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ARCADIA	A CARE DANVILLE	DANVILL	E, IL 61832		<u> </u>
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To 93	Annual Licensure 8	& Certification Survey	3.4	B	
0.0000			<u> </u>		
S <b>9</b> 999	Final Observations		S9999	g = ** *	- 1 C
- Ta	Statement of Licen	sure Violations (1of 4):			8 ,* .
	000 040-1	88 - 25 - in		BARTA, A	
AL S	300.610a) 300.1210b)			a see par	u i
10	300.1210d)3)	V * * * * ;	No.	8 9 8 8 1 <sup>8</sup>	
100	98 90		0	, X	- VI
7	Section 300.610 R	esident Care Policies	33	X 25 %	38 N SE
	procedures govern facility. The writter	shall have written policies and ling all services provided by the policies and procedures shall	8. %	t As so	
7.50	Committee consist administrator, the a	advisory physician or the	17 12	D TOWNS RECESS OF	***
55	of nursing and other	ommittee, and representatives er services in the facility. The ply with the Act and this Part.	E:		
	The written policies the facility.	s shall be followed in operating	5		e <sub>Tree</sub>
	Section 300.1210 ( Nursing and Perso	General Requirements for nal Care			0 0 2 2
- 32		shall provide the necessary		100 mg	1.7
	practicable physica well-being of the re	to attain or maintain the highest al, mental, and psychological esident, in accordance with	71	25	36 20
	plan. Adequate and care and personal	mprehensive resident care d properly supervised nursing care shall be provided to each		An 1 4 8	
s	resident to meet the care needs of the r	e total nursing and personal resident.		Attachment A Statement of Licensure Violation	s

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE	SURVEY
=		IL6002364	B. WING	03/2	21/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE		
ARCADI	A CARE DANVILLE		RTH BOWM E, IL 61832			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD RE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999	:#		
	nursing care shall in	subsection (a), general aclude, at a minimum, the perpracticed on a 24-hour, pasis:				
_11	resident's condition, emotional changes, determining care re- further medical eval	eservations of changes in a including mental and as a means for analyzing and quired and the need for uation and recorded in the ecord.				
	These requirements by:	were not met as evidenced			, S+E + 3+E)	g ca
	failed to address the by overlooking a pro- for a resident experi feelings of impendin one of one resident	and record review the facility physical needs of a resident vider ordered blood work-up encing weakness and g death. This failure affects (R114) reviewed for death on This failure resulted in	A STATE			
577 ***********************************	R114 experiencing resent to the hospital. hypoxic, expiring after	espiratory distress and being R114 was found to be er cardiac arrest due to It Failure to Thrive, and	\$2 \$		. V 1.	v n or
	Findings include:			8,	·	10 TH
10	This certificate docur as Cardiac Arrest du	pired on 2/13/23 at 8:43 AM. ments R114 cause of death e to Severe Anemia and is certificate documents		* 8 * 8	57 V 28 3 3 5 5	

STATEME	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002364	(X2) MULTIPI A. BUILDING B. WING	LE CONSTRUCTION		LETED
NAMEOF	PROVIDER OR SUPPLIER		. 4		03/2	1/2023
-534	A CARE DANVILLE		RTH BOWMA	STATE, ZIP CODE AN		
131	#3 FW		E, IL 61832	<sup>38</sup> ≡		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL.  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULED RF	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999	X		
	Practitioner dated 2 "New order blood w documents, "ASSE Blood workup #Follo	ote written by V11 Nurse v/3/23 at 11:22 AM documents, vork-up." This note also SSMENT/PLAN: #New order; ow up visit; in one month or as e discussed with nursing staff				
	stated she evaluate R114 told her she for wasn't going to make V11 stated V11 was saw R114 for the first she gave a lab reque Director of Nursing ordered a Complete Complete Metabolic	AM, V11 Nurse Practitioner d R114 on 2/3/23 and that elt weak and felt like she te it. On 3/15/23 at 9:17 AM, new to the facility and she st time that day. V11 stated isition to V13 Assistant on 2/3/24. V11 stated she Blood Count (CBC), a Profile (CMP), a Thyroid e (TSH), Vitamin D, and				
	R114's medical reco a CBC, CMP, TSH, A1C after V11 made	ord does not contain orders for Vitamin D, or Hemoglobin rounds on 2/3/23.	**			e O a
	stated she doesn't refor R114. V13 stated requisition and then nurse. V13 stated the order into the compuin and draw it. I am condition. She was about in clinical's. I (R114) decline. We taway after a month. be recycled by now.	AM, V13 Assistant of Nursing emember getting a lab order d V11 will fill out a lab give it to me or the floor nen we take it and put an later. The lab will then come not aware of a change in it a person we would talk guess we didn't notice her hrow the lab requisitions. So that lab requisition would				
	Practical Nurse date	written by V12 Licensed d 2/13/2023 at 10:55 AM			W	

