

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/19/2021
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NAME OF PROVIDER OR SUPPLIER FAIR HAVENS SENIOR LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 1790 SOUTH FAIRVIEW AVENUE DECATUR, IL 62521
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S 000	Initial Comments	S 000		
	Complaint Investigation 2163282/IL133842			
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610 a) 300.1210 b)4) 300.1210 d)2) 300.3240 a)</p> <p>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.</p> <p>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.</p> <p>4) All nursing personnel shall assist and</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>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>Section 300.1210 General Requirements for Nursing and Personal Care 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: 2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on record review, observation, and interview, the facility failed to monitor weight loss, failed to obtain weights, failed to obtain a Physician ordered therapeutic diet and nutritional supplements as recommended, failed to provide Physician ordered nutritional supplements, failed to follow Registered Dietician recommendations, and failed to assist with feeding as needed (R3) for three of three (R1, R2 and R3) residents reviewed for weights and diets on the sample of five. These failures resulted in hospitalization for medical management of R3's caloric intake and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>hydration needs and newly diagnosed Hyponatremia and Dehydration.</p> <p>Findings include:</p> <p>The facility policy titled "Weight Assessment and Intervention", revised August 2008, documents the following: "Policy Statement: The nursing staff and the Dietician will cooperate to prevent, monitor and intervene for undesirable weight loss or gain for our residents. Policy Interpretation and Implementation: Any change of greater than or less than five pounds within 30 days will be retaken for confirmation. If verified, nursing will immediately notify the Dietician in writing. Verbal notification must be confirmed in writing. The Dietician will respond within 24 hours of receipt of written notification. Significant weight changes are defined as: more or less than 5% in 30 days, more or less than 7.5% within 90 days and more or less than 10% in six months."</p> <p>1.) R3's undated Face Sheet documents R3 was admitted to facility on 1/15/21, with diagnoses of: Acute Kidney Failure, Dysphagia, Dysphonia, Need for Assistance with Personal Care, Hypokalemia, Failure to Thrive, Hyponatremia, Dehydration, Hyperosmolality and Dementia.</p> <p>R3's Care Plan, dated 1/25/21, documents R3 has a nutritional problem or potential nutritional problem and to weigh per facility protocol, notify Physician, Registered Dietician, and family of any significant weight changes. Interventions listed include: "monitor intake and record every meal. Offer substitutions if 50% or less of meal is consumed. Monitor, Record, Report to Physician signs of malnutrition: Emaciation, muscle wasting, significant weight loss of greater than</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>5% in one month, greater than 7.5% in three months and/or greater than 10% in six months. Provide and serve diet as ordered."</p> <p>R3's Minimum Data Set (MDS), dated 4/27/21, documents R3 as requiring extensive assistance with eating. This same MDS documents R3 as having modified independence in decision making.</p> <p>R3's Physician Order Sheet (POS), dated April 1-30, 2021 and May 1-31, 2021, documents a Physician ordered diet of pureed foods with nectar thickened liquids, health shakes twice a day for kilocalorie (Kcal) support and add one high calorie/fortified food to each meal was discontinued on 4/13/21. The same POS's documents 90 milliliters of a 2.0 Calorie supplement to be given three times per day for weight maintenance was discontinued on 4/13/21. The same POS does not document a Physician ordered diet or nutritional supplements from 4/13/21-5/16/21.</p> <p>R3's Weights and Vitals Exceptions Report, dated 5/18/21, documents R3's weights as: 2/12/21 weight is documented as 153.0 pounds (lbs) indicating a 9.2% weight loss in one month since admission on 1/15/21. 4/19/21 weight is documented as 126.4 lbs indicating a 17% weight loss in three months since admission on 1/15/21. 