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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>14E095 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>08/16/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Batavia Rehabilitation & Health Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>520 Fabyan Parkway<br>Batavia, IL 60510 |  |

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003</b></p> <p>Based on interview and record review the facility failed to enter a physician's order that reflects the resident chosen code status. This applies to 2 of 3 residents (R7 and R21) reviewed for advanced directives in a sample size of 18.</p> <p>Findings include:</p> <p>1. R7 was admitted to the facility on [DATE]. R7 has medical diagnoses that includes cerebral infarction, aphasia, hypertension, lymphedema, morbid obesity, hemiplegia and hyperlipidemia.</p> <p>On [DATE] at 11:24 AM, V13 RN (Registered Nurse) stated residents are identified as a DNR (Do Not Resuscitate) by the red circular sticker on their chart and the advanced directives at the front of their chart. V13 stated R7 was a DNR although R7 had a red sticker on her chart. The chart had no advanced directives or POLST (Practitioner Order for Life Sustaining Treatment) form or current DNR physician's order.</p> <p>On [DATE] at 12:20 PM, V8 LPN (Licensed Practical Nurse) assigned to R7 stated R7 is considered a full code because there is not a completed POLST or current physicians order for DNR (Do Not Resuscitate).</p> <p>On [DATE] at 1:45 PM, V9 LPN / MDS (Minimum Data Set) Coordinator stated V14 Social Worker was responsible for assuring the POLST form is completed.</p> <p>On [DATE] at 1:52 PM, V14 Social Worker stated she obtains the POLST / advanced directives during the admission when the residents or their POA (Power of Attorney) signs the admission contract. The POLST is then placed in V19 Physician's folder at the nursing station. V14 stated it is up to the V19 Physician and nursing to assure there is a DNR order and the POLST form is signed by the physician.</p> <p>On [DATE] at 2:00 PM, V13 RN provided access to V19's folder. No POLST form for R7 was in the folder. V13 stated V19 Physician looks in the folder when she rounds in the facility. V13 RN stated she has never placed a POLST form in V19's Physicians folder. V8 LPN and V15 RN denied ever placing a POLST form in V19's Physician folder or obtaining V19's signature on a POLST form.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The facility provided a copy of the POLST form that was not in R7's medical record that was signed by R7's health care power of attorney on [DATE] requesting DNR (Do Not Resuscitate) comfort focused treatment. V19 Physician signed the POLST on [DATE] approximately two months after it was initiated.</p> <p>46409</p> <p>2. On [DATE], at 1:11 PM, R21's Advance Directives form, dated [DATE], showed she was Full Code but would only want comfort focused treatment in the instance the resident was coding.</p> <p>On [DATE], at 1:47 PM, R21 said she would want everything done to bring her back if she stopped breathing or her heart stopped.</p> <p>On [DATE], at 12:45 PM, V17 (RN/Registered Nurse) said R21 was a full code and wanted everything done, but her POLST (Physician Orders for Life-Sustaining Treatment) form showed she was a full code with comfort focused treatment. V17 said the comfort focused treatment meant they would relieve pain, give oxygen to make sure the patient felt comfortable, and if they request to go to the hospital, to send them.</p> <p>On [DATE], at 3:27 PM, V14 (Social Services/Admissions) said she was the one who coordinated the POLST form with the residents and doctors. V14 said the residents can be full code and receive comfort focused treatment. V14 said if full code was checked, it meant she wanted CPR (Cardio-Pulmonary Resuscitation) and the comfort focused treatment meant they would not want to be in pain and would not want a tube, but that should be explicitly stated on the POLST form. At 3:32 PM, V14 said the form needed to be fixed to reflect full code and full treatment.</p> <p>On [DATE], at 3:30 PM, V3 (DON/Director of Nursing) said the residents could not be full code and have comfort focused treatment. V3 said comfort focused treatment would limit what kind of treatment the resident received.</p> <p>On [DATE], at 2:01 PM, V19 (Medical Director) said if a resident's Advance Directive form shows full code, they must have full treatment. V19 said a resident could not have full code with comfort focused treatment, which was clearly stated on the form.</p> <p>R21's face sheet showed she was admitted with diagnoses including generalized anxiety disorder, major depressive disorder, tremor, and hypothyroidism. R21's MDS (Minimum Data Set) [DATE], showed R21 was cognitively intact.</p> <p>The facility's Advanced Directives Policy revised [DATE], showed Advance directives will be respected in accordance with state law and facility policy. Information about whether or not the resident has executed an advance directive shall be displayed prominently in the medical record. The plan of care for each resident will be consistent with his or her documented treatment preferences and/or advance directive.</p> |

