

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145726	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/14/2024
NAME OF PROVIDER OR SUPPLIER Timber Point Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 205 East Spring Street Camp Point, IL 62320	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>31682</p> <p>Based on record review and interview the facility failed to notify the physician of a resident not receiving a physician ordered enteral nutrition formula by gastrostomy tube for one of three residents (R1) reviewed for physician notification in the sample of three.</p> <p>Findings include:</p> <p>The facility's Gastric Tube Feeding via Continuous Pump policy dated 08/2008 documents, Purpose: The purpose of this procedure is to provide nourishment to the resident who is unable to obtain nourishment orally. Verify compliance with physician's order, including the product volume and infusion rate. Report any complications promptly to the physician.</p> <p>1. R1's Hospital Discharge Orders dated 11-21-24 document, Tube Feeding: Osmolite 1.5 at a goal rate of 45 ml (milliliter) per hour.</p> <p>R1's Medications Flowsheet dated 11-21-24 (R1's Admission) through 11-30-24 documents R1 did not receive her physician ordered Osmolite 1.5 calorie/ml (milliliter) at 45 ml per hour via gastrostomy tube on 11-21-24 through 11-25-24.</p> <p>R1's Medical Record does not include documentation of a physician being notified of R1 not receiving her physician ordered Osmolite nutritional tube feeding as ordered from 11-21-24 through 11-25-24.</p> <p>On 12-13-24 at 2:30 PM V2 (Director of Nursing) stated, The nurses did not call the physician or gastroenterology specialist to let them know that they did not have Osmolite to administer to (R1) as ordered. The nurses should have called the physician to get an order for a substitute formula until we (the facility) were able to get the Osmolite.</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
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<p>F 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 31682</p> <p>Based on record review and interview the facility failed to follow their Admission's Contract to perform an inventory of a resident's personal belongings for one of three residents (R3) reviewed for personal belongings in the sample of three.</p> <p>Findings include:</p> <p>R3's Admission Contract dated 8-20-24 documents, An inventory sheet will be provided for you and/or your family to fill out to identify all belongings upon admission. Please complete the inventory sheet in its entirety and sign/date. If you need assistance with filling out the inventory sheet, please contact a facility staff member and someone will be assigned to assist you.</p> <p>R3's MDS (Minimum Data Set) assessment dated [DATE] documents R3 is cognitively intact.</p> <p>R3's Medical Record does not include an Inventory Sheet of R3's personal belongings.</p> <p>On 12-13-24 at 12:40 PM R3 stated, When I came into the facility my caregiver brought in a tote of my belongings. The staff made me leave my things with them for three days. The staff said they clean everything before bringing the stuff into the facility to prevent bugs. No one filled out an inventory list of my belongings, and no one gave me an inventory list to fill out.</p> <p>On 12-14-24 at 11:00 AM V1 (Administrator) stated, The staff never completed an inventory sheet for (R1). All residents should have an inventory sheet completed on admission that includes all of their belongings brought into the facility.</p>

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<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>31682</p> <p>Based on record review and interview the facility failed to administer a physician ordered enteral nutrition formula by gastrostomy tube for one of one resident (R1) reviewed for a gastrostomy feeding tube in the sample of three.</p> <p>Findings include:</p> <p>The facility's Gastric Tube Feeding via Continuous Pump policy dated 08/2008 documents, Purpose: The purpose of this procedure is to provide nourishment to the resident who is unable to obtain nourishment orally. Verify compliance with physician's order, including the product volume and infusion rate. Documentation: 1. The date and time the procedure was performed. 2. The amount and type of enteral feeding.</p> <p>1. R1's Admission Record documents R1 was admitted to the facility from the hospital on 11-21-24 with the diagnoses of alcoholic cirrhosis of the liver, severe protein-calorie malnutrition, gastrostomy, ulcerative chronic pancolitis, gastrostomy, and hypocalcemia.</p> <p>R1's Hospital Discharge Orders dated 11-21-24 document, Tube Feeding: Osmolite 1.5 at a goal rate of 45 ml (milliliter) per hour.</p> <p>R1's Medications Flowsheet dated 11-21-24 (R1's Admission) through 11-30-24 documents R1 did not receive her physician ordered Osmolite 1.5 calorie/ml (milliliter) at 45 ml per hour via gastrostomy tube on 11-21-24 through 11-25-24.</p> <p>On 12-13-24 at 2:30 PM V2 (Director of Nursing) stated, (R1) did not receive Osmolite 1.5 calorie at 45 ml per hour from 11-21-24 through 11-25-24. The pharmacy sent the wrong formula (Jevity) to the facility and the nurses did not let me know and did not give (R1) any feeding by g-tube (gastrostomy tube). I was not told until Monday (11-25-24) that (R1) did not receive the Osmolite on 11-21-24 through 11-25-24. The nurses should have called me so I could have made sure (R1) got the Osmolite as ordered.</p> <p>On 12-13-24 at 6:45 PM V22 (LPN/Licensed Practical Nurse) stated, I worked 11-23-24 and 11-24-24 from 6:00 PM through 6:30 AM and did not give (R1) any g-tube feeding those nights. The facility did not have Osmolite in-house to give (R1).</p> <p>On 12-13-24 at 7:15 PM V23 (RN/Registered Nurse) stated, I did not give (R1) a g-tube feeding on 11-22-24 from 6:00 PM through 6:00 AM. We (the facility) did not have the Osmolite in-house to give.</p>		