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING  B. WING	PLE CONSTRUCTION  3:	СОМ	E SURVEY IPLETED
NAMEOF	PROVIDER OR SUPPLIER	STREET A	DDDESS CITY	STATE, ZIP CODE	1 03/	21/2023
Barrier.	A CARE DANVILLE	1701 NO	RTH BOWM. E, IL 61832	AN		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOUL DIRE	(X5) COMPLET DATE
S9999	Continued From pa	age 3	\$9999			-
	documents, "Writer having abnormal be pressure)123/58, (p (temperature) 98.0 confusion. (V11) we	r informed (V11) that (R114) is reathing. (Blood bulse) 77, (respirations) 30, . (R114) has increased ent and assessed (R114) and			**************************************	
	order to send (R11) obtained. Writer ca	4) to (emergency room) lled and notified ambulance of Vriter called and informed				
	(2/13/23) the CNAs came to me and tol right I noticed her re	7 PM, V12 stated that morning (Certified Nursing Assistant) d me she wasn't breathing espirations were 30 and V11 orders to send to the				-
ii ii	emergency room.	AM, V11 Nurse Practitioner				
	stated she seen R1 weak and telling he V11 stated she ordedone. V11 stated the 2/13/23 that she see	14 on 2/3/23 and she was r she wasn't going to make it. ered labs and they never got nat when she returned on the to the emergency room ay. V11 stated if the labs				
	were completed, I weeded sent out. Very labs contributed to F	ould have identified that she 11 stated that not getting the R114 expiring. They didn't rasn't eating. They should call	8	A X S X	3	
	documents R114 wa medical services fro diaphoretic, hypoxic notes document the Pneumonia of right I	es dated 2/13/23 at 11:59 AM, as brought in via emergency m the facility. R114 was , pale, and lethargic. These clinical impressions as ung due to infectious				
	organism, Severe Ai Hyperkalemia, and C document that a Coi	nemia, Acute Renal Failure, Cardiac Arrest. These notes mplete Metabolic Profile, a cid, a Troponin and a		70 W 35	<i>v</i> e	

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 IL6002364 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1701 NORTH BOWMAN** ARCADIA CARE DANVILLE DANVILLE, IL 61832 (X4)ID 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 Complete Blood Count were obtained and all values were abnormal. These notes document that the hospital obtained consent for a blood transfusion and shortly afterwards R114 stopped breathing and went into asystole (heart stopped) and was pronounced dead at 1:08 PM. These notes documents R114's disposition as deceased. On 3/14/23 at 1:00 PM, V2 Director of Nursing stated that after V11 visited and wanted blood work an order was not written in the EHR (Electronic Medical Record) to complete the blood work. On 3/14/23 at 1:13 PM, V1 Administrator stated V11 was new to the building. V11 stated she heard there has been miscommunication between the nurses and V11. V1 stated the nurse managers should be reviewing progress notes after each visit to ensure all orders have been processed and written and then carried through. V1 stated the nursing staff should have called the physician and clarified what blood work needed obtained. The facility's Lab policy with a revision date of 2/2023 documents, "A requisition is to be completed and lab to be drawn on next scheduled lab draw day." Statement of Licensure Violations (2 of 4): 300.610a) 300.1210a) 300.1210b)4) 300.1210d)2)3)

PRINTED: 04/26/2023

FORM APPROVED Illimois 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: IL6002364 B. WING 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (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 5 S9999 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. Section 300.1210 General Requirements for Nursing and Personal Care Comprehensive Resident Care Plan, A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological