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| <p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46003</p> <p>Based on observation and interview the facility failed to preserve a resident's privacy and dignity. This applies to one resident R8 reviewed for privacy in a sample size of 18.</p> <p>Finding include:</p> <p>R8 was admitted to the facility on [DATE] with diagnoses that includes transient ischemic attack, peripheral vascular disease, gastro-esophageal reflux disease, hypertension, hyperlipidemia, heart failure, leg weakness, hypothyroidism, osteopenia and macular degeneration.</p> <p>On 8/13/24 at 1:51 PM, V5 CNA (Certified Nursing Assistant) provide R8 incontinence care and left the bedroom window curtains open. R8's first floor room window is clearly visible to the parked cars near her window. As V5 stepped away from R8 to retrieve supplies from the bathroom leaving R8 exposed from the waist down; R8 exclaimed my butt, and everything is on display. V5 CNA informed R8 she only exposed her to get her cleaned up.</p> <p>On 8/14/24 at 3:44 PM, V3 DON (Director of Nursing) stated the standard practice is to close the curtains while providing residents' care. Window curtains near the parking lot should be closed to provide the resident privacy.</p> <p>The facility provided policy Incontinence Care dated 5/16/22 states drape residents for privacy.</p> |  |  |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34410</p> <p>Based on observation, interview, and record review, the facility failed to have an accurate fall risk assessment after a fall. This applies to 1 of 1 resident (R16) reviewed for falls in a sample of 18.</p> <p>The findings include:</p> <p>R16 is an [AGE] year-old female admitted on [DATE] having severe cognitive impairment as per the MDS (Minimum Data Set) dated 5/3/24.</p> <p>Record review on fall risk assessment dated [DATE] documents that R16 is at high risk for falls.</p> <p>Record review of the facility presented fall policy revised on 11/10/18 document:</p> <ol style="list-style-type: none"> <li>1. Conduct fall assessment on the day of admission, quarterly, and with a change in condition.</li> <li>2. Identify the resident's risk for falls on admission. A visual prompt (red star) may be placed on the name plaque by the entrance to the residents' room This system provides staff with a visual alert to monitor those at risk for falls.</li> </ol> <p>On 8/14/24 at 1:00 PM, no red star was observed with R16's name plaque at the door side.</p> <p>On 8/14/24 at 2:10 PM, during the infection control task, V3 (Director of Nursing) stated that R16 is not on high risk for fall, that's why they didn't put the red star with name plaque at door side.</p> <p>Record review on nursing progress note dated 8/9/24 and fall log for 8/2024 documented that R16 had a fall on 8/9/24 and was sent out to the local hospital for further evaluation.</p> <p>Record review of the Physician Order Sheet (POS) for 08/24 and Medication Administration Record for 08/24 documented that R16 is getting antihypertensive medication (Coreg 6.25 milligrams twice daily).</p> <p>A record review of the fall risk assessment dated [DATE], after the fall, showed documentation of an inaccurate assessment by not counting the score for antihypertensive medication towards the total score for fall risk, yielding a low risk for falls.</p> <p>On 08/15/24 at 11:23 AM, V9 (MDS Coordinator) stated, An inaccurate fall risk assessment can cause the resident to fall. With an accurate fall risk assessment, R16 could have been at high risk for falling, and staff could have implemented the high-risk fall interventions.</p> <p>On 8/15/24 at 2:00 PM, V9 presented a corrected fall risk assessment showing that R16 is at high risk for falling.</p> |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46409</p> <p>Based on observation, interview, and record review, the facility failed to provide ADL (Activities of Daily Living) care for residents who required assistance from staff.</p> <p>This applies to 2 of 2 residents (R15, R8) reviewed for ADL care in a sample of 18.</p> <p>The findings include:</p> <p>1. On August 13, 2024, at 11:25 AM, R15 appeared to have fingernails which were 1.5 inches long on both hands. R15 said the staff do not cut his nails and the staff do not do anything for him.</p> <p>On August 14, 2024, at 9:28 AM, R15 still had long fingernails and his toenails were between 0.5 inches to 1 inch long.</p> <p>On August 15, 2024, at 10:42 AM, R15's fingernails and toenails were still long. R15 said he did want his nails cut, but the staff won't cut them for him. R15 said they cut his fingernails a long time ago.