

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004691	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/16/2022
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NAME OF PROVIDER OR SUPPLIER MASON POINT	STREET ADDRESS, CITY, STATE, ZIP CODE ONE MASONIC WAY SULLIVAN, IL 61951
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(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		
	Annual Licensure and Certification			
S9999	Final Observations	S9999		
	<p>Statement of Licensure Violations:</p> <p>300.610a) 300.1010h) 300.1210b)4) 300.1220b)2)3) 300.2040d)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1010 Medical Care Policies</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or</p>		<p style="text-align: center;">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>manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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:</p> <p>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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.2040 Diet Orders</p> <p>d) The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical record.</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to provide feeding assistance, weight monitoring and meal intake</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>monitoring for a resident This failure affects one resident (R26) of a sample of 33. This failure resulted in R26 sustaining an 11.6 percent unplanned significant weight loss over a six-month period.</p> <p>Findings include:</p> <p>R26's face sheet documents R26 was admitted to the facility on 11/3/16. R26's physician progress notes dated 1/25/22 document the following ongoing diagnoses: Alcoholic Cirrhosis, Anxiety, Chronic Kidney Disease, Constipation, Depression, Gastroesophageal Reflux Disease, Osteoporosis, Hypertension, Depressive Psychosis and Senile Dementia.</p> <p>R26's Minimum Data Set dated 12/9/21 documents, "Resident Eating: one-person physical assist at all times."</p> <p>On 2/14/22 at 1:37PM, R26 was sitting in a positioning chair in the common area. R26's lunch was sitting on a tray in front of R26 and had not been eaten. No self feeding nor assistive feeding was seen. No fluids were within reach of R26. V10 Certified Nursing Assistant stated, "(R26) feeds herself."</p> <p>On 2/15/22 at 1:27PM, R26 was sitting in a positioning chair with lunch in front of R26. R26 was picking at the meal with R26's fingers. R26 was getting little to R26's mouth.</p> <p>On 2/15/22 at 3:45PM, R26 was sitting in a positioning chair with lunch in front of R26. Over 90 percent of meal remained on the tray.</p> <p>On 2/16/22 at 9:44AM, R26 was in the common area attempting to feed self while positioned with</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>seat laid back, legs up and head trying to push up to scoop food into mouth using fingers to get food from the tray to R26's mouth. V12 C.N.A. stated, "R26 feeds herself. We just help her sometimes."</p> <p>On 2/15/22 at 11:00AM, the February meal intake sheet and February report of monthly weight forms provided by V10 Certified Nursing Assistant (CNA) were blank. V10 CNA stated, "We haven't documented intakes or done weights this month. Weights are supposed to be done by the 5th of the month and meals are supposed to be documented daily." On 2/15/22 at 1:43 PM, V5 Dietary Manager stated, "I would expect everyone to be weighed by the 10th of the month and for intakes to be recorded daily. I haven't had time to oversee this."</p> <p>R26's Registered Dietician note dated 12/15/21 documents, "Weight down 6.7 percent in last 30 days. Weight at 98 pounds." Supplement ordered for increased calorie content.</p> <p>R26's weight sheets document July 2021 weight at 108.4 pounds and January 2022 weight at 96 pounds, resulting in a significant, 11.6% weight loss, in six months.</p> <p>R26's physician progress notes dated 1/25/22 document, "Weight loss and hypoalbuminemia. Continue supplement three times per day."</p> <p>R26's undated Care Plan does not document weight loss, need for assistance to eat, nor interventions to prevent unintended weight loss.</p> <p>The facility Resident Weight Monitoring Policy revised date 9/08 documents, "Nursing weighs all residents by the 10th of each month. Weights are recorded by nursing staff on the Report of</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Month Weight form. Significant changes in weights are documented in the care plan with goals and approaches/interventions listed."</p> <p>On 2/16/22 at 11:22AM, V2 Director of Nursing stated that V2 DON would expect that staff would be assisting R26 to eat and drink and monitoring R26's intakes and weights to prevent further unintended weight loss. "We will be putting (R26) on an assistance plan."</p> <p>(B)</p>	S9999		