Illinois Department of Public Health

well-being of the resident, in accordance with

STATE FORM

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING  B. WING	PLE CONSTRUCTION  9:	8,	LETED
JAME OF E	PROVIDER OR SUPPLIER	7			03/2	<u>1/2023</u>
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ARCADIA	CARE DANVILLE		RTH BOWM LE, IL 61832			
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-		- A	00000	2%	100	
	nlan Adequate and	mprehensive resident care d properly supervised nursing	- × - C		-	
	care and personal	care shall be provided to each			W a	
000	resident to meet th	e total nursing and personal	55.			
00	care needs of the r	esident.	15.	, et	18 W	5.8
E_0() (100			4	10 10 10 10	1	
	Restorative measu	res shall include, at a	· ·	10° H	100	
100	minimum, the follow	wing procedures:		5 W	E918	
111	/\		1		N 500	6
	4) All nursing	personnel shall assist and ts so that a resident's abilities				
	in activities of daily	living do not diminish unless	0.0			
(4)	circumstances of the	ne individual's clinical condition	. e _	85.	5.5	10
897	demonstrate that di	iminution was unavoidable.		8	93c 3m	
	This includes the re	esident's abilities to bathe	5 6 6	39 (4.32) (37)	9	
28	dress, and groom; t	transfer and ambulate: toilet:	29 17	V 0. 23	\$ <sup>15</sup>	
1	eat; and use speec	h, language, or other	- E	gall Assets at the		
20 CORPS *S22	runctional communi	ication systems. A resident	9 99		1,000 (10)	
	wiio is uliable to ca shall receive the se	rry out activities of daily living		28 0. 10	4-	
	anan receive the se	rvices necessary to maintain ming, and personal hygiene.		en 2 2 s	11	7
_ = _	3 a	g, and personal hygiene.			= 3.	
	d) Pursuant to	subsection (a), general	18	in the second second	18	S Tele
	nursing care shall ir	nclude, at a minimum, the	4.00		124	
	ollowing and shall t	be practiced on a 24-hour.	82	A 24 29	22*	
	seven-day-a-week t	pasis:		54 54 j.;	. 23	10
	2) All treatmen	to and present the state of the	>0 88	- VI	# # W	
	neamentainen Administered as ord	ts and procedures shall be lered by the physician.		18 E SC 50	52	
n l'		iored by the physician.				
1.3	B) Objective of	servations of changes in a		=======================================	20. 111	
l ir	esident's condition,	including mental and		Table 1. A	1.7 80	
	emotional changes,	as a means for analyzing and	* 1	10	ļ	-
0	letermining care red	quired and the need for	7.0			
in the state of th	unner medical eval	uation and treatment shall be				
	nade by nursing sta	aff and recorded in the			2	
	esident's medical re	ecord.				
	hoo o romi inches	were not met as evidenced	1			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED JL6002364 **B. WING** 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 Based on observation, interview and record review the facility failed to develop a plan of care for skin impairment, monitor skin impairment, and notify the physician to alter treatment for one (R55) of two residents reviewed for skin conditions on the sample list of 55. These failures resulted in R55 developing psoriasis and erythema intertrigo to over half of her body. R55 experienced severe itching and pain that interfered with Activities of Daily Living and participation in activities. Findings include: On 3/12/23 at 11:21 AM R55 stated, "Finally after all these weeks I get to see a dermatologist Tuesday (3/14/23)." R55 stated R55 last saw a dermatologist for R55's psoriasis a few months ago. On 3/13/23 at 12:03 PM R55 stated R55 can't sit up in R55's wheelchair for extended periods or attend activities as often as R55 did previously due to R55's pain/itching caused from R55's psoriasis. R55 described the pain as an ache rated as an 8 on a 1-10 scale. R55 stated R55 itched R55's back so hard one time it bled. R55 became tearful and stated "I (R55) just want to feel better." On 3/12/23 at 10:54 AM V15 and V16 Certified Nursing Assistants entered R55's room and provided incontinence care. R55's incontinence brief was saturated with urine and a large amount of soft bowel movement. There was a small amount of urine on R55's bed sheets. There was a strong urine odor. R55's abdominal folds, groin, and underneath R55's breasts were red/inflamed. R55 said "Ow" when V15 cleansed R55's perineal area, groin, and abdominal fold. There were large

