Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6008346 B. WING 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **TAG** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) S 000 Initial Comments S 000 **Annual Health Survey** \$9999 Final Observations S9999 Statement of Licensure Violations 300.1210b) 300.1210c) 300.1210d)2 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 2) All treatments and procedures shall be administered as ordered by the physician. Attachment A Statement of Licensure Violations These Requirements were NOT MET as evidenced by:

Illinois Department of Public Health

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

TITLE

(X6) DATE

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: IL6008346 B. WING 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 Based on observation, interview, and record review the facility failed to consistently and accurately weigh residents and ensure residents with a history of weight loss received ordered supplements with meals for 4 of 13 residents (R70, R90, R94, and R96) reviewed for nutrition status in a sample of 49. This failure resulted in R70 who had a history of severe weight loss continuing to have an 10% (significant weight loss) in the past six months. Findings include: 1. R70's face sheet documented an admission date of 11/12/21 and diagnoses including: Alzheimer's disease, schizophrenia, generalized anxiety disorder. R70's 12/9/22 MDS (Minimum Data Set) documented a BIMS (Brief Interview for Mental Status) score of 2, indicating severe cognitive impairment. R70's Physician Orders documented: 8/23/22 order for whole milk at all meals, 8/23/22 order for add 2 butters to hot vegetables at lunch and supper, 12/31/22 order for give ice cream or sherbet at lunch and supper. R70's nutritional risk care plan start date 11/12/21 documented interventions: 8/23/22 whole milk served at all meals, 6/1/22 give ice cream or sherbet at lunch and supper, 8/23/22 add butters to hot vegetables at lunch and supper. R70's unnamed weight log printed 1/31/23 documented weights as: 2/21/22 165.0 pounds, 3/9/22 165.4 pounds, 4/10/22 154.4 pounds. 5/9/22 154.2 pounds, 6/10/22 149.8 pounds. 7/7/22 151.2 pounds, 8/15/22 148.7 pounds, 8/29/22 149.2 pounds, 9/5/22 150.6 pounds. 10/3/22 146.5 pounds, 10/10/22 144.4 pounds, 10/17/22 143.9 pounds, 10/25/22 144.9 pounds. 10/31/22 142.6 pounds, 12/10/22 140 pounds.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ **B. WING** IL6008346 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) -TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 2 S9999 1/11/23 139.4 pounds, 1/29/23 136 pounds. This represents an approximate 8.54% (Significant weight loss) in the previous six months. R70's 6/29/22 progress note made by V4 Registered Dietitian (RD) documented in part "...RD Wt (Weight) Note:.. Wt: 6/10 149.8#... resident is showing a wt loss of 9.4% in 3 months (3/9 165.4#), loss of 13.7% in 6 months (121/5 sic. (12/5) 173.6#) ... remains on regular diet with ice cream/ sherbet at lunch and supper ... suggest to change milk served to whole and add 2 butters to hot vegetables at lunch and supper for added calories ..." R70's 8/21/22 progress note made by V4 (RD) documented in part " ... RD Wt Note: ... WT: 8/15 148.7#... resident showing loss of 10% in 6 months (2/21 165#) ... remains on diet plan of regular with ice cream or sherbet at lunch and supper ... at this time will suggest to please add weekly wts to monitor weight fluctuations and change milk served to whole and add 2 butters to hot vegetables at lunch and supper for added calories" R70's 1/26/23 progress note made by V5 (RD) documented in part " ... RD Weight Review ... WT- 139.4#... Resident is showing a gradual weight loss over the past 6 months (148.7# on 8/15/) ... (R70) does have pertinent dx (diagnosis) of Alzheimer's and Schizophrenia, on Clonazepam and Risperidone which can affect intakes and weights ... She is confused at all times, often wandering all around facility which can also contribute to weight decline (increase energy expenditure) ...supplements/ supplemental foods in place to add extra calories. Current order: whole milk at all meals, 2 butters to hot vegetables at lunch and supper ... ice

