**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** IL6001317 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT **AUTUMN MEADOWS OF CAHOKIA** CAHOKIA, IL 62206 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) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual Health Certification Survey S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)2 300.1210d)5 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

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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 IL6001317 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2 ANNABLE COURT AUTUMN MEADOWS OF CAHOKIA** CAHOKIA, IL 62206 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 S9999 Continued From page 1 resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour. seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection. and prevent new pressure sores from developing. These Requirements were not met as evidenced by: Based on observation, interview and record review, the Facility failed to follow physician orders to maintain acceptable parameters of nutrition in 5 of 6 residents (R16, R18, R19, R27, and R82) reviewed for nutrition in the sample of 31. This failure resulted in continued, significant weight loss for R18 and R82 and worsening of R27's pressure ulcer.

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Findings include:

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puree diet order with (fortified) cereal at

breakfast, (high calorie) supplement 90 mL QID (four times daily), and HS (bedtime) snack. Assisted at meals. Per nursing conversation typically does not eat well at lunch but good at breakfast/dinner. Continue to encourage intakes and provide alternatives as indicated at meals."

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intake." "(R82) is at risk for abdominal

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		C76-007-10	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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\$9999	pain medication an "(R82) is at risk for impaired cognition, intake with need for placement." RD received as related to complete the related to comple	nstipation r/t reduced motility, d poor PO (oral) intake." fluctuations in weight r/t hallucinations/delusions, poor r G-Tube (gastrostomy) commended "Increased protein accyx wound" on 1/19/23.  orehensive Metabolic Panel)" ments albumin (blood serum (grams per deciliter) with	S9999			
	documents order for regular consistency breakfast for nutriti tube feeding 6P to (carbohydrate cont 60mL/hr (hour) cor an order for 90 mL three times a day of 1 packet of (skin in	mary Report) printed 4/27/23 or regular diet, regular texture, y, and double protein at on in addition to supplemental 6A. There is an order for rolled) enteral feeding at attinuous x 23 hours. There is (high calorie) supplement lated 3/30/23 and an order for attegrity) supplement twice per These orders do not specify				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:			DATE SURVEY COMPLETED	
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S9999	whether the supple mouth or by feeding	ments are to be given by	\$9999			
	2023 do not docum skin integrity supple 4/27/2023.	ent high calorie supplement or ement were given, as of d Vitals Summary" printed			27	3
	4/27/23 document I 11/30/2022 and 202	R82 weighed 252 pounds on 2.4 pounds on 4/27/23 which nd weight loss or 19.6% weight				
N,	admitted to the faci diagnoses including phase; mild protein unspecified demen without behavioral disturbance, mood	et documents R27 was lity on 9/23/13 and has g dysphagia, oropharyngeal -calorie malnutrition; tia, unspecified severity, disturbance, psychotic disturbance, and anxiety; and pressure ulcer of sacral				
	severely cognitively dependence with 2 mobility and transfe with one person as one stage 3 pressu upon admission with	8/22/23 documents R27 is impaired, requires total + staff assistance for bed er, requires total dependence sistance for eating, and has are ulcer that was not present the treatments including on intervention to manage skin				Ξ;
e e	at risk for skin brea and bladder inconti weight loss r/t adva	ndated, documents, "(R27) is akdown and infection r/t bowel inence." "(R27) is at risk for ancing disease and age." plements and snacks as				

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previous visit's conclusion.

Plus" Evaluation dated 4/14/23 documents stage 3 on coccyx measuring 6.0 cm length x 8.0 cm width x 0.4 cm length. The length and width of the wound/skin issue deteriorated compared to the

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healing. She stated she tries to educate staff on

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malnutrition.

up as indicated. Provide, serve diet as ordered. Monitor intake and record q (every) meal. RD to