</p> <p>On August 15, 2024, at 10:47 AM, V20 (CNA/Certified Nurse Assistant) said the CNAs were not allowed to cut the nails of residents who have diabetes but were allowed to clean his nails.</p> <p>On August 15, 2024, at 10:50 AM, V13 (RN/Registered Nurse) said the nurses cut the nails of the residents with diabetes. V13 said the residents should not have nails past their fingers because it increases their risk for injuries and ingrown nails. V13 also said it can break the skin and cause infections. V13 said R15 refused to have his nails cut and he was care planned accordingly, but she could not say for certain it was in the care plan.</p> <p>On August 15, 2024, at 11:27 AM, V9 (MDS/Minimum Data Set Coordinator) said nail care should be offered once a week and if a resident refused care, they should be care planned for refusal.</p> <p>R15 was admitted to the facility with diagnoses including type 2 diabetes mellitus, hyperlipidemia, hepatomegaly, and diseases of intestine. R15's MDS dated [DATE], showed R15 had severe cognitive impairment and required moderate assistance from staff for personal hygiene. R15's care plan dated April 16, 2024, showed R15 had diabetes mellitus, with interventions including to Refer to podiatrist/foot care nurse to monitor/document foot care needs and to cut long nails. R15 also had a care plan for potential for impairment to skin integrity [related to] fragile skin, use/side effects of medications and diabetes, with interventions including to Avoid scratching .keep fingernails short. R15's care plan did not address refusal of nail care as a problem area.</p> <p>The facility's undated Nail Care policy showed Resident's nails will be trimmed, clean and free of rough edges. If a resident is alert and oriented and refused nail care, it will be reflected on the care plan. The facility's undated AM care policy showed Provide nail care.</p> <p>46003</p> <p>(continued on next page)</p> |  |  |

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| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>2. R8 was admitted to the facility on [DATE] with diagnoses that includes transient ischemic attack, peripheral vascular disease, gastro-esophageal reflux disease, hypertension, hyperlipidemia, heart failure, leg weakness, hypothyroidism, osteopenia and macular degeneration. R8's MDS (Minimum Data Set) dated 6/17/24 states R8 is completely dependent on staff for personal and toileting hygiene. R8's care plan dated 6/17/24 states R8 is dependent for ADLs (Activities of Daily Living) due to further decline in ability / participation. R8 has altered bladder incontinence related to dementia, limited mobility, medication use. Interventions include clean peri-area with each incontinence episode. Check every two hours or as needed and as required for incontinence. Wash, rinse and dry perineum.</p> <p>On 08/13/24 at 9:40AM, at entrance of the facility, in the conference room and throughout the facility a strong stench of urine was noted. The facility had an odor of urine during the entire day and on 8/14/24 and 8/15/24 as well.</p> <p>On 8/13/24 at 1:51 PM, V5 CNA (Certified Nursing Assistant) provided incontinence care to R8. R8's incontinence brief was overly saturated with urine. R8's buttocks and peri-area were reddened. During incontinence care R8 complained that her buttocks and peri area were sore. V5 stated R8 was gotten out of bed by the night shift staff and that was the first time she was receiving incontinence care since getting up that morning. V5 stated R8's usual routine is to be left up in her chair. During incontinence care V5 CNA wiped R8's stool covered buttocks with a moist washcloth folded it and proceeded to wipe urine and stool covered labia / perineum with the same washcloth five times.</p> <p>On 8/14/24 at 3:44 PM, V3 DON (Director of Nursing) stated residents are provided incontinence care at least every two hours and as needed or upon request. V3 stated R8 should have been provided incontinence care two hours after she was gotten out of bed. V3 stated waiting until after lunch to provide incontinence care to R8 was too long if she was gotten up in the early morning. V3 stated sitting in a urine-soaked incontinence brief will contribute to skin break down.</p> <p>The facility provided policy Incontinence Care dated 5/16/22 states all incontinent residents will receive incontinence care in order to keep skin clean, dry and free of irritation and or odor. Incontinence care will be provided as required. It is the responsibility of the CNA to provide incontinence care. It is the responsibility of the charge nurse to ensure all incontinent residents receive appropriate incontinence care. It is the responsibility of the Director of Nursing to ensure that all nursing staff have received adequate training on the provision of proper incontinence care.