

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145981	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Swansea Rehab Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 North Second Street Swansea, IL 62226	

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 - Minimal harm or potential for 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** 44953</p> <p>Based on interview, observation and record review, the facility failed to provide appropriate services to prevent significant weight loss for one (R20) in a sample 27.</p> <p>R20's not dated Face Sheet documents R20's medical diagnosis as Chronic Obstructive Pulmonary Disease, Major Depressive Disorder, Recurrent, Moderate, Other Frontotemporal Neurocognitive Disorder, Paranoid Schizophrenia, Type 1 Diabetes Mellitus W/O Complications and Unspecified Dementia, Unspecified Severity with other Behavioral Disturbances.</p> <p>R20's Minimum Data Set (MDS) dated [DATE] documents (R20's) Cognitive Skills for Daily for Daily Decision Making is severely impaired and requires feeding assistance.</p> <p>On 10/08/24 04:39 PM V13 sister-n-law of R20 stated R20 lost considerable amount of weight because facility did not place him on diet prescribed by hospital. The Administrator, Director of Nursing and nurses stated the facility did not have someone to perform a swallow test therefore R20 would have to remain on pureed diet. R20 lost a considerable amount of weight. (R20) went from 120 pounds (in Feb) to 101 pounds in (May or June).</p> <p>Hospital records with a date of service as 2/1/24 and discharge date of [DATE] documents a diagnoses of Difficulty swallowing -Malnutrition: NG tube placed for enteral access. Has temporal wasting consistent with cachexia. Discharge weight 56 kg (123 lb 7.3 oz).</p> <p>The Facility Monthly weight log documents R20's March weight as 107.8 lbs indicating a 12.85% weight loss.</p> <p>R20 was evaluated by V11 the dietician on 2/15 and 2/16/24.</p> <p>Dietician notes dated 2/15/24 documents calorie needs as 1500-1750; protein needs 50-60 gm/day; fluid needs 1500 cc/day. Diet order Pureed Reg,thin</p> <p>Dietician notes dated 2/16/24 documents R20's caloric needs as 1620; protein needs 54 gm/day; fluid needs 1620 ml/day. Recent hospital transfer related to stroke. Noted treatment for UTI. Diet meets estimated nutritional /exceeds estimated nutritional needs to promote weight gain. Will want to continue to encourage intake. Will monitor.</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
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/11/24 at 11:04 AM V11 stated she did not monitor (R20) in March 2024 due to her company having a payment issue with the facility.</p> <p>On 10/11/24 at 2:30 PM V1 Administrator in training stated to address the absence of dietician, the facility staff continued with feeding assistance, ensured that he was eating and swallowing his meals. It is questionable if his weight was correct when he was readmitted to the facility. He (R20) should have been re-weighed.</p> <p>R20's Care Plan dated 3/26/24 documents Interventions as Administer medications as ordered. Monitor/document for side effects and effectiveness, Monitor/document/report PRN any s/sx of dysphagia: pocketing, choking, coughing, drooling, Holding food in mouth, Several attempts at swallowing, refusing to eat. appears concerned during meals. Monitor/record/report to MD PRN s/sx of malnutrition: Emaciation (Cachexia), muscle wasting, significant weight loss: 3 lbs in 1 week, >5% in 1 month, >7.5% in 3 months, >10% in 6 months. Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow-up as indicated. Provide and serve diet ordered. RD to evaluate and make diet change recommendations PRN. If weight decline persists, contact physician and dietician as soon as practical. Labs as ordered. Report results to physician and ensure dietician is aware. Monitor and evaluate any weight loss. Determine percentage lost and follow facility protocol for weight loss. Monitor and record food intake at each meal. Staff to assist resident with feeding and drinking each meal and snacks. Weekly weight monitoring due to weight loss.</p> <p>The Facility policy Resident Weight Monitoring undated documents residents who have been detected by the weight committee at increased risk for weight loss will be put on weekly weights for at least 4 weeks. After 4 weeks, if weight has been stabilized monthly weights will be re-established.