Illimois 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: IL6002364 B. WING 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **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 scaly, red patches covering R55's back, buttocks, and posterior thighs. V15 stated R55 has had Psoriasis for a while now and this area (pointing to abdominal fold) looks worse. R55's Diagnoses List dated 3/15/23 documents diagnosis of Psoriasis (skin disease with itchy, scaly patches, most commonly on the knees, elbows, trunk and scalp) as of 2/8/22 and Erythema Intertrigo (inflammation caused by skin-to-skin friction, often in warm, moist areas of the body, such as the groin, between folds of skin on the abdomen, under the breasts, under the arms or between toes) as of 9/26/19. R55's Care Plan dated 9/1/21 documents R55 is at risk for skin impairment. Interventions include to administered medications, monitor the effectiveness, assess and record skin changes, avoid scratching, keep hands and body parts from excessive moisture, notify the physician of changes in skin condition, and wound doctor to assess and treat as needed, R55's Care Plan has not been updated since 9/1/21 and does not include R55's skin impairment and psoriasis. R55's February and March 2023 Medication Administration/Treatment Administration Record (MAR/TAR) documents: R55 has received Ketoconazole Shampoo 2% topically to body twice weekly since 6/27/22 and Nystatin External Cream 100,000 Unit/gram topically to breasts and lower abdomen every 12 hours as needed for reddened areas as of 12/15/22. Nystatin is only documented as administered one time on 3/11/23. There are no other treatments for R55's skin impairment. R55's weekly skin assessments document a check as completed, but do not document a description of R55's skin.

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 IL6002364 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1701 NORTH BOWMAN** ARCADIA CARE DANVILLE DANVILLE, IL 61832 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 9 S9999 R55's Skin Condition Report dated 1/28/23 documents R55 has moisture associated skin damage (MASD) and does not document the location or extent of the skin impairment. There are no other detailed skin assessments until 3/13/23. R55's 3/13/23 Skin Condition Report documents denuded/excoriation skin and MASD noted to groin, upper/mid back and under breasts. This report documents R55's skin condition was not new and did not warrant physician notification. R55's February and March 2023 Shower Sheets document R55 had reddened areas including R55's chest, back, buttocks and groin on 2/25, 3/1, 3/4, 3/8. R55's Dermatology Progress Notes document R55 was evaluated on 9/30/22 for a rash beneath breasts and thighs. The rash is itchy and red/irritated. R55 had used topical steroids in the past that improved the rash. R55's diagnoses was Dermatitis and Triamcinolone 0.1% steroid cream was ordered for twice a day alternating between two weeks on and two weeks off. There is no documentation that R55's Dermatologist was contacted regarding R55's skin condition after 9/30/22, or that R55's skin condition was reported to R55's physician in February or in March 2023. R55's Dermatology After Visit Summary dated 3/14/23 documents: R55 has diagnoses of Psoriasis Vulgaris and Erythema Intertrigo, and orders for Triamcinolone 0.1% topical ointment applied to body twice daily for two weeks on and then two weeks off. New orders were given for the following laboratory

Illinois Department of Public Health

tests for Complete Blood Count, Comprehensive Metabolic Panel, Hepatitis B Surface Antigen. human immunodeficiency virus Ag/AB screen, and tuberculosis infection QuantiFERON.

V23 Physician Progress Note dated 1/18/23

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUC	TION	(X3) DATE COMF	SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CO	DE	+1	
ARCADIA	A CARE DANVILLE		RTH BOWM E, IL 61832				
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S9999	Continued From pa	age 10	S9999	cor <sup>30</sup>	E	2	
	documents R55 ha	s severe Psoriasis and					
		s (fungal infection). R55		33:			Tie
		ne 50 milligrams twice daily for					5
39		tching not responding to	ia.	100			85 35
E +		R55's active medication list			Ug		F
: 00		ene 0.005 % (psoriasis	3.2	100	76.12		51
	treatment) tonically	to psoriatic patches twice	9				11 41
	daily x 21 days Re	tamethasone Dipropionate					
08	0.05 % steroid crea	am topically to psoriatic					
		days and (over the counter	100	127			
. 52 11		wice daily x 21 days. V11	1.00		5		
-		Progress Note dated 3/6/23		1025			169
		as evaluated for an eye	135		11	X	26
		documents R55 had Psoriatic		700 9			10
		k of left thigh, between 2 legs,					
8,	left arm fold, and ba	ack, and intermittent itching	1				11/2-
	with Diflucan (antifu	ungal) prescription. This note		0 .	8 11		2 74
	does not document	new orders or adjustments in	98 3500	+500m +40	and the original designs of	lo e ne	
4	R55's psoriasis trea	atment. There is no				1 0	. 0
	documentation that	R55 received Diflucan in		Ç.,			90
	February or March			100			2
	일이 되면 이 것 같다.			100	0		Ē
8 1	On 3/12/23 at 1:48	PM V13 Licensed Practical	.93			57	
	Nurse stated: R55	does not have any scheduled	- 2	1.0		**	
9.	treatments. R55 ref	fuses to get out of bed and	İ	8 9			
	refuses R55's show	vers. R55's groin looks "raw"	<b>A</b>	* os			
10	and it is really red.	It flares up, goes away, and		45		- 0.	
0/80	comes back again.	R55 had a flare up and was	100	56			
	supposed to see a	dermatologist in December	0	W		4 8	
\$ W	2022. Treatment or	ders were implemented at that	174	ŀ	11 11 11		
	time. We have also	had changes in the last three	1.5	SS 143	JE WOODS "	8	
- 2	months with our ph		8 3	100			
5	practitioners as wel		1,7	10)	2 2 2		
			-	5			1
1400	On 3/14/23 at 9:04	AM V2 Director of Nursing					W
30.00		assessments are completed	17				OF 85
		ed on the MAR/TAR with a					
	check mark indicati	ng completed. V2 confirmed	# 13				
		document a description of the					
4	resident's skin. V3 I	Psychiatric Rehabilitation					