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46003</p> <p>Based on observation, interview and record review the facility failed to provide meals that meet a resident's health care needs as ordered by the physician. This applies to 1 of 1 resident (R5) reviewed for diet orders in a sample size of 18.</p> <p>Findings include:</p> <p>R5 was admitted to the facility on [DATE] with diagnoses that include type 2 diabetes, depression, recurrent falls, arthritis, essential tremors, high cholesterol, hypertension, tachycardia, vitamin D deficiency, and depression. R5's MDS (Minimum Data Set) dated 6/27/24 shows moderate cognitive impairment with a BIMS (Brief Interview for Mental Status) score of 12.</p> <p>On 8/13/24 at 10:12 AM, R5 stated she is served too much starchy / carbohydrates and needs to eat more vegetables. R5 stated she is diabetic and that was not noted on her meal card. R5 stated that all residents get the same food items. R5 stated she informed the facility she was a diabetic during her admission to the facility.</p> <p>On 08/13/24 at 12:11 PM, R5's meal card had a blue dot and read regular diet thin liquids dislikes beef. R5's lunch consisted of a large serving of potatoes, a pastry with egg, ham and cheese, a regular sized piece of chocolate cake with white icing the same size as other residents.</p> <p>On 8/13/24 at 12:20 PM, V7 [NAME] stated the meal served to all the residents was potatoes and a flour tortilla with egg, ham, cheese, onion, green pepper and cheddar cheese. V7 stated the blue dot on the meal card indicates a regular diet.</p> <p>On 8/14/24 at 12:31 PM, R5's meal card had a blue dot and read regular diet thin liquids dislikes beef. V5's lunch consisted of a large amount of rice with chicken bits, green beans, wheat bread, a glass of milk, coffee, and vanilla pudding with whipped cream the same serving size as other residents.</p> <p>On 8/14/24 at 12:36 PM, V7 [NAME] stated the dietary manager fills out the meal card and the cook will prepare the meal tray based on the meal card.</p> <p>On 8/14/24 at 12:39 PM, V11 Dietary Manager stated he fills out the resident meals cards with the meal ordered based on information provided by the resident's nurse. V11 Dietary Manager stated he interviews residents for their food preferences. V11 stated diabetics are ordered the low carbohydrate and sugar free meal choices, but the only difference between the regular diet and the diabetic diet is diabetics are not given a regular sugar packet. V11 stated the only specialized diets are renal, pureed, mechanical and vegetarian. The vanilla pudding served to the residents is regular pudding with whipped cream, not sugar free pudding. V11 stated the cook plates the food based on the meal card. V11 stated he did not know anything about a facility dietary manual.</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 8/14/24 at 3:44 PM, V3 DON (Director of Nursing) stated diabetics are served low concentrated sweets and it is not the same as a regular diet. The nurse that receives the diet order is responsible to communicate the diet order to dietary. Dietary completes the meal card based on the current diet order they receive from the nurse. V3 DON stated she submits the current diet ordered for residents to the dietary manager monthly.</p> <p>R5's nutritional assessment completed by the dietician on 6/27/24 diagnosis of uncontrolled diabetes mellitus. R5's diet ordered LCS (Low Concentrated Sweets). R5 was identified as being obese / overweight. Likes 2% milk with all meals and dislikes beef.</p> <p>R5's physician orders include low concentrated sweets carbohydrate-controlled diet and sliding scale insulin coverage. R5's care plan dated 6/22/24 states R5 has an altered endocrine system related to diabetes mellitus II. Interventions include dietary consult for nutritional regimen and ongoing monitoring. Diabetes is a chronic disease and compliance is essential to prevent complications of the disease. Encourage R5 to practice good general health practices- compliance with dietary restrictions.</p> <p>The undated facility provided policy Diet Orders states the physician initially writes a diet order in the medical record indicating they type of diet to be served and / or any all-subsequent changes in the diet. A diet order form is completed and sent to the dietary department.</p> <p>The facility provided policy Dietary Services Communication dated 4/16 states the food service manager or designee is responsible for monitoring the proper completion of the dietary services communication.</p> <p>The facility provided policy Cycle Menu dated 4/14 states LCS (Limited Concentrated Sweets) - concentrated sugar items are replaced with reduced carbohydrate items. Regular desserts are allowed in controlled portions. The LCS diet includes artificially sweetened beverages and condiments. The policy does not specify a carbohydrate-controlled diet.