER	6800 WES		STATE, ZIP CODE IL <b>60525</b>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
S 000	Initial Comments		S 000		
	Complaint 20910051/IL129813	3		#	
S <b>99</b> 99	Final Observations	n a	S9999		
	Statement of Licens	sure Violations:			
	300.1210b) 300.1210c) 300.1210d)6)		ė		
¥	Section 300.1210 G Nursing and Person	General Requirements for nal Care	-		
	care and services to practicable physical well-being of the reeach resident's complan. Adequate and care and personal cresident to meet the care needs of the resident and services the resident to meet the care needs of the resident to meet the resident to meet the care needs of the resident to meet the resident to me	shall provide the necessary of attain or maintain the highest lift, mental, and psychological sident, in accordance with aprehensive resident care lift properly supervised nursing care shall be provided to each e total nursing and personal esident. Restorative ude, at a minimum, the	3 A A A A A A A A A A A A A A A A A A A		zī.
		care-giving staff shall review ble about his or her residents' care plan.		Z X	
	nursing care shall i	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:	20		
Ç.	to assure that the r	ry precautions shall be taken esidents' environment remains hazards as possible. All		Attachment A Statement of Licensure Violations	
Illinois Depar	I rtment of Public Health Y DIRECTOR'S OR PROVIL	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE	(X6) DATE

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: \_\_\_

STATE FORM

6899

G51H11

If continuation sheet 1 of 6

Winnie De	epartment of Public	Health				APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		LETED
0		1L6001143	B. WING		01/2	; 5/2021
NAME OF F	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	TATE, ZIP CODE		
RPIAR P	LACE NURSING	6800 WES				
DINANT			EAD PARK, I	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
\$9999	Continued From pa	age 1	\$9999			
	nursing personnel	shall evaluate residents to see receives adequate supervision				
	These REQUIREM evidenced by:	IENTS are not met as				\$6
	failed to meet the requirements by properties that did not meet to soft textured diet of a choking incident reviewed for accident	r and record review, the facility resident's special dietary roviding her with a food item he criteria of the mechanically ordered. This failure resulted in for (R1) of three residents ents and supervision. R1 was atter expired due to asphyxia as choking on food.				
	Findings include:			1.0		
	the facility on 7/21 including, but not to the fracture of Unsteadiness on the episode, stiffness classified, Dyspha	d female who was admitted to /2020, with past medical history imited to Multiple Sclerosis, unspecified lower leg, Sequela, eet, Bipolar Disorder current of right shoulder not elsewhere agia Oral Phase, Cognitive eficit, Obesity Unspecified, etc.	CE	23		
	12/03/2020 and list as a consequence	locuments that R1 expired on sts cause of death as asphyxia of choking on food.				: :
	Per record review 11/25/2020 after s	, R1 was sent to the hospital on the became unresponsive while				

eating grilled cheese sandwich for dinner, and as

documented in nurse progress note dated 11/25/2020, "While resident on supervised eating at nurses station, R1 was noted to drop her head

and become limp and flaccid. Staff attended

Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING		СОМРІ	(X3) DATE SURVEY COMPLETED C 01/25/2021	
		IL6001143					
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
BRIARP	LACE NURSING	*	EAD PARK, II	L 60525			
(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	mouth. Resident be and tactile stimuli. Lowered resident to carotid, and no pul 1/06/2020 at 1:29F stated that she wathe nurses station hospital. V6 said the said th	ely, bolus of food removed from ecome unresponsive to verbal Pulse check, thready and faint of floor, rechecked pulse via se obtained. CPR initiated."  PM, V6 (C.N.A/Scheduler) se the person monitoring R1 at the day R1 was sent out to the nat resident stretched her hand	S9999				
	out, called her nan nursing station des need assistance was eating a grille carrots and milk. A grilled cheese was not think R1 was chaving a heart atta food from her chemouth and there was ground and started checked her pulse eats in her room cadded that she call was getting, but si	ne and laid her head on the sk. She added that R1 does not with eating, just monitoring, R1 d cheese sandwich, peas and as far as she can recall, the senot cut. V6 added that she did shoking, she believed R1 was ack, though she removed some ek, the nurse checked R1's was nothing, they laid R1 on the d performing CPR. Nurse also and she was not breathing, R1 or in the nursing station. V6 nnot recall what type of diet R1 he thinks she was on a regular					
	1/14/2021 at 11:2 was providing visu was sent to the horesident watching any physical assist require any assist supervision.	had a regular tray that day.  1AM, V6 (C.N.A) stated that she ual assistance to R1 the day she ospital, she was standing beside R1 eat, but was not providing stance. Resident does not ance for eating only	<del>)</del>				
	11/13/2020 shows	an order summary dated s that R1 is supposed to be on hanical soft texture diet, regular ency					

