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 IL6002141 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2304 C R 3000 N **COUNTRY HEALTH** GIFFORD, IL 61847 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 Initial Comments S 000 **Annual Licensure Survey** \$9999 Final Observations S9999 Statement of Licensure Violations 1 of 2: 300.610a) 300.1210b) 300.1210d)1)2)3) 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 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. Attachment A Statement of Licensure Violations d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following

Illinois Department of Public Health

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

TITLE

(X6) DATE

PRINTED: 11/26/2023 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 _ IL6002141 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2304 C R 3000 N **COUNTRY HEALTH** GIFFORD, IL 61847 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 1 S9999 and shall be practiced on a 24-hour. seven-day-a-week basis: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide effective pain control and positioning aids for R50. The facility also failed to follow physician orders for R44. R44 and R50 are two of two hospice residents reviewed from a total sample list of 36. These

Findings include:

1.) The facility "Hospice Patient Care" Coordination Policy" dated 7/2005 documents that coordination of care and services will be completed between the facility and the Hospice provider using the interdisciplinary process of the facility.

failures resulted in R50 experiencing uncontrolled pain by grimacing, moaning, and closing her eyes while wound treatments were performed on a stage three and an unstageable wound.

The facility provided, the hospice company agreement dated 2/7/22, documents "Hospice

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	providing medical d the Hospice Patient including spiritual, d social work, therapy and drugs necessar symptoms associate and related condition	iding but not limited to; irection and management of , nursing, counseling, ietary and bereavement; as needed, medical supplies by for the palliation of pain and ed with the terminal illness ns."					
	diagnosis of Alzhein minimum data set d severe cognitive im R50's physician ord a regular diet with p physician orders dat	ner's dementia. R50's ated 8/21/23 documents					
		ers document and order enol 325 milligrams x 2 for					
		ent dated 9/6/23 documents e rated by staff of a 5/10.					
,		ers dated 9/2/23 document nges daily on R50's coccyx			9 9		
		ers dated 9/8/23 documents lry dressing twice daily on ght ankle.					
	common area in a re head raised approxi	M, R50 was sitting in the eclining wheelchair with R50's mately six inches off the thing supporting R50's head.				į	
		M, R50 was observed lying in issed approximately three					

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On 9/13/23 at 9:05AM, V3 stated, "I've been asking hospice for a couple of weeks for better pain control for (R50). She is definitely in pain. I can tell from the grimacing. We have Tylenol for her, but that just isn't enough."

to breathe heavier and moaned.

dressing was applied into the coccyx wound, R50 grimaced and began breathing more rapidly. R50's unstageable right ankle wound was full of slough and a black spot. When this wound was cleansed, R50 grimaced, closed her eyes, began

On 9/13/23 at 9:10AM, V2 (Director of Nursing) said that there was a new hospice nurse for the facility and that the hospice company wasn't responsive to facility requests. "I don't know why we didn't contact the Medical Director and I don't know why they didn't give us a comfort pack with morphine."

On 9/13/23 at 9:15AM, V1 (Administrator) said that the facility does not fill the hospice comfort kits which include Morphine unless the resident

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Nurse) stated R44 has an order to wear

compression hose for edema and R44 has been compliant with wearing them. V20 stated no one has reported to V20 on 9/11/23 or 9/12/23 that R44 refused to wear the compression hose. V20 stated V20 will have a Certified Nursing Assistant

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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 IL6002141 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2304 C R 3000 N **COUNTRY HEALTH** GIFFORD, IL 61847 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 6 S9999 S9999 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. d) 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to identify significant weight loss, prevent significant weight loss. develop/implement a care plan including interventions for weight loss, implement nutritional interventions/recommendations, timely implement physician's orders, and report significant weight loss to the physician and registered dietitian for two of five residents (R45,

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9/7/23. There are no documented weights

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dated 6/19/23 completed by V23 (Speech Therapist) documents R45 received speech therapy from 5/10/23-6/19/23. R45 has limited intake, avoids therapy, and would benefit from a

