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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 08/17/2023	
		IL6009989				
NAME OF PROVIDER OR SUPPLIER STREET AD			DDRESS, CITY, STATE, ZIP CODE			
	N LIVING AND REHAE	OREGO!	ITH 10TH STR N, IL 61061	EET		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF COI PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		SHOULD BE	
S 000	Initial Comments		S 000			
	Annual Licensure S	urvey				
S9999	Final Observations		S9999			
×	Statement of Licens	sure Violations:				
	300.1210b) 300.1210d)2) 300.1210d)6) 300.2040b)2)					
5	Section 300.1210 G Nursing and Person	Seneral Requirements for al Care		9.		
=	care and services to practicable physical, well-being of the resi each resident's composant cand personal care care and personal care	hall provide the necessary attain or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident.				
f	nursing care shall inc	ubsection (a), general clude, at a minimum, the practiced on a 24-hour, asis:				
	c) All treatments administered as orde	and procedures shall be red by the physician				
to a n th	o assure that the res s free of accident ha ursing personnel sha	precautions shall be taken idents' environment remains izards as possible. All all evaluate residents to see teives adequate supervision vent accidents		Attachment A Statement of Licensure 1	Violations	

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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 B. WING IL6009989 08/17/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 811 SOUTH 10TH STREET **OREGON LIVING AND REHABILITATION CENT OREGON, IL 61061** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 Section 300,2040 Diet Orders b) 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 observation, interview, and record review the facility failed to ensure mechanically altered diets were the appropriate consistency. This failure resulted in R10 requiring emergency care after choking on pizza. This applies to 1 of 19 (R10) residents reviewed for mechanically altered diets in the sample of 19. The findings include: The facility face sheet for R10 shows diagnosis to include chronic obstructive pulmonary disease. dysphagia and history of cerebral infarction. The facility assessment dated 4/14/2023 shows R10 to be cognitively intact and requires limited assistance with eating. The Physician Order Sheet dated April 2023 shows R10 was ordered a mechanical soft texture diet. A nursing progress note dated 4/15/2023 shows R10 was feeding himself his dinner and was heard by staff to be coughing and spitting out mucous and pieces of pizza. The note goes on to show R10 was breathing but his airway sounded constricted, so the Heimlich maneuver was attempted with no success. 911 was called and R10 was taken to the hospital. A second note

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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 B. WING IL6009989 08/17/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 811 SOUTH 10TH STREET OREGON LIVING AND REHABILITATION CENT **OREGON, IL 61061** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 later that same day shows the emergency room staff reported to the facility the emergency medical services (EMS) team used forceps to remove a piece of pizza from R10's throat and R10's breathing was much better. R10 was being admitted to the hospital for observation. On 8/16/23 at 4:33 PM, V10 Certified Nursing Assistant (CNA) said she was watching the residents eat in the dining room that night. V10 said all the residents received pizza for dinner and the pizza was very crispy and a lot of the residents were needing help getting it cut up so they could chew it. V10 said she heard R10 coughing and was spitting out phlegm and pizza. V10 said R10 told her he was fine, but she went and got the nurse anyway. V10 said it sounded like his airway was obstructed but was still breathing. V10 said the nurse did preform the Heimlich but no food came out. 911 was called and R10 was taken to the hospital. V10 said she talked with the cook that night after the incident and he told her that the pizza got too crispy when he cooked it. On 8/16/23 at 2:14 PM, V9 cook said, "I was the cook serving the food that night and R10 was on a mechanical diet. The menu showed to serve the pizza softened. The menu's never say to cut up the mechanical soft meals. I used the convection oven for the pizza, and it crisped it up real nice. In hindsight the pizza was to firm for his needs, I'm used to working in restaurants". On 8/16/23 at 1:28 PM, V3 Dietary Manager (DM) said the facility no longer serves pizza to the residents. V3 said the pizza was too difficult to chew for R10 and should have been cut up for him.

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The follow up Physician note dated 4/24/2023 shows R10 was sent to the hospital on 4/15/2023 for an aspiration event and a foreign body was removed. R10 was treated with antibiotics and evaluated by speech therapy.

throat. R10 was admitted to the hospital for

The facility menu for 4/15/2023 shows pizza was served to the residents. The menu for the residents eating a mechanical soft diet shows moist pizza with ground meat. The recipe for sausage pizza provided to me by the facility shows using biscuit mix, add water and form a crust and place into pans. The directions goes on to show to bake the pizza in a conventional oven.

observation.

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