

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2024
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NAME OF PROVIDER OR SUPPLIER EDEN VISTA HOFFMAN ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194
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S 000	Initial Comments	S 000		
S9999	<p>First Probationary Licensure Survey</p> <p>Final Observations</p> <p>Statement of Licensure Violations (1 of 8)</p> <p>330.710a)</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure an oxygen tank was secured. This applies to 1 of 13 residents (R104) reviewed for safety in a sample of 13.</p> <p>The findings include:</p> <p>On 6/17/24 at 9:20 AM, an unsecured oxygen tank was leaning against the wall in R104's room. The oxygen tank was in a sling with the straps and old nasal cannula wrapped around the tank. This oxygen tank was in the same location at 10:30 AM, 11:45 AM, 1:15 PM. R104's room had no oxygen tank rack or wheeled carrier in it. This included the closet.</p>	S9999		

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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>On 6/17/24 at 9:25 AM, V10 (Physical Therapy Aide) came to R104's room to do therapy with R104. V10 stated the tank has been in the room for awhile, and R104 did not have to use it with therapy for a few weeks. At this time, R104 stated he could not remember the last time he needed to use it.</p> <p>On 6/17/24 at 11:00 AM, V15 (Registered Nurse/RN) stated when an oxygen tank is not being used or stored it should be in a rack. Usually when a resident is using oxygen tanks the durable medial equipment company will provide a holder to keep tanks secured.</p> <p>On 6/17/24 at 11:30 AM, V2 (Director of Nursing/DON) stated if a resident is using oxygen tanks they are stored in their rooms when not in use. The tanks should be in a holder.</p> <p>The facility's Oxygen Administration and Storage Policy dated 6/15/23 showed "E-tank ...When a tank is set up ...the tank may never be left unsecured at any time...Storage: Oxygen cylinders must be stored in racks with chains, sturdy portable carts and/or approved stand in designated areas. May not be stored in resident's room or living area when not in use ...May not be left free standing ..."</p> <p>(C) Statement of Licensure Violations (2 of 8)</p> <p>330.710a) 330.790a) 330.790c)1) Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.790 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Infections Code. Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):</p> <p>1) Guideline for Hand Hygiene in Health-Care Settings</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure that staff perform hand hygiene and change their gloves in a manner to prevent cross contamination for 2 of 3 residents (R110, R111) reviewed for infection control in the sample of 13.</p> <p>The findings include:</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>1. R110's Move In Record dated June 17, 2024 shows she was admitted to the facility on August 13, 2023 with diagnoses including Alzheimer's disease, and generalized anxiety disorder.</p> <p>R110's Comprehensive Evaluation dated January 4, 2024 shows R110 is incontinent, requires the assistance of two staff members for toileting and transfers.</p> <p>On June 17, 2024 at 1:30 PM, V12 and V14 (Caregivers) provided incontinence care to R110. V12 folded R110's incontinence brief down in between her legs under her front peri area. V12 then touched R110's body to help R110 turn onto her side. There was stool smear in R110's incontinence brief. V12 wiped R110's buttocks, retrieved the skin protection cream bottle, and placed cream onto R110's buttocks. R110 did not change her gloves or perform hand hygiene.</p> <p>2. R111's Move In Record shows she was admitted to the facility on December 16, 2023 with diagnoses including major depressive disorder.</p> <p>R111's Comprehensive Assessment dated January 5, 2024 shows R111 is not able to move independently in the community, requires total assistance with two staff for toileting, and is incontinent of urine and bowel. R111 requires a two person physical assistance for transferring and uses a mechanical lift.</p> <p>On June 17, 2024 at 1:51 PM, V13 and V14 (Caregivers) performed incontinence care to R111. V14 folded R111's incontinence brief under R111's front peri area. V14 wiped R111's front peri area and then touched R111's body to help</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>her turn. There was a large amount of liquid stool noted to R111's incontinence brief. V14 removed her glove from her left hand but did not remove the glove from her right hand nor did she perform hand hygiene. V13 and V14 placed a new incontinence brief onto R111. V14 did not perform hand hygiene or change both of her gloves.