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: IL6008346 B. WING 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) (D 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 CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 cream or sherbet at lunch and supper ..." On 1/24/23 at 1:07 PM, R70 was sitting in the dining room and was served a noon time meal tray with chicken, rice, broccoli and cheese, tea, coffee, and pureed fruit. No butter or ice cream was served to R70. R70's ice cream was observed to be in a bag at the serving station with R70's name on it. On 1/26/23 at 1:16 PM, R70 was sitting in the dining room and was served the noon time meal consisting of Meat loaf, hashbrowns, green beans, dinner roll, apple sauce, lemonade, tea, ice cream, and one pat of butter open by her plate but not used. No milk was served to R70 and no butter was put on her hot vegetables. R70's 1/26/23 meal ticket documented in part "ice cream or sherbet; 2 pats butter to hot vegetables ... whole milk ..." On 1/26/23 10:58 AM, V5 (RD) said if R70 did not receive the two pats of butter to hot vegetables. ice cream, and whole milk R70 would not have received approximately 300 calories. V5 said if staff are not serving all the ordered items to residents it could contribute to weight loss. V5 said R70 has had a gradual weight loss over a period of several months. V5 said she expected all staff to follow the resident's diet orders. 2. R94's face sheet documented an admission date of 7/27/22 and diagnoses including: memory deficit following unspecify cerebrovascular disease, secondary hypertension, hyperlipidemia muscle weakness, vitamin B12 deficiency anemia. R94's 10/28/22 Minimum Data Set (MDS) documented a Brief Interview for Mental Status (BIMS) score of 5, indicating severe

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED. A. BUILDING: **B. WING** IL6008346 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL. 62946 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 4 S9999 cognitive impairment. R94's Physician Orders documented a 1/25/23 order for 2 pats of butter to vegetables at noon and supper meals. R94's Nutritional Risk care plan with a start date of 7/27/22 documented interventions: 7/27/22 diet as ordered. R94's unnamed weight log printed 1/31/23 documented: 7/27/22 185 pounds, 8/1/22 188.4 pounds, 9/5/22 191.2 pounds, 10/10/22 184.1 pounds, 11/7/22 184.9 pounds, 12/10/22 182 pounds, 1/12/23 165.8 pounds, 1/25/23 164 pounds. R94's 1/26/23 meal ticket documented in part " ... 1ea (each)/ 1 tsp (teaspoon) - Dinner Roll/ Margarine ... 2 pats of butter on hot vegetable ..." On 1/26/23 at 1:23 PM, R94's noon time meal of meat loaf, hash browns, green beans, a dinner roll, and applesauce was delivered to his room with only one pat of butter on his tray. On 1/26/23 at 1:53 PM, V7 Certified Nurse's Assistant (CNA) reviewed R94's 1/26/23 noon meal ticket with the surveyor and said R94 should have received two butters on his noon time meal tray. On 1/26/23 at 3:40 PM, V5 (RD) said on the 1/26/23 noon time meal R94 should have received three pats of butter (1 for the dinner roll and 2 on the hot vegetables.) On 1/27/23 at 2:12 PM, V4 (RD) said the intervention of adding 2 pats of butter is ensured by watching meal service. V4 said the staff member delivering the resident's tray is responsible for ensuring residents with an order for 2 pats of butter on hot vegetables has the

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 IL6008346 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 butter delivered. On 1/31/23 at 12:06 PM, V5 (RD) was asked why there was no RD review note when R94 had a 7.1 pound weight loss (3.7%) from 9/5/22 at 191.2 pounds to 10/10/22 at 184.1 pounds V5 responded she did not know why there was no RD review. V5 said the RD will run a weight report to review all monthly and weekly weights in the facility and any changes will be captured in that report. V5 said she was not familiar with R94 and if weight fluctuations were normal and if a 3.7% loss in a month would require a RD review. R94's 1/25/23 progress note from V5 (RD) documented in part " ... RD Weight & Quarterly Review ... Wt (weight) 165.8# (pounds) (1/12) ... Resident is showing significant weight loss of 10.4% x 6 months (185# on 7/27) and 9.9% x3 months (184.1# on 10/10). Staff shared with RD an updated wt from today (1/25)- 159.6# which represents some further weight loss ... Due to weight loss, would recommend starting ... adding 2 pats of butter to hot vegetable sides at lunch and supper for extra calories. Monitor weights and intakes: Refer to RD as needed. R94's Progress noted dated 1/26/23 at 7:02 AM documented in part " ... RD reviewed weights for (R94) and suggested added 2 pats of butter to hot vegetables and health shake at Breakfast, Dr. (Doctor) notified and approved new orders. Tray card and snack list has been updated ..." The facility's October 2017 Therapeutic Diet policy documented in part " ... 2. A therapeutic diet must be prescribed by the resident's attending physician (or non-physician provider). The attending physician may delegate this task to a registered or licensed dietitian ... 4. A

