

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	

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)
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34506</p> <p>Based on interview and record review the facility failed to assess and monitor a resident that experienced a change in condition and failed to implement interventions as ordered by the physician resulting in the death of one of 18 residents (R93) reviewed for quality of care in the sample of 18.</p> <p>The Immediate Jeopardy began on [DATE] at 11:00 AM when V9 CNA (Certified Nursing Assistant) reported a change in condition to V10 LPN (Licensed Practical Nurse) and V10 instructed V9 to wait until R93's lunch tray arrives. V1 Administrator was notified of the Immediate Jeopardy on [DATE] at 11:08 AM. The surveyor confirmed by interview and record review that the Immediate Jeopardy was removed on [DATE] at 10:00 AM, but non compliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the inservice training.</p> <p>The findings include:</p> <p>R93's Admission Record shows he was admitted to the facility on [DATE] with diagnoses including mild intellectual disabilities, Parkinson's Disease, history of recurrent pneumonia, major depressive disorder, dementia, and dysphagia (trouble swallowing). R93's Admission Record dated [DATE] shows R93 was [AGE] years old.</p> <p>R93's Practitioner Order for Life-Sustaining Treatment Form dated [DATE] shows R93 was a no CPR, comfort focused treatment. Comfort Focus Treatment includes maximizing comfort through symptom management. Allow Natural death. Use medication by any routes as needed. Use oxygen, suctioning and manual treatment of airway obstruction. Transfer to hospital only if comfort cannot be achieved in current setting.</p> <p>R93's Nurses Note dated [DATE] at 1:25 AM shows around 1:00 AM, the CNA alerted the night shift nurse that R93 was clammy and had increased respirations. The night shift nurse went in to assess R93 and R93 said I feel great. The night shift nurse assessed R93's vital signs and noted his pulse and respirations were elevated. But all other vital signs were normal. V12 NP (Nurse Practitioner) was notified and stated R93 could be sent to the hospital if that was what R93's power of attorney wanted, otherwise to keep at the facility and keep R93 comfortable. A message was left on V11's (R93's Power of Attorney-POA/mother) voicemail asking to return the facility's call immediately.</p> <p>(continued on next page)</p>

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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	
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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A Nurses Note entered by V10 LPN on [DATE] at 9:50 AM, shows R93's lorazepam medication was held due to R93 still sedated. At 10:29 AM, V10 documented a nurses note that show R93's mother returned the phone call from the facility in regards to R93's health incident prior to and stated that if R93 were to become diaphoretic, increased pulse, and respirations, to go ahead and send R93 to the local emergency room . Another Nurses Note dated [DATE] at 1:08 PM entered by V10 shows R93 was coughing on food and had audible breathing sounds. R93's oxygen was 89% on room air, his respirations were 25, and V10 was not able to get R93's blood pressure with an automatic blood pressure machine. V12 NP was notified to obtain an order for a chest x ray. At this time, [V12] asked if [R93's] mom was on board with the plan of care. This nurse [V10] informed [V12] that the mom only wanted [R93] sent to the emergency room if he were to have another episode like the previous night. V10 then placed the order for the portable chest x ray. The next nurses note entered by V10 on [DATE] at 2:45 PM shows, CNA went into [R93's] room to clean up resident for the chest x ray. CNA immediately called this nurse [V10] into the room. Resident had passed. Verified by this nurse. R93's nurses notes on [DATE] shows that V12 NP was notified of R93's death at 2:47 PM and V11 R93's mother/POA was notified of R93's death at 2:50 PM.</p> <p>R93's Weights and Vitals Summary shows R93's oxygen levels ranged between ,d+[DATE]% on room air during the month of [DATE]. R93's breaths per minute ranged ,d+[DATE] for the month of [DATE]. R93's respiration rate on [DATE] at 2:18 AM was 28 breaths per minute.