| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145006 | A. BUILDING _____ B. WING _____ | 09/10/2020 |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| GROVE OF FOX VALLEY,THE | 1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505 |

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 0684<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Provide appropriate treatment and care according to orders, resident's preferences and goals.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on interview and record review, the facility failed to complete dressing changes to a resident's skin tears, as ordered by the physician for 1 of 3 residents (R1) reviewed for wounds in the sample of 7. The findings include: R1's Facesheet, printed on September 8, 2020, showed R1 had [DIAGNOSES REDACTED]. R1's facility assessment, dated February 4, 2020, showed that R1 was had severe cognitive impairment and required extensive assistance of two staff members for bed mobility, transfers, and toilet use. R1's Incident Note, dated March 8, 2020 at 19:10 PM, showed R1 had one skin tear to right arm (11 cm x 3 cm), two skin tears to left arm (2.5 cm x 1.5 cm and 1.5 cm x 1.5 cm) . (V14 - Nurse Practitioner (NP)) made aware with the order to clean the areas with wound cleanser, apply xeroform, and cover with dry dressing. R1's March 2020 Treatment Administration Record (TAR) showed R1 had orders for the Left forearm, left wrist, and right elbow to have Xeroform Petrolat Patch applied every day shift and cover with a dry dressing. These treatment boxes were empty (there were no check marks or initials in the box indicating it was completed) on 3/10, 3/12, 3/13, 3/14, 3/16, 3/17, 3/18, 3/19, and 3/21. R1's Progress Notes from 3/10 to 3/21 do not contain charting related to these treatments being performed on R1's skin tears. On September 8, 2020 at 10:56 AM, V4 (Wound Care Nurse) said skin care orders are put on the TAR for when it needs to be done. V4 said there should be initials and a check mark showing that the dressing change was completed. R1's March 2020 TAR was reviewed with V4, this surveyor pointed to the empty boxes; V4 dropped his head and stated, Oh that looks bad. V4 said the TAR is the only place that the skin tear treatments would have been charted. On September 8, 2020 at 3:20 PM, V2 (Director of Nursing - DON) said dressing changes should be documented on the TAR and all physician orders [REDACTED]. [REDACTED]. [REDACTED]. In addition, wound treatment orders entered in the POS shall be reflected in the TAR. |
| F 0692<br><br>**Level of harm** - Minimal harm or potential for actual harm<br><br>**Residents Affected** - Few | **Provide enough food/fluids to maintain a resident's health.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on interview and record review, the facility failed to accurately weigh and record daily weights for 1 of 3 residents (R1) reviewed for weight loss/nutrition in the sample of 7. The findings include: R1's Facesheet, printed September 8, 2020, showed R1 had [DIAGNOSES REDACTED]. R1's facility assessment, dated February 4, 2020, showed R1 had severe cognitive impairment; was totally dependent on two or more staff members for bed mobility, transfers, and toilet use; was totally dependent on one staff member to eat; and had two unstageable deep tissue injuries. R1's Physician order [REDACTED]. If weight difference is 2 pounds or more from prior day, re-weigh document every day shift for [MEDICAL CONDITIONS]. On March 6, 2020, an order was entered for dietary to see patient for low [MEDICATION NAME] and protein. R1's Weight and Vitals Summary, printed on September 8, 2020, showed an initial weight of 234 pounds (bed scale) on January 28, 2020, and the last weight documented was 198 pounds (wheelchair) on March 24, 2020. This demonstrated R1 had experienced a severe weight loss of 36 pounds, or 15% weight loss, over two months. R1's weights were documented using three different scales: bed scale, mechanical lift, and wheelchair. This document showed the facility failed to complete and document 29 daily weights during the R1's stay from January 28, 2020 to March 26, 2020. This document showed on January 31, 2020 R1's weight was 224 pounds (mechanical lift), which is a 10 pound wight loss in three days, from his previous weight of 234 on January 28, 2020, and no warnings were triggered on this document. This document showed on March 23, 2020, R1's weight was 220 pounds (mechanical lift) and on March 24, 2020 R1's weight was 198 pounds (wheelchair). This demonstrated a 22 pound weight loss in one day and no warnings were triggered on this document related to weight loss. R1's Nutrition - Amount Eaten Report, dated January 28, 2020 - March 26, 2020, showed R1 consumed 0-25% of his meal on 34 occasions between January 28, 2020 and March 10, 2020, and again from March 11, 2020 to March 25, 2020, R1 only consumed 0-25% every documented meal. R1's Dietary Evaluation, dated January 29, 2020, showed R1's average meal intake was 26-75% meal, his estimated caloric needs were 2660-3190, his estimated protein needs were 106, and his estimated fluid needs were 2660. This document showed R1 received his nutrition orally and had increased protein needs related to right and left buttock deep tissue injuries (DTI). R1's progress notes were reviewed for the entire length of his stay. R1's Nutrition (Dietary) note, dated February 28, 2020, showed Triggering wt (weight) loss of 5.9% x 30 days . Current wt 220.3 # (pounds) . Appetite is decreased. Resident is noted to not be at baseline currently, believed to be related to UTI . 