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: IL6008346 B. WING 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (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 **DEFICIENCY**) Continued From page 6 S9999 "therapeutic diet" is considered a diet ordered by a physician, practitioner or dietitian as part of treatment for a disease or clinical condition, to modify specific nutrients in the diet ... " 3. R76's face sheet documents a date of admission to the facility on 5/5/21. This same face sheet documents R76 has diagnoses including vascular dementia with behavioral disturbance, other schizophrenia, and anxiety disorder. R76's MDS (Minimum Data Set) dated 1/13/23 documents a BIMS (Brief Interview of Mental Status) score of 99, indicating R76 has severe cognitive impairment. Section G of the same MDS notes that R76's self-performance for eating is extensive assistance and support given is one- person physical assist. The same MDS notes that for transfers, walk in room, walk in corridor, locomotion on and off unit, R76's support provided is extensive assistance and one-person physical assist. R76's MDS also notes that she uses a wheelchair as a mobility device and her balance during transitions and walking is not steady, only able to stabilize with staff assistance. On 1/31/23, V1 (Administrator) said that R76 uses a wheelchair and requires staff assistance but R76 is also impulsive and will get up without asking for assistance, V1 said that R76 has an unsteady gait. R76's care plan with a start date of 5/5/21 documents a focus area of Nutritional Risk, with history of refusing some meals, diabetic, low Vitamin D. The goal listed on the same care plan is to maintain or improve weight and health status. Some of the interventions listed on R76's care plan include diet as ordered, encourage oral intake, provide non-distracting eating

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: IL6008346 B. WING 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG - DEFICIENCY) S9999 Continued From page 7 S9999 environment as needed, weights as ordered. R76's Physician Orders List documents an order dated 5/6/21 for LCS (low concentrated sweets), NAS (No added salt), mechanical soft diet. This document also notes an order dated 6/19/21 for weekly weights. On 1/32/23 at 9:35am, V1 said that the 6/19/21 order for weekly weights should have been discontinued and the original order should have said weekly weights times 4, then monthly, and then only back to weekly when the RD (Registered Dietician) recommends them, V1 said this is how they do all admissions. The same physician order list documents an order on 12/16/22 for whole milk with meals, add ice cream to supper and on 1/26/23 to add 2 pats of butter with hot vegetables, health shakes BID (twice daily) between meals. R76's Vital Sign Grid documents that on 1/29/22. R76 weighed 129.6 pounds (lbs) and approximately one year later on 1/25/23, R76 weighed 118 lbs. R76 was sometimes being weighed weekly and sometimes monthly during this time frame. R76's vital sign grid documents the following additional weights: 01/08/22: 129.2 lbs 01/11/22: 140.2 lbs 01/15/22: 126.4 lbs 01/29/22: 129.6 lbs 05/09/22: 131 lbs 06/10/22: 119 lbs 06/23/22: 138 lbs 07/07/22: 134.8 lbs 08/15/22: 149.1 lbs 10/29/22: 147.8 lbs 11/07/22: 123.8 lbs

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008346 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES 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 CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 8 S9999 11/19/22: 126.9 lbs 12/10/22: 128.3 lbs 12/26/22: 120.1 lbs 12/31/22: 116.8 lbs 01/11/23: 116 lbs 01/25/23: 118 lbs 01/29/23: 127 lbs R76's progress note written by V4 (Registered Dietician/RD) documents on 10/29/22, "RD Quarterly Nutritional Review:" HT (height) 63", WT (weight) 10/10 147.8#, BMI (Body mass index) 26.3 noted that HTN (hypertension), anxiety disorder, T2DM (type 2 diabetes mellitus) schizophrenia, h/o (history of) UTI (urinary tract infection) noted with medication of: Aricept, HCTZ (hydrochlorothiazide), quetiapine, ativan, levothyroxine, escitalopram, melatonin. pravastatin, metformin and others, is tolerating a diet plan of NAS (no added salt), LCS (low concentrated sweets) mechanical soft with intakes reported around 50-100%. Resident is reported to eat in the main dining area and feeds herself. Wts (weights) are showing gradual increase in the last 6 months and currently stabilizing round 147-149#, Present wt range is within desirable per BMI ... at this time diet plan remains appropriate and no changes requested. Refer to RD as needed. R76's Vital Sign Grid documents the next weights after the 10/29/22 RD Quarterly Nutritional Review were on 11/7/22 (123.8 lbs) and 11/19/22 (126.9 lbs). This shows a 24 pound weight loss in 9 days, from 147.8 lbs on 10/29/22 to 123.8 lbs on 11/07/22. R76's progress note documents on 11/25/22 "RD wound/wt Review:" HT: 63", WT/CBW (weight/current body weight): 126,9#, BMI: 22,5 resident is reviewed related to showing significant wt loss 14.1% in last month (10/10 147.8#) and