</p> <p>On June 17, 2024 at 2:21 PM, V11 Caregiver said new gloves should be placed after touching soiled items and before touching new items.</p> <p>The facility's Hand Hygiene policy revised on January 16, 2023 shows, "The use of gloves does not replace hand hygiene. Staff will perform hand hygiene by washing hands for at least 20 seconds with anti-microbial or non-antimicrobial soap and water should be performed under the following conditions: after contact with blood, body fluids, secretions, mucous membranes, or non-intact skin, after handling items potentially contaminated with blood, body fluids, or secretions, before moving from a contaminated body site to a clean body site during resident care; example: after providing peri-care, before applying moisture barrier or other treatments." (C) Statement of Licensure Violations (3 of 8) 330.1910a) Section 330.1910 Director of Food Services a) Each facility shall have a full-time person, suited by training and experience, who has been designated by the administrator to be responsible for the total food service operation of the facility. This person shall be on duty a minimum of 40 hours each week.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation and interview the facility failed to have a Director of Food Service in place. This has the potential to affect all 65 residents residing in the facility.</p> <p>The findings include:</p> <p>The facility roster provided on 6/17/24 shows there are currently 65 residents residing in the facility.</p> <p>On 6/17/24 at 9:00 AM this Surveyor entered the facility kitchen and asked to speak with the director of food service. No one was available.</p> <p>On 6/17/24 at 9:00 AM V5 (Dietary Aide) stated, "We do not have a manager- there is supposed to be one starting today maybe."</p> <p>On 6/17/24 at 12:05PM V3 (Cook) stated, "We haven't had a manager in about a month."</p> <p>On 6/17/24 at 9:45 AM, V1 (Executive Director) stated, "I came in this morning to an email that the manager I hired is not starting today. So I do not have a manager."</p> <p>On 6/17/24 the facility provided a list of key personnel employed by the facility. The list did not include a name as the Director of Food Service.</p> <p>(C) Statement of Licensure Violations (4 of 8)</p> <p>330.710a) 330.1980a) 330.1990a)</p> <p>Section 330.710 Resident Care Policies</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.1980 Menus and Food Records</p> <p>a) Menus, including menus for "sack" lunches and between meal or bedtime snacks, shall be planned at least one week in advance. Food sufficient to meet the nutritional needs of all the residents shall be prepared for each meal. When changes in the menu are necessary, substitutions shall provide equal nutritive value and shall be recorded on the original menu, or in a notebook marked "Substitutions", that is kept in the kitchen. If a notebook is used to document substitutions, it shall include the date of the substitution; the meal at which the substitution was made; the menu as originally written; and the menu as actually served.</p> <p>Section 330.1990 Food Preparation and Service</p> <p>a) Foods shall be prepared by appropriate methods that will conserve their nutritive value, enhance their flavor and appearance. They shall be prepared according to standardized recipes and a file of such recipes shall be available for the cook's use.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>review the facility failed to follow the menu and follow a recipe when preparing the pureed food for the noon meal on June 17, 2024, for residents on a pureed diet. This applies to 5 of 5 residents (R106, R107, R108, R109, R110) reviewed for pureed meals in the sample of 13.</p> <p>The findings include:</p> <p>On 6/17/24 at 10:35 AM V4 (Cook) was observed during the preparation of the noon meal for 5 residents on a pureed diet, R106-R110. V4 stated, "I just made some chicken and beef, breaded patties from last night. I added some gravy and some water. We don't have any recipes for the pureed food. Usually, we just pureed what everyone else is having. I could use the egg salad but then they would just get cold mush. I would rather give them something with flavor." V4 then looked at the mixture in the blender and stated that was a little thick. V4 took the blender to the prep sink, turned on the water and without measuring, added some tap water to the mixture to thin it down. "This will be their protein and then I have some mashed potatoes and I will puree some soup and some fruit." I will find something to puree for dessert. I can give them anything sweet and they will like it. "These (Beef/chicken patties were served last night to the regular- I'm not sure what was served to the pureed" V4 was asked for the packaging for the patties and V4 stated, "I don't have it anymore - we threw it out and we need to order more."