

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145937	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/01/2024
NAME OF PROVIDER OR SUPPLIER  Forest City Rehab & Nrsng Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE  321 Arnold Avenue Rockford, IL 61108	

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 - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41639</p> <p>Based on observation, interview, and record review, the facility failed to provide safe feeding recommendations for 4 of 10 residents (R2,R3,R6,R9) reviewed for safety and supervision in the sample of 10.</p> <p>The findings include:</p> <p>1) R2's electronic face sheet printed on 7/1/24 showed R2 has diagnoses including but not limited to dysphagia (oropharyngeal phase), bipolar disorder, dementia without behaviors, and schizophrenia.</p> <p>R2's facility assessment dated [DATE] showed R2 has mild cognitive impairment and receives a mechanically altered diet.</p> <p>R2's care plan dated 7/26/17 (Revision 6/11/24) showed, (R2) has a general, pureed texture, nectar thickened liquids diet .</p> <p>R2's speech therapy recommendations dated 6/5/24 showed, Mechanical soft, thin liquids, slow rate, small bites and sips, alternate solids &amp; liquids, upright position.</p> <p>R2's local hospital records dated 4/29/24 showed, Patient is a resident of (facility) and was sent to the emergency department with concerns of acute encephalopathy/altered mental status. Patient at baseline is supposedly alert and oriented x 2 but was noted to be very altered earlier today. She was noted to have cyanotic lips with oxygen saturation 93% was still placed on oxygen at the rehab facility. She was also noted to have a temperature of 100.5 this morning. She was noted to have food in her mouth with concern for possible aspiration, no vomiting or cough reported at the facility.</p> <p>On 6/30/24 at 11:34AM, R2 was sitting up in her wheelchair in the dining room and requested a bag of chips from the vending machine. V3 (Assistant Director of Nursing) obtained a bag of ruffled potato chips from the vending machine, opened the bag, and placed them in front of R2. V3 stated R2 has a regular diet and is able to eat unsupervised.</p> <p>On 7/1/24 at 11:54AM, V7 (Speech Therapist) stated, (R2) should not be given potato chips as she is on a mechanical soft diet. Potato chips are considered a regular diet item. (R2) just came off of swallow therapy and was originally on a pureed diet and was just advanced to a mechanical soft diet. She does still need to be supervised as she continues to have difficulty swallowing at times.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 145937
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2) R3's electronic face sheet printed on 7/1/24 showed R3 has diagnoses including but not limited to hemiplegia and hemiparesis, dysphagia (oropharyngeal phase), morbid obesity, and bipolar disorder.</p> <p>R3's facility assessment dated [DATE] showed R3 has no cognitive impairment and receives a mechanically altered diet.</p> <p>R3's physician's orders dated 6/20/24 showed, Pureed diet, honey thickened liquids, pleasure feed 1:1 assist w/ feeding.</p> <p>R3's care plan dated 6/11/24 showed, (R3's) current diet is general, pureed texture, honey thickened liquids.</p> <p>On 6/30/24 at 11:37AM, R3 received potato chips from R2 and placed them on his table and began eating them in the dining room. R3 was leaning back in his reclining wheelchair feeding himself potato chips and drinking a can of regular cola with no staff near him. R3 was served a regular diet for lunch that consisted of canned apples and a cheeseburger. R3 consumed his entire lunch without any staff near him. At 11:41AM, V3 stated, (R3) is on a regular diet. He has no restrictions.</p> <p>On 7/1/24 at 11:54AM, V7 stated, (R3) is on hospice now so he can receive pleasure feedings. He used to be NPO (nothing by mouth) when he was receiving speech therapy due to his oral and pharyngeal dysphasia. He definitely needs to be supervised and a 1:1 assist if he is eating a regular diet due to his probability for choking.</p> <p>3) R6's electronic face sheet printed on 7/1/24 showed R6 has diagnoses including but not limited to dysphagia following cerebral infarction, hemiplegia and hemiparesis affecting right dominant side, epilepsy, and visuospatial deficit and spatial neglect.