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: IL6008346 B. WING 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$9999 Continued From page 9 S9999 loss of 14.9% in the last 3 months (8/15 149.1). ...noted wts had been fluctuating 130-150# range and at this time noted in upper 120# areadiet plan remains on LCS, NAS, mechanical soft and intakes are reported around 100% of meals and fluids around 480ml (milliliters)..at this time will request to please recheck wt and place resident on weekly weights. No change in diet plan at this time with intakes noted ...monitor weekly wts and refer to RD as needed. There is no evidence to show that R76's weight was rechecked at this time. R76's weight grid documents that the next weight after the 11/25/22 recommendation to re-weigh her was 126.2 lbs on 11/30/22. There are no weight's documented again until 12/10/22. R76's progress note by V4 dated 12/15/22 titled "RD WT note" documents HT: 63", WT: 12/10 128.32#, BMI: 22.8 noted that resident is showing wt loss in the last 3 months of 13.9% (8/15 149.1#) ...noted diet plan of mechanical soft LCS, NAS and intakes are around 100% of meals ...at this time will request to please add to weekly wts to monitor and please change milk served to whole and add ice cream to supper for added calories, continue to monitor intakes and wts and refer to RD as needed. R76's weight grid documents the next weights are as follows: 12/26/22 - 120.1 lbs, 12/31/22 - 116.8 lbs, 1/11/23 - 116 lbs and on 1/25/23 - 118 lbs. R76's progress note by V4 documents on 1/25/23 "RD weight/Wound & Quarterly Review": HT: 63", Wt: 116.0#, BMI: 20.55 Resident showing significant weight loss of 13.9% x(times) 6 months (134.8# on 7/7) and 21.5% x3 months (147.8# on 1010/22) ...resident remains on LCS. Mech soft diet with thin liquids. She feeds herself with meal intakes averaging 75-100% per record. For extra calories, resident receives whole milk at

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** IL6008346 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 10 S9999 meals and ice cream at supper. Per discussion with staff, resident is very active. Self propels in wheelchair all around facility. Amount of activity is likely contributing to weight decline and increasing R76's needs ...would recommend adding extra 2 pats butter to hot vegetable sides at lunch and supper and start health shake as snack between meals at 10am & 2pm. Continue rest of nutrition plan monitoring weights and intakes. RD will follow routinely but please consult as needed. R76's diet card dated 1/26/23 documents LCS (low concentrated sweets), dental soft (mechanical soft), thin liquids. The same diet card also notes milk - 4 fluid ounces (oz), #8 dip -Ground Meatloaf w/ (with) gravy, #8 dip/2oz gvy (gravy) - Mashed potatoes and gravy, 4oz spdl (spoodle) - soft country cooked country chpd (chopped) Green Beans - No bacon, 1 ea (each)/1 tsp (teaspoon) - Dinner Roll/margarine, 4oz spdl - cinnamon peaches, 1 cup diet beverage. Additional notes on R76's diet card list to add ice cream, 2 pats butter to hot vegetable, whole milk. On 1/26/23 at 12:15pm, R76 was noted to propel herself to the dining table and remained at the table until her meal was served at 12:30pm. At 12:30pm, R76's meal tray was noted to have cut up meatloaf with no gravy, mashed potatoes with no gravy, green beans without 2 pats of butter, and no dinner roll with margarine, R76 was observed at this time to consume 100% of her meal. On 1/26/23 at 12:30pm, when questioned about R76's diet card, V7 (CNA/Certified Nurse Assistant) stated that they were out of gravy and then went to get 2 pats of butter and put this on