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: IL6002364 B. WING 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE DANVILLE, IL 61832 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)** S9999 Continued From page 11 S9999 Services Director stated the facility also uses skin. assessments to document resident's skin assessments. On 3/14/23 10:40 V13 Assistant DON stated V13 oversees skin/wounds in the facility. V13 stated R55 has psoriasis and excoriation of the grain. R55 sees a dermatologist, but was last seen a few months ago, has Ketoconazole shampoo and Nystatin ordered. V13 confirmed Nystatin is as needed and R55 has no topical creams scheduled routinely. V13 stated the nurses should follow up with the dermatologist when R55's skin conditions worsen or flair up to adjust R55's treatment orders. On 3/14/23 at 11:46 AM V13 Assistant Director of Nursing stated skin conditions are expected to be on the resident's care plan. On 3/14/23 at 4:18 PM V1 Administrator provided R55's 9/30/22 dermatology notes. V1 stated: 9/30/22 was the last time that R55 was evaluated by a dermatologist. R55 had COVID-19 in January 2023, and V1 wonders if staff had canceled a prior appointment and forgot to reschedule during that time. "Either way we dropped the ball on this." On 3/14/23 at 10:00 AM V11 Nurse Practitioner stated: V11 last saw R55 a few weeks ago, but it was for an eye infection and not for psoriasis. They should notify me or her physician of any changes in her skin or if there's no improvement. V11 is in the facility frequently. There are problems with the facility not regularly notifying us (the practitioners) of resident changes. V11 will need to follow up and evaluate R55 today.

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The facility's Skin Condition Assessment &

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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: B. WING IL6002364 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1701 NORTH BOWMAN** ARCADIA CARE DANVILLE **DANVILLE, IL 61832** 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 12 S9999 Monitoring- Pressure and Non-Pressure dated as revised June 2018 documents: non-pressure related skin conditions including rashes will be assessed weekly for healing progress and complications. Assessments are documented in the residents medical record. The facility's Physician-Family Notification-Change in Condition dates as revised November 2018 documents the physician will be notified of changes in a resident's condition and when there is a need to alter treatment. Statement of Licensure Violaions (3 of 4): 300.610a) 300.1010h) 300.1210b) 300.1210d)1)2)3) 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. Section 300.1010 Medical Care Policies

The facility shall notify the resident's

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: IL6002364 B. WING 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (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 DEFICIENCY) S9999 Continued From page 13 S9999 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 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: 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. Objective observations of changes in a resident's condition, including mental and

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emotional changes, as a means for analyzing 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: IL6002364 B. WING 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 14 S9999 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 were not met as evidenced Based on interview and record review the facility failed to monitor weights, follow physician orders, and promptly report a significant weight gain for a resident (R27) with a diagnosis of Congestive Heart Failure. These failures resulted in a delay in treatment for R27's significant weight gain and R27 being hospitalized for 10 days with congestive heart failure and fluid volume overload. R27 is one of 34 residents reviewed for change in condition on the sample list of 55. Findings include: The facility's Physician-Family Notification-Change in Condition dates as revised November 2018 documents the physician will be notified of changes in a resident's condition and when there is a need to alter treatment. On 3/13/23 at 2:06 PM R27 stated: R27 told V18 Licensed Practical Nurse that R27's legs and stomach were swelled up bad. V18 disagreed with R27 that there was not fluid in R27's stomach. V18 told R27 that V18 contacted the Nurse Practitioner and told R27 to stay in bed for a few days. Nothing had changed, so the next day R27 told a nurse that R27 needed to go to the hospital. R27 stated, either the facility was going to send R27 to the hospital, or R27 was going to contact R27's family to take R27 to the

