Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		"					
		IL6012512	B. WING		08/23/2	2022	
	PROVIDER OR SUPPLIER	ROR FAST	DRESS, CITY, F IL HWY 15	, STATE, ZIP CODE			
MOUNT	VERNON COUNTRYS	SIDE MANOR	/ERNON, IL				
(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		S 000				
	Facility Reported In	acident of 8/10/22/ IL150067					
S9999	Final Observations		S9999				
	Statement of Licens	sure Violations:					
	300.610a) 300.1210b)	1					
	300.1210c) 300.1210d)2)	!			7		
	300.1210d)6)	20					
	300.2040b)2)	***					
	Section 300.610 Re	esident Care Policies		37			
	procedures governir	shall have written policies and ng all services provided by the		30			
		policies and procedures shall Resident Care Policy					
	Committee consisting	ng of at least the					
50	administrator, the ac	dvisory physician or the ommittee, and representatives					
	of nursing and other	r services in the facility. The					
		y with the Act and this Part. shall be followed in operating					
	the facility and shall	be reviewed at least annually					
	by this committee, de and dated minutes o	documented by written, signed of the meeting.					
	Section 300.1210 G Nursing and Persona	General Requirements for all Care			2. k.		
	care and services to	shall provide the necessary attain or maintain the highest					
İ	practicable physical,	, mental, and psychological sident, in accordance with	,				
	each resident's comp	prehensive resident care		Attachment A			
		properly supervised nursing		Statement of Licensure Violations			

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED C IL6012512 B. WING 08/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **606 EAST IL HWY 15** MOUNT VERNON COUNTRYSIDE MANOR **MOUNT VERNON, IL 62864 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 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: Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan 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: All treatments and procedures shall be administered as ordered by the physician. 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 300.2040 Diet Orders Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian. 2) The diet shall be served as ordered. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to provide the correct textured diet to a

resident (R2) with an order for a mechanical soft

(X3) DATE SURVEY

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED		
		IL6012512	B. WING			C 23/2022	
	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON, IL 62864						
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S9999	death. Findings include: The "Resident Face Health Record (EHI admitted to the faci diagnoses including of the neck of the leposthemorrhagic are hemorrhage, type 2 hyperglycemia and Alzheimer's Diseas deficit, and dysphag The "Resident Face"	e Sheet" of R2's Electronic R) documents that R2 was lity on 8/25/21 and documents a fracture of unspecified part	S9999				
	(MDS) assessment section C-Cognitive Mental Status (BIM: R2 has moderate or G- Functional Statu supervision with overcueing when eating R2's "Physician's O 8/16/22 documents "Diet: no added salt sweets (LCS). Cons R2's Care Plan (dal "Focus" that R2 cho frequently and I am with the mechanica documented included diet", "I am able to fine the section of the section	nange" Minimum Data Set dated 7/13/22 documents in Patterns a Brief Interview for S) score of 10, indicating that ognitive impairment. Section s documents that R2 requires ersight, encouragement, and and set-up help only. rder Report" dated 7/16/22 to an order dated 7/29/22 for (NAS), low concentrated sistency: Mechanical Soft." ted 8/11/22) documents under coses "not wear my dentures able to have proper nutrition I soft diet." Interventions e: "NAS/ LCS mechanical soft feed myself with supervision" speech therapy (ST) as					

