PRINTED: 07/10/2019

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008007 05/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4401 NORTH MAIN STREET** RIVER BLUFF NURSING HOME ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) \$ 000 Initial Comments S 000 Statement of Licensure Violations Facility Reported Incident of May 4, 2019 - IL111994 S9999 Final Observations S9999 Facility Reported Incident of May 4, 2019 - IL111994 Statement of Licensure Violations 300.610a) 300.2040ь) 300.2040e) 300.2040a) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the Attachment A medical advisory committee, and representatives of nursing and other services in the facility. The Statement of Licensure Violations policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually

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

and dated minutes of the meeting.

by this committee, documented by written, signed

Electronically Signed

TITLE

(X6) DATE 06/05/19

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6008007 05/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4401 NORTH MAIN STREET RIVER BLUFF NURSING HOME** ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 Section 300,2040 Diet Orders Physicians shall write a diet order, in the b) medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered. Section 300,2040 Diet Orders A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet). Section 300,2040 Diet Orders The kinds and variations of prescribed therapeutic diets shall be available in the kitchen. If separate menus are not planned for each specific diet, diet information for each specific type, in a form easily understood by staff, shall be available in a convenient location in the kitchen.

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	by: Based on interview failed to ensure a rediet, was given a saconsistency to mee resulted in R1 chok This applies to 1 of therapeutic diets in	•								
	The findings include	e:								
	include: Alzheimer's left sided hemiplegi	e Sheet showed diagnosis to s disease, muscle weakness, ia (paralysis to one side of the gia (oropharyngeal phase).								
	showed her to have	019 MDS (Minimum Data Set) e moderate cognitive require extensive assistance of ng.								
	an order for "CCHC	rsician's Orders sheet showed (consistent carbohydrate) ids (and) thin liquids 6/4/18"								
	"Speech therapy mechanical soft is t R1's Care Plan Inte 11, 2018 showed, "	sed on June 5, 2018 showed, has determined that the safest consistency for her." ervention revised on December Provide and serve diet as echanical Soft/ Thin liquids. ½								

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6008007 05/17/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4401 NORTH MAIN STREET** RIVER BLUFF NURSING HOME ROCKFORD, IL 61103 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 | Continued From page 3 S9999 R1's May 29, 2018 (Approximately one year ago) Event Note from 6:40 PM showed that a family member informed a nurse that R1 was choking. The note continued, "This writer responded quickly, took a few steps and observed (R1) with her hands near her throat, mouth open, and unable to breathe. Face was starting to turn red. R1 chest thrust completed and airway was cleared. Loud gasping noise when airway was cleared. Stated that she was choking on a small piece of grilled cheese and she couldn't breathe ... R1's May 30, 2018 Physician Communication note showed an order for speech therapy evaluation and treatment. R1's July 10, 2018 Speech Therapy Treatment Encounter Note showed, R1 had a "cough x2" during a regular solid meal and "Mechanical soft solids remain most appropriate diet for (R1) at this time ..." R1's Speech Therapy Discharge Summary dated July 16, 2018 showed the discharge reason to be: "highest practical level achieved." The summary showed a LTG (long term goal): "(R1) will tolerate safer and least restrictive diet to meet nutrition and hydration needs without s/sx (signs/symptoms) of aspiration." The long term goal showed that diet to be "mechanical soft solids and thin liquids, no s/sx of aspiration." On May 5, 2019, the facility reported to the Local Health Department a new choking incident and subsequent death involving R1. This incident occurred on May 4, 2019 at approximately 6:00

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PM. The facility's Follow-up report regarding the incident showed R1 began choking while eating

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anyway. So whether I got one off the cold line or

On May 14, 2019 at 1:00 PM, V6 Registered Nurse said a CNA told her a resident "was choking and when I got to her I asked her (R1) if she was choking and she shook her head yes. She was in a wheelchair so I put her hands on

made one, it's all the same."

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she was regular (diet)."

On May 14, 2019 at 11:13 AM, V4 Registered Dietician stated, "We have a diet manual that specifies what a mechanical diet is." V4 stated that residents on a mechanical soft diet can have a peanut butter and jelly sandwich; however, the peanut butter has to be blended with the jelly. V4 said, "According to our manual making it with peanut butter then jelly on top would not meet the

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AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED					
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	mechanical soft. In itself, the tackiness When it's (peanut be makes it thinner." I know the peanut but provided by dietary turnover they may reknow to ask what the check if you don't know to ask what the check if you don't know to ask what the check if you don't know to ask what the check if you don't know to ask what the check if you don't know to ask what the check if you don't know to ask what the check if you don't know the peanut butter and altered. It's altered	t 1:34 PM, V12 Dietary e dietary staff blend the peanut ether and make all of the elly sandwiches for that day. dwiches are delivered to the d supper. V4 said, "We offer and jelly sandwiches as the e on a mechanical soft diet. adwiches as well and if the nically altered they should get and jelly. The staff should know and jelly sandwiches are								
	death to be May 4,									
	Practitioner stated, choking who was s had a recommendathe diet is importanthe choking. I do experincluding diet order death certificate. To choking as the cause what actually happe	t 3:15 PM, V5 Family Nurse "For someone with a history of een by speech therapy and ation for mechanical soft diet, t to prevent further episodes of ct my orders to be followed s." V5 said, "I signed her (R1) hey don't want you to write se of death you have to write ened. The choking lead to her oking is what caused her death								

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