5/14/21 weight is documented as 110.0 lbs indicating a 21.3% weight loss since 3/4/21 weight documented as 139.8 lbs.</p> <p>R3's Nurse Progress Notes document the following: 4/21/21 at 12:16 PM ---V13, Registered Dietician (RD), documents "Weight triggering for -22.1%</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>for past three months (162.2 pounds on 1/22/21). Physical appearance shows signs of malnutrition. Continue offering one high calorie/fortified at meals with one of these being chocolate fortified pudding. Supplement diet with Med Pass if intakes less than 50% at meals. Update diet order in Electronic Medical Record (EMR)." 5/14/21 at 12:05 PM---V13, RD, documents "Weight triggering for -4.9% x 1 week (126.2# on 4/29) and -21.6% x 3 mo (153# on 2/12). Please update diet order in EMR. Continued weight loss at this time is not desired. Recommend consider discussing Gastrostomy tube (G-tube) placement per resident/Power of Attorney (POA) wishes related to continued weight loss and consistent poor PO intakes."</p> <p>5/18/21 at 6:16 PM--V17, Licensed Practical Nurse (LPN), documents "Resident (R3) admitted to hospital for observation."</p> <p>V23, Physician, documents in Hospital Emergency Room Record, dated 5/18/21, R3 "has lost about 40 pounds within the last few months and as been coming recurrently to the hospital with dehydration. Patient (R3) is not able to manage his nutritional and caloric needs."</p> <p>R3's Hospital History and Physical, dated 5/18/21, documents "given his (R3) history of Dementia, he (R3) does require assistance with feedings." This same record documents R3's Principle Problem of Hypernatremia and Active Problem of Dehydration. This same record documents "Plan for (R3) is aggressive Intravenous hydration for hypernatremia (associated with decreased oral intake of fluids and food). Gastroenterology has been consulted for PEG tube placement."</p> <p>On 5/14/21 at 8:55 AM, R3 was sitting in a recliner chair in room with breakfast tray on</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>problem and to weigh per facility protocol, notify Physician, Registered Dietician, and family of any significant weight changes. Interventions listed include: "monitor intake and record every meal. Offer substitutions if 50% or less of meal is consumed. Monitor, Record, Report to Physician signs of malnutrition: Emaciation, muscle wasting, significant weight loss of greater than 5% in one month, greater than 7.5% in three months and/or greater than 10% in six months. Provide and serve diet as ordered. Provide and serve supplements as ordered."</p> <p>R1's Weight Summary documents R1's admission (3/12/21) weight as 146.6 pounds (lbs).</p> <p>R1's Weight and Vitals Exceptions Report, dated 5/18/21, documents the following weights: 4/7/21 weight was documented as 135.0 pounds (lbs), indicating a 7.5% weight loss in less than one month. 5/7/21 weight was documented as 122.2 lbs, indicating a 7.5% weight loss since admission on 3/12/21.</p> <p>R1's Nurse Progress Notes document the following: 4/7/21 at 12:56 PM, V13, Registered Dietician (RD), documents, "Weight triggering for -7.9% x 1 mo (146.6# on 3/12). Recommend adding one high calorie/fortified food to each meal, continuing magic cup (fortified nutritional supplement) at lunch and adding one to dinner as well." 5/17/21 at 2:59 PM, V13, Registered Dietician (RD), documents, "Weight triggering for -9.5% x 1 mo (135# on 4/7). Admission weight was 146.6# on 3/12. Recommend to add one high calorie/fortified food at all meals and add magic cup to dinner as kilocalorie (kcal) support."</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>On 5/14/21 at 8:55 AM, R1's bedside table was sitting in hallway next to R1. Bedside table had breakfast tray and two drinks on it. R1's breakfast tray did not include any high calorie/fortified supplements of any kind. There appeared to be 2-3 bites taken from the breakfast meal. Staff did not assist R1 with eating, nor did they encourage R1 to eat breakfast, or offer alternatives.</p> <p>On 5/14/21 at 12:50 PM, R1 was sitting in a wheelchair propelling self in hall. R1 was served his lunch tray by staff. R1's lunch tray did not include any high calorie/fortified foods or supplements. Staff did not assist R1 with eating, nor did they encourage R1 to eat breakfast, or offer alternatives.