

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

PRINTED: 06/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145843	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/11/2015
NAME OF PROVIDER OR SUPPLIER MILLER HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 BUTTERFIELD TRAIL KANKAKEE, IL 60901		
(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 325 SS=D	<p>Annual Licensure and Certification Survey. 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE</p> <p>Based on a resident's comprehensive assessment, the facility must ensure that a resident -</p> <p>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to weigh residents on admission and address significant weight change.</p> <p>This applies to one of 8 residents (R7) reviewed for weights in the sample of 16.</p> <p>The findings include:</p> <p>1) According to the electronic medical record (EMR) list of diagnoses, R7 was admitted on 5/5/15 with multiple medical conditions including Rehabilitation Procedure, Pleural Effusion, Hypertension, Chronic Kidney Disease Stage IV, Acute Respiratory Failure, Chronic Pulmonary Heart Disease, Anemia and Diabetes Mellitus.</p> <p>On 6/8/15 at 11:10 AM, during tour of the "K" Unit</p>	F 325			

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 325	<p>Continued From page 1</p> <p>with E7 (Registered Nurse/RN), E7 said R7 was on contact precaution for VRE (Vancomycin -Resistant Enterococcus) urine.</p> <p>On 6/10/15 at 10:50 AM, the weights in the EMR were reviewed with E8 (RN). No admission weight was found in the EMR and in the hardcopy chart on the date of admission. The earliest weight found after admission was on 5/9/15, four days after admission. The weight was 125 lbs (pounds/#). Height 5 feet. The subsequent weights were:</p> <p>5/11/15 - 141.5 # 5/12/15 - 142.9 # 5/13/15 - 141.6 # 5/21/15 - 136.9 #</p> <p>According to E8, R7 was sent to the hospital on 5/13/15 for complaint of racing heart rate and returned to the facility on 5/15/15. E8 was not able to find the re-admission weight in the EMR.</p> <p>The hardcopy initial nutritional assessment showed it was done on 5/12/15. The weight on 5/9/15 (125 #) was not recorded. The weight recorded was 141# and did not have the date when this weight was taken. No lab results. The next nutritional evaluation done by the dietitian was on 5/21/15. The weight recorded was for 5/19 (136.0#). There was no weight in the EMR weight report on 5/19 reflecting this weight recorded in the evaluation. No documented labs. The assessment described the resident as overweight based on the BMI (body mass index) of 26.6. Recommended to continue on present nutrition plan.</p> <p>R7 was weighed after the re-admission on 5/21/15, weight was 136.9#. The subsequent</p>	F 325			

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F 325	<p>Continued From page 2</p> <p>weights were the following: 5/25/15 - 136.3 #, 5/26/15 - 140.7#. 6/10/15 (latest weight) - 128.6#.</p> <p>Nurses notes on 5/26/15 showed R7 had edema. No documentation was found except on 5/26, to explain the missing admission weights, the weight fluctuations and notification of the weight fluctuations to the physician and dietitian. No reweigh was done on 5/26/15.</p> <p>On 6/10/15 during lunch, R7 was observed sitting in a wheelchair. R7 did not appear overweight in the upper part of her body. R7 ate a portion of the pasta that was served along with brussel sprouts. R7 appeared weak and spoke softly. When asked why she did not eat the bowl of brussel sprouts, R7 responded she did not want to choke.</p> <p>On 6/11/15 at 10:00 AM, E1 (Administrator) stated no weights were found in the records when R7 was originally admitted and on re-admission.</p> <p>On 6/11/15 at 10:05 AM, E2 (Director of Nursing) said the dietitian calculated the residents' weights but did not know when the weights were provided to the dietitian.</p> <p>The facility policy titled, "Resident Weights" Policy # 1596577, requires, "All residents/clients admitted to (facility) will have a weight obtained, at minimum: Within 24 hours of admission." "V. If there is a difference of 2 or more pounds (greater or lesser) for a daily weight or 5 pounds or more (greater or lesser) for a monthly weight from the previous weight, the nursing staff member will re-weigh the resident."</p>	F 325			
F 363	483.35(c) MENUS MEET RES NEEDS/PREP IN	F 363			