</p> <p>On [DATE] at 1:22 PM, V10 LPN said on [DATE], R93 was asleep in bed because R93 was still tired. V10 said she gave R93 his morning medications and that he swallowed those without difficulty. (R93's Medication Admin Audit Report dated [DATE] shows V10 LPN administered R93's morning medications at 7:04 AM.) V10 said that when R93 woke up, V9 CNA attempted to feed R93 lunch and R93 was coughing on the liquids and food. V10 said a chest x ray was ordered because she could hear audible breathing sounds without her stethoscope. V10 said the second shift CNA (V13) went to clean R93 up for his chest x ray, when she came and got V10 and told V10 to bring her stethoscope. V10 said she listened to R93's chest and could not find any heart beat or any breath sounds. V10 said she took R93's vital signs when he was coughing on food and liquids and V10 could hear audible breath sounds coming from R93. V10 said that she was not able to obtain a blood pressure on R93 and V10 felt it was due because R93 was coughing so much. V10 said she did not call and tell V11 (R93's POA/mother) that R93's oxygen was low or that she was not able to get a blood pressure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	
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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 12:15 PM, V9 CNA said she went into R93's room at about 6:15 AM and R93 was still asleep. V9 said she went back into R93's room at about 8:00 AM and R93 was not able to be woken up. V9 said R93 just kind of mumbled when V9 changed R93. V9 said she went out of R93's room and told V10 that V9 was not able to wake R93 up. V10 told V9 that it was normal for R93 and to let him sleep until 10:00 AM or 11:00 AM and to try again later. V9 said she went into R93's room again around 10:00 AM and R93 was still sleeping but was clean and dry so V9 did not change R93's incontinence brief. V9 said she then went into R93's room around 11:00 AM-11:30 AM and tried to wake R93 up again but R93 was still not arousing. V9 said she even tried to sit R93 up but he would not open his eyes or respond to V9. V9 said she told V10 again that R93 would not wake up and V10 told V9 to wait for lunch time. V9 said, I was worried about [R93] at this time because [R93] was always up for lunch time. V9 said she brought R93's lunch tray to him around 12:30 PM and sat R93 up in bed. V9 said that R93 was still not awake but she tried to give him a small bite of gelato (ice cream). V9 said that R93 just kept it in his mouth and then started coughing. V9 said she went and got V10 and V10 came into R93's room and told V9 to give R93 another bite. V9 said she did and R93 started coughing again and turned a grayish color. V9 said that V10 then took over care of R93 because V9 had to get other residents back to their rooms from lunch. V9 said she then saw R93 again around 1:00 PM and R93 did not have oxygen on. V9 said that V10 told her she was calling 911 so V9 was surprised to still see R93 there but then V10 told V9 that R93 was getting a chest x ray instead. V9 said she left the unit at about 2:00 PM to work a different unit. V9 said she talked to V13 CNA at about 2:45 PM, and V13 told V9 that R93 died .</p> <p>On [DATE] at 2:01 PM, V13 CNA said she came in to work her shift at 2:00 PM. V9 told V13 that R93 had been unresponsive. V9 said she passed out ice waters and clean linens and then went to give R93 a bed bath. V13 knew that R93 was going to get a x ray. V13 said when she went into R93's room, R93 was sitting straight up in bed with the head of the bed elevated and saw that R93's head was hanging down with drool coming from his mouth. V13 said that R93's left arm had a purple discoloration to it. V13 said she left R93's room to get V10 and told her to bring her stethoscope.</p> <p>On [DATE] at 10:58 AM, V12 Nurse Practitioner said that V10 spoke with V12 on [DATE] at about 1:00 PM and said they were going to proceed with a chest x ray. V12 said that V10 told her that R93's oxygen level was 89% on room air and that she could not get a blood pressure on R93. V12 said she told V10 to put oxygen on R93 and to take a manual blood pressure on R93. V12 said she received a second notification from V10 at 2:48 PM that R93 had passed away. V12 said she would expect the nurse to notify her if a residents blood pressure was abnormal. V12 said she did not know why V10 could not get a blood pressure on R93 with an automatic cuff. V10 said R93's POA should for sure be updated with any change in condition in R93 so that R93's POA could make the decision if she wanted R93 sent out to the hospital.</p> <p>On [DATE] at 1:00 PM, V10 said that V12 did not give her any other orders beside the chest x ray. V10 said that V12 did not tell V10 to take a manual blood pressure nor to apply oxygen. V10 said she did not take a manual blood pressure on R93, did not apply oxygen, and did not attempt to suction R93.</p> <p>On [DATE] at 3:00 PM, V12 said she was not told that R93 had a change in skin color. V12 said she depends on the nurses assessments for her orders as to what to do. V12 said she is not at the facility so she relies solely on the nurse and what the nurse reports to her. V12 said she was not aware that V10 did not follow the orders she gave V10 to take R93's manual blood pressure and place R93 on oxygen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	
