

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER LA Salle County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1380 North 27th Road Ottawa, IL 61350	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>45540</p> <p>Based on interview, and record review the facility failed to follow their emergency menu. This applies to 4 of 6 (R1, R4, R5, R6) in the sample of 6.</p> <p>The findings include:</p> <p>On 2/10/2025 at 9:26AM and 10:15AM, R1 said on Wednesday 1/29/2025 the kitchen wasn't working. R1 said he was served graham crackers and peanut butter for breakfast. R1 said he received two packages of crackers for breakfast. R1 said he was still hungry, and breakfast didn't have enough food to fill him up.</p> <p>On 2/10/2025 at 10:44AM, R4 said he remembers Wednesday 1/29/2025 being served 2 packages (4 crackers) for breakfast that day. R4 said he doesn't recall being hungry after breakfast.</p> <p>On 2/10/2025 at 9:47AM, V5 (Kitchen Manager) said on Monday 1/27/2025 through Wednesday 1/29/2025 said the kitchen had electrical issues and the facility was on emergency meals for three days. V5 said the breakfast while on the emergency meal plan included graham crackers and the residents should have received six graham crackers or three packages of graham crackers each.</p> <p>On 2/10/2025 at 10:05AM and 1:02PM, V7 (Certified Nursing Assistant/CNA) said she was working Wednesday 1/29/2025. V7 said residents were served a smaller amount of food that day. V7 said R4 and R5 were only served 1-2 packets of graham crackers that day.</p> <p>On 2/10/2025 at 10:08AM and 1:10PM, V8 (CNA) said she worked on Wednesday 1/29/2025. V8 said residents received 1 packet of crackers that day. V8 said R1 was complaining of being hungry after breakfast. V8 said R6 received a couple of crackers not six that day.</p> <p>On 2/10/2025 at 12:02PM, V1 (Administrator) she gets a test tray every day from the kitchen. V1 said she was only served two packages of crackers on that day (Wednesday 1/29/2025) on the test tray.</p> <p>On 2/10/2025 at 11:16AM, V9 (Registered Dietician/RD) said if the menu says the residents should receive six graham crackers, then they should receive six. V9 said it throws off the amount of carbs the resident gets if they don't receive the right amount of graham crackers. V9 said the menu should be followed.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER LA Salle County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1380 North 27th Road Ottawa, IL 61350	
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)		
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility provided Emergency Menu Guide for No Electricity, No Gas shows day 3 (1/29/2025) breakfast 4 ounces of juice, 3/4 cup of cheerios, 6 crackers, 2 tablespoons of peanut butter, 1 ounce of jelly, and 8 ounces of milk.		