

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2023	
NAME OF PROVIDER OR SUPPLIER ALDEN PARK STRATHMOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 5668 STRATHMOOR DRIVE ROCKFORD, IL 61107		
(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
S9999	<p>Continued From page 1</p> <p>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>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to identify a significant weight loss and failed to ensure interventions were in place for a resident with significant weight loss. This failure resulted in R86 sustaining a 21.6 pound (16.41%) weight loss in one month.</p> <p>This applies to 2 of 2 residents (R86, and R117) reviewed for weight loss in the sample of 28.</p> <p>The findings include:</p> <p>1. R86's Admission Record (Face Sheet) shows</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2023
--	--	---	---

NAME OF PROVIDER OR SUPPLIER ALDEN PARK STRATHMOOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5668 STRATHMOOR DRIVE ROCKFORD, IL 61107
--	--

(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
S9999	<p>Continued From page 2</p> <p>her diagnoses to include, metabolic encephalopathy, type 1 diabetes mellitus with ketoacidosis, chronic kidney disease, congestive heart failure, non-pressure chronic ulcers of bilateral ankles/feet, and peripheral vascular disease.</p> <p>R86's 3/15/23 POS (Physician Order Sheets) shows fortified cereal was ordered for every morning. There were no more intervention until 6/22/23.</p> <p>R86's Progress notes shows on 3/18/2023 at 7:00 PM, V19,RD (Registered Dietitian) wrote R86 triggered for significant weight loss of 5% in 30 days. R86's weight was 132 pounds at that time. V19's suggested an intervention of fortified cereal, and to continue to monitor R86's weight. The progress notes from 3/15/23 to present shows the Nurse Practitioner documented R86 is "well nourished."</p> <p>R86's electronic medical record shows on 4/3/23, R86's weight was 131.6 pounds, and on 5/9/23, her weight was 110.0 pounds, for a weight loss of 21.6 pounds, or 16.41% in one month. R86's BMI (Body Mass Index) at that weight (110 pounds) is 20.1. R86's weight on 6/5/23 was 102.5 pounds, which makes her BMI 18.7.</p> <p>According to the CDC (Centers for Disease Control) web site, the BMI is calculated by an adults weight in kilograms by they're height in meters squared. A healthy BMI is between 18.5 and 24.9.</p> <p>R86's Care Plan shows she requires Nutritional Support, and the goal is for her to adhere to her therapeutic diet. There is no weight loss care plan.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2023
--	---	--	--

NAME OF PROVIDER OR SUPPLIER ALDEN PARK STRATHMOOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5668 STRATHMOOR DRIVE ROCKFORD, IL 61107
---	--

(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
S9999	<p>Continued From page 3</p> <p>R86's 5/22/23 MDS (Minimum Data Set) shows she is cognitively intact. Section G shows R86 needs supervision for eating.</p> <p>R86's weights: 1/2/23 147 pounds; 2/8/23 132 pounds; 3/15/23 131.2 pounds; 4/3/23 131.6 pounds, 5/9/23 110 pounds; 6/5/23 102.5 pounds.</p> <p>The 5/21/23 Nutritional Quarterly/Reassessment Assessment shows R86's weight on 5/9/23 (110 pounds) and 4/3/23 (132 pounds). This same document shows significant weight loss. The interventions suggested were to continue to monitor food intake and weights. The Summary shows the current diet meets nutritional needs.</p> <p>V19's weight notes shows all the residents who triggered from April to May 2023, and R86's name is not printed on the notes, however, her name (R86's) is hand written on the notes with a down arrow.</p> <p>On 6/21/23 at 8:30 AM, R86 ate half of her breakfast and only a few bites of her super cereal.</p> <p>On 6/21/23 at 12:30 PM, R86 said, she was not hungry. R86 said, "I don't always eat because I'm not hungry. I don't want to stuff myself and be uncomfortable."</p> <p>6/22/23 12:30 PM, V19, RD (Registered Dietitian), said, "The process is the CNA's (Certified Nursing Assistants) gets the weights on the residents monthly and put those weights into our electronic medical records, which automatically "triggers" a significant weight loss for a resident who lost a lot of weight. These weights go to V10, DM (Dietary Manager), and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 06/22/2023
NAME OF PROVIDER OR SUPPLIER ALDEN PARK STRATHMOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 5668 STRATHMOOR DRIVE ROCKFORD, IL 61107		
(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
S9999	<p>Continued From page 4</p> <p>then we have a monthly meeting to discuss the residents with weight loss and possible interventions. For some reason, (R86) did not trigger for weight loss between April and May 2023. Her (R86's) weight loss is severe from April 2023 to May 2023, and she would have put in additional interventions if I had been aware." V19 said she doesn't see month to month weight comparisons on residents unless they trigger for weight loss, so she doesn't know how she could have known. V19 said she is not sure why R86 did not "trigger". V19 said R86's weight loss could impact her health in a negative way.</p> <p>On 6/22/23 1:00 PM, V3, DON (Director of Nursing), said he looks at all the weights every month, and if he thinks the weight is wrong, he will re-weigh the resident. V3 said he did not re-weigh R86 in May 2023. V3 said he is not sure how he missed that. V3 said the system didn't flag R86 for weight loss, and he believes it was an error of the Dietitian for not clicking a certain box. V3 said, "That is too much weight to lose in a month, and could be detrimental to R86's health."</p> <p>On 06/22/23 1:30 PM, V10, DM (Dietary Manager), said he goes over all the weights that triggered for weight lose with V19, RD, every month. V10 said he doesn't know why R86 did not trigger for weight loss. V10 admitted, "That's a lot of weight to lose." V10 said he enters all the weights the CNA's take, so V19 can review them and make recommendations. V10 didn't notice the change because he depends on the electronic medical record to trigger weight loss for that resident. V10 said, "That could impact her health in a negative way. (R86) had significant weight loss between April and May."</p> <p>2. R117's The Nutrition</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007165	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ALDEN PARK STRATHMOOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5668 STRATHMOOR DRIVE ROCKFORD, IL 61107
--	--

