

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004261	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2024
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NAME OF PROVIDER OR SUPPLIER GOLDWATER CARE BLOOMINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST WALNUT BLOOMINGTON, IL 61701
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S 000	Initial Comments Annual Health Survey Complaint Investigation 2460744/IL169188	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1010 h) 300.1210 b) 300.1210 d)3) 300.1220 b)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 300.1010 Medical Care Policies h) The facility shall notify the resident's 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.	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE 	(X6) DATE 02/14/24
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S9999	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</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>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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>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 obtain and monitor weights; failed to complete nutritional assessments; failed to monitor nutritional status for residents; failed to notify the Physician and resident/resident representative of changes and monitoring issues with residents weights; and failed to include a nutritional plan of care in the comprehensive care plan for residents with a significant weight loss. These failures affects two (R10, R22) of three residents reviewed for body weight in a sample list of 32 residents. These failures resulted in R10 experiencing an unintended unmonitored significant weight loss of over 40 lbs.(pounds) in 3 months, placing R10 at risk for multiple clinical issues and hospitalization.</p> <p>Findings include:</p> <p>1. R10's undated Face Sheet documents R10 admitted to facility on 9/22/23. This same Face Sheet documents R10's medical diagnoses of Diabetes Mellitus Type II, Pulmonary Edema, Dementia, Chronic Kidney Disease Stage 3, Heart Failure, Abnormalities of Gait and Mobility, Schizophrenia, and Anxiety.</p> <p>R10's Minimum Data Set (MDS), dated 10/13/23,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>documents R10 as severely cognitively impaired. This same MDS documents R10 required maximum assistance for eating, dressing, toileting, bed mobility and transfers.</p> <p>R10's Physician Order Sheet (POS), dated January 2024, documents a physician order, dated 1/22/24, to obtain weekly weights. This same POS does not document a routine weight order prior to 1/22/24.</p> <p>R10's Careplan does not include a focus area, goal, or interventions for Nutrition or weight monitoring.</p> <p>R10's Electronic Medical Record (EMR) documents R10's weight on 10/9/23 as 177.0 pounds (lbs), 10/17/23 as 176.0 pounds (lbs), 1/5/24 as 134.0 lbs and weight on 1/31/24 as 131.5 lbs. It does not document a completed nutritional assessment for R10's length of stay. This same EMR does not document Physician or Power of Attorney (POA) notification of weights not being done nor R10's subsequent weight loss.</p> <p>On 2/1/24 at 2:30 PM, R10 was sitting in wheelchair in the resident community lounge area. R10 was attempting to adjust shirt due to R10's shirt being very loose fitting. R10's face was pale with both cheeks slightly sunk in.</p> <p>On 1/31/24 at 11:10 AM, V2, Director of Nurses (DON), stated, "Weights are to be obtained for the first three days of a resident's stay and then weekly for four weeks. After that, if the resident's weight is stable, it can be reduced to monthly, assuming the Physician signs off on that. Every resident should be weighed at least monthly. If a resident refuses to be weighed, then the staff</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>should re-attempt, and document the resident's refusals. The staff should communicate these things to the management team, so the Interdisciplinary Team (IDT) can review and possibly initiate new interventions. I don't know why (R10's) weight was not done for November and December. Once that was brought to our attention, we (facility) re-weighed her and she did actually lose that much weight. That is unhealthy to lose that much weight that fast."</p> <p>On 1/31/24 at 3:45 PM, V11, Minimum Data Set (MDS)/Care Plan Registered Nurse (RN), stated R10's careplan should have included a section on R10's nutritional needs. V11 stated R10's careplan should have included her diet, any dietary needs, and weight monitoring.</p> <p>On 2/1/24 at 7:50 AM, V16, Licensed Dietician, stated, "Every resident should be weighed by the facility policy. This facility's policy requires a new resident to be weighed daily for the first three days, then weekly for four weeks. I am not sure what happened with (R10's) weights. (R10) should have been weighed at least monthly. For some reason, (R10's) weight was obtained in October as 176 pounds (lbs) on 10/17/23, and 134 lbs on 1/5/24. (R10) does not have any weights documented in between those two dates. There does not seem to be any reasonable explanation for that dramatic weight loss. I do not know why the facility did not weigh (R10), but I do know her nutritional status affects her clinical status. If (R10) did lose 44.5 lbs in three months without purpose, then there is a clinical reason behind it. I would expect the facility to do a complete assessment on (R10) to determine the cause of her weight loss. That much weight loss is not healthy even when it is intended, which (R10's) is not. The facility caused harm by</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>putting (R10) at high risk of multiple clinical issues from not monitoring her unintended dramatic weight loss. This could have resulted in a hospitalization or even death caused by a clinical status change brought on by weight loss that was not monitored."