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45947</p> <p>Based on observation, interview, and record review, the Facility failed to properly store and label medications and dispose of expired medications for 3 of 3 residents (R11, R14, R23) reviewed for medication storage and labeling in the sample of 27.</p> <p>Findings include:</p> <p>On 10/8/24 at 11:00 AM, the medication cart on the 200 Hall was inspected with V8, Licensed Practical Nurse (LPN). The medication cart contained the following:</p> <p>1-R11's Insulin Lispro 100 units/mL (milliliter) pen that was not dated upon opening</p> <p>2-A bottle of Guaifenesin with the label rubbed off, leaving behind only a few letters of a resident's name. V8, LPN, first stated it belonged to R23. She stated, I see the (letter) D and the O .Oh wait, that isn't hers.</p> <p>On 10/8/24 at 11:43 AM, the 200 Hall Medication Room was inspected with V2, Director of Nursing (DON). There was a sign on a cabinet door documenting, No food or drink kept in med room refrigerator. The medication refrigerator inside contained the following:</p> <p>3-A box of frozen pizza stored above four boxes of R11's Arformoterol 15 mcg (micrograms)/2 mL solution. V2, DON, stated many residents have limited income and do not want their food to go bad, but it will be removed in a couple of hours.</p> <p>On 10/8/24 at 3:03 PM, inspected the 100 Hall Medication Room. The medication refrigerator inside contained the following:</p> <p>4-Five ice cream sandwiches</p> <p>5-One frozen biscuit breakfast sandwich</p> <p>6-Nine individual ice cream cups</p> <p>7-Five of R14's Nepro supplements that expired on 6/1/24</p> <p>On 10/9/24 at 2:50 PM, V1, Administrator in Training (AIT), stated she expects labels to be legible, insulin pens to be dated upon opening, and food to be stored separately from medications.</p> <p>The Facility's Procurement and Storage of Medications Policy reviewed 3/16/23 documents, All medication containers shall be labeled with the date opened by the person breaking the container seal. All discontinued/expired non-controlled medications are to be removed from the active medication storage area, and the quantity should be noted on the medication sheet. All medications should then be returned to pharmacy or destroyed per facility policy as soon as practical.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45947</p> <p>Based on interview, observation, and record review, the Facility failed to ensure food was prepared in a form to meet residents individual needs for 4 of 4 residents (R8, R9, R11, R13) reviewed for modified diets in the sample of 27.</p> <p>Findings include:</p> <p>On 10/8/24 at 8:20 AM, V7, Dietary Aid, was plating food from the steam table during breakfast service. Food items being served from the steam table were scrambled eggs, ham slices, ground ham, toast, and grits.</p> <p>1-R8's Face Sheet documents R8 was admitted to the facility on [DATE] with diagnoses including cerebral infarction, hemiplegia and hemiparesis, and unspecified dementia.</p> <p>R8's Physician Orders for the month of October 2024 document R8 is on a mechanical soft diet.</p> <p>On 10/8/24 at 8:24 AM V7, Dietary Aid, made a plate for R8 with ground ham. V7 did not add gravy or sauce to moisten the mechanically altered meat.</p> <p>2-R9's Face Sheet documents R9 was admitted to the facility on [DATE].</p> <p>R9's Physician Orders for October 2024 document R9 has Alzheimer's disease and is on a mechanical soft diet.</p> <p>On 10/8/24 at 8:26 AM, V7, Dietary Aid, made a plate for R9 with ground ham. V7 did not add gravy or sauce to moisten the mechanically altered meat.</p> <p>3-R13's Face Sheet documents R13 was admitted to the facility on [DATE] with diagnoses including Wernicke's encephalopathy, non-Hodgkin lymphoma, and unspecified intellectual disabilities.</p> <p>R13's Physician Orders for the month of October 2024 document R13 is on a mechanical soft diet.</p> <p>On 10/8/24 at 8:25 AM, V7, Dietary Aid, made a plate for R13 with ground ham. V7 did not add gravy or sauce to moisten the mechanically altered meat.</p> <p>4-R14's Face Sheet documents R14 was admitted to the facility on [DATE] with diagnoses including heart failure, gastroesophageal reflux disease and hemiplegia and hemiparesis following cerebral infarction affecting right dominant side.</p> <p>R14's Physician Orders for October 2024 document R14 is on a mechanical soft diet with no added salt and double protein at meals.