

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007868	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER VILLAAT SOUTH HOLLAND, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 16300 WAUSAU STREET SOUTH HOLLAND, IL 60473
---	---

(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 Annual Health Survey	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1210 b)4) 300.3240 a)</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. Restorative measures shall include, at a minimum, the following procedures: 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>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or</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

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007868	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/05/2021
NAME OF PROVIDER OR SUPPLIER VILLIAT SOUTH HOLLAND, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 16300 WAUSAU STREET SOUTH HOLLAND, IL 60473		
(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	<p>Continued From page 1</p> <p>neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observations, interviews, and record review, the facility failed to provide nursing assistance for feeding residents who are unable to carry out Activities of Daily Living (ADL) to prevent the residents from being hungry and help maintain good nutrition. This applies to 3 of 3 residents (R12, R62, R75) in a sample 25, reviewed for ADL care.</p> <p>As a result, R12, R62 and R75 expressed being hungry and seeking assistance from anyone to get food.</p> <p>Findings include:</p> <p>On 11/3/2021 from 12:10 PM to 2:44 PM, the surveyor made continuous observations of R12, R65, R75 during lunch hours, not receiving assistance with eating or feeding.</p> <p>1. R12's lunch tray sitting on R12's bedside table away from R12. Surveyor observed resident continuously, and no staff members entered the room to assist with the meal. R12 stated, "No one informed me my food was here. I am hungry can you feed me?"</p> <p>On 11/3/2021 at 2:50 PM, V12 (Licensed Practical Nurse- LPN) stated, "He (R12) should've been fed. I will feed him now. He should've been fed within 20 minutes after passing trays."</p> <p>On 11/3/2021 at 3:17 PM, during an interview with V2 (Director of Nursing-DON) V2 stated V19</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007868	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2021
--	---	---	--

NAME OF PROVIDER OR SUPPLIER VILLAAT SOUTH HOLLAND, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 16300 WAUSAU STREET SOUTH HOLLAND, IL 60473
--	---

(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	<p>Continued From page 2</p> <p>(Certified Nursing Assistant, CNA) was busy feeding someone else. "We usually pass out the tray to those who are self- feeders first and pass out the trays for those needing assistance last. Reasonable time would be less than one hour to feed the residents needing assistance with meals."</p> <p>R12 has left elbow/wrist/digits contractures. R12's care plan indicated supervision at mealtime required 91-100% of the time.</p> <p>R12's speech therapy evaluation and plan of treatment documentation indicated on 10/28/2021 due to documented physical impairments and associated functional deficits ...the patient is at risk for: aspiration, compromised general health and pneumonia.</p> <p>On 11/4/2021 at 2:27 PM, interview with V13 (Dietician) stated R12 has been on V13's list since July 2021 due to significant weight loss. V13 states it's possible that not eating in timely manner may affect R12's weight loss. On 11/4/2021 at 9:53 AM, V15 and V16 (Restorative Aides) weighed R12 on a mechanical lift; current weight at 141.5 pounds. R12 has lost 51 pounds since admission in 5/2021.</p> <p>2. On 11/3/2021 at 1:45 PM, R62's lunch tray was placed next to the resident. R62 asked the surveyor, "Are you here to help feed me? I am hungry and need help."</p> <p>R62's speech therapy's note on 10/27/2021 indicates diagnosis of Parkinson's disease. Patient needs assistance feeding self? = yes. Supervision: how often does patient require supervision/assistance at mealtime d/t swallow safety? = 91-100% of the time.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007868	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/05/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER VILLAAT SOUTH HOLLAND, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 16300 WAUSAU STREET SOUTH HOLLAND, IL 60473
---	---

(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	<p>Continued From page 3</p> <p>3. On 11/3/2021 at 1:50 PM, R75 was laying on R75's side in bed, and the lunch tray was on dresser. R75 stated to the surveyor, "I'm hungry honey, please feed me. You gonna feed me honey?"</p> <p>R75's occupational therapy 10/28/2021 notes indicate eating dependent. Cognition moderately impaired.</p> <p>R75's Occupational therapy 10/29/2021 notes indicate R75's Current referra.l "Patient referred to PT due to exacerbation of decrease in functional mobility, falls/fall risk, functional limitation with ambulation, increased need for assistance from others and increased physical exertion during daily living tasks ..."</p> <p>(B)</p>	S9999		