

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/23/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/21/2016
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-MENDOTA			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 FIRST AVENUE MENDOTA, IL 61342		
(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) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 279 SS=D	<p>Original investigation of complaint #1623313/IL86280</p> <p>483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a care plan for safe swallowing strategies for one of one residents (R1) reviewed for care plans in the sample of seven.</p> <p>FINDINGS INCLUDE:</p> <p>The facility policy, Resident Assessment and</p>	F 279			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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F 279	<p>Continued From page 1</p> <p>Care Planning, dated 3/18/13 directs staff, "The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment."</p> <p>R1's Order Summary Report, dated April 2016, indicates R1 was admitted to the facility on 4/8/16 with the following diagnoses: Parkinson's Disease, Dementia, Major Depressive Disorder, Diabetes Mellitus and Anxiety Disorder. Also included are the following physician orders: Speech Therapy for swallow treatment, diet texture analysis and development of compensatory techniques.</p> <p>R1's Speech Therapy Evaluation and Plan of Treatment, dated 4/22/16 documents, "Clinical bedside assessment of swallowing: (R1) had very poor control of (R1)'s head and oral area. (R1) is tremoring and tongue is bunched and protruding while taking bites/sips. Head had to be stabilized with chin support to give straw and bites have to be placed on top of tongue then let (R1)'s lips close and remove the bolus. If the liquids are poured from the cup edge, this puts the patient at risk of aspiration. Recommendations: Solids-pureed consistencies. Liquids-thin liquids. Supervision for Oral Intake-close supervision. Strategies-(R1) will need to be fed. Small bites and give sips from a straw after several bites are taken to assist with clearing. Head may need to be stabilized (arm around (R1)'s head with hand giving some chin stabilization like a hug). Inform patient what is happening when giving bites or sips. Due to the documented physical impairments and associated functional deficits,</p>	F 279			

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F 279	Continued From page 2 (R1) is at risk for tremors and aspiration if food or drink are poured and (R1) is not ready." R1's Care Plan, dated 4/18/16 documents, "Offer regular pureed diet." No safe swallowing strategies are documented for staff to follow. On 6/21/16 at 8:45 A.M., E3/Care Plan Coordinator verified R1's care plan contained no safe swallowing strategies for staff to follow.	F 279			