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vomiting associated with reflux, currently

lb. weight loss since admission, receives nutritional supplement 60 ml twice daily, and intakes vary 25-75%. Orders include decreasing

asymptomatic, and denied esophageal/abdominal discomfort. This note documents R45 had a 9.6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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	daily with ongoing medication will be to scheduled visit and supplement to 90 m. R45's Progress Not by V24 (Nurse Practivas evaluated for ploss. R45 reported much, and vomiting documents nursing worsened when R44 approximately 1-2 ntherapy recomment V24 gave orders to to three times daily nutritional supplement obtain Complete Medicomplete Blood Colron/Total Iron Binding Thyroid Stimulating weights. This note in uploaded into R45's 8/29/23. V24's order	increase the nutritional all three times daily. e dated 8/28/23 and recorded titioner/NP) documents R45 ersistent GI issues and weight having reflux daily, not eating after meals. This note staff feels R45's problems 5's Carafate was decreased nonths ago, and speech ded referral for GI consult. increase R45's Carafate back before meals, increase ent 90 ml three times daily, etabolic Panel (CMP), unt (CBC), B12 Level, ng Capacity (TIBC), and Hormone (TSH), and weekly is documented as being electronic medical record on ers from 8/28/23 were not 1/6/23 and R45's CMP was not					
	7/10/23 R45 was ev was trending weight and there were no re On 8/4/23 dietary no significant weight los not like R45's diet, continue to monitor. of nausea. On 8/18 not like R45's diet at	s document the following: On valuated by the dietitian, R45 loss that was not significant, ecommendations at that time. It is stated to the state of the second that R45 triggered for a secont the secont supplements, and On 8/17/23 R45 complained of the second that R45 does not intake the second that R45 does not intake the second that R45 does not second that R45 does					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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	issues. On 8/21/23 V24 NP was notified if GI consult approp at 11:27 AM R45 re increase in Carafate nausea. On 9/11/23 evaluated R45 and milligrams (mg) dail	R45 reported GI issues and d of GI consult. V24 to decide riate at this time. On 9/11/23 ported feeling better since the e last week and denied any 3 at 1:32 PM V24 NP ordered Zofran (antinausea) 4 y 30-60 minutes before lunch, supplement to 120 ml three					
	Assistant/CNA) state been good, and R45 stomach is upset.	i PM V21 (Certified Nursing ed R45's appetite has not 5 says R45 is full or that R45's /21 stated R45's appetite adual over the last few					
	stated V1 (Administ Preventionist), and V24's orders from (V24's visits. V4 star given to the nurses was an issue with V being implemented person was viewing orders to "disappear (electronic record sy August was not resu was missed. Yester the CMP, and it is so 9/14/23. V4 confirm consult since R45 a stated V24 increase orders for laboratory R45's electronic me	V4 have access to obtain electronic record system) after ted V24's orders are then to implement. V4 stated there 24's orders on 8/28/23 not due to an unidentified staff the orders which caused the "and no longer show up in stem). The CMP ordered in shmitted by V24, and therefor day V24 resent the order for cheduled to be drawn on led R45 has not had a Gl dmitted to the facility. V4 d R45's Carafate and gave stests on 8/28/23. V4 stated dical record system did not	,				
	why it was not code	cant weight loss and that is d correctly on R45's MDS, 45's care plan was not					

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COUNTR	RY HEALTH	2304 C R	, IL 61847				
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	updated to reflect s interventions.	ignificant weight loss and new					
	On 9/12/23 at 2:53	PM V2 (Director of d there was an issue with					
	V24's orders not be	ing implemented, and last that from now on V24					
	communicate V24's or V2. V2 stated pr	orders verbally to the nurses ior to that, V3 or V4 were					
3	obtaining V24's orders from (electronic record system). V2 stated V25 (Registered Dietitian/RD)						
	ask V25 on V25's p	ity yesterday, and V2 had to rocess for communicating tions to the facility. V2 stated					
ý.	V25 sends V25's re	commendations by electronic in 9/12/23 at 3:38 PM V2					
	stated V2 followed up and V25 was not sending V25's recommendations to V2. V2 stated both						
	V2 is now going to I	v to their positions. V2 stated have V25 send the o V28 (Dietary Manager). V2					
	stated there was a lot of changes in both the nurse management and dietary departments. V2						
	loss), and V28 has	y staff for this area (weight been working as a cook a lot ed R45 was referred to V24					
	on 8/21/23 regardin	g the GI consult. V2 stated ocumentation of the				3	
	consults/referrals.						
2	employment began	AM V25 (RD) stated V25's as of July 2023 and V25 last					
	(Dietary Manager) p	ty on 9/11/23. V25 stated V28 provides a list of weights, nanges, and new admissions					
	for V25. V25 stated	V25 reviews the weights resident's electronic medical					
	record. V25 stated	V25's visits and evaluations ess note in the resident's					
		ecord. V25 stated V25 and					

