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 _ IL6001275 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET **RICHLAND NURSING & REHAB OLNEY, IL 62450** 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** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) **Initial Comments** S 000 Annual Health Survey S9999 Final Observations S9999 Statement of Licensure Violations: 1 of 2 300.1010 h) 300.1210 b) 300.1210 d)3) Section 300.1010 Medical Care Policies 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 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. Section 300.1210 General Requirements for Nursing and Personal Care 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 Attachment A resident to meet the total nursing and personal Statement of Licensure Violations care needs of the resident.

Illinois Department of Public Health

_ABORATORY 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: B. WING IL6001275 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET **RICHLAND NURSING & REHAB OLNEY, IL 62450** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 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: 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. These requirements are not met as evidenced by: Based on record review and interview, the facility failed to ensure residents exhibiting symptoms of urinary tract infections were properly identified, treated, and assessed for medical management for 1 of 1 resident (R3) reviewed for urinary tract infections in a sample of 37. This failure resulted in R3 being hospitalized with sepsis for 4 days. The Findings Include: R3's resident face sheet documents an admission date of 1/13/23, and a date of birth as 11/10/41. This same document includes the following medical diagnoses: bipolar disorder. unspecified psychosis, major depressive disorder, anxiety disorder, unspecified dementia, retention of urine, overactive bladder, cognitive communication deficit, urinary tract infection and constipation. R3's Minimum Data Set (MDS) assessment, dated 1/19/23, documents in section C that R3 has a Brief Interview for Mental Status (BIMS) score of 10, indicating moderate cognitive impairment. Section H of the same MDS assessment documents R3 has an indwelling

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documents, "Resident returned to the facility via

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 IL6001275 02/24/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 900 EAST SCOTT STREET RICHLAND NURSING & REHAB **OLNEY, IL 62450** 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) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 w/c (wheelchair) van with CNA (Certified Nurse's Assistant). Dx (diagnosis) UTI (Urinary Tract Infection) ..." R3's nurse progress note on 2/5/23 at 8:42 PM documents " ...(R3) is very foul and resistive demeanor at this time. Has been resistive to care with staff all day. Has refused her p.o. (by mouth) medication all day as well. Stating to staff 'I'm dead I cannot swallow!' (R3) was diagnosed with a UTI (urinary tract infection) recently in the ED (Emergency Department) at (Name of local hospital). Dut (sic) to her s/s (signs and symptoms) of dementia she has poor memory and possibly cannot understand the importance of taking her medication especially while having an infection. Will notify her PCP (primary care physician), possible change of route of ABT (antibiotic)." February Physician Order Report documents R3 has an order, with a start date of 2/5/23 and ending on 2/13/23 for amoxicillin 875 milligrams one tab twice daily, with administration times of 7:00 AM to 10:00 AM and 3:00 PM to 6:00 PM. ordered by V12. On 2/7/23 at 10:18 AM, nursing progress notes document " ... Foley (catheter) in place with cloudy yellow, strong odor drng (drainage).' On 2/7/23, R3's nursing progress notes at 4:19 PM documents "noted just 50 mL (milliliters) output in catheter drainage bag emptied. Tubing assessment requires resolving a kink in tubing near entry site of cath (catheter). Irrig. (irrigated)

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w (with) 60 mL of NSS (normal sterile saline) et (and) return of 60 mL clear yellow urine via syringe. Cath tubing posi (positioned) to allow proper drainage, note slightly cloudy yellow urine