</p> <p>R6's facility assessment dated [DATE] showed R6 has mild cognitive impairment and receives a mechanically altered diet.</p> <p>R6's physician's orders dated 7/10/23 showed, No Added Salt (NAS) diet Pureed texture, Nectar Thick liquids consistency, slow rate, small bites and sips, alternate solids and liquids, upright position, upright position 30 min after intake, check pocketing/oral residue after each bite, 1:1 supervision and cueing for swallowing safety.</p> <p>R6's speech therapy recommendations dated 4/29/24 showed, Solids = Puree consistencies Liquids = Nectar thick liquids.</p> <p>On 6/30/24 at 12:11PM, R6 was feeding himself a pureed diet at a rapid pace, not ensuring proper swallowing between bites, not taking in any liquids in between bites of food. R6 stated staff do not sit with him when he eats or ensure his mouth is clear after meals. R6 shook his head no when asked if staff wait to serve his tray until they are able to sit with him.</p> <p>On 7/1/24 at 11:54AM, V7 stated, Someone should be sitting with (R6) when he is eating due to him being a 1:1 supervision. They don't need to feed him but he needs frequent reminders to slow down when eating and to take drinks between bites of food. He has oral and pharyngeal dysphasia and has lack of mastication (chewing). He is a risk of aspiration and choking.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4) R9's electronic face sheet printed on 7/1/24 showed R9 has diagnoses including but not limited to chronic bronchitis, chronic obstructive pulmonary disease, dependent personality disorder, and schizoaffective disorder, bipolar type.</p> <p>R9's facility assessment dated [DATE] showed R9 has no cognitive impairment and receives a mechanically altered diet.</p> <p>R9's physician's orders dated 5/18/23 showed, General diet Pureed texture, Regular Thin Liquids consistency, feeding assistance needed for diet.</p> <p>R9's care plan dated 5/13/24 showed, (R9) has a general, pureed, thin liquids diet.</p> <p>On 6/30/24 at 12:33PM, R9 was laying in his bed at an approximate 45 degree angle feeding himself a whole sandwich. R9's meal tray had a half of a sandwich, cottage cheese, and canned apples on it. None of the items were pureed and no staff were assisting or supervising R9. R9's meal ticket showed, General/Pureed 1:1 hand feed. R9 stated nobody ever helps him eat and he can eat whatever he wants and eats in be the majority of the time.</p> <p>On 7/1/24 at 11:54AM, V7 stated, I never had (R9) on my case load but if a resident's orders and diet ticket specify what diet they are to receive then that is what they should be receiving. (R9) obviously has some sort of difficulty swallowing or chewing and needs an altered diet so that is what he should be getting.</p> <p>On 6/30/24 at 1:58PM, V2 (Director of Nursing) stated, All residents on altered diet need some level of supervision, whether it be 1:1 or intermittent depends on their needs and is indicated on their diet ticket. Whatever those tickets say is what staff should be doing to prevent any resident from choking. Residents that are 1:1 should have staff with them at all times when they have food. They should not be served their tray of food until staff are ready to sit with them. It is not appropriate to serve their tray and be available in the dining room. That is not 1:1 supervision.</p> <p>The facility's undated policy titled, Explanation of Diets: Pureed showed, The Pureed Diet is designed for those individuals who have difficulty swallowing or cannot chew foods of the mechanical soft consistency.</p> <p>The facility's undated policy titled, Explanation of Diets: Mechanical Soft showed, This consistency modified diet is for individuals with limited or difficulty in chewing regular textured foods. This diet may also be used by a Speech Language Pathologist (SLP) in the treatment of dysphagia and needs to be individualized for specific food tolerances and modified, as needed, per recommendations from the SLP. This diet should be individualized to meet the resident's needs and chewing abilities. The diet consists of food of nearly regular textures but eliminates very hard, sticky, crunchy or hard to chew foods.</p>		