evaluate and make diet change recommendations PRN. Weights as ordered/monthly. Weekly weights. Monitor/record/report to MD PRN s/s of 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: B. WING IL6001317 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT **AUTUMN MEADOWS OF CAHOKIA** CAHOKIA, IL 62206 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 R16's MDS, dated 1/9/2023 documents alert, 56 inches and 87 lbs. No weight loss or weight gain documented. R16's Registered Dietitian Progress Note, dated 3/9/2023 at 3:27 PM, documents weight (3/9) 84 pounds BMI 18.8 significant weight loss triggering -4.6 lbs x 1 month -10.6 lbs x 11/7 (11.2%) weight with noted fluctuations 82-89 lbs since mid-December 2022. Receiving mechanical soft diet order with meals in bowls, health shake with meals, 2 cal/ml supplement 90 ml QID, snack TID, super cereal at breakfast, magic cup at lunch and dinner and weekly weights to monitor nutritional status. Continue current POC (plan of care) with multiple interventions in place. Monitor, continue to encourage intakes and provide alternatives at meals as indicated. RD f/u PRN. Recommend: 1. reweigh to confirm weight status. Currently with mechanical soft diet in orders. noted 2/20 health status note for upgrade to regular, suggest clarifying current diet texture in orders. R16's POS, dated 3/16/2023 documents regular diet regular texture and consistency. Serve all meals in bowls. Iced tea with all meals. Health shake with all meals. Super cereal at breakfast, snacks TID (three times a day) ice cream with meals for difficulty chewing/swallowing related to dysphagia. R16's POS, dated 3/2023 no documentation of a health shake, ice cream or snacks TID were administered or if the resident refused them. R16's MDS, dated 4/11/2023 documents resident not able to complete the interview, 56 inches and 89 lbs. No weight loss or weight gain

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documented.

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S9999	Continued From page 11	S9999			
*	R16's Electronic Medical Record, dated 4/25/2023 R16 weighed 84.8 lbs.		80		
	R16's POS, dated 4/2023 no documentation of a health shake, ice cream or snacks TID were administered or if the resident refused them.			ā ·	
,	On 4/26/2023 at 12:15 PM R16 observed sitting on the side of her bed eating grilled cheese. There was no health shake or ice cream on her tray and no dietary card on her lunch tray.	- 22			
	5. R19's Undated Care Plan documents she at risk for fluctuations in weight r/t poor appetite/PO intake, impaired cognition. Interventions: maintain adequate nutritional status as evidenced by maintaining weight, no s/sx of malnutrition through review date. Administer medications as ordered. Explain and reinforce to her the importance of maintaining the diet ordered.				77
	Encourage her to comply. Explain consequences of refusal, obesity/malnutrition risk factors. Invite her to activities that promote additional intake. Monitor/record/report to MD PRN s/sx of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6				×.
	months. Observe for/report PRN any s/sx of dysphagia: Pocketing, Choking, Coughing, Drooling, Holding food in mouth, Several attempts at swallowing, Refusing to eat, Appears concerned during meals. Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated.	<b>5</b>	## ## ## ## ## ## ## ## ## ## ## ## ##		22
ĺо	Provide, serve diet as ordered. Notify nurse of any refusal to eat/drink. RD to evaluate and make diet change recommendations PRN.	,			
	R19's POS, dated 11/3/2022, documents regular texture, regular consistency, fortified foods lunch				

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					COMPLETED	
		IL6001317	B. WING		04/:	28/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From pa	ige 12	S9999			
	and dinner, ice creatand supper, super (3 times a day) ice R19's Electronic Moveight 1/6/2023 10 102.4 pounds. R19's Weight Chart 1/12/2023 2:05 PM dietitian today r/t work R19's Registered Edated 1/16/2023 12 weight(1/9)-102.4 II loss triggering from month(5.9%). Slight days. Receiving reglunch/dinner, ice cr lunch/dinner, super supplement 60 ml Setup help at meal	am and magic cup with lunch cereal at breakfast snacks TID cream for all meals.  edical Record, documents 1.2 pounds and 1/9/2023  age Progress Note, dated documents consult sent to				
	Per previous notes when she wants to ordered which may stimulation but note medication often. A related to bipolar, Murther weight loss Increase 2 cal/ml s nutrition support 2. meals 3. Increased	resident has hx of only talking. Mirtazapine 7.5 mg daily help aid in appetite ed per MAR is refusing at increased nutritional risk MDD, schizophrenia dx. No desired. Recommend: 1. upplement to 90 ml TID for Offer snack TID between I supervision at meals with adequate PO intakes. RD to	S2	€		
	AM documents Per supplement to 90 n	s Note, dated 1/18/2023 11:52 r dietitian 1. Increase 2 cal/ml nl TID for nutrition support. 2. etween meals. 3. Increased		40		5