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NAME OF	PROVIDER OR SUPPLIER	•	DRESS, CITY,	STATE, ZIP CODE		<u></u>	
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	free flowing into dra	ainage bag."		5/			
8	at 1:18 PM "reside	rsing progress note documents nt continues to refuse morning med (medications)	W 5 W	S 10 54	1 2		# # B
	medicine was in m	pat out her medicine once the outh. At lunch the resident did questioned as to why and she	*	# a 90 °	0 5:		# # # # # # # # # # # # # # # # # # # #
38	On 2/9/23 at 2:36 if notes document "ro breakfast and noor incoherently when	PM, R3's nursing progress esident has refused both medications. She is speaking prompted and spits her multiple attempts."	X		# 4 7 4 p		* * *
	notes authored by documents "reside	PM, R3's nursing progress V11 (Wound Nurse) nt is very confused and floor rouldn't eat, take meds or talk		A STEE			
	documents that "re was informed of he is refusing to eat to	3 AM, R3's progress note esident's daughter called and er mother's condition. Resident oday. Medicine administration t spitting out medicine."	0. 0 <u>4</u>		ya		es fo
	note documents "(Spits anything out am meds including but refused supper appearance of dec comprehension wh	PM, R3's nursing progress R3) has eaten very little today. that is offered. She refused all amoxicillin. Took lunch meds meds. (R3) has the lining condition with poor nen spoken to speaking at and at times scattered non	e(<u>1</u>)		a		
5 (1) (4) (5) (5) (5) (5) (5) (5) (5) (5) (5) (5	related conversation	on w (sic) to self." PM, R3's nursing progress	8 5		٧	14	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION ::		(X3) DATE	SURVEY LETED
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	54 7 10	OLNEY, II				201	
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777	medications and fo	od today when offered Mult	777				37
8	(multiple) attempts	at med (medication) admin	36	V			
	(administration) we	ere met w (with) resistance,	15				199
- 1	hitting at nurse, spi	itting on nurse and telling nurse		101			-
10.		"On 2/14/23 at 2:03 PM, R3's		Ę1			
		otes document that a call was			127		
		ighter regarding refusal of	7	**			-
		decreased cognitive level and and discussed alternate	1			7	
		uch as tube feeding or					
ļ	nossible comfort o	are focused treatment. On		3.6			164
8		M, R3's nursing progress notes					
	document that R3	has refused all her medication	£ 6.	(5)	2.5		40
	including her urina	ry tract infection antibiotic. R3's	₹ 5	420			-
- 00		e is draining medium yellow		F-1			35
1,5	urine.			-0 1.0	1879		
	On 2/45/22 at 10:0	4 AM, R3's nursing progress					8
14.		"Resident refused AM					1000
A		ions. CNA (Certified Nurse		Sec.			to.
	Assistant) offered	water and resident attempted					
	to grab the cup and	d throw water back at CNA."		18 No.			. 8
		AM, R3's nursing progress		18,		35	
		"When resident saw this nurse	1 W.			en	
		er room with medication cart, tated 'I can't take medicine	-20	٥.			100
		though sweetie.' Fluids		-			
16		oit back out. Resident denies		34.5			
	any pain or discom						Sã.
	O 040/00 -4 5:05	ASA Dala numing progress		1/4		45	
	On 2/18/23 at 5:05	S AM, R3's nursing progress V10 (Registered Nurse/RN)	3.6				- 23
	documents "this n	urse entered resident's room to					
		er, and again offered resident's					
	AM medication to	her. Again, resident refused					
	medicine and state	ed 'I can't honey. I'm over a				2	
	thousand years old	d. I really am. I really can't take	1				
	any medicine this	morning.' Foley catheter had					
	200 cc (cubic cent	imeter) dark/amber colored					

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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: COMPLETED A. BUILDING: _ IL6001275 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET **RICHLAND NURSING & REHAB OLNEY, IL 62450** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 6 S9999 urine with small amt (amount) of sediment present. Resident is afebrile and denies any pain/discomfort. Will report to day shift nurse about possibly obtaining UA (urinalysis). Resident tolerated very small amt (amount) of water by mouth with much encouragement ..." On 2/18/23 at 9:55 AM, R3's nursing progress note authored by V9 (Licensed Practical Nurse/LPN) documents "resident refused am meds (medications) despite multiple attempts. (R3) said 'If you give it to me I'll spit it out.' Nurse attempted to encourage resident to take the medication. She refused." On 2/20/23 at 11:25 AM, R3's nursing progress notes documents, "CNA notified nurse that (R3) was found unresponsive in the dining room. Nurse assessed resident and could not rouse resident. Contacted (V12's) office for orders to send resident ... Called POA (Power of Attorney), ADON (Assistant Director of Nursing), and Eroom (Emergency Room) to notify of event and give report." There was no documentation in the progress notes above that V12 or V6 (Nurse Practitioner) were notified of R3's refusing of the antibiotic and other medications prescribed and urine output or color prior to the resident being sent to the Emergency Room (ER) on 2/20/23. On 2/20/23 at 2:12 PM, R3's nursing progress notes documents, "contacted (hospital) ER to check on resident. Hospital stated (R3) is septic and that they are waiting on a urine and CT (Computed Tomography) and that she will be admitted."

