

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146016	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Sunset Rehabilitation & Hlth C		STREET ADDRESS, CITY, STATE, ZIP CODE 129 South 1st Avenue Canton, IL 61520	

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 - Minimal harm or potential for actual harm</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** 32061</p> <p>Based on interview and record review, the facility failed to perform ongoing clinical assessments for a resident experiencing an acute medical condition (R1); one of four residents reviewed for clinical assessment, in a sample of four.</p> <p>FINDINGS INCLUDE:</p> <p>The (undated) facility policy, Nursing Documentation Guidelines directs staff, Three-day documentation on every shift is required on all new admissions/readmissions.</p> <p>R1's hospital Discharge Summary form, dated 02/05/2025 documents, admitted : 01/30/2025. Past medical history of COPD (Chronic Obstructive Pulmonary Disease), Asthma, Diabetes Mellitus, Chronic Kidney Disease presents to the ED (Emergency Department) with 1 to 2 days of decreased appetite, shortness of breath and wheezing. (R1) did test positive for Influenza A. On admission (R1) continued to be mostly nonverbal however did attempt to speak with family and speech was very garbled. (R1) does have slight right sided upper extremity weakness and significant right lower extremity weakness. Head CT (Computerized Tomography) was obtained which does show acute to subacute left occipital lobe and left anterior cerebral artery distribution cerebrovascular infarction. (R1) was evaluated by (Speech Therapy) and placed on a pureed diet with nectar thick consistency.</p> <p>R1's facility Admission Record documents R1 was admitted to the facility on [DATE], with the following diagnoses: Cerebral Infarction, Dysphasia, Aphasia, Diabetes Mellitus, Chronic Kidney Disease and Influenza A.</p> <p>R1's facility Nursing Admission Assessment form, dated 02/05/2025 documents, (R1) alert, unable to determine orientation, difficulty being understood, unsteady gait, poor balance, short- and long-term memory problems, withdrawn, poor appetite, anxious, lung sounds with wheezes and crackles, incontinent of bowel and bladder.</p> <p>R1's Nursing Progress Notes, dated 2/5/2025 at 10:32 A.M. document, admitted to room, (R1) via hospital. Alert with confusion, incontinent of bowel and bladder, PT/OT/ST (Physical Therapy, Occupational Therapy and Speech Therapy) to eval (evaluate) and treat. Will remain in isolation precautions due to influenza.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Nursing Progress Notes, dated 2/7/2025 at 4:37 P.M. document, (R1) transferred to local hospital ER (emergency room) via ambulance d/t (due to) decreased SpO2% (oxygen level), AMS (Altered Mental Status)/slow to respond, elevated temp (temperature). All parties notified.</p> <p>No other nursing assessments or nursing progress notes are documented in R1's electronic medical record after of 2/5/25 at 10:32 A.M. until 2/7/25 at 4:37 P.M.</p> <p>On 3/18/2025 at 2:03 P.M., V2/Director of Nurses (DON) stated when a resident is admitted to the facility as a skilled level resident, facility staff are to document every shift, under the assessment tab in PCC (Point Click Care), a Skilled Documentation/Skilled Care Assessment form for each resident. At that time, V2/DON confirmed no skilled documentation form was present on R1's electronic medical record for 2/6/25 and 2/7/25. V2/DON stated, Just recently we realized the nurses weren't performing nursing assessments and documenting a resident's ongoing medical condition. We (V6/Assistant Director of Nurses and myself) have since educated all facility staff on this issue. At this time, V2 stated when a resident is transferred to the hospital, a complete nursing assessment is performed on a resident, and the results are documented in a resident's medical record via an E Interact Transfer Form.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32061</p> <p>Based on observation, interview, and record review, the facility failed to provide the correct textured diet to one of four residents (R1), a resident with a documented diagnosis of dysphasia, in a sample of four.