

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E264	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Avenues at Litchfield		STREET ADDRESS, CITY, STATE, ZIP CODE 1024 East Tyler Litchfield, IL 62056	

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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>40650</p> <p>Based on interview and record review, the Facility failed to ensure a Registered Nurse (RN) was working at least 8 consecutive hours a day, 7 days a week. This has the potential to affect all 62 residents living in the facility.</p> <p>Findings includes:</p> <p>The facility's partial August 2024 Daily assignment sheets for 8/30/2024 and 8/31/2024, documented that there was not consecutive 8 hours of consecutive RN coverage.</p> <p>The facility's September 2024's RN staffing documented that there was not consecutive 8 hours of consecutive RN coverage on 9/9/24, 9/10/24, 9/11/24, 9/13/24, 9/14/24, 9/15/24, 9/17/24, 9/18/24, 9/19/24, 9/23/24, 9/24/24, 9/25/24, 9/27/24, 9/28/24, 9/29/24.</p> <p>On 09/30/2024 at 4:00PM, V2, Director of Nurses, stated that she was told by her corporate nurse that as long as it was a consecutive 8 hours then her night RN would count as the RN. V2 stated that that RN works 10 pm to 6 am and that the new day starts at 12:00 AM. V2 continued to state that she guessed then the new day would start at 12 am and that only 6 of the 8 hours would be on the new day.</p> <p>On 10/02/204 at 3:10 pm, V1, Administrator, stated that they do not have a RN Coverage policy and that they follow CMS (Center for Medicare and Medicaid Services) guidelines.</p> <p>The Facility's Long Term Care application for Medicare and Medicaid, CMS 671, dated 9/30/2024 documented that the facility had a census of 62 residents.</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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>40701</p> <p>Based on interview and record review, the Facility failed to ensure residents were receiving the lowest effective doses, recommended by licensed pharmacists, in a timely fashion for 2 of 5 residents (R14, R38) reviewed for unnecessary medications, in the sample of 62.</p> <p>Findings include:</p> <p>1. On 9/30/2024 at 9:30 AM, R14 stated, They give me a shot of something in the morning.</p> <p>R14's Face sheet dated 10/3/2024 documents, Long term (current) use of insulin.</p> <p>Consultant Pharmacist Recommendation to Nursing dated 8/23/2024 documents, Medication reduction request- Resident is on the following diabetic medications: Metformin ER (Extended Release) 500 mg (Milligrams) 1 tablet in the morning and 2 tablets at bedtime, Basaglar 40 units once daily, and Fiasp 10 units with meals. Recent blood glucose monitoring low. 8/23/2024 54 (normal 70-100). Most recent A1C (Hemoglobin A1C levels indicate the percentage of hemoglobin coated with glucose) 6-2024 (June 20224) 4. 5 (Normal: Less than 5.7%). Recommend further reduction of basaglar to 35 units once daily.</p> <p>R14's Physicians Orders dated 10/3/2024 documents, Basaglar (insulin)- inject 40 units subcutaneous in the morning.</p> <p>R14's Care Plan documents, Diabetes Mellitus- (R14) will have no complications related to diabetes through the review dated (12/18/2024). Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness.</p> <p>R14's Progress Notes dated 10/2/2024 documents, Updated doctor office on blood sugars.</p> <p>On 10/3/2024 at 9:06 AM, V2, Director of Nursing (DON) stated, On 8/23/2024 the pharmacist recommended (R14's) insulin to be decreased by 5 units. It has not been addressed by the doctor. I had the nurse send the blood sugars to the doctor for review. He also has an appointment to be seen (by the doctor related to his blood sugars).</p> <p>R14's Weights and Vitals Summary documents R14's blood sugar level was low on 9/23/2024 at 57 (normal range is 70-100).</p> <p>2. R38's Care Plan dated 1/2/2023 documents R38 has the potential for fluid deficient related to diuretic use. Administer medications as ordered. Monitor/document for side effects and effectiveness.</p> <p>R38's Consultant Pharmacist Recommendation to MD (Medical Doctor) dated 6/26/2024 documents, Resident had recent labs with an increased in creatinine from 1.6 to 3.1. Please Evaluate resident and determine if furosemide (diuretic) and or lisinopril dose needs adjusted. It continues to document, Agree-decrease furosemide from 60 mg BID (twice a day) to 60 mg in the AM and 40 mg in the PM.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R38's Lab Results Report dated 6/20/2024 documents R38's creatinine level was 3.1 (Reference range 0.7-1.3).</p> <p>R38's Lab Results Report dated 7/2/2024 documents R38's creatinine level was 2 (Reference range 0.7-1.3).</p> <p>R38's Physician's Orders dated 8/2/2024 documents, Lasix- Give 40 mg by mouth in the evening and Lasix-give 60 mg by mouth in the morning for hypertension.</p> <p>R38's Lab Results Report dated 10/2/2024 documents R38's creatinine level was 1.9 (Reference range 0.7-1.3).</p> <p>R38's Weights and Vital Sign Summary documents R38's blood pressure was 97/51 on 8/6/2024 (normal range is 120/80).</p> <p>R38's Weights and Vital Sign Summary documents R38's blood pressure was 94/52 on 8/7/2024.</p> <p>R38's Weights and Vital Sign Summary documents R38's blood pressure was 96/63 on 9/22/2024.</p> <p>On 10/1/2024 at 3:15 PM, V2 stated, We have had a delay in getting the GDRs (Gradual Dose Reductions) addressed. The nurse who was doing them is no longer with our doctor (medical director). (V17, Nurse Practitioner) came and handed me the paper dated 7/11(2024). I made her cross it out and put 8/2/2024. I can't process it (the recommendation) if I don't have it.</p> <p>On 10/3/2024 at 10:08 AM, V18, Licensed Practical Nurse (LPN) stated, When they do them (pharmacy recommendations/monthly medication reviews) they send them to (V2). I don't know how long it takes for her to get them back. Our nurse practitioner (V17) comes every week.</p> <p>On 10/3/2024 at 12:11 PM, V2 stated she should have followed up within a couple days of not receiving orders on the recommendations.</p> <p>(continued on next page)</p>