2/27 [MEDICATION NAME] 15, WNL (within normal limits) . Supplemented with Prostat 30 ml/day and Ensure 8 oz day. Will D/C (discontinue) ensure and add Medpass 120 ml TID (3 times a day) to increase calorie intake. Will continue to monitor and follow-up as needed. This is the last documentation entered by V10 (Dietician) in R1's electronic medical record (EMR). The physician progress notes [REDACTED].elderly patient with history of multiple advanced complex complicities . admitted from home with history of multiple medical issues . patient is in poor overall baseline and altered mental status . May send to ER if worsens, declines, fails to improve . On January 31, 2020, there is not a progress note related to R1's 10 pound weight loss (as noted on the weight summary report). R1's physician progress notes [REDACTED].remains weak, little progress in therapy. patient at baseline since admission . has been eating poorly . I had a long discussion with patient's daughter with social worker (V15) at site, we discussed about his overall advanced multiple complex somewhat irreversible comorbidities She does verbalize understanding of this . she did agree to palliative care consultation and care . The progress notes did not show the facility discussed alternative forms of nutrition with R1's POA. R1's Multidisciplinary Care Conference Note on March 10, 2020 showed a blank dietary section. On September 8, 2020 at 9:40 AM, V6 (Registered Nurse - RN) said restorative gets the daily weights and they document. V6 said dietary, nurse practitioner, doctor, and dietician should be notified of weight loss. On September 8, 2020 at 9:50 AM, V8 (Restorative Nurse) said the weight program is monitored by the eMAR nurse; she inputs the weights. V8 said the aides get the weights and V17 (Assistant Director of Nursing - ADON) reports the weights during the weekly meetings. On September 8, 2020 at 10:13 AM, V9 (EMAR Nurse) said the restorative aides get the daily weights, give it to the nurse, and the nurse documents. V9 said she only enters the monthly weights. V9 said the Dietary Manager monitors the weight changes. V9 stated, If I see a weight change I would notify the NP and enter a progress note. On September 8, 2020 at 10:35 AM, V10 (Dietician) said the restorative aides take the weight, hands them to the nurse or nurse manager, she enters the weight, and then she (Dietician) will come in and evaluate them. V10 said she is at the facility every Monday and Thursday. V10 said the facility does not provide her a list of residents to see. V10 said she determined the residents seen by reviewing weights, physician orders, and/or the nurses informing her a resident needed to be seen. This surveyor reviewed the Weight Summary report with V10. V10 said she was not notified of the 10 pound weight loss in 3 days, or the 22 pound weight loss in 1 day. V10 also stated that this report did not show that the system triggered for weight loss on the dates these occurred. On September 9, 2020 at 12:45 PM, V10 said the system only triggers for weight loss at 30 days, 90 days, and 100 days. V10 said the first trigger she received was on February 11, 2020, when R1 triggered for a 5.9% weight loss in 30 days. V10 said if she was aware of these weight losses then she would have |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| F 0692<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | (continued... from page 1)<br>requested a re-weigh of the resident and if the weight was accurate, then she would have looked into R1 further. V10 said she would have called a Multidisciplinary conference to discuss alternate nutrition and/or tube feedings. V10 said the facility has sent residents to the hospital if they are not eating in the past. On September 8, 2020 at 12:28 PM, V14 (Nurse Practitioner) said if I order a daily weight, then I expect the weight to be done daily. V14 said she would expect to get notified if a resident had a poor appetite and was exhibiting significant weight loss. On September 9, 2020 V14 stated, I did not know that he (R1) has lost 36 pounds in the facility; that's definitely concerning. On September 8, 2020 at 2:56 PM, V16 (Dietary Manager) said the nurses should notify her of weight loss, then she will look at it. V16 said the Dietician reviews the weights. V16 said she only reviews the weights monthly and if there is a referral. V16 said a 10 pound weight loss in three days should have made the nurse ask for a reweigh and if the weight loss was accurate, then the doctor should be notified. This surveyor reviewed R1's Weight Summary with V16; V16 said she was not sure how the computer system triggers for weight loss, but she did not see any triggers on the right side of the document (where they usually are). V16 stated, I don't' understand why it (a trigger) didn't show up there. V16 said the nurse should have notified the Dietician and entered an order or a note in the EMR. On September 8, 2020 at 3:20 PM, V2 (DON) said a weight difference should be identified by the dietician. V2 said the dietician will email us if a resident needs to be re-weighed. The facility's physician's orders [REDACTED]. [REDACTED]. to obtain monthly weight unless otherwise ordered differently by the physician . 3. The significant weight changes will be assessed and addressed by the IDT which includes but not limit to the Dietician, Physician, Medical Specialist, Speech Therapist, Nutritionist, and Nurses. |