PRINTED: 11/26/2023 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:** A. BUILDING: _ COMPLETED B. WING IL6002141 09/13/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2304 C R 3000 N COUNTRY HEALTH GIFFORD, IL 61847 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 14 S9999 the physician should be notified of significant weight loss. V25 stated V25 sends V25's recommendations to the administrator, dietary manager, and DON at the end of V25's visits via electronic mail. V25 expects V25's recommendations to be implemented within a week, about the time it takes for physician approval. V25 confirmed that the sooner the recommendations are implemented, the sooner it could help with weight stabilization. V25 was asked if V25 would have recommended anything additional for R45's weight loss after 7/10/23. V25 stated if V25 had been notified, V25 would have increased R45's nutritional supplement to three times daily since R45 continued to have further weight loss and decreased appetite. V25 stated if the electronic medical record did not flag R45's significant weight loss, then that is likely why V25 missed it. V25 stated residents should be weighed at least monthly and weekly for four weeks if trending weight loss, and if the weight does not stabilize then weekly weights should be continued. On 9/13/23 at 10:24 AM V22 (SLP) stated R45's speech therapy treatments focused on swallowing and possibly improving intakes. V22 stated R45 admitted on a certain type of diet and has not consumed a lot historically. V22 stated

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further by a GI specialist.

V22 was trying to assess the best way to meet R45's nutritional needs and V22 recommended a GI consult, and this was reported to the floor nurse that day. V22 stated V22 thinks R45's issue is more of a GI issue rather than a speech therapy issue, and V22 could benefit from a GI consult. V22 stated R45 reported feeling nauseated and not wanting to eat due to feeling like R45 will vomit. V22 stated that is not a Dysphagia symptom and needs to be investigated

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weight loss.

implemented within 24 hours. V24 stated R45's nutritional supplement was increased and R45 likes the supplement. V24 stated R45 was last evaluated by GI on 4/20/22 and V24 wanted to evaluate R45's laboratory results and response to medication changes prior to referring R45 to a GI specialist. V24 stated increasing R45's nutritional supplement sooner (prior to 9/6/23) could have stabilized R45's weight and prevented additional

2.) R83's Care plan initiated 8/10/23 documents the following diagnoses: Gastroesophageal Reflux Disease (GERD), Chronic Peptic Ulcer, Depression, Abdominal Pain, Dementia, and Anxiety. R83 is at risk for altered nutrition due to diagnosis of dementia, reflux disease. This Care Plan also documents "R83 is on a regular diet, self feeds to some extent but needs verbal cues

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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	and reminders to ea supervised dining ro	at, will eat meals in the port of the port					
	on 8/10/2023 R83 w On 8/16/202 R83 w -4.97 % (percent) w	ital Signs record documents reighed 104.6 lbs. (pounds). eighed 99.4 pounds which is a eight loss in six days. There is the physician was ever it loss.					
	dated 8/14/23 by V2 documents 85-year-Regular Diet. Ht 62 100.4# (pounds), 8/ admission, Body Ma for age. Intakes 50-per nursing notes. per nursing notes. Limits with glucose reviewed. Skin: Lef other red or open ar (R83) at nutrition ris and decreased apper Dementia, GERD, F Peptic Ulcer Diseas Recommend adding supplement) twice and healing. Diet w meet estimated neemeet estimated neemeet estimated neemeet continue to honor a Providing milk twice daily. Continue to o intakes less than 50 encourage fluids an resident's right to resident's right resident re	ietitian Admission Assessment 25 (Registered Dietitian) -old resident admitted on a " (inches) Weights: 8/4 10 104.6# -4.2# since ass Index 18.4-under weight -75% with improvement noted (R83) is independent at meals Labs: 8/23 Within Normal 129(High). Medications: a femur incision treated, no reas noted per nursing notes. A for unavoidable weight loss edite due to diagnoses of ractured Femur, Amnesia, and Advanced Age. If (frozen nutritional laily due to weights, intakes, ith supplement adequate to ds with 50-100% of meals to ds to maintain/gain weight, ny food preferences noted. In daily and Vitamin C juice a fer Menu Alternative when a treated and treated futrition. Continue to monitor in the side of the supplement adequate to distance of the supp					

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