

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145619</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SERENITY OF LAKE STOREY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1250 WEST CARL SANDBURG DRIVE GALESBURG, IL 61401</b>	
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)		
F 0686  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review, the facility failed to assess a pressure wound upon admission, and failed to assess the nutritional impact on pressure wounds for one of three residents (R2), reviewed for pressure wounds, in a sample of 11. FINDINGS INCLUDE: The facility policy, Skin Condition Assessment and Monitoring-Pressure and Non-Pressure, dated (revised) 6/8/18, directs staff, To establish guidelines for assessing, monitoring and documenting the presence of skin breakdown, pressure injuries and other non-pressure skin conditions and assuring interventions are implemented. A skin condition assessment and pressure ulcer risk assessment will be completed at the time of admission/readmission. Measure length vertically in relation to head to toe position. Measure width horizontally in relation to hip-to-hip. Measure depth down into the deepest part of the wound. The (undated) facility policy, Nutrition Documentation: Comprehensive Nutrition Assessment, directs staff, Each resident is to have a comprehensive nutritional assessment initiated within 48 hours (of admission) and completed within 14 days of admission and whenever a new MDS (Minimum Data Set) is completed. To determine (the) resident nutritional status, assess the need for interventions and to note and honor resident food preferences. R2's (facility) Admission Record documents that R2 was admitted to the facility on [DATE] with the following Diagnoses: [REDACTED]. R2's (hospital) Patient Transfer Form, dated 5/19/20, documents, Skin impairment: stage 3 (pressure wound) to coccyx. R2's Nurse's Notes, dated 5/19/20, document, (R2) arrived to the facility via wheelchair. Open area to coccyx. R2's Nursing Admission Assessment, dated 5/19/20, documents, Section E: Oral, broken or carious teeth. R2's Nursing Admission Assessment, dated 5/19/20, documents, Section D: Skin Integrity, coccyx open area, treatment applied as ordered. No wound measurements are included. On 9/8/20, R2's electronic medical record included no Comprehensive Nutritional Assessment. R2's Wound Care Initial Evaluation, dated 5/22/20 and signed by V17/Wound Physician, documents, At the request of the referring provider, a thorough wound care assessment and evaluation was performed today. Site 1: Sacrum Wound size 0.9 CM (centimeters) X 0.6 CM X 0.1 CM. Periwound: macerated. Exudate: light serous. Site 2: Upper Ischium Wound size 0.43 CM X 0.32 CM X 0.1 CM. Exudate: light serous. Site 3: Lower Ischium Wound size 0.34 CM X 0.32 CM. On 9/8/20 at 9:11 AM, V2/Director of Nurses (DON) confirmed no initial wound assessment was performed by staff on R2's pressure wounds, upon (R2's) admission to the facility. On 9/8/20 at 9:11 AM, V2/Director of Nurses (DON) verified a nutritional risk assessment was not completed on R2. At that same time, V2/DON stated, (R2) was at high risk for weight loss due to her lack of appetite, cancer [DIAGNOSES REDACTED], one (nutritional risk assessment).		
