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30 W <sub>10</sub>	Statement of Licen	sure Violations:	e Vi	· · · · · · · · · · · · · · · · · · ·		
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	a) The facility procedures govern facility. The writter be formulated by a Committee consist administrator, the a medical advisory of nursing and other policies shall comp The written policies the facility and shall compare the written policies the written policies the facility and shall compare the written policies the written written policies the written policies t	advisory physician or the committee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating the reviewed at least annually documented by written, signed				
	Nursing and Perso b) The facility care and services of practicable physical well-being of the re- each resident's con- plan. Adequate and	General Requirements for nal Care shall provide the necessary to attain or maintain the highest it, mental, and psychological esident, in accordance with imprehensive resident care it properly supervised nursing care shall be provided to each	4 00 T			

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: B. WING IL6009567 03/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD **GARDENVIEW MANOR** DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES 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 CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to supervise and provide well fitting pants for one of four residents (R34) reviewed for falls in the sample list of 26. This failure resulted in R34 walking down the hallway while holding up his ill-fitting pants, falling to the ground, and fracturing the proximal phalanx of the right fifth digit. Findings include: R34's Physician Order Sheet, dated March 2023, documents R34 is diagnosed with Unsteadiness on Feet, Muscle Weakness, Hemiplegia. Dementia with Behavioral Disturbance, and Lack of Coordination. R34's Minimum Data Set, dated 7/7/22. documents R34 is Severely Cognitively Impaired and requires supervision while walking and extensive assistance to get dressed.

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 IL6009567 03/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD **GARDENVIEW MANOR** DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY)** S9999 Continued From page 2 S9999 R34's Care Plan, dated 1/26/23, documents on 6/22/21, the facility identified R34 has limited physical mobility related to osteoarthritis and pain and requires supervision with ambulation. The same care plan identifies R34 wanders, has impaired safety awareness, and has a history of falls. R34's Fall Risk Evaluation, dated 7/7/22. documents R34 is at risk for falls due to intermittent confusion, three or more falls in the past three months, ambulatory and incontinent, balance problems while standing and walking. current medications and medical diagnoses. The Final Report of Incident, dated 10/11/22. documents on 10/3/22 at approximately 5:45 PM, R34 was self-ambulating through the doorway of his unit. R34 was holding up his pants while ambulating when he lost his balance and fell to the ground landing on his right hand. He was sent to the Emergency Room and was diagnosed with a fracture of the proximal phalanx of the right fifth digit. After the fall, R34 was provided with smaller pants. R34's Right Hand X-ray, dated 10/3/22, documents due to a fall R34 sustained a fracture of the proximal phalanx of the right fifth digit. On 3/9/23 at 11:49 AM, V9, Social Service Assistant, stated she observed R34 directly after he fell to the floor on 10/3/22, and his pants were around the middle of his thighs under his bottom. On 3/9/23 at 12:55 PM, V5, Regional Nurse, confirmed R34's ill-fitting pants, which he had to

Illinois Department of Public Health

hold in place while walking, significantly increased R34's risk for falls and was determined to be the root cause of the 10/3/22 fall. V5 also confirmed

42RB11

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 IL6009567 03/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD **GARDENVIEW MANOR** DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE-**DEFICIENCY**) S9999 Continued From page 3 S9999 R34 sustained a fracture of the proximal phalanx of the right fifth digit from the fall on 10/3/22. On 3/10/23 at 9:20 AM, V12, Nurse Practitioner. confirmed R34 should have had on pants that fit him properly to safely ambulate. V12 also confirmed R34 sustained a fracture of the proximal phalanx of the right fifth digit from the fall on 10/3/22. The Falls Prevention Program dated January 2022 documents the fall prevention program will be implemented to ensure all residents' safety in the facility whenever possible. This program should include a measure that determines each resident's needs by assessing the risks for falls and implementing appropriate interventions to provide the necessary supervision, and assistive devices are utilized as necessary. (B) 2 of 2 300.610 a) 300.1210 b) 300.1210 c) 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

Illinois Department of Public Health

42RB11

**FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6009567 03/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD **GARDENVIEW MANOR** DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 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. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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 2) be administered as ordered by the physician. These requirements are not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement dietary recommendations, provide eating assistance, and

loss of 10.38%.

monitor weights weekly for one of two residents (R34) reviewed for Nutrition in the sample list of 26. This failure resulted in R34 losing 20 pounds in five months' time, which is a significant weight