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F 363 SS=D	<p>Continued From page 3 ADVANCE/FOLLOWED</p> <p>Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the right amount of pureed meat was served and the right scoop was used to serve the pureed meat relative to the serving sizes indicated in the recipes.</p> <p>This applies to two of two residents (R3, R12,) reviewed for therapeutic diet in the sample of 16 and one resident (R20) in the supplemental sample.</p> <p>The findings include:</p> <p>A total of 8 residents who received pureed diet were reviewed. Three (R3, R12, R20) of the eight residents resided in the certified section of the facility and the other five (R17, R18, R19, R21, and R22) of the eight residents resided in the distinct part (licensure only).</p> <p>On 6/9/15 at 11:00 AM, E4 (Cook) was observed pureeing the flank steak to be served for lunch. E4 stated he was preparing eight servings of pureed food for eight residents receiving pureed food. E4 was not looking at a recipe during the preparation. E3 (Culinary Service Manager) was requested to weigh the sliced flank steak. The</p>	F 363			

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F 363	<p>Continued From page 4</p> <p>steak weighed 29 ounces (oz). The container weighed 5.5 oz, deducted from 29 ounces equaled the total weight of the steak as 23.5 ounces for eight servings. E3 said each resident should get 3 oz. No additional steak was added. E4 (Cook) proceeded to puree the steak and added 16 ounces of V8 juice. E3 was requested to provide the recipe for the pureed foods prepared for lunch on 6/9/15.</p> <p>The facility had two kitchens and two dining rooms. The pureed foods were transferred to the smaller (older) kitchen at 11:40 AM by E6 (Wait Staff) since the residents receiving pureed foods ate in the smaller dining room and one resident in the room. At 12:07 PM, E5 (Dietary Supervisor) placed the scoops and ladles in each food container on the steam table. E5 placed a #12 scoop (1/3 cup) in the pureed steak container. E5 said "a scoop and a little more" had to be plated per serving of the pureed steak. E6 started plating at 12:35 PM and was observed putting only one scoop of the pureed steak for all of the eight residents receiving the pureed foods. E3 arrived in the small kitchen at 12:07 PM and was asked if the #12 scoop was the appropriate size for the pureed steak. E3 said it should have been the #8 scoop (1/2 cup) and proceeded to change the scoop to #8. However at this time, all of the residents receiving pureed food had already been served and there was leftover pureed steak in the container.</p> <p>On 6/9/15 at 1:30 PM, the recipes for lunch provided were reviewed. The recipes provided were for the regular diet. The "grilled flank steak" recipe was for 50 portions, 6 ounces per portion.</p> <p>On 6/10/15 at 12:10 PM, E3 was requested to</p>	F 363			

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F 363	<p>Continued From page 5</p> <p>provide the pureed food recipes served at lunch on 6/9/15. E3 said the facility only had the standard food groups (meats, casseroles, pasta, fruit, vegetables, and breads) pureed recipes. The "Basic Recipe for Pureed Meats" showed the following for one serving: Meat, cooked - 2 oz. Broth or other nutritional liquid - 3 tablespoon Bread (1 oz slice) - 1/2 slice It showed to use a #6 scoop (2/3 cup) per serving</p> <p>The menu spreadsheet for 6/9/15 showed for regular diet, 3 oz of grilled flank steak per serving. It did not show how many ounces per serving or the size of the scoop to be used for the pureed steak.</p> <p>The facility policy titled, "Adequacy of Diet and Meal Preparation - Dietary" Policy #1457209, requires, "1 b) Meat Group: Two or more servings of protein food of good quality shall be provided. Serving examples shall be in compliance with the Illinois Department of Public Health equivalents."</p> <p>On 6/11/15 at 1:00 PM, E3 was informed of the three materials provided, the menu spreadsheet, the regular diet recipe for flank steak and the basic recipe for pureed meats all had different serving amounts and scoop sizes.</p>	F 363			