Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ COMPLETED IL6006548 B. WING 08/24/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 S SCOTT STREET HELIAHEALTHCARE OF NEWTON **NEWTON, IL 62448** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETS (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Health Survey S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b)4 300.1210d)2 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. 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 Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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8/18/22.

fluids," to "provide physical assistance for meals"

There was no reproducible evidence presented from the facility that weight loss had been addressed in R9's care plan as an issue prior to

and "provide supplements as ordered."

R9's Physician's Order for August 2022

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2. R10's Care Plan documents an admission Illinois Department of Public Health

monitor.

supplement 2x daily. Recently went hospice care.

Related to weight loss and varied intakes. receives super cereal at breakfast. Continue to

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
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HELIA HEALTHCARE OF NEWTON 300 S SCOTT STREET NEWTON, IL 62448							
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S9999	Continued From page	age 5	S9999				
	R10's room to wake to eat her lunch. R1	e her up and encourage R10 10's tray went back to the both days on 8/15/22 and					
	weights: 125lbs in F 4/1/22, 118lbs on 5/ 115lbs on 7/1/22. Th R10 had a 6lb weigh	ord documents the following February 2022, 121lbs on /1/22, 118.6lbs on 6/1/22, and hese records document that th loss in 4 months and a 10lb ebruary 2022 (8% loss in 6					
	date of 5/14/21 and I not limited to: Parkin Unspecified dementi (Admission), Unspeci Depression, unspeci unspecified, Essentia	ial (primary) hypertension, ma, Anemia, unspecified		55			
	C that R12 has a BIN can communicate, but and long term memo documents in Section	/22/22 documents in Section MS score of 8, indicating R12 but has impaired short term ory. This same MDS on G, Eating, that R12 is person with her meals.					
6 8 8 8 6 8 7	category of "Nutrition 8/18/22 and states "F weight loss. Currently supplements. Has de food and fluid intake. poor intake, Parkinso macular degeneration hypoparathyroidism, a	o documents a problem nal Status" with a start date of Resident has experienced ly on mechanical soft diet with entures. Relies on staff for . Other factors may include on's, dementia, glaucoma, on, depression, hallucinations, anemia." Approaches dated ncourage oral intake of food					

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