</p> <p>During the breakfast service on 10/8/24 from 8:20 AM to 8:43 AM, no sauces, gravies or broths were observed in the kitchen or being added to any mechanically altered meats.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45947</p> <p>Based on interview, observation, and record review, the Facility failed to ensure food was stored, prepared, and served in a manner that prevents food-borne illness. This has the potential to affect all 35 residents living in the Facility.</p> <p>Findings include:</p> <p>On 10/8/24 at 8:05 AM, in the dry storage room, V6, Dietary Aid, was unloading boxes of food and breaking down boxes. He stated the shipment just came in. He stated he was unsure what to do if cans would ever come in dented. In the dry storage room refrigerator, there was a box of uncooked bacon on the second shelf that was stored directly above lettuce, cucumber and tomatoes. There was a sealed package of deli meat that was dated 9/3 in black marker, but was not labeled.</p> <p>On 10/8/24 at 8:08 AM, the storage room deep freezer contained a bag of poultry that was dated 9/26 in black marker, but was not labeled. There were three packages of meat patties dated 10/8 in black marker that were not labeled. There was a sealed package of deli meat labeled 9/3 that was not labeled. There was a large plastic bag of breadsticks and a large plastic bag of garlic bread. Both bags were tied in knots, but were not labeled or dated. There were four packages of meat and mixed vegetables that were dated 10/8 in black marker, but were not labeled. V6, Dietary Aid, stated, That is a skillet thing that you mix it with eggs.</p> <p>On 10/8/24 at 8:13 AM there was a large turkey sitting on top of the cooler next to the beverage machine that was not labeled or dated. V5, Dietary Manager (DM), stated he was getting ready to put it in the sink to thaw.</p> <p>On 10/8/24 at 8:15 AM, the ice machine scoop was stored inside the cooler with the handle directly on top of the ice.</p> <p>On 10/8/24 at 8:17 AM, the freezer next to the tray line contained sealed plastic bags of unknown foods dated 8/6 and 9/10 in black marker. V5, DM, pointed to the 9/10 baggie and stated, Those are boiled eggs. Not sure why they put them in there. There were two plastic bags of breadsticks dated 8/21 and 8/27 that were not labeled. There were plastic bags with meat patties and sliced deli meat that were not labeled or dated. In the refrigerator below, there were 2 limes in a plastic bag with brown leakage inside the bag.</p> <p>On 10/8/24 at 8:18 AM, in the industrial refrigerator next to the tray line, there were three sandwiches in plastic baggies that were dated 10/7 but were not labeled. There were five individual cups of applesauce that were not labeled or dated. The outside of the refrigerator was splattered with food and was sticky to the touch.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 10/8/24 at 8:20 AM, there was a frozen turkey on a tray in the sink. There was no water running over the turkey. V7, Dietary Aid, was serving food from the steam table, and V5, Dietary Manager, was rolling silverware and adding beverages to the trays. V7 had a thin mustache and chin beard measuring approximately one inch in length and was not wearing a beard net. V5 had a full beard and mustache that were approximately one inch in length and was not wearing a beard net.</p> <p>On 10/8/24 at 8:22 AM, in the drink cooler next to the beverage machine, there were six pitchers with various colored liquids that were not labeled or dated.</p> <p>On 10/8/24 at 8:28 AM, there was a sticker on the oven hood documenting 2/20/23 as the last professional cleaning. V5, DM, stated they are undergoing a change in ownership, so it has not been done in a while.</p> <p>On 10/8/24 at 10:50 AM, the frozen turkey was still sitting on a tray in the sink with no water running over it.</p> <p>On 10/8/24 at 12:50 PM, the turkey was still sitting on a tray in the sink with no running water over it. The ambient temperature was very warm, and some areas on the turkey were visibly thawed. V5, DM, stated the frozen turkey just came in today, and they plan on serving it tomorrow, so they do not have enough time to thaw it in the refrigerator. He stated they have until tomorrow to thaw it, so they do not have to fast thaw it by running cold water over it.