(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
S9999	<p>Continued From page 5</p> <p>Quarterly/Reassessment/Assessment, dated 5/26/23, showed she is to have fortified potatoes twice a day, nutritional supplement shake twice a day and fortified pudding at lunch. The weight history included: 5/2/23-129 lbs (pounds); 4/3/23-130 lbs; 3/2/23-145 lbs, 2/10/23-146 lbs, 1/4/23-146 lbs, and 12/5/22-150 lbs. Significant weight change in past 6 months and past 3 months. Variable intake. Dining skills: supervision. Nutrition goals: maintain hydration, increase intake, and oral intake greater than 50%.</p> <p>R117's MDS (Minimum Data Set) Assessment, dated 5/29/23, showed moderately impaired cognition; supervision and set up needed for eating.</p> <p>R117's Dietary Care Plans, dated 6/5/23, showed, "requires nutritional support related to dysphagia following cerebral infarction; has the potential for hypo/hyper glycemc reactions secondary to diagnosis of diabetes mellitus; (R117) has potential for altered cardiac function related to diagnoses of hypertension." R117 did not have a care plan in place for a significant weight loss.</p> <p>R117's Admission Record (Face Sheet), dated 6/22/23, showed medical diagnoses including right sided hemiplegia following cerebral infarction, aphasia, dysphagia, atrial fibrillation, type 2 diabetes mellitus, polyosteoarthritis, adjustment disorder with depressed mood, vascular dementia, and hypertension.</p> <p>R117's Physician Orders, dated 6/22/23, showed fortified pudding in the afternoon for a nutritional supplement</p> <p>On 6/21/23 at 12:27 PM, R117 was sitting in her wheelchair at the dining room table. R117 had a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2023
NAME OF PROVIDER OR SUPPLIER ALDEN PARK STRATHMOOR		STREET ADDRESS, CITY, STATE, ZIP CODE 5668 STRATHMOOR DRIVE ROCKFORD, IL 61107		
(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
S9999	Continued From page 6 general diet that consisted of rice, mixed vegetables, cake, and chicken with mushrooms and a sauce. R117 had an unopened container of fortified chocolate pudding on the table near her plate. At 12:43 PM, R117 wheeled herself away from table after eating her chicken, some vegetables, and cake. R117's container of fortified pudding remained unopened and untouched on the table. Staff were not observed providing verbal cues to R117 during her meal; no one encouraged R117 to eat her fortified pudding. On 6/22/23 at 7:49 AM, V3, DON (Director of Nursing), stated, "(R117) has had weight loss and we put interventions in place. (R117) goes to the dining room to eat, is monitored at meals, and receives supplements to help with her weight loss. The supplements are important because they are to help her gain weight. Staff are to assist with opening supplements and encourage the resident to eat the supplement." The facility's Nutrition Care Significant Weight Loss policy (1/2018) showed, "Policy: Residents with significant weight loss will be assessed by the Licensed Dietician. Purpose: To reduce the risk of malnutrition. Procedure: Residents with significant weight loss will be discussed with members of the interdisciplinary team (IDT). A significant weight loss is 5% in one month, 7.5% in 3 months, and 10% in 6 months. The Licensed Dietician (LD) will evaluate the cause of the weight loss and recommend nutrition interventions to prevent further weight loss or enhanced weight gain. Interventions may include supplements, snacks, favorite foods, referral to other member of the health care team for evaluation, diet liberalization, etc. The LD will document findings and recommendations in the	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007165	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/22/2023
--	--	--	---

NAME OF PROVIDER OR SUPPLIER ALDEN PARK STRATHMOOR	STREET ADDRESS, CITY, STATE, ZIP CODE 5668 STRATHMOOR DRIVE ROCKFORD, IL 61107
--	--

(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
S9999	<p>Continued From page 7</p> <p>medical record. Recommendations will be discussed wit the resident, member(s) of the IDT, and forwarded to the physician via nursing services. Upon change in diet order (physician order) or other intervention the care plan will be updated."</p> <p>The facility's Nutrition Assessment policy (12/2017) showed, "Policy: A nutrition assessment will be completed for each resident admitted into the building. Purpose: To reduce the risk of malnutrition. Care plans are developed to identify nutrition problems/strengths, goals, and approaches."</p> <p>The Nutrition Intervention & Monitoring policy (1/2018) showed, "Policy: The Licensed Dietician (LD) will evaluate assessment data and develop nutrition interventions as appropriate. Purpose: To reduce the risk of altered nutrition. Procedure: Upon evaluation of the assessment data the LD will determine if a nutrition intervention recommendation is required. Interventions may be required for such things as significant changes in oral intake, weight, abnormal labs, increased nutrient needs, referral to other IDT (interdisciplinary team) member, and so forth. The LD will document the recommendation in the medical record and the dietician recommendation form. The LD will provide a copy of the Dietitian Recommendation form to the Director of Nursing or designee for a decision by the physician. After implementation of the intervention the nutrition status of the resident will be reviewed at a minimum of quarterly. When status is not improving the LD will offer alternative interventions or indicate why current interventions continue to be appropriate."</p> <p>(B)</p>	S9999		

