

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145439	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/22/2022
NAME OF PROVIDER OR SUPPLIER  Accolade Healthcare of Savoy		STREET ADDRESS, CITY, STATE, ZIP CODE  302 West Burwash Savoy, IL 61874	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>38859</p> <p>Based on interview and record review the facility failed to notify a Resident Representative of a significant weight loss for one of three residents (R9) reviewed for weight loss on the total sample list of 15.</p> <p>Findings include:</p> <p>R9's medical record documents on 2/17/22, weight: 141 pounds.</p> <p>R9's medical record documents on 3/1/22, weight: 130 pounds (a 7.8 percent weight loss compared to 2/17/22).</p> <p>R9's medical record documents on 4/5/22 weight: 131 pounds.</p> <p>R9's medical record does not document V36 R9's Resident Representative was notified of R9's 7.8 percent weight loss.</p> <p>On 6/22/22 at 1:35 PM V24 Interim Director of Nursing stated, I could not locate anything in R9's' medical record that R9's responsible party V36 was notified of R9's significant weight loss in March. When a weight is abnormal the staff should verify and see if the weight was accurate, if it is a weight loss, notify the family.</p> <p>The facility's policy, with a revision date of November 2021, titled Change in Resident's Condition or Status documents, Policy statement: The Nurse on duty or designee will promptly notify the resident, the attending physician or the physician representative and Resident Responsible Party upon assessment of changes in the resident's medical/mental condition. 1- Upon assessment the Nurse on Duty or Designee will notify the resident's attending Physician or Physician Representative and Resident Responsible party when there has been: d- A change in the resident's physical condition. 6- The Nurse on Duty or Designee will record in the resident's medical record information based on assessment or observation relative to change in the resident's medical condition or status.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42702</p> <p>Based on interview and record review the facility failed to prevent a fall with injury by ensuring a wheelchair was safely equipped for one (R1) of three residents reviewed for falls with injury (left parietal subgaleal hematoma and scalp laceration with 12 staples) on the total sample list of 15.</p> <p>Findings include:</p> <p>R1's incident report dated 5/28/22 documents that at approximately 9:55AM, R1 was sitting at the nurse's station and attempted to stand up from a wheelchair with pedals, stood up and attempted to walk, got her feet tangled up in the pedals and fell . R1 fell backward, hitting her head on the nurse's desk and was sent to the emergency department for evaluation and treatment.</p> <p>On 6/13/22 at 2:00PM, V11 Licensed Practical Nurse (LPN) stated, On 5/28/22 (R1) had been standing up all day and so we had her at the nurse's station to keep an eye on her. I ran to the nurse's station as soon as I heard her fall. I found her laying on the floor with her head next to the nurse's station, facing her wheelchair. The only way that could have happened was by getting her feet tangled up in the pedals.</p> <p>On 6/13/22 at 3:49PM, V12 LPN stated, (On 5/28/22 V11 LPN) and I were standing at the med (medication) cart. (R1) had been standing up and moving around all day, so (V11) LPN had her close to the nurse's station to keep an eye on her. I turned my back for one second and I heard her fall. She had to have gotten her feet tied up in the pedals to fall the way that we found her.</p> <p>On 6/14/22 at 9:55AM V5 Physical Therapy Assistant (PTA) stated that he knew R1 to use her legs in the wheelchair more than her arms. (R1) could move the wheelchair when she wanted to.</p> <p>On 6/13/22 at 1:45PM V10 Nurse Practitioner stated, I saw (R1) wheeling around in her room using her legs on 5/23/22.</p> <p>R1's Minimum Data Set, dated dated dated [DATE] documents R1 as severely cognitively impaired.</p> <p>R1's fall assessments on 3/4/22, 5/18/22 and 5/28/22 all document R1 as a high fall risk.</p> <p>R1's care plan dated 3/4/22 documents R1 as a high fall risk.</p> <p>R1's May physician orders document Xarelto (anticoagulant) 20 milligrams every day by mouth.</p> <p>R1's care plan dated 5/11/22 documents, Resident is able to ambulate 10 feet, uses a four wheeled walker for walking and requires limited assistance by staff for locomotion in manual wheelchair.</p> <p>On 6/13/22 at 10:00AM V6 Physical Therapy Assistant stated, If a resident can move the wheelchair with their legs, they should not have pedals.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>At 10:30AM, V8 Therapy Director stated, If a person can propel their own wheelchair, they should not have pedals for safety.</p> <p>At 11:40AM, V7 Physical Therapist stated, If a person can stand or wheel themselves around, they should not have pedals on their wheelchair. It is a fall hazard.</p> <p>R1's emergency room notes dated 5/28/22 document resident fall with strike to head with a history of anticoagulant use resulted in a left parietal subgaleal hematoma and scalp laceration with 12 staples.</p> <p>On 6/14/22 at 10:56AM V7 Physical Therapist stated, Therapy did not recommend foot pedals, with or without straps. We would not have done that with (R1's) decreased cognition and ability to wheel herself around in the wheel chair.</p> <p>On 6/13/22 at 1:45PM V10 Nurse Practitioner stated, The laceration, staples and head bleed are a result of (R1) getting her feet caught in the pedals and falling.</p>