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6002364 B. WING 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 15 S9999 hospital. R27 was put on emergency dialysis at the hospital. R27's After Visit Summary dated 12/7/22 documents to monitor weight daily and take medications as instructed. R27's discharge medications include Bumex (diuretic) 2 milligrams (mg) by mouth twice daily, Coreg 12.5 mg by mouth twice daily, Hydralazine 50 mg by mouth twice daily, and Imdur 60 mg by mouth daily. R27's Post-Acute Transition Document dated 12/7/22 documents R27 has Congestive Heart Failure, continue Bumex (diuretic) 2 milligrams twice daily and R27 needs accurate intake/output monitoring. R27 has Chronic Kidney Disease Stage 4, needs hypertension controlled, and needs access for dialysis. R27's hypertension is uncontrolled and recommendations include Coreg, Hydralazine, and Imdur as listed previously. R27's weight upon discharge was 193 pounds (lbs.). R27's December 2022 Medication Administration Record (MAR) documents: R27 had a daily fluid restriction of 1800 milliliters (ml) implemented on 12/8/22, 560 ml from nursing and 1240 ml from dietary. The intake is not recorded prior to night shift on 12/10/22. 560 ml is incorrectly transcribed for 560 ml fluid allowance from nursing per shift, and not per day as ordered. R27 received more than the allotted 560 ml on 7 days between 12/11/22 and 12/18/22, including 1360 ml on 12/16/22, and 1400 ml on 12/18/22. Daily weights were scheduled between 12/10/22 and 12/18/22, and do not document weights were obtained on 12/11-12/16/22. Burnex, Coreg, Hydralazine, and Imdur was not administered as ordered/scheduled on 12/8/22, and documents to

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refer to a nursing note. Post dialysis monitoring

NAME OF PROVIDER OR SUPPLIER  ARCADIA CARE DANVILLE  1701 NORTH BOWMAN DANVILLE, IL 61832  (X4) ID PRETIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES MUST BE PRECEDED BY FULL REGULATION OR ICC IDENTIFYING INFORMATION)  S9999  Continued From page 16 Was Initiated on 12/30/22.  R27's weight log dated 3/14/23 documents R27's weight as follows. 12/8/22 191.2 lbs. (pounds), 12/10/22 218.7 lbs. (27.5 lb. gain in 2 days), 12/10/22 223.1 (additional 4.4 lb. gain in 6 days) and 223 on 12/18/22. R27 had a total weight gain of 31.9 lbs. in 8 days.  R27's Nursing Notes documents R27 admitted to the facility on 12/7/22. There is no documentation as to why R27's medications were not given on 1/2/8/22, or that the physician was notified of the missed doses. The Nurse Practitioner Progress Note with effective date of 12/8/12 and created date of 12/8/22 (late entry documents R27 recently admitted to the facility of lateral lower legs. R27's Chronic Kidney Disease was worsening and recommended to see a Nephrologist (kidney specialist) in one week.  R27's Nursing Note dated 12/19/22 at 9:59 AM documents R27 notified the nurse that R27 had gained 20 pounds since admission. R27 reported having difficulty breathing and requested to go to the emergency room. An ambulance was called and R27 was transported to the hospital. There is no documentation that R27's weight gain was reported to R27's physician after 12/9/22 or that		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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an appointment was made for R27 to see a	133	an appointment wa	as made for R27 to see a		4	
Nephrologist prior to 12/19/22.		Nephrologist prior	to 12/19/22.		* g 9	= *
	100	T071 11			= 2" 2"	5 6.
R27's Hospital Admission History & Physical	8751 III	R2/'s Hospital Adr	mission History & Physical		we s	
dated 12/19/22 documents R27 presented to the		dated 12/19/22 do	cuments R2/ presented to the	100		3.0
emergency room for concerns of fluid overload.  R27 reported gaining 20 pounds in one week and						
noted swelling in R27's lower legs and decreased	300					935