Illinois Department of Public Health STATE FORM

Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 01/25/2021 IL6001143 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **6800 WEST JOLIET BRIAR PLACE NURSING** INDIAN HEAD PARK, IL 60525 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 MDS (Minimum Data Set assessment) dated 10/19/2020 coded R1 for eating as 1/2, meaning supervision with one person physical assist. Care plan for R1 dated 10/28/2020 stated a focus of nutrition concern related to Mechanical soft diet and in the intervention section, the care plan states to monitor for pocketing, supervision at meals to ensure small bites, slow rate and liquid wash, assist as needed with meals, document signs and symptoms of aspiration or choking, etc. In the same care plan, it was documented that R1is currently on a mechanical diet textured and requests a grilled cheese for dinner and regular food for lunch. 1/14/2021 at 12:55PM, V23 (Physical Therapy) stated that residents on one staff physical assist for eating will usually have a C.N.A with them who can assist when needed like for opening a carton of milk or cutting up something. Those who are supervision alone needs to be watched and may not need assistance. 1/14/2021 at 2:16PM, V24 (MDS Coordinator) stated that one staff physical assist means that one staff can assist with cutting something for resident, or help with those that need a little cueing or touch to help them eat. MDS assessment is done for resident's baseline and may not represent their daily need. 1/06/2021 at 2:06PM, V2 (DON, Director of Nursing) stated that he believed grilled cheese is a mechanical soft diet if cut up, pears and carrots can also be considered mechanical soft if cooked soft. 1/12/2021 at 11:09AM, V12 (Dietician) stated that she thinks grilled cheese is appropriate for

Illinois Department of Public Health STATE FORM

PRINTED: 04/08/2021 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 IL6001143 01/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **6800 WEST JOLIET BRIAR PLACE NURSING INDIAN HEAD PARK, IL 60525** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 4 S9999 someone on mechanical soft diet but it could be cut in half. She added that peas and carrots could be appropriate if they are cooked and soft. V12 states that mechanical soft diet should have a soft consistency like ground meat and should not include things like salad or raw vegetables or anything crunchy. 1/12/2021 at 4:14PM, V14 (Speech Therapist) stated that R1 was on her case load from July to October, (R1) had a change in function due to difficulty eating and was downgraded to mechanical soft, supervised eating and small bites at a time. V14 added that someone on mechanical soft diet can have food in the consistency of ground meat, mashed potatoes. bread as long as it is soft and vegetables if it is cooked soft Hospital emergency room (ER) record dated 11/25/2020 states, "Patient brought in by EMS after systolic arrest, patient from nursing home with history of MS, patient apparently choked on food." Chief complaint was documented as "patient choking on food, CPR initiated by staff." Review of a document titled Diet Manual. Mechanically Altered undated presented by V10 (Dietary Manager) states in part that the liberal diet, mechanical soft is served with the meat mechanically ground (Preferably with gravy), raw and soft fruits will be served without seeds or

Illinois Department of Public Health

skin, raw salads will be served finely shredded. In addition to this diet order, the Speech Language Pathologist (SPL) may recommend mixed textures to meet the functional needs of the patient. Review of a menu for grilled cheese sandwich also presented by V10 (Dietary Manager) states after the procedure of washing hands and preparing the food, to refer to the

PRINTED: 04/08/2021 **FORM APPROVED** Illinois Department of Public Health (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6001143 01/25/2021 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 6800 WEST JOLIET **BRIAR PLACE NURSING INDIAN HEAD PARK, IL 60525** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 International Dysphagia Diet standardization Initiative (IDDSI) and HACCP guidelines. The guideline outlined IDDSI Level 5, 6 and 7. indicating that level 5 is Minced and Moist, level 6 is soft and bite size and level 7 is easy to chew. 1/19/2021 at 11:45AM, V10 (Dietary Manager) stated that he does not know what the IDDSI levels on their menu stand for, he said that they just follow the menu and any recommendation from the hospital or speech therapy. 1/19/2021 at 12:05PM, V1 (Administrator) stated that the facility is not following the IDDSI guidelines on their menu, they are just following the regular menu. When asked why that is not indicated in their policy, she said, that V10 should have consulted her before giving the surveyor that policy. On 1/19/2021, V19 (Registered Dietician) stated that the International Dysphagia Diet standardization Initiative (IDDSI) guideline is a new consistency system that is being rolled out, it is not a requirement but some facilities are using the guidelines. She added that if a facility is not following the IDDSI guideline, the staff should be made aware of that.

Illinois Department of Public Health STATE FORM

(A)

Facility census on 1/05/21 is 221 residents.