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 IL6001317 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT **AUTUMN MEADOWS OF CAHOKIA** CAHOKIA, IL 62206 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) \$9999 Continued From page 13 S9999 supervision at meals with encouragement for adequate PO intakes. RD to f/u PRN. Orders have been entered per MD and Guardian has been notified. R19's Medication Administration Record (MAR) dated 1/2023, no documentation of 2 cal supplement or snacks administered per physician's orders. R19's Electronic Medical Record, dated 2/2/2023 documents weight 110.8 lbs. R19's R19's Weight Change Progress Note. dated 2/3/2023 8:57 AM, documents Resident has triggered for a 5% weight gain and there are no recommendations and guardian has been notified. R19's Electronic Medical Record, dated 2/7/2023 documents weight 111.4 lbs. R19's Weight Change Progress Note, dated 2/9/2023 at 10:01 AM documents resident has triggered for a 5% weight loss and there are no recommendations. R19's RD Progress Note, dated 2/9/2023 at 2:12 PM, documents weight (2/7)-111.4 lbs, BMi-17.4. Significant weight gain triggering +9 lbs x 1 month (8.8%). Weight gain desired with low BMI status. Receiving regular diet with multiple nutrition interventions: fortified food at lunch/dinner, ice cream/magic cup with lunch/dinner, super cereal at breakfast, snack TID. 2 cal/ml supplement 90 ml TID for added nutrition support. Setup help at meals. Continue current POC. RD to f/u PRN.

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R19's Electronic Medical Record, dated 2/16/2023 documents weight 100 lbs.

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: \_ IL6001317 B. WING 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2 ANNABLE COURT AUTUMN MEADOWS OF CAHOKIA** CAHOKIA, IL 62206 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 14 S9999 R19's Electronic Medical Record, dated 2/20/2023 documents weight 100 lbs. R19's RD Progress Note, dated 2/20/2023 at 11:57 AM documents weight (2/20)-100 lbs. BMI-15.7. Significant weight loss triggering from gain on 2/2(-10.8 lbs x 2/2 9.7%). Receiving regular diet with multiple nutrition interventions: fortified food at lunch/dinner, ice cream/magic cup with lunch/dinner, super cereal at breakfast, snack TID. 2 cal/ml supplement 90 ml TID for added nutrition support. Setup help at meals. Recommend: increase 2 cal/ml to 90 ml QID for added nutrition support and refer to MD (physician) for possible re-initiation of appetite stimulant, RD to f/u PRN. R19's Weight Change Progress Note, dated 2/21/2023 at 2:06 PM, documents resident had triggered for a 5% weight loss, and she has new orders and guardian has been notified R19's POS, dated 2/21/2023 documents an order 2Calories/ml four times a day (QID) for supplement. R19's Medication Administration Record (MAR) dated 2/2023, no documentation of 2 cal supplement or snacks administered per physician's orders R19's RD Progress Note, dated 3/2/2023 at 10:36 AM documents, weight (3/2)-99.6 lbs, BMI-15.6. Significant weight loss triggering -11.2 lbs x 1 month (10.1%). Weight overall stable since 2/16. Noted weight loss triggering from gain 2/2,2/7. Weight previously stable between 102-108 lbs

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since admit. Receiving regular diet with multiple

nutrition interventions: fortified food at

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

• · · · · · · · · · · · · · · · · · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATÉ SURVEY COMPLETED	
						~	
		IL6001317	B. WING		04/2	28/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
AUTUMN	MEADOWS OF CAH	OKIA	LE COURT , IL 62206				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S9999	lunch/dinner, super TID. 2 cal/ml suppl 2/21 for added nutr meals with assist a with schizophrenia affecting intakes. Melp meet EEN. Comeals and supplem maintenance. Refer R19's POS, dated order for weekly we R19's Electronic Madocuments weight R19's Weight Char 3/3/2023 at 11:24 /	eam/magic cup with recreal at breakfast, snack ement 90 ml increased to QID rition support. Setup help at as needed. Noted behaviors /bipolar dx which may be fultiple interventions in place to ontinue to encourage intakes at nentation. Goal is for weight er to RD PRN.  3/2/2023 a new physician's eights.  dedical Record, dated 3/2/2023 99.6 lbs.  age Progress Note, dated AM documents resident has weight loss and there are no	S9999				
	documents weight R19's Quarterly MI documents resider impaired, eating su 67 inches tall, weig 5% in last month o months: no or unk R19's Electronic M 3/15/2023 documents R19's Weight Cha	DS, dated 3/14/2023  It is severely cognitively upervision with setup help only, ghed 99 pounds, weight loss of the loss of 10% or more in 6					
2 1 De3 2	3/17/2023 at 8:53	AM, documents resident has weight loss and there are no		8			