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 IL6002364-**B. WING** 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN **ARCADIA CARE DANVILLE** DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) Continued From page 17 S9999 S9999 urine output. R27's weight was 222 pounds on 12/19/22. R27 had peripheral edema and course breath sounds. R27 was admitted for treatment of Congestive Heart Failure exacerbation. On 3/13/23 at 1:44 PM V2 Director of Nurses stated the physician should be notified of a weight gain of 5 lbs. or more in a week for a resident with Congestive Heart Failure, and physician notification is documented in a progress note. On 3/14/23 at 11:14 AM V2 stated intake/output is not recorded for fluid restrictions, dietary and nursing just give the designated amount. V2 confirmed a check mark on the MAR indicates medication was given. V2 stated a "9" on the MAR means other and prompts to record the reason the medications were not given in a nursing note. If a medication is not available the nurse should contact the pharmacy to have the medication delivered from a backup pharmacy, and the medications usually arrives within 4 hours. V2 reviewed R27's December MAR and confirmed the fluid restriction is incorrectly transcribed to allow for 560 ml fluids given by nursing per shift and not daily as ordered. V2 confirmed R27's medical record does not document daily weights were obtained between 12/11/22 and 12/15/22. V2 was unable to provide documentation that R27 had seen a neurologist after 12/9/22, prior to 12/19/22. On 3/14/23 at 10:00 AM V11 Nurse Practitioner stated the facility should have monitored R27's weights closely and followed up with the Nephrologist. Residents with Congestive Heart Failure should be weighed weekly and notified of weight changes per the physician's ordered parameter. V11 confirmed R27's Burnex should have been administered as ordered and 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: A. BUILDING: COMPLETED IL6002364 B. WING 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1701 NORTH BOWMAN ARCADIA CARE DANVILLE DANVILLE, IL 61832 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 18 S9999 facility should have notified R27's physician of R27's significant weight gain prior to R27's hospitalization on 12/19/22. V11 stated missed doses of Burnex could contribute to weight gain. On 3/14/23 at 11:55 AM V26 Nephrologist stated: V26 began seeing R27 when R27 was admitted to the hospital for Congestive Heart Failure exacerbation and fluid volume overload on 12/19/23 and was dialyzed (fluid removed through dialysis). We were able to remove quite a bit of fluid weight off R27. R27 had Chronic Kidney Disease Stage 4 that progressed to Stage 5 gradually. On 3/14/23 at 12:50 PM V1 Administrator stated the former Nurse Practitioner (V25) was not documenting her progress notes timely and charting during her visits. She was placed on suspension by her company due to not completing charting timely. (A) Statement of Licensure Violaions (4 of 4): 300.1210b) 300.1210c) 300.1210d)2)3) Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary b) 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

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	care and personal of	eare shall be provided to each	00000			
	c) Each direct and be knowledgea respective resident	care-giving staff shall review ble about his or her residents' care plan.			* 152 153	er or v
	nursing care shall in	subsection (a), general clude, at a minimum, the practiced on a 24-hour, asis:	4			
1 6 2 6	All treatment administered as order.	s and procedures shall be ered by the physician.	s		18 <sup>2</sup>	
	resident's condition, emotional changes, determining care red further medical evalu	servations of changes in a including mental and as a means for analyzing and pured and the need for lation and treatment shall be ff and recorded in the cord.	2 2			
. Na 5≅	These requirements by:	were not met as evidenced	63			**************************************
	review the facility fail with meals and docu two residents (R78, F on the sample list of	n, interview, and record ed to supervise and assist ment meal intake for two of (114) reviewed for Nutrition 55. This failure resulted in in six months' time which is ses of 10.95%.				
	Findings include:			32 33		-
2 n S	1. R78's Physician Or	der Sheet (POS) dated				

AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION S:	(X3) DAT	E SURVEY MPLETED
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	March 2023 docum Dementia, Type III Disease Stage 4, t Malnutrition, and A ordered a Low Cor liquids. Frozen Nut and supper, Fortific Protein/Calorie Die Supplement (nutriti per day and Nutritie for Weight Loss.	nents R78 is diagnosed with Diabetes, Chronic Kidney Inspecified Protein-Calorie Itered Mental Status. R78 is neentrated Sweets diet with thin ritional Supplement at lunched Cereal at breakfast, High to for Weight Loss, House conal supplement) three times conal Drink two times per day ta Set dated 1/22/23 Severely Cognitively Impaired vision (Oversight.	3999			
	facility identified R7 function, is at nutrit Diabetes Type II, C Depression, and Ac nutritional issues (wappetite. The facility diet as ordered, ser chart meal intakes, signs of Dysphagiarefusals, encourage two meals, reorient refer R78 to a regis when needed.  R78's Weight Record 184.4 pounds on 9/6 down to 164.2 poun significant weight lose R78's Task Docume	ated 3/2/23 documents the 8 has impaired cognitive ional risk related to Dementia, hronic Kidney Disease, Ivanced Age, and has reight loss) related to loss of is to provide and serve R78's ve supplements as ordered, monitor/document/report any swallowing issues- meal R78 to eat at least 50% of and cue R78 as needed, and tered dietician to evaluate and the service of the service				