F 0804  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</b> Based on observation, interview, and record review, the facility failed to offer palatable and appetizing food temperature. This failure has the potential to affect 64 of the 65 residents that consume food. Findings include: Facility Resident Roster, dated 9/5/20, documents 65 residents reside in the facility. On 9/8/20 at 9:07 am, V1 (Administrator) verified that one Resident (R10) does not eat anything by mouth. Facility Meal Time, undated, documents that breakfast is at 8:00 am, lunch at 12:00 noon, and dinner at 6:00 pm. Facility Dietary Policy, dated 2009, documents: The Food Service record provides valuable history of resident preferences the food service manager will analyze this information to spot trends, evaluate menu combinations, and identify changes that need to be made within the menu to continually improve resident dining satisfaction; food will be prepared to conserve maximum nutritive value; foods will be cooked to proper temperatures using standardized recipes (155 degrees for ground meat and pork) and hot foods will be held at a minimum of 135 degrees and cold food will be a maximum of 41 degrees; standardized recipes will be used in preparation of foods to assure adequate amounts of available and consistently high-quality food products are served; some standardized recipes also include nutrient analysis; revisions to standardized recipes due to resident preferences may be made by the food service manager; meats and vegetables will be prepared to conserve maximum nutritive value to develop and enhance flavor and appearance in a safe and sanitary method; food will be cooked to the appropriate internal temperatures to prevent food borne illness; major causes of food borne illness are improper cooking and holding temperatures; hold all hot foods at 135 degrees and check temperatures frequently. Food temperatures will be maintained during transportation to prevent food borne illness; carriers will be rated to maintain hot food at 135 or above, food will be put in appropriate containers, put into the food carriers and transported in clean trucks, the internal temperature of the food will be taken after the food is received at the remote site; and Danger Zone means the temperature range between 41 and 135 degrees that favors growth of pathogenic microorganisms.' Facility Concern/Complaint Form, dated 3/25/20, documents Food is cold and small portions. Facility Concern/Complaint Form, dated 5/6/20, documents Certified Nursing Assistant/CNA's Are not asking residents what they want for lunch and dinner. Facility Concern/Complaint Form, dated 5/6/20, documents Hot chocolate is not good and coffee is still not hot, food has no flavor and food is always cold. The Complaint Form also documents that, Residents are tired of eggs and want something different and complained about not having a substitute for spaghetti. Facility Resident Council Minutes, dated 8/4/20, document Food being cold still a problem. Facility Concern/Complaint Form, dated 8/4/20, documents Food being served cold, meat overcooked and vegetables and potatoes still hard. Facility Concern/Complaint Form, dated 8/12/20, documents I would like edible food, vegetables are not cooked all the way, I cannot eat them. Facility Concern/Complaint Form, dated 8/12/20, documents I would like to have a banana. I cannot eat the oatmeal because it will make me vomit. Oatmeal was in a ball form and rubber like. Facility Concern/Complaint Form, dated 8/18/20, documents I was told that the kitchen was out of food so I could not get a replacement hamburger for the ham salad on the menu. My heart doctor told me not to eat ham or cured meat. Facility Concern/Complaint Form, dated 9/2/20, documents Resident placed supper order at lunch time requesting a chef salad with eggs and chicken. Resident wrote everything on the ticket at lunch time. When supper came she was served a plate of lettuce and cheese. Kitchen staff told nurse they did not have any eggs or chicken. Director of Nursing (V2) had to address the kitchen staff before they would cook any eggs or chicken for this diabetic resident. On 9/5/20, at 8:55 am, R8 stated, My food is cold really all the time. They even have plate warmers but they never use them. There is usually one Aide on the the hallway delivering the trays. I have never been offered an alternative meal if I do not like what they are serving. On 9/5/20 at 9:10 AM , R4 stated, I have lost almost 25 pounds since I have been here. I honestly do not care for the food and it is always cold. I usually just eat grilled cheese or peanut butter and jelly. I fill out my meal form and they do not offer an alternative meal replacement of same nutritional value, I usually just ask for a sandwich that is all they have. They do not offer an alternative meal replacement of same nutritional value. On 9/5/20, at 9:10 AM, R4 (500 Hall) was sitting in the recliner with a bowl of cereal on the bedside table. Seventy five percent cereal, twenty five percent milk and approximately half of an eight ounce glass of fluid were consumed. No other food was observed at R4's bedside. R4's Weight Record, dated 9/5/20, documents R4 weighed 141.0 pounds on 3/18/20 and on 9/4/20 R4 weighed 121.3 pounds. On 9/5/20 8:53 AM, V11 (Certified Nursing Assistant/CNA) stated, All meal trays come out on 400 and 500 Hall together on same server. This server is not heated and there plates are covered with plastic wrap. Usually only one CNA serves the meals. I know the meal times are 8:00 anAMd 12:00 noon but we usually never		