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>38859</p> <p>Based on interview and record review the facility failed to notify the facility's Dietitian and/or modify nutritional interventions for a significant weight loss for one of three residents (R9) reviewed for weight loss on the total sample list of 15.</p> <p>Findings include:</p> <p>The facility's policy, with a revision date of September 2008, titled Weight Assessment and Intervention documents, Policy statement: The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents. Policy Interpretation and Implementation: Weight assessment, 3- Any weight change of 5 percent or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, nursing will immediately notify the dietitian in writing. Verbal notification must be confirmed in writing. 4- The Dietitian will respond within 24 hours of receipt of written notification. 5- The Dietitian will review the unit Weight Record by the 15th of the month to follow individual weight trends over time. Negative trends will be evaluated by the treatment team whether or not the criteria for significant weight change has been met.</p> <p>R9's care plan documents: Problem: (R9) has potential for weight loss. Diagnoses includes Vascular Dementia, hemiplegia, muscle weakness &amp; Chronic Obstructive Pulmonary Disease, (initiated: 1/7/2021). Approaches (initiated 1/7/21): Administer medications: as ordered see pos/mar (physician order sheet/ medication administration record) Evaluate/record/report effectiveness and any adverse side effects. Assess (R9's) food preferences. Avoid foods that (R9) complains about taste. Diet: Regular diet, Regular texture, Whole milk at meals. During periods of decreased appetite, monitor for constipation/intestinal obstruction/pain. Encourage oral intake of food and fluids. Monitor and record intake of food. Monitor need for changing diet consistency to increase ease of eating. Monitor/record weight per facility protocol. Notify Physician and family of significant weight change. Offer available substitutes if (R9) has problems with the food being served. Provide specify: setup help, cueing assistance for meals.</p> <p>R9's care plan documents: Problem: (R9's) dietary plan is as ordered per (Physician). (R9) is at risk for altered nutrition (revision date: 9/22/21). Approaches (initiated 4/21/21) 1- Explain and reinforce to the resident the importance of maintaining the diet ordered. 2- Encourage the resident to comply. 3- Explain consequences of refusal, obesity/malnutrition risk factors. 4- Provide and serve diet as ordered. 5- Registered Dietitian to evaluate and make diet change recommendations as needed.</p> <p>6- Resident will be weighed as facility directed and policy.</p> <p>R9's medical record documents the following weight recordings:</p> <p>2/17/2022: 141.0 Lbs (pounds).</p> <p>3/1/2022 : 130.0 Lbs (-7.8 percent change, -11 Lbs, Comparison Weight 2/17/22).</p> <p>4/5/2022: 131.0 Lbs (-7.1 percent change, -10 Lbs, Comparison Weight 2/17/22).</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>5/3/2022: 128.0 Lbs ( -9.2 percent change, - 13 Lbs, Comparison Weight 2/17/2022).</p> <p>5/21/2022: 128.0 Lbs (-9.2 percent change, - 13 Lbs, Comparison Weight 2/17/2022).</p> <p>R9's medical record does not document V34 (Dietitian) was notified of R9's significant weight loss occurring on 3/1/22 through 5/21/22. R9's medical record does not document modifications were made to R9's plan of care for a significant weight change from 3/1/22 through 5/21/22.</p> <p>On 6/22/22 at 1:35 PM, V24 Interim Director of Nursing stated, I could not locate anything in (R9's) medical record that the dietitian was notified of (R9's) significant weight loss in February or after, there is no documentation that supports supplements were ordered or diet changes were made. (R9) was a monthly weight, when a weight is abnormal the staff should verify and see if the weight was accurate, if it is a weight loss, staff are to notify the dietitian for review.</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</b></p> <p>Based on observation, interview and record review the facility failed to monitor and consult with pharmacy for potential medication side effects related to rashes in one (R2) of five residents reviewed for rashes on the total sample list of 15.</p> <p>Findings include:</p> <p>On 6/13/22 at 9:10AM, R2 was lying in bed, scratching his stomach. The rash had a blood red center with circular crusty edges surrounded in the centers on R2's stomach, arms, legs and chest. At 10:00AM, V13, R2's Family Member stated that the rash had gotten worse in the last few weeks and that it made R2 very uncomfortable.</p> <p>R2's care plan dated 5/26/22 documents that R2's rash will be monitored and treated. R2's care plan dated 5/6/22 documents, Resident will be free of medication side effects and consult pharmacist to review medications.</p> <p>R2 was hospitalized on [DATE]. R2's hospital notes dated 6/14/22 document (R2's) rash is from the drug Macrobid and it is now discontinued.</p> <p>On 6/15/22 at 11:42AM, V24 Interim Director of Nursing stated, I have never talked to pharmacy about the rashes.</p> <p>On 6/15/22 at 11:59AM, V26 Pharmacist stated, I am not aware of any rashes in the facility. I would expect that if a resident in a facility is having a rash of unknown origin that the pharmacist would be consulted. I am a resource; they just have to communicate with me.</p>		