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)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 10:39 AM, V2 DON (Director of Nursing) said if the nurse gets report that a resident is not arousable, she would expect staff to do an assessment, notify the provider, and send the resident to the hospital. V2 said she was not aware of R93's change in condition. V2 said that R93 probably needed to go out to the hospital. At 1:25 PM, V2 said if the nurse cannot get a blood pressure with an automatic blood pressure machine, then she expects the nurses to try a different extremity or perform a manual blood pressure. If a resident is having trouble breathing and oxygen saturation is lower than normal, the nurse should place the resident on oxygen and call the nurse practitioner and see what the orders are.</p> <p>R93's State of Illinois Certificate of Death Worksheet shows R93's date of death as [DATE]. R93's cause of death is listed as Respiratory Failure, Aspiration Pneumonia, and Developmental Delay.</p> <p>The facility's Notification of Changes policy dated [DATE] shows, The facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. Circumstances requiring notification include: Significant change in the resident's physical, mental, or psychosocial condition such as deterioration in health, mental or psychosocial status. Resident incapable of making decisions: The representative would make any decisions that have to be made.</p> <p>The facility's Change in a Resident's Condition or Status policy revised [DATE] shows, Prior to notifying the Physician or healthcare provider, the nurse will make detailed observations and gather relevant and pertinent information for the provider. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p> <p>The Immediate Jeopardy that began on [DATE] was removed on [DATE] at 10:00 AM, when the facility took the following actions to remove the immediacy:</p> <ol style="list-style-type: none"> 1. The facility provided education in regards to ensuring their nursing staff are performing thorough assessments and the monitoring of resident with a change in condition. 2. The facility will ensure that physician orders are being implemented for resident with a change in condition. 3. A full house audit of all residents' physician orders started on [DATE] at 11:20 AM. 4. Inservices in regards to facility policies on: Change in a resident's condition or status, conducting an accurate resident assessment, consulting physician/practitioner orders and notification of change of condition. 5. The licensed professional nurse will demonstrate competencies and complete knowledge checks after in servicing and ongoing then annually and as needed. 6. The Director of Nursing or designee will conduct rounds throughout the facility to ensure change of conditions are accurately monitored and accurate orders are implemented and report to the administrator daily. 7. Quality Assurance plans to monitor facility performance to make sure that corrective actions are achieved and are permanent. 		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	
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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35119</p> <p>Based on observation, interview, and record review the facility failed to assess and implement interventions for a known contracture for 1 of 2 residents (R13) reviewed for range of motion in the sample of 18.</p> <p>The findings include:</p> <p>On 05/06/24 at 09:43 AM, R13 was sitting in the recliner in her room. R13's left hand fingers were curled into the palm of her hand. R13 stated I have a brace, but it hurts me, so I don't wear it. They tried putting a rag, it doesn't hurt but it falls out. I have used a carrot thing, but not lately.</p> <p>R13's most recent Care Plan contains no documentation of R13's contracture or range of motion/restorative needs.</p> <p>R13's Minimum Data Set, dated dated [DATE] shows R13 had functional limitation in range of motion of impairment to one side to upper extremity and lower extremity.</p> <p>On 05/07/24 at 09:30 AM, V6 Registered Nurse stated R13 has a contracture to her left hand.</p> <p>On 05/07/24 at 12:09 PM, V2 Director of Nursing stated she was not familiar with R13's hand contracture and she was not sure who is doing the assessments or where the assessments are documented. V2 stated there should be an order for devices to prevent contractures from worsening if determined by therapy. V2 stated R13's contracture should be part of her care plan.