PRINTED: 04/04/2023 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 IL6008346 **B. WING** 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (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) S9999 Continued From page 11 S9999 R76's vegetables. No dinner roll with margarine was ever brought back to R76. On 1/26/23 at 12:35pm, V6 (CNA) said they frequently do not go by the menu. She stated if they are out of something, they substitute it. V6 also said that R76 almost always consumes 100% of her meals and they document her intakes with every meal. On 1/26/23 at 11:17am, V1 (Administrator) stated that the process for weighing residents is that the weekly weights have to be done by Sunday. V1 said that the weights are then sent to the nursing director, and they are reviewed. V1 said if there are any weights that are really "off," they have staff go re-weigh them. V1 said the problem with the weights being off is that V4 (Registered Dietician) thought she would be helpful and enter them without sending them to the nursing director, and that lead to missing weight loss and residents not getting re-weighed. On 1/27/23 at 2:12pm, V4 said she can't explain (R76's) 24-pound weight loss in 1 week. V4 said if there is a weight "really off," she would ask for them (residents) to be re-weighed. V4 said she would not know if weekly weights were not being done usually until the next month when she comes back. V4 said in her notes she says "refer to RD if needed" and therefore would expect the facility to let her know of the weight. V4 said there are a lot of variances with being weighed...type of scale, location, whether they have had a bowel movement, the time of day. V4 said she looks at a trend with weights and if she notices a weight off, she would ask for a re-weigh and if not she would make a recommendation. On 1/31/23 at 8:35am, V1 stated that R76 is

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: IL6008346 **B. WING** 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 12 S9999 eating all the time and gets a lot of snacks. V1 said there is no way R76 lost that much weight in a week (in reference to the 24- pound loss from 10/29/22 to 11/7/22) and should have been re-weighed. V1 stated that they use a wheelchair scale on side 2. It can also be used as a standing scale. V1 said she believes the problem with (R76's) big weight loss in 1 week is due to staff not subtracting the wheelchair when they weigh residents. 4. R96's facility Face Sheet with a print date of 1/27/23 documents R96 was admitted to the facility on 8/19/22 with diagnoses that include chronic kidney disease, anxiety disorder, and nutritional deficiency. R96's MDS (Minimum Data Set) dated 8/19/22 documents a BIMS (Brief Interview for Mental Status) score of 15, which indicates R96 is cognitively intact. R96's current Care Plan dated 8/19/22 documents a focus area of "At risk for fluid imbalance/weight loss." This same care plan includes the following interventions, weights as ordered (8/19/22), two butters to hot vegetables at lunch and supper (8/23/22), whole milk with meals (11/9/22), house shakes with ice cream at 10am, 2pm, and 6pm (11/9/22), add ice cream to lunch and supper (11/9/22), double portions at meals (11/9/22), Boost drink (11/9/22), mirtazapine as ordered for appetite (1/4/23). R96's progress notes documents on 11/26/22. "RD (Registered Dietitian) QUARTERLY REVIEW: HT (height): 68", WT (weight)/CBW (calculated body weight): 121.5# (pounds), BMI (Body Mass Index): 18.5 noted resident for quarterly nutritional review and at this time with dx

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6008346 **B. WING** 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 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) S9999 Continued From page 13 S9999 (diagnosis) of pancreatic cancer w/ s/p (with status post) wipple procedure, COPD (chronic obstructive pulmonary disease), anxiety disorder, depression, HTN (hypertension), medications include: selenium, venlafaxine, bupropion, and others. currently on po (oral) diet plan of regular with thin liquids, whole milk at meals, ice cream at lunch and supper, 2 pats butter to hot vegetables at lunch and supper, double portions at meals along with house shakes with ice cream at 10a/2p/8p. intakes of meals currently 50-75% with fluids around 480 ml (milliliter), noted as of 11/9 tube for feeding was removed, resident wt is to be monitored weekly, at this time wts are showing progressive gain since removal of tube from 116.2# on 11/9 to present wt of 121.5#, no skin or lab concerns reported. also informed that daughter provides resident boost shakes and other snacks for her to keep in her room ... at this time no change in diet plan, continue with weekly wts and refer to RD as needed." R96's Progress Notes dated 12/08/22 documents, "Wound and weight meeting held today. Current weight is 120.9 which is a 1 lb gain from last weight. Current diet is regular with whole milk at meals, ice cream with lunch and supper and health shakes at snack time three times daily. She eats meals in her room independently. Family has provided snacks to keep in her room. She has recently started PT (Physical Therapy) and is more physically active. She will remain on weekly weight monitoring at this time. (Name of physician and family member) are aware of current weight, diet, and treatment plan." R96's progress notes document on 1/25/23 "RD WEIGHT REVIEW: Ht (height)-68", Wt (weight)-112.0#, BMI- 17.03. Resident is showing