</p> <p>On 6/17/24 at 12:10 PM V3 (Cook) stated, "There is no pureed soup, (V4) should have made it but he didn't. (V4) didn't do the pureed dessert. I have already been to the director and told him what things are not being done."</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>On 6/17/24 at 11:50AM - 12:10 PM R106, R108, R109 and R110 were all observed in the 1st floor dining area. R106 was fed by staff and was given pureed meat (described above) and mashed potatoes with gravy. No dessert or soup was provided for R106. R108 was given pureed meat, mashed potatoes with gravy and a chocolate pudding cup, taken from the refrigerator on the unit. No soup was offered or provided to R108. R109 was given pureed meat and mashed potatoes with gravy. No soup or dessert was offered or provided to R109. R110 was being fed by staff and was given pureed meat and mashed potatoes with gravy. No soup was provided for R110 and a chocolate pudding cup was brought to the kitchen by V3 after this Surveyor asked V3 about the dessert for the residents on a pureed diet.</p> <p>The facility menu for the noon meal on June 17, 2024, shows Soup De Jour, Dilly Egg Salad Sandwich, Lettuce and Tomato Slice, Potato Chips and Mandarin Oranges. The alternate is listed as a Ham and Cheese Croissant.</p> <p>The facility policy entitled Hospitality and Dining Services dated 1/1/2020 states, "A complete menu is developed that accommodates all special (therapeutic) diets available in the facility."</p> <p>On 6/17/24 Surveyor requested a policy regarding following recipes when preparing meals. No policy was provided. At 3:15 PM V1 (Executive Director) stated that the facility does have recipes and he would take care of the issue since the cooks were not using the recipes.</p> <p>(C) Statement of Licensure Violations (5 of 8)</p> <p>330.710a)</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>330.2000</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to test and ensure that the dishwasher sanitizing solution was at the recommended levels to sanitize the dishes. This has the potential to affect all 65 residents residing in the facility.</p> <p>The findings include:</p> <p>The facility roster provided on 6/17/24 shows there are currently 65 residents residing in the facility.</p> <p>On 6/17/24 at 9:00 AM V5 (Dietary Aide) stated, "This is a new dishwasher - we got it a month ago. We don't have the test strips for it yet. We can use these (Quaternary Ammonia Test Strips) if you want to try." V5 then tested the water in the</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>dishwasher with the quat (Quaternary Ammonia Test Strips) strip. The strip turned a very light yellow color. Surveyor looked at the sanitizer bottle placed under/connected to the dishwasher. The bottle read, "Lo Temp Sanitizer". V5 stated that the old machine was a high temp machine but this one is not. V5 stated, "They should be bringing the new strips soon."</p> <p>On 6/17/24 the concern with the dishwasher and not having any test strips was discussed with V1 (Executive Director). V1 stated he would talk to V6 (Maintenance Director). V1 returned to Surveyor with the same test strips used by V5 (Quat strips). The strip was a light yellow color. V1 stated, "It is supposed to be under 500 so it is fine."</p> <p>The Lo Temp Sanitizer Bottle 5.25% (percent) Sodium Hypochlorite Label states, "A solution of 100ppm (parts per million) available chlorine may be used in the sanitizing solution if a chlorine test kit is available. Solutions containing an initial concentration of 100ppm must be tested and adjusted periodically to ensure that the available chlorine does not drop below 50ppm."</p> <p>The undated facility policy entitled Dishwashing Procedure states, "All dish machines shall be operated according to recommendations provided by the manufacturer." And If a dish machine is not operating according to above, including temperature, concentration of sanitizer, correct chemicals or rinse pressure, process must be stopped immediately and Dietary manager and/or Maintenance Director must be notified."</p> <p>(C) Statement of Licensure Violations (6 of 8)</p> <p>330.710a)</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>330.4210a)2)</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>330.4210 General</p> <p>a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by State or federal law based on their status as a resident of a facility.</p> <p>2) Residents shall have their basic human needs, including but not limited to water, food, medication, toileting, and personal hygiene, accommodated in a timely manner, as defined by the person and agreed upon by the interdisciplinary team.</p> <p>This requirement was not met as evidenced by: Based on observation, interview, and record review, the facility failed to perform ADL (Activities of Daily Living) in a timely manner for 3 of 3 residents (R111, R110, R112) reviewed for ADL assistance in the sample of 13.