</p> <p>On 10/8/24 at 1:20 PM, V11, Registered Dietitian (RD), stated frozen foods should ideally be thawed in the refrigerator, but since the turkey may require more than one day to thaw in the refrigerator, it would be acceptable to thaw it in the sink under cold running water. She stated they have to make sure the outside does get warm and would not serve it after having set out so long.</p> <p>On 10/8/24 at 1:45 PM, V1, Administrator in Training (AIT), stated V5, DM, threw the turkey out, and V11, RD, gave approval to substitute chicken for the meal tomorrow.</p> <p>On 10/10/24 at 9:40 AM, V1, AIT, stated she will address dietary issues with the kitchen.</p> <p>The Facility's Food Thawing Policy revised 10/20 documents, It is the policy of (Facility Company) that all food requiring thawing before preparation or serving must be thawed in a manner that avoids placing the food in the danger zone (41-135 F). Thaw food in the refrigerator, in a drip proof container (preferred method). Or submerge food under cold running water (70 F or less) with water pressure sufficient to continuously agitate any loose particles of skin or dirt off product and into the overflow/drain. Thawing time should be less than two hours or until food reaches 41 F.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 10/8/24 documents there are 35 residents living in the Facility.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45947</p> <p>Based on interview and record review, the Facility failed to develop an ongoing infection control program that adequately collects data to calculate and analyze infection rates. This has the potential to affect all 35 residents living in the Facility.</p> <p>Findings include:</p> <p>The Facility's Infection Control Log for the month of March 2024 does not document a causative organism for R7's infection or R7's type of infection.</p> <p>The Facility's Infection Control Log for the month of August 2024 documents proph (prophylactic) as the cause for R21's RLE (right lower extremity) infection.</p> <p>The Facility's Infection Control Log for the month of July 2024 does not document a causative organism for R31's UTI (Urinary Tract Infection).</p> <p>The Facility's Infection Control Log for the month of February 2024 does not document a causative organism for R91's UTI.</p> <p>On 10/10/24 at 10:17 AM, V3, Infection Preventionist (IP), stated not all of the Facility infections have cultures, and if there is no culture she is not going to know what kind of organism they have.</p> <p>On 10/11/24 at 8:48 AM, V1, Administrator in Training (AIT), stated she expects the Facility to obtain cultures and keep track of organisms that are in the building.</p> <p>The Facility's Infection Control Surveillance and Monitoring Policy reviewed 3/10/22 documents, It is the policy of the facility to do routine surveillance and monitoring of the facility to determine if compliance with work practices and care of protective clothing and equipment is maintained.</p> <p>The Facility's Long-Term Care Facility Application for Medicare and Medicaid (CMS 671) dated 10/8/24 documents there are 35 residents living in the Facility.</p> <p>34964</p> <p>R31's Cumulative Diagnosis Log, undated, documents she has a gastrostomy tube.</p> <p>On 10/10/24 at 1:30 PM V18 Licensed Practical Nurse (LPN) administered medications via R31's gastrostomy tube (g-tube) per physician orders. After completing medication administration V18 was asked what Personal Protective Equipment (PPE) should be worn when administering medications. V18 stated she wore gloves and if the resident was coughing she would have gotten a mask and wore that too. V18 stated she has never been educated on Enhanced Barrier Precautions but the facility told her never to assume a resident does not have infection so if they are coughing they should wear a mask.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>There was no signs on the door indicating R31 was on any type of precautions and no PPE was available in the hall.</p> <p>On 10/10/24 at 2:33 PM V13, Infection Preventionist, stated nurses should wear gloves and a gown anytime they are doing anything with R31's g-tube, including administering medications.