

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002844	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2023
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NAME OF PROVIDER OR SUPPLIER ELMWOOD TERRACE HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1017 WEST GALENA BOULEVARD AURORA, IL 60506
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) 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 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.	S9999	<p style="text-align: right;">Attachment A Statement of Licensure Violations</p>	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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S9999	<p>Continued From page 1</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to monitor and ensure a resident on a gastrostomy tube feeding was receiving the total amount ordered. This failure resulted in a 10.44 percent weight loss in three months. This applies to 1 of 2 residents (R36) reviewed for gastrostomy tube feedings.</p> <p>The findings include:</p> <p>According to the Electronic Health Record (EHR) R36 had diagnoses including Parkinson's Disease, protein calorie malnutrition, hypertension, gastroesophageal reflux disease, and acute embolism and thrombosis of left lower extremity.</p> <p>The Minimum Data Set (MDS) dated 02/01/2023 showed R36 was totally dependent on one staff for feeding, and was receiving gastrostomy tube feedings. R36 was 69 inches tall and weighed 143 pounds on admission. The MDS showed R36's cognition was severely impaired.</p> <p>A Care Plan showed R36 had unplanned weight loss with interventions to contact the physician and dietitian immediately if weight decline persists.</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>The Physician Order Sheet (POS) showed an order dated 03/14/2023 for Osmolite 1.5 calorie at 80 milliliters per hour (ml/hr) to start at 3:00 PM and end at 9:00 AM.</p> <p>The EHR showed the following weights: on 01/26/2023, 142.7 pounds; on 02/23/2023, 142.8 pounds; on 02/13/2023, 142 pounds; on 03/01/2023, 129 pounds; on 03/08/2023, 128.6 pounds; on 03/15/2023, 129 pounds; on 03/22/2023, 131 pounds; on 03/29/2023, 130 pounds; on 04/05/2023, 130 pounds; on 04/12/2023, 132 pounds; on 04/19/2023, 130 pounds; on 04/26/2023, 127.8 pounds; and on 04/27/2023, 127.6 pounds. On 01/26/2023, the resident weighed 142.7 pounds and on 04/26/2023, the resident weighed 127.8 pounds which is a 10.44 % loss.</p> <p>On 04/25/2023 at 11:35 AM, R36 was lying in bed and did not have any bottles of Osmolite hanging at the bedside. V17 (R36's family member) said R36 receives a feeding through his gastrostomy tube from 3:00 PM until 9:00 AM. V17 said the nursing staff usually starts the feeding later than 3:00 PM "sometimes 5:00 PM" and V17 does not know what time they discontinue it at. V17 said the dietitian started the continuous feedings to make sure R36 was receiving the correct amount consistently to keep his weight stable.</p> <p>On 04/26/2023 at 8:50 AM, R36 way lying in bed and did not have the Osmolite feeding infusing. V10 (Certified Nursing Assistant/CNA) and V15 (CNA) said they had provided incontinence care for R36 at 8:00 AM and the feeding was not</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>infusing and was no longer even connected. V10 and V15 weighed R36 using the total body mechanical lift and R36's weight was 127.8 pounds.</p> <p>On 04/26/2023 at 9:05 AM, V6 (RN) said she had discontinued R36's feeding around 8:45 AM because the bottle was empty. She did not start another Osmolite feeding bottle.</p> <p>On 04/26/2023 at 3:19 PM, V17 said R36's feeding was started at 3:30 PM on 04/25/2023, a half hour later than scheduled.</p> <p>On 04/27/2023 at 10:24 AM, V19 (Registered Dietitian) said she only visits the facility once a month and that if the resident receiving gastrostomy tube feedings is losing weight, they should notify her and the doctor. V19 said the facility did not notify me regarding R36's weight loss yesterday. R36 should be receiving a total of 1440 ml of Osmolite 1.5 calorie. V19 said weight loss could happen if he was not receiving the full amount of 1440 ml. V19 said if a feeding was started late, it was more important to ensure the total amount of 1440 ml was received, instead of ending it at a certain time.</p> <p>On 04/27/2023 at 10:38 AM, V22 (Medical Doctor/MD) said he would not expect any weight loss in residents receiving tube feedings. V22 was not notified of R36 having a weight loss.</p> <p>On 04/27/2023 at 2:20 PM, V26 (nurse) said she works the night shift from 10:00 PM until 6:00 AM and said the same container, which had been started on the evening shift, will usually last for the entire shift and would not be empty at 6:00 AM. V26 said she did not start a new feeding bottle for R36 on 04/26/2023.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>On 04/27/2023 at 4:29 PM, V2 (Director of Nursing/DON) said either she or the nurse should notify the dietitian and the physician when a resident has weight loss. According to V2, the physician and dietitian have not been notified with R36's weight loss as of now. V2 said the Osmolite containers are 1000 ml containers.</p> <p>The Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated April 2023 do not show any documented total feeding amounts infused.</p> <p>The facility's Care and Treatment of Feeding Tubes policy dated 12/2022 included the staff should be ensuring the administration of enteral nutrition is consistent with and follows the practitioner's orders. Periodic evaluation of the amount of feeding being administered for consistency with practitioner's orders.</p> <p>(B)</p>	S9999		
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