

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Eastview Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 100 Eastview Place Sullivan, IL 61951	

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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42702</p> <p>Based on observation, interview and record review the facility failed to ensure therapy services were provided for five (R1, R2, R3, R4 and R5) of five residents reviewed for therapy services from a sample list of five residents.</p> <p>Findings include:</p> <p>On 3/20/24 at 12:55PM, V1 Administrator stated, Therapy's last day in this building was February 19, 2024. We are supposed to have a new company starting later this week.</p> <p>On 3/20/24 and 3/21/23, there no therapy providers were in the facility and no residents were receiving therapy services.</p> <p>1.) R3's progress notes document that R3 was admitted to the facility on [DATE].</p> <p>R3's physician orders dated 2/7/24 document orders for speech, occupational and physical therapy services.</p> <p>R3's therapy orders dated 2/8/24 document speech therapy to be done five times a week for four weeks.</p> <p>R3's occupational therapy notes dated 2/8/24 document occupational therapy to be done five times a week for four weeks.</p> <p>R3's physical therapy order dated 2/15/24 document physical therapy to be done three times a week for four weeks.</p> <p>R3's therapy notes document R3's last speech therapy treatment was on 2/16/24, last physical therapy treatment was on 2/16/24 and last occupational therapy treatment was on 2/18/24.</p> <p>On 3/20/24 at V2 Licensed Practical Nurse stated, (R3) was doing well with therapy, she was walking.</p> <p>2.) R4's medical record documents admission to the facility on [DATE].</p> <p>R4's physician orders dated 1/26/24 document an order for occupational therapy.</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 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R4's therapy orders dated 1/27/24 document occupational therapy services to be provided for 12 sessions over six weeks.</p> <p>R4's therapy orders document the last occupational therapy treatment date was 2/13/24.</p> <p>On 3/20/24 at 2:15PM, R4 was sleeping in a reclining wheel chair positioned in front of her television. R4 appears comfortable, dry and odorless.</p> <p>On 3/21/24 at 10:50AM, V7 Certified Nursing Assistant stated, I know that they would take her to therapy and now she is declining, but I can't say what the therapy did.</p> <p>3.) R5's medical record documents that R5 was admitted to the facility on [DATE].</p> <p>R5's physician orders document therapy services orders dated 1/20/24.</p> <p>R5's therapy orders dated 1/30/24 documents physical therapy order three times a week for four weeks.</p> <p>R5's therapy orders document that the last day of therapy services was provided on 2/16/24.</p> <p>On 3/20/24 at 1:50PM, R5 was self-propelling his wheelchair down the hallway. R5 Appears clean, dry and alert. R5 stated, I was on therapy until they lost them, so now I'm not on therapy and I really want to walk. They were helping me with that. I want to do it again, but they haven't got anybody.</p> <p>32853</p> <p>4.) R1's electronic census documents R1 was readmitted from the hospital on 1/31/24.</p> <p>R1's Physician's Order dated 2/2/24 documents an Occupational Therapy Clarification Order - Skilled Occupational Therapy 5 times a week for 4 weeks to include therapeutic exercise, self care, neuromuscular reeducation, therapeutic activities, wheelchair management and safety awareness. R1's Physician's Order dated 2/2/24 documents as of 1/1/24 Physical Therapy Clarification Order - Skilled Physical Therapy 3 times a week for 4 weeks to include therapeutic exercise, therapeutic activities, neuromuscular reeducation and gait training.</p> <p>R1's Occupational Therapy Plan of Care dated 2/2/24 documents the frequency and duration as five times a week for four weeks. R1's Physical Therapy Plan of Care dated 2/1/24 documents the frequency and duration as three times a week for four weeks.</p> <p>On 3/20/24 at 2:59 PM, V5 Registered Nurse stated she feels like R1 was getting stronger with the therapy.</p> <p>On 3/20/24 at 3:01 PM, V4 Licensed Practical Nurse/Minimum Data Set float nurse stated that R2 is not receiving any restorative programs at this time according to the task manager in the computer.</p> <p>5.) R2's electronic census documents R2 was readmitted from the hospital on 1/25/24.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R2's Physician's Order dated 1/30/24 documents as of 1/29/24 Speech Therapy Clarification Order - Skilled Speech Therapy 5 times a week for 4 weeks for Dysphagia to include Oral Pharyngeal exercises, therapeutic feedings, diet texture analysis and develop and train compensatory techniques.</p> <p>R2's Speech Therapy Plan of Care dated 1/29/24 documents the frequency and duration as five times a week for four weeks.</p> <p>On 3/20/24 at 2:59 PM, V5 stated that [NAME] was getting speech therapy and they got her to start eating foods orally. They are hoping to get her completely off of the tube feedings. V5 confirmed that R2 is not receiving any speech therapy right now.</p> <p>On 3/21/24 at 9:21 AM, V6 R2's husband confirmed that R2 was receiving speech therapy and that it helped her start eating again.</p>		