</p> <p>FINDINGS INCLUDE:</p> <p>The (undated) facility policy, Therapeutic and Mechanically Altered Diets, directs staff, It is the policy of (facility) that therapeutic and mechanically altered diets are ordered by the physician and planned by the dietician. A therapeutic diet is a diet ordered to manage problematic health conditions. A mechanically altered diet is a diet specifically prepared to alter the consistency of food in order to facilitate oral intake. Examples include soft diets, pureed foods and ground meat. Diets for residents that only take liquids that have been thickened are included in this definition. A physician's order is written for all diets including therapeutic and mechanically altered diets.</p> <p>R1's hospital Discharge Summary form, dated 02/05/2025, documents, admitted : 01/30/2025. Past medical history of COPD (Chronic Obstructive Pulmonary Disease), Asthma, Diabetes Mellitus, Chronic Kidney Disease presents to the ED (Emergency Department) with 1 to 2 days of decreased appetite, shortness of breath and wheezing. (R1) did test positive for Influenza A. On admission (R1) continued to be mostly nonverbal however did attempt to speak with family and speech was very garbled. (R1) does have slight right sided upper extremity weakness and significant right lower extremity weakness. Head CT (Computerized Tomography) was obtained which does show acute to subacute left occipital lobe and left anterior cerebral artery distribution cerebrovascular infarction. (R1) was evaluated by (Speech Therapy) and placed on a pureed diet with nectar thick consistency.</p> <p>R1's facility Admission Record documents R1 was admitted to the facility on [DATE] with the following diagnoses: Cerebral Infarction, Dysphasia, Aphasia, Diabetes Mellitus, Chronic Kidney Disease and Influenza A.</p> <p>R1's Physician Order Sheet, dated 02/05/2025, includes the following physician order: Low Concentrated Sweets diet. Pureed texture, Nectar thick (Liquids) consistency, for Dysphasia.</p> <p>R1's facility Diet Order Form, dated 02/05/2025 and signed by V6/Assistant Director of Nurses, documents, Pureed diet, Nectar thick liquids.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/18/2025 at 12:29 P.M., V8/R1's POA (Power of Attorney) stated she is R1's granddaughter and his POA. V8 stated she lived with (R1) and provided care for him. She called the ambulance on 1/30/25 due to R1 not moving and being unable to speak. R1 was admitted to local hospital with a stroke and was unable to speak clearly or swallow correctly. V8 stated the family made the decision to admit R1 to the facility as they were no longer able to care for (R1) and he required PT (Physical Therapy), OT (Occupational Therapy), and Speech Therapy. R1 was transferred to the facility on [DATE] around 10:30 in the morning and she and her boyfriend arrived around 11:00 AM that morning. Within an hour of her arrival, staff brought in a meal tray that consisted of two pieces of whole white bread with some diced meat and shredded cheese on top, applesauce, regular consistency cranberry juice and regular consistency water. V8 stated at that time, they were face timing with V7/R1's daughter. V8 stated R1 acted very thirsty and picked up the cranberry juice and began drinking. R1 then picked up the sandwich and began eating and swallowing, and immediately began choking. V8 stated her boyfriend put his finger down R1's throat to dislodge the bolus of food. At that time, V7 noticed, via face time, R1's tray of food contained the wrong diet and wrong consistency of fluids. V8 grabbed R1's tray of food and went to the nurse's station and spoke with V9/Licensed Practical Nurse (LPN). V8 stated V9/LPN looked through R1's medical records and realized R1 had been provided the wrong diet and wrong consistency of fluids.</p> <p>On 3/18/20205 at 1:16 P.M., V9/Licensed Practical Nurse stated, When a resident is admitted , the transfer sheet contains a diet. I fill out a diet slip and hand it to someone in dietary. (R1) was on a pureed diet and thickened liquids. (R1) came to us very sick and had recently had a stroke. (R1) was admitted late morning (2/5/25). At lunchtime that day, his granddaughter (V8) brought his tray to me, and I knew right away (R1) had gotten the wrong diet. It wasn't pureed with thickened liquids, like it was supposed to be. (R1) had eaten some of the sandwich and had drunk quite a bit of the fluids.</p>		