(X2) MULTIPLE CONSTRUCTION

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: B. WING IL6012512 08/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **606 EAST IL HWY 15** MOUNT VERNON COUNTRYSIDE MANOR **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 R2's "Speech-Language Pathology (SLP) Evaluation and Plan of Care" dated 3/14/22 documents a reason for referral of "referred to skilled ST due to concerns of a decline in cognitive and swallowing function following a recent hospitalization." A "Speech Therapy Treatment Encounter Note" completed by V11 (Speech-Language Pathologist) dated 3/14/22 documents that R2 "presents with moderate oropharyngeal dysphagia and is at mild risk for aspiration. The recommended diet is puree and thin liquids. Standard aspiration precautions." A note by V11 dated 3/22/22 documents "diet was upgraded to mechanical soft and thin liquids." An "Interdisciplinary Resident Data Collection Form" dated 7/8/22 by V11 documents that R2 is "still tolerating mechanical soft" and "no further skilled ST recommended at this time." R2's "Progress Note" dated 8/10/22 at 5:25 PM by V10 (Licensed Practical Nurse/LPN) documents that "CNA (Certified Nursing Aide) stated resident (R2) was choking. This nurse (V10) immediately assessed resident and started Heimlich. A pecan sized piece of meat came up, but resident continued to gasp for air and lips were blue. 911 was called." The note further documents, "Resident (R2) was taken out of dining room and moved to living room area. Heimlich was continued, but nothing came up. Resident (R2) was then moved to the ground per 911 and CPR (Cardiopulmonary Resuscitation)

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was started." The note also documents,

and took over at 1732 (5:32 PM). Do Not Resuscitate (DNR) was found and

Cardiopulmonary Resuscitation (CPR) was stopped. EMS was able to get another piece of meat out. After 5 min EMS stated there were no

"Emergency Medical Services (EMS) then arrived

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6012512 08/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **606 EAST IL HWY 15** MOUNT VERNON COUNTRYSIDE MANOR **MOUNT VERNON, IL 62864 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) Continued From page 4 S9999 S9999 signs of life." On 8/15/22 at 3:15 PM, V10 said that she was called to the dining room by V7 (CNA) because R2 was choking. V10 said that she immediately began to do the Heimlich and a piece of food that looked like lunchmeat was removed. V10 said that R2 was still unable to breath and was turning blue. A "Progress Note" in R2's EHR dated 8/11/22 at 2:21 PM, documented as a late entry from 8/10/22 at 5:25 PM, by V3 (MDS Coordinator/ Licensed Practical Nurse) documents, "This nurse heard Certified Nurse's Aide (CNA) say someone was choking in the dining room (D/R) when this nurse got to D/R noted resident (R2) choking and gasping for air." The note further documents that V10 (Licensed Practical Nurse) was doing the Heimlich maneuver and V3 "did a finger sweep and pulled a pecan size piece of food from mouth" and that R2 "continued to gasp for air and Heimlich continued." On 8/15/22 at 12:20 PM, V3 said that when she did the finger sweep after the Heimlich was performed, a hunk of bread and ham came out of R2's mouth but R2 continued to gasp for air. On 8/15/22 at 2:40 PM, V7 (CNA) said that she was in the dining room when R2 began to choke. V7 said that she ran and got V3, and they did the Heimlich, and a chunk of food came out, V7 said

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ground up or not.

that R2 had a ham and cheese sandwich that evening but could not recall if the meat was

On 8/15/22 at 2:50 PM, V8 (Dietary Manager) said that V8 was at the facility on 8/10/22 when trays were served but left prior to R2 choking. V8

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 IL6012512 08/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 606 EAST IL HWY 15 MOUNT VERNON COUNTRYSIDE MANOR **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 said that R2 could feed self and received diced tomato salad, chicken noodle soup, and a ham sandwich that evening. V8 said that R2 was allergic to beef and could not eat the bologna being served so V9 (Dietary Cook) gave R2 a ham sandwich. V8 said that the ham was not chopped up. V8 said that R2 was on a mechanical soft diet. V8 said that they normally give ham salad that is chopped up to residents that are on a mechanical soft diet. V8 said that they had given R2 regular ham sandwiches before and she did ok. On 8/15/22 at 3:05 PM, V9 said that they were serving beef on 8/10/22 so R2 was given a ham sandwich because R2 cannot eat beef, V9 said that the sandwich contained sliced ham and cheese. V9 said that R2 did not like the mechanical soft diet and would often refuse it. V9 said that V8 would tell V9 to go ahead and give R2 the sandwich anyway and V8 would get some kind of waiver for R2 to eat ham sandwiches. V9 said that R2 got choked on the ham that evening and had eaten all but the crust of the ham sandwich. On 8/16/22 at 1:25 PM, V12 (Dietary Aide/ Cook) said that V12 was not at the facility when R2 choked. V12 said that R2 was on a mechanical soft diet and would eat regular lunchmeat sandwiches. V12 said that V8 said that R2 had a waiver and was able to eat regular ham and cheese sandwiches. On 8/16/22 at 2:40 PM, V8 said that there is no waiver in place and V8 knew that R2 had received ham sandwiches. V8 said that R2 would refuse the mechanical soft diet and would be