llinois Department of Public Health STATE FORM

EDBP11

PRINTED: 04/26/2023

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: IL6002364 B. WING 03/21/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1701 NORTH BOWMAN** ARCADIA CARE DANVILLE **DANVILLE. IL 61832** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE **DEFICIENCY**) S9999 Continued From page 21 S9999 Task Documentation for Eating documents no meal intake recorded for 18 out of 38 meals so far for the month. R78's Dietary Note dated 2/21/23 documents V22 Dietician completed an assessment for R78 and noted R78 had significant weight loss over three months and recommended fortified cereal at breakfast and pudding at lunch. On 3/12/23 at 12:00 PM R78 was lying in R78's bed, food untouched, with no supervision or assistance. On 3/12/23 at 12:15 PM R78 was still lying in R78's bed, food untouched, with no supervision or assistance. On 3/12/23 at 12:30 PM R78 was still lying in R78's bed, food untouched, with no supervision or assistance. On 3/13/23 at 12:00 PM R78 was lying in R78's bed, food untouched, with no supervision or assistance. On 3/13/23 at 12:15 PM R78 was still lying in R78's bed, food untouched, with no supervision or assistance. On 3/13/23 at 12:30 PM R78 was still lying in R78's bed, food untouched, with no supervision or assistance. On 3/13/23 at 12:45 PM R78 was still lying in R78's bed food untouched. V21 Certified Nurse Assistant picked up R78's lunch tray to put back on the cart. R78's lunch tray had a nutritional

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shake that was untouched and unopened. The lunch meal did not include a pudding cup.

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	(NP) confirmed R loss and has dem V11 confirmed sta assisting R78 with accurately record staff often leave F	AM V11 Nurse Practitioner 78 has had significant weight entia and a cognitive decline. If should be supervising and eating R78's meals and should R78's intake. V11 stated the	110 Pr			
	supervision or ass doesn't matter ho ordered, if the sta assisting R78 with supplements and weight due to low	to eat and do not provide sist with eating. V11 stated it w many supplements are ff aren't encouraging R78 and the consumption of the meals, R78 will continue to lose intake. V11 confirmed R78 ining room, sitting upright, with ssistance to eat.				
	2/13/23 does not a breakfast on 2/1/2 through 2/10/23. meal intake for lumination 1/10/23. meal intake for dimension 2/10/23. R114 R114 refused the 2/4/23, ate zero to	ake log dated 2/1/23 through document a meal intake for 23, 2/2/23, 2/3/23, or 2/6/23 This log does not document a nch on 2/2/23, 2/3/23, or 2/6/23 This log does not document a nner on 2/3/23 through 2/7/23 or 's meal intake log documents lunch meal on 2/3/23 and 25 percent for breakfast and 2/12/23, and ate zero to 25 ast on 2/13/22.				
	documents R114 includes intervent part of the meal, e	care Plan dated 10/5/15 is at risk for malnutrition and it ions to encourage R114 to eat encourage and monitor at meals te intake, monitor appetite and to physician.	* * * * * * * * * * * * * * * * * * *			
		cord does not document that aged to eat when refusing			281	

Illinois Department of Public Health

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9	meals, that R114's	meal intakes were monitored,		6		
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7.77	the physician.	x 1 799 890 792		80 00		377 8
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	On 3/14/23 at 11:3	1 AM, V2 Director of Nursing				
	trave and then the	Nurse's Assistants pass the document when pick up the	- 1=	a a a		100
2	trays and then they	document then it comes up or	,   =		1	¥8
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4,225	and me and V13 A	ssistant Director of Nursing are	е			22
84	supposed to monit	or it. I did not know thev				X . *
	weren't doing all th	is charting. (A)		g @		- x
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			1		& F 19 6	912
- 35	27		9.5%		23 (5)	,
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3 5				)x = ===		8