6899

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	e.	IL6001317	B. WING		04/28/2023	
NAME OF I	PROVIDER OR SUPPLIER	OTDERT AS	DDEOG OITH	77475 319 0005	1 04/20/2020	-
NAME OF I	PROVIDER OR SUPPLIER		99 %	STATE, ZIP CODE		
AUTUM	MEADOWS OF CAH	OKIA	LE COURT A, IL 62206			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPL	ETE
S9999	Continued From pa	ge 16	S9999		-	
	R19's Electronic Me 3/20/2023 documen	edical Record, dated nts weight 96.0 lbs.	53	9.5 9.0		
•	R19's Electronic Me 3/29/2023 documen	edical Record, dated ats weight 90.4 lbs.				
₩	3/31/2023 at 12:09 triggered for a 5% v	Program Note, dated PM, documents resident has veight loss there are no and consult has been sent to				,
	dated 3/2023, no do	dministration Record (MAR) ocumentation of 2 cal ocks administered per	:			
	AM documents, we Significant weight to month (9.2%), -10.8 11/9(16.9%). Receivantrition intervention lunch/dinner, ice crelunch/dinner, super TID. 2 cal/ml supple QID 3/30/2023 for a			**************************************		
35 37	weights ordered to a that mirtazapine pre- refusing medication labs/outside appoin resident to get food nutrition but wound Noted behaviors with which likely effecting interventions in place (estimated energy moncompliance with	monitor nutrition status. Noted eviously ordered. Hx of s. Noted non-compliant with tments. RD has tried to visit preferences/help assist with not answer any questions. It schizophrenia/bipolar dx g intakes. Multiple te to help meet EEN needs.) Due to behaviors and				

PRINTED: 05/16/2023 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6001317 04/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2 ANNABLE COURT **AUTUMN MEADOWS OF CAHOKIA** CAHOKIA, IL 62206 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 17 S9999 candidate for tube feeding support-refer to MD about this if agreeable. Continue to encourage intakes at meals and supplementation. No further weight loss desired. Refer to RD PRN. R19's POS dated 4/4/2023 documents Mirtazapine 7.5 mg no reason ordered. R19's Electronic Medical Record, dated 4/6/2023 documents weight 98.0 lbs. R19's Electronic Medical Record. dated 4/12/2023 documents weight 90.0 lbs. 4/14/2023 1:49 PM Weight Change Nursing Progress Note, documents resident has triggered for a 5% weight loss and guardian has been notified. R19's Electronic Medical Record, dated 4/18/2023 documents weight 91.0 lbs. R19's Restorative Program Note, dated 4/21/2023 at 11:33 AM documents resident has triggered for a 5% weight loss, and she remains on weekly weights. R19's Electronic Medical Record, dated 4/25/2023 documents weight 91.0 lbs. R19's Medication Administration Record (MAR)

Illinois Department of Public Health

physician's orders.

dated 1/2023, no documentation of 2 cal supplement or snacks administered per

On 4/25/2023 at 11:40 AM V13, CNA stated she recently told the facility RD that R19 was losing a lot of weight, but she wasn't sure anyone was doing anything about it. V13 stated she gives her a snack when she remembers but R19 doesn't

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		iL6001317	B. WING		04/28/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	
AUTUMN	MEADOWS OF CAH	OKIA	LE COURT , IL. 62206		
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
S9999	Continued From pa	ge 18	S9999	(8)	
# #	documents a reside charting. V13 states	ere was no place for her to ent ate a snack in the CNA d dietary staff put magic lent's meal tray she's never gic shake.	9	* *	
100 100	told V1, Administrat few days ago but sl her anything other t room for meals. V1	:10 PM V11, CNA stated she for R19 was losing weight a ne wasn't instructed to offer than take her to the dining 1 didn't know what a magic n't know who administers it to		: E	
8	documents ice crea cereal for breakfast breakfast in the din half a piece of toas	15 AM R19's meal ticket am lunch and dinner and super t. R19 was observed eating ing room. R19 ate oatmeal, t and a bowl of cold cereal. It is shake on her tray. R19 ate			75.2
-	told the charge nursis losing weight a fe her permission to g additional. V17 didr	a:30 PM V17, CNA stated she se (name unknown) that V19 we weeks ago but no one gave live R19 snacks or anything n't know what a magic shake t would come from dietary on		-S	
	of her bed eating a	2:05 PM R19 sat up on the side grilled cheese sandwich and m. No magic shake was on ate 50% of lunch.			
	8/15/2018 documer responsible for pre- providing treatment	Ulcer-Wound Policy" effective nts, "Policy: All caregivers are venting, caring for, and t for skin ulcerations. Purpose: c residents for potential			

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