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use dentures and only had a few teeth.

given a sandwich instead. V8 said that R2 did not

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
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			ERNON, IL	62864			
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\$9999	Continued From pa	ge 6	S9999			i -	
		900	00000				
3	0- 0/46/00 -144-40	A A A A A A A A A A A A A A A A A A A				l	
		AM, V11 said that she saw					
		oril after a hospitalization. V11 ed from the hospital in March				i	
	on a pureed diet an	d was having swallowing					
		hat R2's swallowing improved,					
	R2 was able to feed	self without difficulty, and R2				(4)	
		mechanical soft diet. V11 said					
		ifficulty with chewing rather				ļ i	
		felt that it was not safe for]	
		ar diet. V11 said that R2 was					
	screened again in J						
	Mechanical sort diet	t was still appropriate for R2. I not have any teeth, did not				:	
		had difficulty chewing. V11					
		reached out to her to					
		11 said with R2's chewing					
i	difficulties, R2 would	have difficulty with eating a					
	ham sandwich. V11	said that a regular ham					
		y not appropriate for R2		C			
	unless it was minced	d, moist, or chopped.					
	0-04600 -40-05	3M 3/40 /Ni D(//					
		PM, V13 (Nurse Practitioner)					
		a mechanical soft diet per n of the Speech Therapist.			į		
		gns the order for the diet that				Ī	
		or dietician recommends.				ĺ	
	ти орични инстирис					ļ.	
	On 8/17/22 at 11:20	AM, V14 (Registered					
	Dietitian) said that R	2 was on a mechanical soft					
		feed self. V14 said that R2's		ii.	ŀ	ŀ	
		ed or chopped. V14 said that					
		a mechanical soft diet, all					
	meat should be mind	cea or cnoppea.					
100	The facility "Diet Sor	eadsheet" for "cycle day: 4"					
0.71		nanical soft diet served for				8	
		as cream of broccoli soup, a					
		n, stewed tomatoes, and					
	spiced peaches.	,					
	ment of Dublic Hoolth						

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6012512 08/23/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **606 EAST IL HWY 15** MOUNT VERNON COUNTRYSIDE MANOR **MOUNT VERNON, IL 62864** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 An EMS report dated 8/10/22 documents that the ambulance company "was dispatched to an EMS call of a patient (pt) choking" and "the pt is pulseless and apneic. (Local fire department) placed their cardiac monitor on the pt and the pt strip showed asystole. (Local fire department) used a set of forceps to clear (R2's) airway of food debris. Some food was removed from (R2's) throat, but with no improvement from the pt." The EMS report documents the disposition of R2 as "dead at scene." R2's "Certificate of Death Worksheet" documents a date of death of 8/10/22. The cause of death documented is "Acute Hypoxic Respiratory Failure" and "Choking on Food Bolus." The facility policy titled "Menus" (revision date 2016) documents that "Menus shall be followed which have been written, reviewed for nutritional adequacy and approved by a Registered. Licensed Dietician in compliance with Federal and State Regulations and consistent with Standards of Practice on nutritional care." (AA)

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