</p> <p>On 05/07/24 at 01:26 PM, V7 Assistant Director of Nursing stated contractures should be assessed quarterly and should be charted under assessments. V7 said the resident's Care Plan should also reflect the contracture and interventions. V7 stated R13 had a stroke affecting her left side and she has a contracture to her left hand. V7 stated Physical and Occupational Therapy does an evaluation of a resident's contracture and interventions needed including braces if needed. V7 stated these interventions will be reviewed with the physician and orders obtained and the residents plan of care is updated. V7 stated she didn't see any plan of care for R13's left hand contracture.</p> <p>On 05/07/24 at 01:44 PM, V8 Physical Therapy Director said R13 has not been seen by therapy since 2023. V8 said she has not known R13 to have a brace since she started working at the facility in June of 2023. V8 stated if R13 had used a brace as an intervention that should be in her care plan that a brace was tried. V8 said R13 should have assessments done on her contracture to make sure it is not getting worse. V8 said she has not done an assessment on R13 and was not sure who was doing them now. V8 said R13's last recommendation (according to the notes from Occupational Therapy) was a splint or carrot for her hand.</p> <p>R13's Occupational Therapy Discharge Summary dated 9/15/23 shows Discharge recommendations: Patient to wear her splint or carrot on left hand to decrease contracture of hand.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	
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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R13's most recent Rehab Assessment for Functional Status is dated 6/22/2022 and shows no impairment to upper or lower extremity.</p> <p>The facility's Prevention of Decline in Range of Motion Policy dated 12/1/23 shows The facility in collaboration with the medical director, director of nursing, and as appropriate, physical/occupational consultants shall establish and utilize a systematic approach for prevention of decline in range of motion, including the assessment, appropriate care planning, and preventative care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>34490</p> <p>Based on interview and record review the facility failed to ensure a resident was safely transferred with a sit to stand lift for 1 of 18 residents (R14) reviewed for safety in the sample of 18.</p> <p>The findings include:</p> <p>R14's Fall Incident Report dated 3/14/24 shows, CNA (Certified Nursing Assistant) reported resident was not standing on the stand lift during transfer to the toilet and started letting go of the grab bars. Lowered to the floor by stand lift.</p> <p>On 5/8/24 at 8:47 AM, V16 (CNA) said that she could not remember if she was transferring R14 on or off of the toilet but R14 was positioned by the toilet when she was being transferred with the sit to stand lift. V16 said that she was not standing up very well and kept letting go of the bars of the lift. V16 said that she was the only one in the room transferring her and she knew that she really needed to pull the call light to get help but could not reach it so she slowly lowered R14 to the floor. V16 said that she thinks R14 was changed to a mechanical sling lift after the incident for her safety.</p> <p>R14's Nurses Note date 3/16/24 shows, Does poor with stand lift transfers. Very frequently bends knees and needs constant cueing to stay standing up straight and not bending over.</p> <p>R14's Physical Therapy Evaluation dated 3/23/24 shows, Therapist consulted with nursing staff informing them of pt (patient) failure to allow for continued treatment and reminded that the staff can downgrade her to a (mechanical sling lift) if they feel it is in the best interest of the patient in order to prevent injury.</p> <p>R14's Fall Incident Report dated 3/25/24 shows, Walking past resident room and heard CNA talking with her stating put your feet back on, entered to observe CNA lowering resident to bed, resident was not positioned enough onto the bed and lowered to floor in sitting position.</p> <p>On 5/7/24 at 9:54 AM, V9 (CNA) said that she was getting R14 up in the morning using a sit to stand lift. V9 said that R14 did not want to get up because it was so early in the morning. V9 said that during the transfer R14 said, I am letting go and let go and slide through the sling and landed on the floor. V9 said that she did not have the strap to hold R14's legs in place applied.</p> <p>On 5/8/24 at 8:30 AM, V15 (Licensed Practical Nurse) said that she was walking down the hallway when she heard V9 telling R14 to put her feet back. V15 said that she walked into the room and R14 was on the stand lift and her left foot was off of the base of the stand lift. V15 said that they tried to get her to put her foot back onto the base but she wouldn't and then they tried to get her back onto the bed but could not do that either, so they lowered her to the ground. V15 said that V9 was the only staff member in the room when she walked into the room.