</p> <p>The findings include:</p> <p>1. R111's Move In Record shows she was admitted to the facility on December 16, 2023 with diagnoses including major depressive</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>disorder.</p> <p>R111's Comprehensive Assessment dated January 5, 2024 shows R111 is not able to move independently in the community, requires total assistance with two staff for toileting, and is incontinent of urine and bowel. R111 requires a two person physical assistance for transferring and uses a mechanical lift.</p> <p>R111's Individual Service Plan dated January 5, 2024 shows R111 will remain clean and hygienic. R111 will be offered assistance with toileting.</p> <p>On June 17, 2024 R111 was observed from 9:07 AM-9:50 AM in the main dining room. R111 was taken to the activity room at 9:50 AM and was observed until 11:20 AM when R111 was taken to the dining room for lunch. At 12:11 PM, R111 was in the same spot in the dining eating her lunch. R111 was still eating at 12:42 PM. R111 was brought back into the activity room at 12:50 PM. R111 was observed in the same spot in the activity room at 1:19 PM. At 1:51 PM, V13 and V14 (Caregivers) brought R111 into her room after they were asked if they were going to perform any cares to R111 by the surveyor. R111 had a large amount of large liquid stool noted to her incontinence brief. Creases were noted to R111's skin from sitting in the chair. V13 and V14 said R111's hospice caregiver was the last person to perform incontinence care to R111.</p> <p>2. R110's Move In Record dated June 17, 2024 shows she was admitted to the facility on August 13, 2023 with diagnoses including Alzheimer's disease, and generalized anxiety disorder.</p> <p>R110's Comprehensive Evaluation dated January 4, 2024 shows R110 is incontinent, requires the</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015192	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2024
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NAME OF PROVIDER OR SUPPLIER EDEN VISTA HOFFMAN ESTATES	STREET ADDRESS, CITY, STATE, ZIP CODE 2150 WEST GOLF ROAD HOFFMAN ESTATES, IL 60194
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S9999	<p>Continued From page 13</p> <p>assistance of two staff members for toileting and transfers.</p> <p>R110's Individual Service Plan dated January 4, 2024 shows R110 will be clean and odor free. R110 will be offered assistance with toileting. R110 will be provided assistance with managing bowel and bladder incontinence.</p> <p>On June 17, 2024, R110 was observed in the dining room for breakfast from 9:02 AM-9:30 AM. R110 was taken into the activity room at 9:30 AM. R110 was observed in the activity room from 9:30 AM-11:23 AM. At 11:23 AM, R110 was taken into the dining room for lunch. From 12:12 PM-12:48 PM, R110 was in the same spot in the dining room. At 12:48 PM, R110 was taken to the activity room. R110 remained in the same spot from 12:48 PM-1:30 PM. At 1:30 PM, V12 and V14 Caregivers brought R110 into her room. There was a stool smear in R110's incontinence brief. R110's incontinence brief was wet with urine. R110 had creases on her skin from sitting in the high back wheeled recliner. V12 (Caregiver) said that R110 got out of bed at about 9:00 AM.</p> <p>3. R112's Move In Record dated June 17, 2024 shows she was admitted to facility on December 27, 2020 with diagnoses including vascular dementia, insomnia, and rheumatoid arthritis.</p> <p>R112's Care Plan initiated May 30, 2024 shows R112 needs assistance from two care team members for toilet use. Staff to assist with the management of the resident's bowel and bladder incontinence. R112 has bowel and bladder incontinence. Encourage and assist resident with cleansing perineal area after each incontinence episode.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>On June 17, 2024, R112 was observed from 9:00 AM-9:28 AM in the dining room for breakfast. R112 was taken to the activity room at 9:28 AM. R112 remained in the activity room until 11:23 AM, when she was taken to the dining room for lunch. R112 was observed in the dining room from 12:12 PM-12:34 PM when R112 was taken back to the activity room. R112 remained in the activity room from 12:34 PM-1:05 PM. V12 and V13 (Caregivers) provided incontinence care to R112 at 1:10 PM. There were creases to R112's skin from sitting in the high back wheel chair. R112 had a thick pad inside of her incontinence brief. Both the thick pad and her incontinence brief was saturated with urine. V12 said that R112 has been in her chair since about 8:00 AM.</p> <p>On June 17, 2024 at 2:21 PM, V11 (Caregiver) said she performs incontinence care three times during her eight hour shift.