

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008817	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2023
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NAME OF PROVIDER OR SUPPLIER ASCENSION SAINT ANNE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4405 HIGHCREST ROAD ROCKFORD, IL 61107
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S 000	Initial Comments Annual Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1210 b) 300.1210 c) 300.1210 d)3) 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. c) Each direct care-giving staff shall review	S9999		

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

TITLE

(X6) DATE

Electronically Signed

07/27/23

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S9999	<p>Continued From page 1</p> <p>and be knowledgeable about his or her residents' respective resident care plan.</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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and 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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based observation, interview, and record review, the facility failed to monitor a resident's weight who was experiencing weight loss, and failed to provide the ordered follow-up consults with the Dietician. This applies to one of one resident (R95) reviewed for weight loss in the sample of 23. These failures resulted in R95 experiencing a 15% weight loss.</p> <p>The findings include:</p> <p>The facility face sheet shows R95 was admitted to the facility on 5/19/23, with diagnoses to include congestive heart failure, repair of left hip fracture, and chronic kidney disease.</p> <p>The facility assessment, dated 5/25/23 for R95, shows her to cognitively intact and requires extensive staff assistance for bed mobility and transfers.</p> <p>The facility care plan for R95 shows on 5/25/23 a problem for weight loss/appetite was added to her</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>care plan with a goal to maintain her current weight and her skin to remain free from pressure wounds. (R95 has a stage 3 pressure wound). Interventions include to weigh the resident as ordered and to record the results and report any significant change to the Physician and Dietician.</p> <p>The facility list of weights for R95 shows a weight of 116.8 pounds on 5/20/23, and on 7/12/23, R95 weighed 98.6 pounds. This is a 15 % weight loss for R95.</p> <p>The Physician Orders for R95 shows on 5/19/23 an order for daily weights. On 6/29/23 an order for weight to be checked every Monday, Wednesday and Friday.</p> <p>The facility weight list for R95 shows weights were not checked daily or three times a week. A gap from 6/17/23 to 7/9/23 shows no weights were obtained.</p> <p>The Physician orders for R95 shows on 6/22/23 an order was written for Dietary follow-up due to poor appetite and weight loss. On 6/25/23, another order was written for R95 to have a dietician consult related to a wound.</p> <p>R95's clinical record shows neither consult was completed.</p> <p>The nutrition risk assessment, dated 5/26/23 shows R95 to be at risk for malnutrition and interventions of daily weight was recommended.</p> <p>On 7/13/23 at 10:50 AM, V5, Dietician, said she was aware R95 was losing weight, and said she has been following up on it. V5 said she should have documented the interactions she has had with R95. V5 said she was not aware of the</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Physician order consult, and the computer had not alerted her to R95's recent weight loss. V5 said she would expect her weight to recorded daily as ordered, so her overall condition could be monitored.</p> <p>On 7/13/23 12:38 PM, V2, Director of Nursing/DON, said, "Weights should be monitored as ordered. It's important to monitor for weight loss or gain as they are an indication for underlying health issues."</p> <p>The facility policy, with a revision date of 1/2023, for weight monitoring shows appropriate nutritional care shall be provided to residents who have a significant weight change. A significant weight change is identified as a weight loss or gain of 5% in 30 days, 7.5% in 90 days or 10% in 180 days. C. a report should be generated from the electronic medical record system identifying all residents with a significant weight change.... F> A nursing or nutrition associate should notify the health care provider of any significant weight change.....</p> <p>(B)</p>	S9999		