</p> <p>On 5/7/24 at 1:26 PM, V8 (Therapy Director) said that all staff should be using two people to perform sit to stand transfers for the resident's safety.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/8/24 at 10:00 AM, V17 (CNA) said that two staff members should always be assisting with sit to stand transfers for the resident's safety.</p> <p>On 5/8/24 at 10:38 AM, V2 (Director of Nursing) said that sit to stand lifts require two staff members to perform. V2 said that if a resident is having trouble using the sit to stand lift, it would be common sense to change them to a mechanical sling lift for their safety.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	
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)		
<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34506</p> <p>Based on observation, interview, and record review the facility failed to provide nutritional supplements as ordered for one of three residents (R64) reviewed for weight loss in the sample of 18. This failure contributed to R64 experiencing a 11.41% weight loss in the last six months.</p> <p>The findings include:</p> <p>R64's Order Summary Report dated May 7, 2024, shows she was admitted to the facility on [DATE], with diagnoses including wandering, generalized anxiety disorder, history of falling, depression, alzheimer's disease, dementia, need for assistance with personal care, and difficulty walking. R64 has pudding with lunch ordered on December 15, 2023, and health shake three times per day ordered on October 3, 2023.</p> <p>R64's meal ticket shows for R64 should have received a mighty vanilla shake and a pudding cup at lunchtime.</p> <p>On May 7, 2024, at 12:10 PM, R64 was sitting at the lunch table for her lunch meal. R64 had a general diet food tray in front of her and was eating small bites of food with her fingers. There was a cup of water and cup of apple juice for R64's fluids. R64's apple juice was half gone. There was not a vanilla shake nor a pudding cup at R64's table. R64 left the dining room at 12:25 PM.</p> <p>On May 7, 2024, at 12:28 PM, V19 CNA (Certified Nursing Assistant) said health shakes and pudding is kept in the unit refrigerator. V19 said the dietary staff typically hand out the supplements to the residents.</p> <p>On May 7, 2024, at 12:29 PM, V14 Dietary staff said she passes out resident's health shakes when she hands out the resident's drinks. V14 said she didn't pass out R64's health shake because R64 was not sitting down and another resident that sits near R64 likes to grab things.</p> <p>R64's monthly weights show that R64 weighed 147.2 pounds on November 28, 2023, and weighed 130.4 pounds on May 7, 2024. This is a 11.41% weight loss in six months.</p> <p>On May 9, 2024, at 11:34 AM, V18 Dietitian said health shake and ice cream is ordered to increase R64's caloric intake because she has lost weight. V18 said if R64's supplements are not provided, then R64 may not be getting the calories she needs and may continue to lose weight.</p> <p>The facility's Weight Monitoring Policy revised on December 1, 2023, shows, The facility will utilize a systemic approach to optimize a resident's nutritional status. This process includes developing and consistently implementing pertinent approaches. Interventions will be identified, implemented, monitored and modified consistent with the resident's assessed needs, choices, preferences, goals and current professional standards to maintain acceptable parameters of nutritional status.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	
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)		
<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>37232</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident's head remained elevated above 30 degrees while a tube feeding was infusing for 1 of 1 residents (R393) reviewed for tube feedings in the sample of 18.</p> <p>The findings include:</p> <p>R393's face sheet showed R393 had dysphagia (difficulty swallowing), gastrostomy (tube feeding), and gastro-esophageal reflux disease.</p> <p>On 05/07/24 at 10:01 AM, V3 (Certified Nursing Assistant- CNA) and V4 (CNA) entered R393's room to provide incontinence care. R393 was connected to his tube feeding and the tube feeding pump was infusing at 50 milliliters per hour. V4 lowered R393's head of bed below 30 degrees. R393's head of bed was nearly flat. R393's tube feeding continued to infuse. V3 and V4 provided incontinence care as R393 was incontinent of stool. After providing incontinence care, V3 lowered R393's head of bed all the way down and repositioned R393 high up in bed. R393's tube feeding was not paused while his head of bed was lowered below 30 degrees when receiving incontinence care and being repositioned.