</p> <p>The facility's Toileting/Incontinence Care policy dated June 30, 2023 shows, "To provide residents a safe, hygienic, and thorough toileting assistant. If a resident wears an incontinence product, check if soiled or wet and change as needed. Pericare should be performed after each bowel movement or each episode of incontinence." (B) Statement of LicensureViolations (7 of 8)</p> <p>330.710a) 330.4210a)2)A)</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>330.4210 General</p> <p>a) No resident shall be deprived of any rights, benefits, or privileges guaranteed by State or federal law based on their status as a resident of a facility.</p> <p>2) Residents shall have their basic human needs, including but not limited to water, food, medication, toileting, and personal hygiene, accommodated in a timely manner, as defined by the person and agreed upon by the interdisciplinary team.</p> <p>A) A facility shall treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of the resident's quality of life, recognizing each resident's individuality.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to treat residents in a dignified manner by not feeding residents at their eye level for 2 of 13 residents (R110, R112) reviewed for dignity in the sample of 13.</p> <p>The findings include:</p> <p>1. R110's Move In Record shows she was admitted to the facility on August 13, 2023 with diagnoses including Alzheimer's disease and generalized anxiety disorder.</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>On June 17, 2024 at 9:02 AM, V16 LPN (Licensed Practical Nurse) was standing up next to R110 while she was in her high back wheeled recliner. V16 was feeding R110 a pureed diet and helping her drink while standing up.</p> <p>2. R112's Move In Record shows she was admitted to the facility on December 27, 2020 with diagnoses including vascular dementia and rheumatoid arthritis.</p> <p>R112's Care Plan initiated May 3, 2024 shows she is dependent on one care team member to assist with eating.</p> <p>On June 17, 2024 at 12:12 PM, V12 (Caregiver) was standing up next to R112 while R112 was sitting in her high back wheel chair. V12 was feeding R112 chips and helping R112 drink. V12 was standing over R112.</p> <p>On June 17, 2024 at 2:21 PM, V11 (Caregiver) said staff should sit down while feeding residents so that the staff do not get too tired.</p> <p>The facility's Dignity Policy revised June 1, 2024 shows the facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life.</p> <p>(C) Statement of Licensure Violations (8 of 8)</p> <p>330.710a) 330.4220f)</p> <p>Section 330.710 Resident Care Policies</p> <p>a) The facility shall have written policies and</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.</p> <p>Section 330.4220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>This requirement was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow physician's orders to have a resident evaluated by a speech therapist. This affected 1 of 1 residents (R102) reviewed for physician's orders in the sample of 13.</p> <p>The findings include:</p> <p>R102's Physician Order Sheet dated 6/24 show R102 has a diagnosis of Multiple Sclerosis.</p> <p>R102's progress dated 5/14/24 show R102 was on mechanical soft, honey thick fluids. R102 is on monitoring for aspiration, noted slight coughing when feeding. HOB (head of bed) 90 degrees. Requires total assistance with feeding...V9 (Nurse Practitioner) Ordered ST -Speech Therapist- (to eval and treat)</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>On 6/17/24 at 9:30 AM, R102 was in her room sitting in her wheelchair alert and pleasant. R102 said her biggest concern was it was taking too long for her to see the Speech Therapist.</p> <p>On 6/17/24 at 12:43 PM, V7 (R102's Physician) said R102 needs to see the Speech Therapist. This was an order since she was readmitted last May. R102 was hospitalized due Aspiration Pneumonia. R102 failed her swallow eval at the hospital. R102 was then sent to a skilled facility receiving Speech Therapy treatment. When she was transferred back to this facility there was an order for her to have a Speech Therapy eval. V7 said R102 has Multiple Sclerosis and due to her disease, it causes weakness on the throat muscle that affects her swallowing.</p> <p>On 6/17/24 at 11:00 AM, V8 (Assistant Director of Nursing -ADON) said R102 has coughing episodes during meals and has issues with swallowing certain foods. V8 (ADON) confirmed that R102 has not been seen the Speech Therapist since it was ordered last 5/14/24. V8 said there was now a schedule for the Speech Therapist this coming Wednesday (6/19/24) to see R102. (More than a month ago since it was ordered.)</p> <p>The facility policy entitled Policy and Procedure Physician Orders dated 7/6/21 show, to provide guidance to ensure physician orders are transcribed and implemented in accordance with professional standards.</p> <p>(B)</p>	S9999		