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 0804  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1)</p> <p>start serving at the scheduled time. Once I get the trays, it takes me at least a half an hour to pass them all out. I have had lots of people complain about not liking the food and that it is cold, I try and warm it up if I can. On 9/5/20, at 8:46 AM, V8 (Certified Nursing Assistant/CNA) stated, I am just starting to serve the room trays on 300 Hall, the full serving cart was on the front of the 300 Hall Wing. On 9/5/20 at 8:37 AM, V9 (Dietary Aide) stated, We usually just take their order off of their meal ticket. We do not have a set way of serving, we just ask which hallway is ready and then the CNA's deliver the food on the carts. I do not know why we only have two warmer carts but we use a regular cart for the 400 Hall and 500 Hall. On 9/5/20 at 8:40 AM, V10 (Dietary Aide) stated, I have to keep a cover over the food on one side of the steam table, as I am serving food because the burner is broken, and it makes the food cold. On 9/5/20 at 8:40 AM, the sausage temperature on the steam table was 122 degrees and the eggs were 132 degrees. On 9/8/20 at 8:34 AM, the 400 and 500 Hall trays were all sitting on the unheated serving cart at the 400/500 Hall Wing. On 9/8/20 at 8:17 AM, V18 (Dietary Cook) temped the food on the 200 Hall food cart (eggs were 99.8 degrees and the ground sausage was 123 degree) that was at the beginning of the 200 Hall Wing. All the plates were covered with plastic and no plate warmers or plate covers were used. The staff had not started distributing the breakfast trays; they were all still on the cart. On 9/8/20 at 9:08 AM, R11 was in the 400/500 Hall dining room and R11's eggs were temped at 93 degrees. On 9/8/20, at 8:17 AM, V18 stated, We do not use plate covers or warmers because we just do not have enough. On 9/5/20 at 11:55 AM, V16 (Dietary Manager) stated, The residents write on their meal ticket what they want, we do not normally offer an alternative. I am keeping an eye on the steam table burner problem, but I am now going to put in a work order for it to be looked at. I have heard about the complaints with cold food. Honestly, I am just going to keep it real, the Facility had cut so many hours in all departments that it affected the meal service. We only have two closed carts that hold the heat and they go to the 200 and 300 Hall.</p> <p>The cart that goes to the 400 and 500 Hall is just a regular cart that is not heated and we just cover those plates with plastic wrap. We do have a plate warmer that we can use. The CNA's are the only ones that take the meal tickets and that deliver the food. No one else helps them. The Resident's in the Dining Room get fed last after everyone else is served because we need a nurse and CNA in the dining room.</p>		
F 0921  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Few</b>	<p><b>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</b></p> <p>Based on observation, interview, and record review, the facility failed to provide a comfortable environment for two residents (R4 and R8) of four reviewed for environment in a sample of 11 Findings include: Facility Roster documents that R4 and R8 reside on the 500 Hall Wing. Facility Heat Emergencies, effective 11/2/27, documents the purpose of this guideline is to provide precautionary and preventative measures for our residents during the hot and humid summer months. Older adults are extremely vulnerable to heat related disorders. On 9/6/20 at 5:42 PM, the facility could not provide a Maintenance Policy for temperatures or work orders for June 2020 through 9/5/20, for the air conditioning/heating units. Facility Work Orders, dated 6/1/20 through 9/5/20, were reviewed and no work orders for the air conditioner units were documented. Facility Grievance Report, dated 6/8/20, documents a complaint that the main air conditioner unit on Hall 500 was not working and that the room air conditioners were not keeping up. Facility Grievance Report, dated 6/8/20, documents two days later on 6/10/20, Fixed water flow to 502 (500 Hall) unit. On 9/5/20 at 8:55 AM, R8 stated My air conditioning unit has been replaced five times in the last six months. They have been taking old units out of empty rooms and using them to replace these broken ones and the old ones do not even work. My room temperature is sometimes really hot and sometimes really cold. Apparently they are going to get them fixed according to the new guy. I am still having trouble with this one, it is duct taped. On 9/5/20 at 8:55 AM, R8's air conditioning/heating unit left panel and left top of the unit was covered in gray tape (duct tape) and the left top and side of the unit and was part of the air conditioning/heating unit was detached. On 9/5/20 at 9:10 AM, R4 stated, In June, my air conditioner unit would not work and they tried three different units. It took them over a week to get it fixed and it was really hot in here. On 9/6/20 at 4:59 PM, V1 (Administrator/ADM) stated that no maintenance records could be located. On 9/5/20, at 11:48 AM, V1 (ADM) stated that the New Maintenance Director has only been here a couple weeks. I am aware of issues with the units but they are working on getting them fixed.</p>		