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45906</p> <p>Based on observation, interview, and record review, the facility failed to properly label/date/seal/store items, discard expired items, ensure the chloride dishwasher and quaternary sanitation bucket strips are not expired, and wear hair restraints while in the facility kitchen. This applies to all residents that receive oral nutrition and foods prepared in the facility kitchen.</p> <p>Findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid (Form CMS-Centers for Medicare and Medicaid Services-671) dated [DATE] documents that the total census was 30 residents.</p> <p>On [DATE] at 10:38 AM, V11 (Dietary Manager) said all residents eat from the facility kitchen; there are no NPO (Nothing by Mouth) residents.</p> <p>On [DATE] starting at 10:10 AM, the facility kitchen was toured in the presence of V11 (Dietary Manager). For the entirety of the kitchen tour, V11 did not wear a hair restraint or beard restraint. During the kitchen tour, the following was found:</p> <p>In the kitchen refrigerator:</p> <ol style="list-style-type: none"> <li>1. A package of opened turkey breast deli meat. Deli meat was in its original package but was not sealed and not labeled or dated. Surveyor showed the package to V11, and he said, it's not good and he removed the meat from the refrigerator.</li> </ol> <p>In the dry storage:</p> <ol style="list-style-type: none"> <li>2. Three boxes of 11-ounce vanilla wafers dated with a best by date of [DATE].</li> </ol> <p>While testing the quaternary sanitizer bucket:</p> <ol style="list-style-type: none"> <li>3. V11 tested sanitizer bucket with QT-40 strip and got a result of 400ppm first, then retested with a new strip and got a result of 300ppm. Surveyor asked V11 what the result should be, and he said he thought 300ppm. Surveyor asked V11 to look up what the result should be and get back to her. The QT-40 strips had an expiration date of [DATE].</li> </ol> <p>While testing the low temperature dishwasher:</p> <ol style="list-style-type: none"> <li>4. The chloride strips were used to test the dishwasher and the strips had an expiration date of [DATE]. V11 said he just opened those strips and did not notice the expiration date. V11 said he has been the Dietary Manager at the facility since [DATE], and he has never ordered new testing strips.</li> </ol> <p>On [DATE] at 10:38 AM, V11 (Dietary Manager) said the results from the sanitation bucket and the low temperature dishwasher were not accurate because the strips were expired.</p> <p>(continued on next page)</p> |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>14E095 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>08/16/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Batavia Rehabilitation & Health Care Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>520 Fabyan Parkway<br>Batavia, IL 60510 |  |

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>On [DATE] at 12:15 PM, V11 said he doesn't wear a hairnet because his hair is usually shaved, but he knows his hair was not currently shaved. V11 said the facility does not have any beard nets; he has to order some.</p> <p>On [DATE] at 1:11 PM, V11 said all expired food items should be removed from storage because once expired the food loses flavor and it could make the residents sick if it is fed to them. V11 said all foods including deli meats, should be labeled, dated, and sealed to avoid any contamination, cross-contamination, and/or feeding expired or contaminated foods to a resident with the potential to make them sick. V11 said kitchen staff need to check test strip expiration dates before using them for low temperature dishwasher and sanitation bucket to ensure they get an accurate result. V11 said the correct level for the sanitizer is , d+[DATE]ppm. V11 said he blames the high result obtained on [DATE] on the strips being expired. V11 said those results with the expired strips were inaccurate. V11 said all kitchen staff needs to wear hair and beard restraints as appropriate to make sure their hair does not fall out into the food, contaminating it, and making the residents sick.</p> <p>The facility's policy titled, Personal Hygiene and Dress Code last revised ,d+[DATE] states, .the food service employees adhere to the facility's dress code that will ensure safe, sanitary meal production and service and presents a professional appearance. Procedure: Food service staff involved in food production and clean-up will adhere to the department dress code that includes: .8. Hair net or appropriate hair coverings, including facial hair covering .</p> <p>The facility's policy titled, Storage revised ,d+[DATE] states, Storage .Procedure: .6. When using only part of a product, the remaining product should be in the original package or airtight container and labeled and dated .</p> <p>The facility's policy titled, In-place Equipment revised ,d+[DATE] states, Policy: .Procedure: .5. Before sanitizing in-place equipment or surface, use an appropriate test strip to check the sanitizer level in the sanitizing bucket .b. For Quat sanitizers, the level should be 200 ppm .</p> |