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 IL6008346 **B. WING** 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID. PROVIDER'S PLAN OF CORRECTION PRÉFIX (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) S9999 Continued From page 14 S9999 significant weight loss of 7.9% x3 months (121.6# on 10/10) and 7.4% x1 month (120.9# on 12/5). Resident's PMH (past medical history) includes pancreatic cancer s/p wipple procedure, COPD, anxiety disorder, depression, HTN. Hx (history) of J-tube for supplemental tube feedings- removed 11/9 due to consistent tolerance of PO (oral) diet ... No wounds/skin issues. (R96) continues on regular diet as tolerated with thin liquids. She (R96) feeds herself, typically eats in her room and meal intakes vary with average 25-75%- best at supper. She (R96) has reported a poor appetite. She is receiving a variety of supplements and supplemental foods to support her weight. Current orders: whole milk at meals, ice cream at lunch and supper, 2 pats butter to hot vegetables at lunch and supper, double portions at meals, and house shakes with ice cream at 10a/2p/8p. In addition, her daughter brings in snacks and Boost shakes for resident to keep in her room. Due to resident's weight loss and report of poor appetite. she was started on Mirtazapine on 1/4. She feels it is starting to help her feel more hungry and her intakes are showing some improvement. Feel that current nutrition plan is appropriate to support resident's weight, especially with initiation of appetite stimulant. Continue to monitor weights and intakes; RD will follow routinely but please consult as needed." R96's untitled weight report printed 1/27/23 includes the following weights, 8/21/22-119.4 lbs. (pounds), 9/5/22-118.0 lbs., 10/04/22 - 120.6 lbs., 11/07/22- 120.2 lbs., 12/27/22 - 113.2 lbs., 1/11/23 - 112.0 lbs., and 1/25/23 - 114.0 lbs. R96's Vital Signs Grid with a print date of 1/31/23 include the following weights, 11/14/22 - 118.9 lbs., 11/26/22 - 121.5 lbs., 11/28/22- 119.9 lbs., 12/05/22 - 120.9 lbs., 12/10/22 - 120.8 lbs.,

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** IL6008346 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 120 SOUTH LAND STREET SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 15 S9999 12/17/22 - 115.3 lbs., 1/2/23 - 112 lbs., 1/11/23 -112 lbs., 1/29/23 117 lbs. This indicates R96 had a weight loss of 7 pounds (5.8%) from 11/07/22 to 12/27/22 and weight gain of 5 pounds (4.09%) from 1/11/23 to 1/29/23. On 01/24/23 at 9:30 AM, R96 was observed sitting on the side of her bed with a meal tray on her bedside table. R96's tray had partially eaten scrambled eggs and a whole piece of sausage. R96's meal tray also had a bowl of mostly eaten dry cereal. There was a small cup of thick milk shake type drink on R96's tray. There were no other glasses located on R96's meal tray or bedside table. R96 stated she had weight loss, but they had started her on an appetite stimulant. When asked if she preferred to eat her cereal dry without milk, R96 stated she doesn't always get served milk and sometimes she has to ask for it. R96 stated if she asks for it the staff will say they will get it and then never come back. R96 stated she was not served any liquids with this meal other than the shake type drink. On 01/24/23 at 12:59 PM, R96 was served chicken, rice, broccoli with cheese, oranges, and tea. There was no milk on R96's tray. R96 asked for milk and unknown staff returned with a glass of milk. There was no ice cream observed on R96's meal tray. On 01/27/23 at 08:30 AM, R96 was observed sitting on the edge of her bed with a partially eaten breakfast tray in front of her. R96 was eating dry cereal with no milk. There was an empty glass observed on R96's meal tray that appeared to have had milk in it. When asked if she was served milk R96 stated she was but she had drunk it, since she was thirsty. R96 stated they had forgotten to bring her milk at supper on

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 IL6008346 01/31/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **120 SOUTH LAND STREET** SALINE CARE NURSING & REHAB HARRISBURG, IL 62946 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) . COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 16 S9999 1/26/23. When asked if she would like milk for her cereal R96 stated she would. This surveyor reported to the nursing staff passing meal trays R96 would like some milk for her cereal. R96's undated meal ticket documents R96 is to be served a regular diet with 2 pats butter to vegetable (lunch and supper), double portions to meals. Under Notes the same meal ticket documents, "Send ice cream with empty glass. whole milk, 2 pats of butter on hot vegetables, double portions, whole milk all meals." (B)

Illinois Department of Public Health

STATE FORM