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R3's hospital "After Visit Summary" documents

STATEME	Department of Publi NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G:		E SURVEY PLETED
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	R3 was hospitalize severe sepsis with	ed from 2/20/23 to 2/24/23 for a septic shock.				
	provided a written	80 PM, V2 (Director of Nursing) and signed document stating,	8.			
	(V9) stated she wa colored urine durin nurse (V10) stated	ne of V9/LPN) regarding R3. as made aware of the ambering report on 2/18/2023. Night R3 was afebrile and didn't lats. V9 then went in to assess	a 8			
	R3. R3 denied any WNL (within normal not meet criteria for fluid intake." V2 als	complaints and vitals were all limits). V9 stated that she did or UA (urinalysis). V9 monitored so confirmed at this time that			3e .	
	and sediment in ca	p				
	stated the facility s Background, Asse (SBAR) or a more determine if the sy	43 PM, V6 (Nurse Practitioner) hould have done a Situation, ssment, and Recommendation thorough assessment to mptoms warranted an antibiotic ion and should have called the	. 8			
43 s		findings observed in the				
	V9 (LPN) and V10 interview during the survey.	(RN) were not available for e time frame needed during the		=	5	- - -
w œ	medical record to a made regarding R3	oducible evidence in R3's show physician notification was b's dark/amber colored urine ent the morning of 2/18/23.			* *	
	(B)	*	2			
- 1	2 of 2 300.610 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: B. WING IL6001275 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET **RICHLAND NURSING & REHAB OLNEY, IL 62450** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 8 S9999 300.1210b) 300.1210 d)2) Section 300.610 Resident Care Policies 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 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. 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: All treatments and procedures shall be administered as ordered by the physician. These requirements are not met as evidenced by:

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STATEMENT OF DEFICIENCIES (X1) PRO

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7. 50	Assure a proper fit Nectar thick liquids foods and fluids. M	are in place before meals Diet: Mech (mechanical) Soft, s. Encourage oral intake of lonitor and record intake of				4
	(physician) and far	gns of tor/record weight. Notify MD nily of significant weight RN (as needed) assistance for	3 L W			
tual	meals. Provide sur breakfast, Power p	oplements: Super cereal at otatoes at lunch, Magic Cup at ormal labsReport labs	3			y y
	documents the following pounds, 8/2/22-11 pounds, 8/22/22 19/12/22-108 pounds	t, dated 2/23/22 to 2/23/23, owing weights; 7/16/22- 125 6 pounds, 8/15/22- 116 17 pounds, 9/5/22- 110 pounds, ds, 9/19/22 - 106 pounds, ds, 10/03/22- 110 pounds,				2+3 3
15 W	10/26/22- 103 pour 11/07/22- 105 pour 1/9/23 - 104.5 pour This indicates R60	nds, 10/31/22- 103 pounds, nds, 12/05/22- 103 pounds, nds, and 2/3/22 102 pounds. has had a significant weight n 7/16/22 to 2/3/22, and 5.98%	F			- Мо 13 - М
	R60's dietary programment following.	ress notes document the	121		VÇ D	ē: 39
	7.7% x (times) 1 m Wt 108 lb. (pound) low for age. Reside	nificant wt (weight) loss of nonth and 13.6% x 2 months. BMI (Body Mass Index) 21.8, ent (R60) on regular, pureed	*	\$1 21	M × .	R (8)
51	breakfast, power p Cup at supper and (calorie) suppleme generally less than diuretic. Recomme	ck liquids, super cereal at otatoes at lunch and Magic 60 ml (milliliters) 2.0 Cal nt BID (twice daily). Intake 50%Noted orders for adding appetite stimulant to e, as additional food will likely		nt e	×	S _p