PRINTED: 04/06/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6009567 B. WING 03/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD **GARDENVIEW MANOR DANVILLE, IL 61834 SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 Findings include: R34's Physician Order Sheet (POS), dated March 2023, documents R34 is diagnosed with Vitamin Deficiency, Muscle Weakness, Diabetes Type II, Dysphagia, Hypomagnesemia, and Dementia. The same POS documents R34 is ordered a pureed texture diet with thin liquids due to Dysphagia, and a house supplement (nutritional supplement) twice per day due to diabetes. R34's Minimum Data Set, dated 1/5/23, documents R34 is Severely Cognitively Impaired and requires extensive assistance for eating. R34's Care Plan, dated 1/26/23, documents the facility identified R34 has impaired cognitive function, nutritional problems and has experienced weight loss. The facility is to provide and serve R34's diet as ordered, serve supplements as ordered, and refer R34 to a registered dietician to evaluate when needed. The same Care Plan documents the facility identified R34 to have swallowing problems (pockets food in mouth) and R34's diet was downgraded to Puree food. R34 is totally dependent on staff to assist and cue at mealtime. R34's Weight Records document R34 weighed 194.6 pounds on 10/7/22, and has since trended down to 174.4 pounds on 3/3/23. This is a significant weight loss of 10.38%. R34's Nutrition/Dietary Note, dated 10/27/22,

Illinois Department of Public Health

documents V11, Registered Dietician, completed an assessment for R34, and recommended extra

R34's Nutrition/Dietary Note, dated 12/5/22. documents V11, Registered Dietician, completed

meat and eggs at every meal.

Illinois Department of Public STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
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S9999	Continued From pa	age 6	S9999			
. 8	an assessment for	r R34, and noted significant	5	9 %	4.0	
	weight loss that is	undesirable related to general		23, 10		
10 0		a, and increased confusion. ations for nutritional			7	
3	improvement include	ided to switch R34's nutritional		10 E		
	supplement from to	wice per day to three times per		); e e	12	
14	day, and to monitor	or R34's weight once per week			**	
1.0					N at 12 %	
ā.,	On 3/9/23 at 11:54	AM, R34 was lying in bed with	25			
- 14 gr		ont of him. His cup was empty, reed food had been eaten.		7. W. T.	S. Se	
E **	When asked if he r	needed help eating, R34 stated	<b>*</b>	3	# 12 20	
	yes. When asked if	if he would like to get in his	1.0	E	- 6	
e a e		to the dining room to eat, R34 food was pureed food, and his	110	*	161	
	tray card had no sp	pecial instructions on it. R34 did	1	0 5		
	not have extra mea	at on his tray. No staff were	1		Mark and the same	
	assisting R34 with	eating.		8.8 8 8.8		
		PM, R34 was still lying in his		**	N 6	
5 2	bed, food untouche		1		[4]	
2 7	On 3/9/23 at 12:14	PM, R34 was still lying in his	1-		96 28 54	
	bed and his lunch t		· ·		5. D. E.	
	0- 2002 4 12:06	DM 140. Carling Numing	9 8	3) 3)	88	
		PM, V10, Certified Nursing tated staff should help R34 eat,	1 10	8		
. 3	and R34 should be	in the dining room eating	l i	2	3 30	
16.		V10 confirmed R34 doesn't eat	1 1	1 E 2	100	
		left to eat on his own, and V10 on a pureed diet and should be	81 3	5		
	supervised while ea				4	
	On 2/0/22 at 12:15	DM 1/7 Licensed Practical		6 g 8° ~		
/ <sup>22</sup> 8	Nurse, stated she	PM, V7, Licensed Practical always tells CNA staff to get	=	.m. %	*	
	R34 to the dining ro	oom for meals, however, they	i	75 B A		
	rarely do. V7 confire	rmed R34 is on an altered	1	a	ē <sup>11</sup> 88 U.	
190	, texture diet, and sh	nould have supervision and	1			

Illinois Department of Public Health

assistance to eat. V7 stated if R34 doesn't have

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 IL6009567 03/10/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14792 CATLIN TILTON ROAD **GARDENVIEW MANOR DANVILLE, IL 61834** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 7 assistance, then he won't eat. V7 stated she was not aware R34 has had a significant weight loss, and she doesn't think he is on any nutritional supplements. V7 stated she takes care of R34 often. On 3/9/23 at 12:18 PM, V4, Dietary Manager .confirmed the facility should implement V11's recommendations, especially when they are placed to address significant weight loss. V4 confirmed V11's dietary recommendations from October and December were never implemented. V4 also confirmed staff should be feeding R34 at every meal, and R34 should not be in bed while he eats due to his dementia, Dysphagia, and pocketing of food. On 3/9/23 at 12:55 PM, V5, Regional Nurse, confirmed R34 is on a pureed diet, and R34 should be in the dining room, supervised, and assisted with every meal. V5 also confirmed the October 2022 and December 2022 Dietician recommendations should have been implemented in order to attempt to prevent further weight loss. R34 should have been placed on double meat and eggs every meal, R34 should have had a nutritional supplement three times per day instead of just two, and R34's weight should have been monitored weekly for four weeks. V5 also confirmed V11, Dietician , should have been consulted again when R34's weight loss continued. On 3/10/23 at 9:20 AM, V12, Nurse Practitioner (NP), confirmed the facility should have implemented V11's dietary recommendations from October 2022 and December 2022, V12, NP, also confirmed R34 requires eating supervision and assistance and should be sitting

Illinois Department of Public Health

up and out of bed for all meals. V11 confirmed

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