</p> <p>On 10/11/24 at 8:52 AM V1, Administrator in Training, stated they inserviced the staff who were working yesterday about Enhanced Barrier Precautions and put signs on the doors to indicate who is on enhanced barrier precautions and placed appropriate PPE by their doors. V1 stated any residents who have a g-tube, wounds, colostomies, or indwelling urinary catheters should have been on Enhanced Barrier Precautions. She stated it would have been the Director of Nursing's responsibility to make sure there were signs on the doors of residents who require EBPs and to make sure appropriate PPE is set up outside their room.</p> <p>The facility's policy, Enhanced Barrier Precautions, dated 7/13/23 documents, Purpose: To reduce transmission of multidrug-resistant organisms. Enhanced Barrier Precautions (EBP) should be used when contact precautions do not apply, for residents with any of the following: Open wounds that require a dressing change, indwelling medical devices, and infection or colonized with a MDRO (Multidrug Resistant Organisms). Enhanced Barrier Precautions require use of a gown and gloves during high contact resident care activities that provide opportunities for the transfer of MDRO's to staff hands and clothing.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>45947</p> <p>Based on interview and record review, the Facility failed to establish an infection prevention and control program that reduces the risk of adverse events, including the development of antibiotic-resistant organisms, from unnecessary or inappropriate antibiotic use in 4 of 4 residents reviewed (R7, R21, R31, R91) for antibiotic stewardship in the sample of 27.</p> <p>Findings include:</p> <p>1-The Facility's Infection Control Log for the month of March 2024 does not document R7's type of infection or the organism causing R7's infection. The log documents R7 was treated with the antibiotic Keflex.</p> <p>R7's Medication Administration Record (MAR) for the month of March 2024 documents R7 received 21 doses of Keflex 500 mg (milligram) tabs.</p> <p>On 10/10/24 at 10:10 AM, V2, Director of Nursing (DON), stated no culture was obtained, and the Nurse Practitioner (NP) went by R7's symptoms of toe redness and warmth.</p> <p>2-The Facility's Infection Control Log for the month of August 2024 documents proph (prophylactic) as the cause of R21's RLE (right lower extremity) infection. The log documents R21's infection was treated with the antibiotic Keflex.</p> <p>R21's MAR for the month of August 2024 documents R21 received 2 doses of Keflex 500 mg caps.</p> <p>On 10/10/24 at 10:17 AM, V3, Infection Preventionist (IP), stated R21 was initially started on Keflex, but was changed to Clindamycin when the culture came back.</p> <p>3-The Facility's Infection Control Log for the month of July 2024 does not document a causative organism for R31's UTI (Urinary Tract Infection). The log documents R31's UTI was treated with the antibiotic Keflex.</p> <p>R31's MAR for the month of July 2024 documents R31 received 37 doses of Keflex 500 mg.</p> <p>On 10/10/24 at 10:10 AM, V2, DON, stated no culture was obtained, and they went by sight and symptoms to treat R31's infection.</p> <p>4-The Facility's Infection Control Log for the month of February 2024 does not list a causative organism for R91's UTI. The log documents R91 was treated with the antibiotic Doxycycline.</p> <p>R91's MAR for the month of February 2024 documents R91 received 10 doses of Doxycycline 100 mg caps.</p> <p>On 10/10/24 at 10:10 AM, V2, DON, stated R91 was discharged from the Facility and was unable to find a culture to justify the use of the antibiotic Doxycycline.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145981	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/11/2024
NAME OF PROVIDER OR SUPPLIER Swansea Rehab Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 North Second Street Swansea, IL 62226	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/10/24 at 10:17 AM, V3, IP, stated every once in a while the provider will order an antibiotic based on symptoms, but not very often. She stated they always ask providers if they want a culture and they are starting to buy in to the antibiotic stewardship program.</p> <p>On 10/11/24 at 8:48 AM, V1, Administrator in Training (AIT), stated she expects infections to be cultured to ensure they are treated with the correct antibiotic.</p> <p>The Facility's Antibiotic Stewardship Program Policy reviewed 12/10/21 documents, Purpose: To improve the use of Antibiotics in healthcare to protect residents and reduce the threat of antibiotic resistance through a set of commitments and actions designed to optimize the treatment of infections while reducing adverse events associated with antibiotic use.</p>