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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: COMPLETED A. BUILDING: IL6001275 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET RICHLAND NURSING & REHAB **OLNEY, IL 62450** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 11 not increase intake. Monitor and refer to RD (Registered Dietitian) as needed." 10/26/22 "Noted significant wt loss of 12.0% (15 lb) x (times) 3 months. Wt 110 lb. BMI (Body Mass Index) 22.2, low for age. Wt stable x 1 month....Noted orders for diuretic. Resident on regular, mech (mechanical) soft diet with nectar thick liquids, super cereal at breakfast, power potatoes at lunch, Magic Cup at supper, and house supplement 60 ml BID. Intake ranges 0-100%, but intake averages approximately 50%. No diet changes recommended as wt stable x 1 month. 12/21/22 "Noted significant wt loss of 11.2% (13lb) x 4 months. Wt 103 lb. BMI 20.8, low for age....Resident (R60) on regular, mech soft diet with nectar thick liquids, super cereal at breakfast, power potatoes at lunch, Magic Cup at supper, and 60 (sic) house supplement BID. Intake ranges 26-100%, fair. No diet changes recommended at this time. RD (Registered Dietitian) to follow prn (as needed)." 1/18/23 "Noted significant wt loss of 16.4% (20lb) x 6 months. Admission wt likely an error. Current wt 104.5 lb. BMI 21.2, low for age. Resident (R60) on mechanical soft diet with nectar thick liquids, super cereal at breakfast, power potatoes at lunch and Magic Cup at supper, and 60 ml (milliliters) House supplement BID. Intake ranges 0-100%, Recommend d/c (discontinue) Magic Cup and add Mighty Shake BID, as Magic Cup has been difficult for dietary staff to order. RD to follow PRN (as needed)." 2/15/23 "Noted significant wt loss of 12.1% (14lb)

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x 6 months. Wt down slightly x 1 and 3 months.

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 IL6001275 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET **RICHLAND NURSING & REHAB OLNEY, IL 62450 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 12 S9999 Wt 102 lb. BMI 20.6, low for age. Resident (R60) on a regular, mech soft diet with nectar thick liquids, super cereal at breakfast, power potatoes at lunch and Magic Cup at dinner. Intake generally 26-75%....Recommend adding 60 ml house supplement 1 x daily to help prevent further wt loss. RD to follow prn." On 02/21/23 at 11:48 AM, R60 was observed in the dining room eating the noon meal. R60 was served a mechanical soft diet of pork, scalloped potatoes, lima beans, and dessert. There were no power potatoes observed on R60's plate. On 02/23/23 at 12:01 PM, R60 was observed in the dining room eating the noon meal. R60 was served a mechanical soft diet of chicken a la king, with green beans and dessert. There were no power potatoes observed on R60's plate, R60's meal card that accompanied this meal was observed, and documented "super cereal" under Breakfast, with no supplements or directions documented under Lunch or Dinner. 2. R63's Resident Face Sheet, with a print date of 2/23/23, documents R63 was admitted to the facility on 12/06/21, with diagnoses that include Alzheimer's disease, vascular dementia, major depressive disorder, generalized anxiety disorder, and dysphagia. R63's Physician Order Report, dated 2/23/22 to 2/23/23, documents a physician order, dated 2/22/23, for regular, pureed diet with thin liquids. Under special instructions this order documents, "Magic Cup BID (twice daily), Super cereal at breakfast, Power potatoes at lunch and dinner. Textured maroon spoon." This same Physician Order Report documents a physician order, dated

10/04/22 to 2/22/23, for regular, pureed diet with

Illinois Department of Public Health STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: **B. WING** IL6001275 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET RICHLAND NURSING & REHAB **OLNEY, IL 62450** 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 CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 13 S9999 thin liquids, and under special instructions documents, "Magic cup BID, super cereal at breakfast, power potatoes at lunch and dinner." R63's Care Plan, dated 1/20/23, documents a Problem Area of, "Resident has experienced weight loss," with interventions documented as, "Assure (dentures, partial plates, etc.) are in place before meals. Assure a proper fit. Diet: Pureed. Encourage oral intake of food and fluids. Monitor and record intake of food. Monitor for signs of malnutrition...Monitor/Record weight. Notify MD and family of significant weight change. Offer available substitutes if resident has problems with the food being served. Provide assistance with meals. Provide supplements: Magic Cup BID, super cereal at breakfast, power potatoes at lunch and dinner, house supplement 60 cc (cubic centimeters) TID (three times daily). Report abnormal labs... Report labs indicative of malnutrition..." R63's Vitals Report, dated 2/23/22 to 2/23/23, documents the following weights: 2/28/22-116 pounds, 3/2/22 116 pounds, 3/8/22- 120 pounds. 4/4/22- 124 pounds, 8/10/22- 113 pounds (indicates a 8.87% weight loss), 8/15/22 - 115 pounds, 8/22/22 - 109 pounds (indicates a 5.21% weight loss), 8/29/22-107.5, 9/5/22-103 pounds. 9/12/22- 104 pounds, 9/19/22- 104 pounds. 9/26/22- 106 pounds, 10/03/22 - 100.5 pounds (indicates a 5.18% weight loss), 10/10/22- 102 pounds, 10/26/22- 104 pounds, 10/31/22- 103 pounds, 12/05/22-104 pounds, 1/2/23-100 pounds, 2/3/23-96 pounds, 2/13/23-101 pounds, 2/13/23 - 101 pounds, 2/20/23 - 103 pounds. This indicates R63 has had a 11.20% weight loss in one year.