</p> <p>On 5/18/21 at 9:15 AM, R1's breakfast tray was sitting on the bedside table by nurses station. R1's breakfast tray did not include any high calorie/fortified foods or supplements. R1 was sitting in wheelchair in room. Staff did not assist R1 with his breakfast tray, nor did they offer alternatives, or encourage R1 to eat the breakfast meal.</p> <p>On 5/19/21 at 8:30 AM, R1 was laying flat in bed with R1's breakfast tray sitting on the bedside table approximately a foot away from bed. R1's breakfast tray included bacon, toast/jelly, egg omelette, and a cup of peaches, and drinks were water and cranberry juice. V12, Minimum Data Set (MDS)/Registered Nurse (RN), confirmed R1 did not have any fortified foods or high calorie foods included in breakfast meal.</p> <p>On 5/19/21 at 8:40 AM, V14, Dietary Manager, stated fortified food for the breakfast meal is</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>super cereal oatmeal, and none of the foods offered to R1 for breakfast were high calorie or fortified.</p> <p>3.) R2's undated Face Sheet documents R2 was admitted on 9/15/20, with the following diagnoses: Cerebral Infarction due to Thrombosis of Unspecified Cerebral Artery, Aphasia, Dysphagia, Alzheimer's Disease and Hypokalemia.</p> <p>R2's Minimum Data Set (MDS), dated 3/14/21, documents a Brief Interview for Mental Status score of 3 out of a total possible 15 points, indicating severe cognitive impairment. This same MDS documents R2 as requiring extensive assistance of one person physical assist with eating.</p> <p>R2's Care Plan, dated 9/24/20, documents R2 has a nutritional problem or potential nutritional problem and to weigh per facility protocol, notify Physician, Registered Dietician, and family of any significant weight changes. Interventions listed include: "monitor intake and record every meal. Offer substitutions if 50% or less of meal is consumed. Monitor, Record, Report to Physician signs of malnutrition: Emaciation, muscle wasting, significant weight loss of greater than 5% in one month, greater than 7.5% in three months and/or greater than 10% in six months. Provide and serve diet as ordered."</p> <p>R2's Physician Order Sheet (POS), dated May 1-31, 2021, documents a Physician order for R2 to be served a mechanical soft textured diet with nectar consistency fluids, add super cereal to breakfast, and high calorie magic cup three times per day.</p> <p>R2's Weight Summary documents weight</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>obtained on 11/10/20 was 149.6 pounds (lbs). Per this same Summary R2's weight obtained on 2/3/21 was 143.0 lbs and 5/7/21 weight obtained was 123.0 lbs.</p> <p>R2's Weight and Vitals Exceptions report, dated 5/18/21, documents R2's weight on 3/4/21 as 135.0 lbs indicating a 10.6% weight loss in three months.</p> <p>R2's Nurse Progress Notes document: On 3/19/21 at 11:34 AM, V13, RD, documents, "Reviewed for weight. Weight 135# (3/4). Weight on 12/5 was 151#. Significant loss of -10.6% x 3 mo. Recommend to weigh biweekly to monitor nutrition status. Goal is for no further weight loss." On 5/17/21 at 2:43 PM, V13, RD, documents, "Resident does have significant weight loss with -17.8% x 6 mo (149.6# on 11/10). Recommend to weigh biweekly to monitor nutrition status."</p> <p>R2's Electronic Medical Record (EMR) does not document bi weekly weights obtained.</p> <p>On 5/14/21 at 8:50 AM, R2 was sitting in a chair at the bedside eating breakfast. R2 did not have any type of supplements on meal tray. Staff did not offer alternatives, encourage R2 to eat the meal, or assist R2 with eating.</p> <p>On 5/14/21 at 12:25 PM, R2 was laying in bed at 30 degrees, with his food tray sitting on bedside table that was positioned over R2's chest area. R2's lunch tray included pulled pork sandwich, baked beans, pasta salad, one slice of pie, two Styrofoam cups of thickened water, and one cup of thickened red and white swirled liquids. R2 was attempting to reposition self in more upright position. Staff did not assist R2 during the meal service, did not encourage R2 to eat the meal, or</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>offer alternatives. R2's lunch tray did not include any supplements.</p> <p>On 5/18/21 at 9:15 AM, R2 was sitting in chair with his breakfast tray and drinks on his bedside table. Breakfast tray did not include any high calorie/fortified foods or any type of supplements. Staff did not assist R2 with eating, offer alternatives, or encourage to eat meal.