</p> <p>On 05/07/24 at 10:11 AM, V5 (Registered Nurse-RN) said a tube feeding should be stopped/paused when a resident's head of bed is lowered less than 30 degrees to limit the possibility of the tube feeding going into a the resident's lungs.</p> <p>R393's Order Summary Report showed an order to elevate the head of bed 30 to 45 degrees at all times while tube feeding is infusing.</p> <p>R393's Care Plan for his tube feedings listed under interventions, The resident needs the [head of bed] elevated 45 degrees during and thirty minutes after tube feed.</p> <p>The facility's Care and Treatment of Feeding Tubes policy with a revised date of 12/1/23 showed, It is a policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	
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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>34506</p> <p>Based on interview and record review the facility failed to ensure as needed (PRN) psychotropic medications had a duration for 5 of 5 residents (R40, R26, R50, R28, R194) reviewed for psychotropic medications in the sample of 18.</p> <p>The findings include:</p> <p>1. R40's Physician Orders dated 3/10/24 shows an order for Haloperidol Lactate Concentrate 2 MG/ML Give 0.25 ml my mouth every 2 hours as needed for mild restlessness related to unspecified dementia, moderate, with agitation and an order for Lorazepam Oral Concentrate 2 MG/ML Give 0.25 ml by mouth every 2 hours as needed for anxiety related to unspecified dementia, moderate, with agitation. The orders do not contain a stop date or duration.</p> <p>2. R26's Physician Orders dated 1/27/24 shows an order for Lorazepam Concentrate 2 MG/ML Give 0.25 ml by mouth every 2 hours as needed for anxiety. The orders do not contain a stop date or duration.</p> <p>35119</p> <p>3. R28's Physician Orders dated 4/17/24 shows Lorazepam Oral Concentration 2 MG/ML Give 0.5 ml orally every 2 hours as needed for restlessness. The orders do not contain a stop date or duration.</p> <p>34490</p> <p>4. R194's Physician's Order Sheet printed on 5/7/24 shows an order for Lorazepam 0.5 milligrams (mg)-Give 1 tablet by mouth every 12 hours as needed for anxiety. The order had a start date of 4/19/24 and there was no end date documented.</p> <p>37232</p> <p>5. R50's Order Summary Report showed an order for Lorazepam (psychotropic anti-anxiety medication) to be given every 6 hours as needed (PRN) that was started on 2/7/24. There was no duration associated with the order.</p> <p>On 5/7/24 at 9:12 AM, V2 (Director of Nursing) said PRN psychotropic medications should have a duration/stop date.</p> <p>The facility's Use of Psychotropic Medication policy with a implemented date of 12/1/22 showed, PRN orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record and for a limited duration (i.e. 14 days). If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/13/2024
NAME OF PROVIDER OR SUPPLIER Allure of Pinecrest		STREET ADDRESS, CITY, STATE, ZIP CODE 414 South Wesley Avenue Mount Morris, IL 61054	

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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37232</p> <p>Based on observation, interview, and record review the facility failed to ensure staff wore isolation gowns when providing high contact care to a resident on enhanced barrier precautions for 1 of 18 residents (R393) reviewed for infection control in the sample of 18.</p> <p>The findings include:</p> <p>R393's face sheet showed R393 had a gastrostomy (tube feeding).</p> <p>On 05/07/24 at 10:01 AM, on the door to R393's room was a sign indicating R393 was on enhanced barrier precautions. The sign indicated staff were to wear gloves and gowns during high contact resident care activities. V3 (Certified Nursing Assistant- CNA) and V4 (CNA) entered R393's room to provide incontinence care. R393 was incontinent of stool and had his adult incontinence brief changed by V3 and V4. During the incontinence care, V4 assisted R393 to turn and held the tubing of the tube feeding. V3 and V4 did not wear isolation gowns when providing incontinence care.</p> <p>On 05/07/24 at 11:31 AM, V2 (Director of Nursing) said residents that have a catheter or implanted medical devices, such as a tube feeding, are placed on enhanced barrier precautions. V2 said when staff provide high contact care activities staff should wear gloves and gowns. V2 added that providing incontinence care is considered a high contact care activity.</p> <p>The facility Enhanced Barrier Precautions policy with an implemented date of 3/23/24 showed, enhanced barrier precautions refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. High contact resident care activities include providing hygiene and changing briefs.</p>