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R63's progress notes were reviewed, and

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: IL6001275 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET **RICHLAND NURSING & REHAB OLNEY, IL 62450** 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 14 S9999 documents R63 refused to be weighed on 6/3/22, 7/6/22, and 8/2/22. On 2/24/23 at 10:15 AM, V2 (Director of Nursing) stated R63 frequently refuses to be weighed and has a care plan for refusal of care. R63's Progress Notes document the following: 4/27/22 "RD WT (Registered Dietitian/weight) Note- Noted significant wt (weight) gain of 6.9% (8lb/pounds) x (times)1 month and 7.8% (9lb) x 2 months. Wt 124lb. BMI (Body Mass Index) 24.2, normal for age. Resident on regular diet with regular texture and consistency with 60ml (milliliters) house supplement 2.0 Cal (calorie) BID (twice daily). Intake generally 51-100%, but noted few meals less than 50%. No note of edema. Recommend decreasing house supplement to 60mL 1x (times) daily as intake is good and BMI normal for age. Monitor and refer to RD as needed." 8/29/22 "RD Wt Note- Noted significant wt loss of 12.1% x 140 days. Wt 109lb. BMI 21.3, low for age. No skin issues to note. Medication reviewed. No new labs available to review. Resident on regular, pureed diet with thin liquids and 60ml 2.0 Cal supplement BID. Mighty Shake is to temporarily replace 2.0 Cal until it is back in stock. Intake of meals generally ranges 1-50%, low. Recommend adding Magic Cup BID to help prevent further wt loss. Monitor and refer to RD as needed." 9/28/22 "RD Wt Note- Noted significant wt loss of 14.5% x 3 months. Wt fairly stable x 1 month. Wt

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106lb. BMI 20.7. Resident on regular, pureed diet with thin liquids, Magic Cup 1 x daily and power potatoes at lunch and supper with 60ml 2.0 Cal supplement BID. Intake generally less than 50%,

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 IL6001275 02/24/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 900 EAST SCOTT STREET RICHLAND NURSING & REHAB **OLNEY, IL 62450** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 15 S9999 low. Recommend adding Mighty Shake as snack 1x daily to help promote wt gain. Monitor and refer to RD as needed." 11/02/22 "Annual Nutrition Assessment-86 y/o F (year old female) with dx (diagnosis) including Alz (Alzheimer's), dementia, depression, anxiety, HTN (hypertension), HLD (hyperlipidemia), GERD (gastroesophageal reflux disease). dysphagia. Noted significant wt loss, as of 10/31, of 10.4% (12lb) x 2.5 months. Wt 103lb. BMI 20.1, low for age. Resident continues on regular. pureed diet with thin liquids and 60ml house supplement TID (three times daily). Intake ranges 51-75%. Medication reviewed. No new labs. Skin intact. Estimated needs listed in assessment. Recommend adding Magic Cup 1x daily to help prevent further wt loss. RD to follow prn." 1/18/23 "RD WT Note-Noted wt loss of 11.5% (13lb) x 5 months. Wt stable x 3 months and wt down x 1 month, not significant. Wt 100lb. BMI 19.5, low for age. Resident on regular, pureed diet with thin liquids with 60ml house supplement TID. Intake 26-100%. No skin issues to note. No new labs. Noted orders for laxative. Recommend adding super cereal at breakfast to help promote intake. RD to follow prn." 2/15/23 "RD Wt Note-Noted significant wt loss of 12.2% (14lb) x 6 months. Wt stable c 1 and 3 months. Wt 101lb. BMI 19.7, low for age.

Resident on regular, pureed diet with thin liquids, Magic Cup BID, super cereal at breakfast, and power potatoes at lunch and dinner. Intake generally ranges 1-75%. No skin issues to note. No new labs. Noted orders for laxative. No diet changes recommended at this time as wt stable x

1 and 3 months. RD to follow prn."