</p> <p>On 5/18/21 at 11:00 AM, V13, Registered Dietician (RD), stated R1, R2 and R3 have had undesirable significant weight loss. V13 stated she made a diet recommendation for R3 including supplements on 4/21/21 which was never followed up on by facility. V13 confirmed R3 did not have a diet ordered or supplements ordered from 4/13/21-5/17/21. V13 stated the facility was aware R3 had already been losing weight and "should have done a better job for this resident." V13 stated, "(R3) has been losing weight since admission." V13 stated was aware of R3 not having a diet order or supplements ordered as of 4/21/21, and progress note was made with recommendations and to update diet order in Electronic Medical Record (EMR). V13 stated when V13 reviewed R3 again on 5/14/21 for nutritional needs, V13 noted diet had not been ordered, and supplements had not been ordered. V13, RD, stated R3 should have been placed on weekly weights and monitored more closely by facility.</p> <p>V13 stated R2's undesired significant weight loss "could have been prevented if supplements were given as ordered."</p> <p>V13 stated on 4/7/21, V13 recommended that facility was to add high calorie and fortified foods to all of R1's meals, and also recommended a</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>magic cup at dinner time. V13 stated this recommendation has not been carried out by facility. V13, RD, stated R1's weight loss could have been prevented if supplements were offered and encouraged as recommended by V13.</p> <p>V13 stated, "Not having a diet order or supplement orders in place for nutritionally high risk residents (R1, R2 and R3) who were already known to have weight loss issues is unacceptable." V13 stated, "These residents may have not gained any weight but nutritional supplements do help a nutritionally high risk resident maintain weight. These residents may not have lost so much weight if diet and supplements orders were in place and/or being followed, had someone been assisting them (R1, R2 and R3) with meals and they (R1, R2 and R3) were monitored for significant weight loss." V13 stated V13 has access to resident tray cards through a computerized program and is able to see that recommendations are not being added to resident tray cards. V13 stated, "It is very important for RD recommendations to be followed up on, weights need to be reviewed closely and Physician orders should be in place for all Physician approved recommendations."</p> <p>On 5/18/21 at 12:15 PM, V3, Assistant Administrator/Registered Nurse (RN), stated R1, R2 and R3 have had undesirable significant weight loss. V3 stated R1, R2 and R3 should have been placed on weekly weights after significant weight loss was noted. V3 stated residents should have been provided feeding assistance as needed to aid in combating weight loss. V3 confirmed R3 did not have a diet order in place and did not have any supplements ordered from 4/13/21-5/17/21. V3 stated R3 was sent to hospital 5/18/21 for medical intervention</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002950	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/19/2021
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S9999	<p>Continued From page 12</p> <p>related to significant weight loss. V3 stated the facility is unable to provide documentation of any supplements being offered since return from last hospital stay 4/19/21. V3 stated the facility discontinued the orders when R3 went out to the hospital on 4/13/21, but never reinstated those diet or supplement orders until 5/17/21. V3 stated R2 should have been provided the nutritional supplements that were ordered by the Physician. V3 confirmed R2's weight loss 14% in past three months and 18% in past six months. V3 stated R1 should have been served the nutritional supplements that were recommended by V13, RD. V3 confirmed R1's weight loss of 17% in past two months and 6% in last month. V3 stated the facility did not follow the Weight Policy, monitor weights, or actively attempt to prevent weight loss for R1, R2 and R3. "We messed up. These residents may not have lost so much weight if we (the facility) were doing what we were supposed to do. They (R1, R2, R3) should have had a diet order and supplements order in place and being offered as recommended, staff should have been helping them eat and offering substitutes but they (staff) weren't. We can't do anything to fix all of our mistakes. All we can do is try to do better going forward."</p> <p>(B)</p>	S9999		