</p> <p>2. R22's undated Face Sheet documents an admission date of 12/18/23, and discharge date of 1/15/24. This same Face Sheet documents R22's medical diagnoses as Wedge Compression Fracture of Lumbar Vertebrae, Protein Calorie Malnutrition, Diabetes Mellitus Type II, Atrial Fibrillation, Repeated Falls, Weakness, and Long term use of Anti-Coagulants.</p> <p>R22's Minimum Data Set (MDS), dated 12/21/23, documents R22 as moderately cognitively impaired. This same MDS documents R22 as dependent on staff for assistance with toileting, personal hygiene, bed mobility and supervision with eating.</p> <p>R22's Physician Order Sheet (POS), dated December 2023, documents a physician order to obtain R22's height and weight on 12/19/23. This same POS documents a physician order to obtain daily weights for three days starting 12/20/23-12/22/23 and then weekly weight x four weeks.</p> <p>R22's Physician Progress Note, dated 12/29/23, documents R22's weight as 109.6 lbs. R22's Electronic Medical Record (EMR) does not document any other weights obtained by facility during entire stay.</p> <p>On 1/30/24 at 9:50 AM, V29 (R22's family member) stated the facility did not weigh R22.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>V29 stated, "This was mentioned to the V1 Administrator, and she told us she would take care of it, but never did."</p> <p>On 1/31/24 at 11:15 AM, V2, Director of Nurses (DON), stated R22's Hospital records, dated 12/6/23, documents a weight of 149.0 pounds (lbs) and V7's progress note on 12/29/23 states her weight as 109.6 lbs. V2 stated R22's weight loss seems too dramatic, and does not believe it to be true weight loss. V2, DON, stated, "We (facility) did not obtain any weights for (R22). I don't have a good answer as to why. Maybe the staff thought since (R22) was on hospice they don't need to get her weight. I really do not know. I will have to inservice my staff on these things. They are important pieces of information that involves the resident's care and well-being."</p> <p>On 1/31/24 at 4:00 PM, V15, Certified Dietary Manager (CDM), stated the Dietary department reviews the residents weight in weekly weight meetings. V15 stated, "(R22's) weight was recorded on section K of the Minimum Data Set (MDS), so that is what I used. I didn't question it since that was on the MDS. That information should be accurate. I should have asked about the follow up weights but did not. I did let (V16) Licensed Dietician know that (R22) had admitted so that (V16) could review. (V16) Licensed Dietician did call me on 1/11/24 to ask the staff to obtain a height and weight because it was not listed in the Electronic Medical Record (EMR).</p> <p>On 1/31/24 at 4:15 PM, V11, Minimum Data Set (MDS) Coordinator, stated the staff attempted to get R22's weight on admission and R22 refused. V11 stated V11 used the hospital weight on 11/30/23 of 140 pounds (lbs) to enter on R22's MDS assessment as facility obtained weight. V11</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>stated no re-attempts were made to obtain R22's weight. V11, MDS, stated, "I asked (R22) to be weighed and she refused. I did not go back and ask her again. I did not ask the staff to attempt to get her weight. I should have tried again or had the staff try."</p> <p>On 2/1/24 at 7:53 AM, V16, Licensed Dietician, stated, "All new residents should be weighed seven times in the first five weeks. That weight gives me a good solid indicator of the nutritional status of that resident. If there is no weight or height obtained, as with (R22), I cannot complete the nutritional assessment. This is super important. I repeat, I cannot do any assessment without that information. We have no idea if (R22) gained or lost weight. (R22) admitted to the facility on hospice, so there is reason alone to think she might have lost weight."</p> <p>On 2/1/24 at 8:00 AM, V2, Director of Nurses (DON), stated the facility should have obtained R10's and R22's weights. V2, DON, stated if for some reason the weight was not obtained, then the facility should have notified V7, Physician, Power of Attorney (POA), and nurse management so that the follow up could be completed. V2, DON, stated V2 would inservice staff on importance of communication from floor staff to management staff. V2 stated, "I don't think we have a policy on that, it is just the expectation from our staff."</p> <p>On 2/1/24 at 4:05 PM, V7, Medical Director, stated the weight documented in V7's progress note was incorrect. V7 stated R22 did not appear to have lost 40 lbs during her stay at facility. V7 stated R22's weight was unknown to V7.</p> <p>R22's Electronic Medical Record (EMR) does not</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>document Physician or Power of Attorney (POA) notification that weights were not obtained during the entire stay.</p> <p>The facility policy titled 'Weights', revised 10/17/2019, documents, "each resident shall be weighed on admission or at least monthly thereafter or in accordance with the Physician orders. Re-weight should be obtained if there is a difference of five pounds or greater (loss or gain) since previous recorded weight. Re-weight should be obtained as soon as possible after an unanticipated weight change is noted and prior to calling the physician within 72 hours. Efforts should be made to obtain all weights and re-weights by the 10th of each month. Undesired or unanticipated weight gain or loss of 5% in 30 days, 7.5 % in three months or 10% in six months shall be reported to the Physician, Dietician and/or Dietary Manager as appropriate. Weekly weights may be discontinued if the resident's weight has remained stable for four consecutive weeks or as determined by the Physician, Dietician or Interdisciplinary Team (IDT)."</p> <p>The facility policy titled 'Comprehensive Care Plan', revised 11/17/2017, documents the facility will develop and implement a comprehensive person centered care plan for each resident, consistent with the resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>(B)</p>	S9999		