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9.5	4. <u>8 ** </u>	IL6001275	B. WING		02/2	4/2023
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S9999	Continued From pa	age 16	S9999		XXX	
	On 02/23/23 at 12:	19 PM, R63 was observed in	E01			
=		ing fed the noon meal by staff.		5	100	1
121	R63 had three bow	vis of pureed food, two with a		2.		1.5
25		substance, one with a green	9.5		E 12 7 25 50	77
20 00		mall cup with a purple	5		53	Acc.
		eal card that accompanied				(3)
		served, and documents				
		o supplements or instructions	1	S 60		İ
	documented on the	e meal card.	100	W		.
	0- 00/00/00 -140.	OZ DM 1/2 (Dietem Menages)	552			
\$2 No.		27 PM, V3 (Dietary Manager)	4.00	50		
		was served a pureed diet on diet have received three bowls of		77		
100		en beans, one with chicken a la	10.00			(4)
		a biscuit. V3 stated if they	5.7.		0.00	
		r potatoes, the resident would				
		th bowl of food. V3 stated on	-	29		2
		nt had gotten power potatoes,		5.5		_=
		ave been served mashed				
		s scalloped potatoes. When	20	2		
93	asked how staff kn	low what supplements to serve,	*		4	525
		be listed on the residents meal	2	X	9 17	8 4
W 56 3		or reviewed with V3 the meal	1.5			**************************************
		anied R60 and R63's noon	787	3		
8		ated each resident has two				14
4		akfast, and one for lunch and	00			133
17		she has had an issue with the	<u> 22</u>	-		- 2
		eakfast cards to serve lunch ted if they do that then they		F1 A D		
. 7		at supplements were to be	1	¥9 11		
200	served.	a supplements were to be	9			
	Serveu.	그렇게 하는 등을 먹는 없게			3.53	100
t .	On 02/24/23 at 11:	47 AM, V8 (Registered		9		6
		oth R60 and R63 have had		*		
20		oss over six months. V8 stated				2 11
		ild have been served power			G,	
		V8 stated she would expect the		-		
		w the dietary orders			(5)	
in.	documented in the	medical record. When asked it	f			
1100	not getting the sup	plements would be the cause		-		

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		IL6001275	B. WING	3° u	58	02/2	24/2023
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NAME OF	-KOVIDEK OK SOFFEIER		T SCOTT ST				
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1.	FR 33 LE F6	significant weight loss, V8		8: 0)		F1 1	
		t determine the exact cause,	- 5	-			114
		ald be so many other things	(2)			55	
35 - 25		the potential to effect weight.	00	U			30
		ne was at the facility on 2/15/23	F 37 32			4	* 1
32		and R63 eat, and the facility	# X	÷		4.7	(**)
00 5		ect meal cards, and they were	-				-0.
	served the correct	supplements.	=	VA.	2		33
	0.00000 -10.44	DM MO (Maria Barakkara)	1.2.	+90		10 68	2.2
		PM, V6 (Nurse Practitioner)					
		expect the staff to follow the dations, but she didn't think it				45	250
		erence for R60 and R63. V6					
		ooth had a decline in condition	E.	19			1
		R60 and R36) eat well anyway.			Ţ.		=_
	N RESTERN	38 T. S.			32		i.
		onal Assessments policy dated		90 00			100
		s, "All residents who experience	•			50	
		esirable weight loss shall be	ì	108/14		3000	1.0
		tional status and required	≅ W	8			
		e registered, licensed dietitian. increasing calories shall be		525		+1	
		ss the weight loss is deemed		7:			110
- 3		essary for improvement of	1				
		Inder Procedures this policy		(+)			25 19
		esidents shall be weighted and					
		monthly to the RDLD	5	10	- 12		100
		an/Licensed Dietitian). If	(*)				
		loss is identified or low body		100			
		l, a request for supplementation	n				
		ce daily, or three times daily	20	18		82	
		the consultant dietitian to the	Κ.	3.9			
	pnysician through	the Director of Nursing or		1			
	the Dieter Mass	2. Once the order is approved, ger shall communicate the					}
		ger snall communicate the tary staff through documentatio	n	n-	200		1
. * 94		B. Dietary staff shall provide the		21			
		according to the physician	4.00				1
	order"						Ť

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