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Facility's Pharmacist Medication Regimen Review Policy, Effective: 11/2023, documents, Guidelines: The Consultant Pharmacist shall provide pharmaceutical care consultation including the medication regimen review at least once per calendar month for each resident in certified areas of a skilled long term care facility. For residents residing in long term care facilities licensed for the developmentally disabled or assisted living, pharmaceutical care consultation including medication regimen review will be conducted in compliance with state regulation. Procedure: 1. The Consultant Pharmacist will review the medication regimen of each resident in sufficient detail to determine if any apparent irregularities (defined by CMS as the use of medication that is inconsistent with accepted standards of practice for providing pharmaceutical services, not supported by medical evidence, and/or that impedes or interferes with achieving the intended outcomes of pharmaceutical services), exist. Federally mandated standards of care as well as other applicable standards serve as the basis for review to ensure that a resident's medications are promoting or maintaining the resident's highest level of function in congruence with the resident's therapeutic goals and to identify clinically significant risks and/or adverse medication reactions. 2. The review of the medication regimen will include all medications currently ordered, including medications that are ordered on a PRN or as needed basis. The review will incorporate information from the resident's chart concerning the resident's condition, monitoring for side effects, potential for drug-drug interactions, psychotropic medication review including considerations for dose reduction/optimal dosing, review for potentially unnecessary medication usage, as well as review of the medication administration records and ancillary documentation such as the physician's progress notes, nursing notes and laboratory test results. 3. The Consultant Pharmacist will report any irregularities in writing to the attending physician, the Medical Director and the Director of Nursing for follow up. The written documentation will include, minimally, the resident's name, the relevant drug and the identified irregularity. The Consultant Pharmacist will communicate any irregularities that require URGENT action directly to the Director of Nursing or other designated clinical staff for immediate resolution. The Director of Nursing or designee will notify the attending physician of recommendations either in person, by telephone, fax or other secure system of notification within 3 business days of receiving report from the Consultant Pharmacist. If no response is received from the attending physician within 3 business days following notification, the Director of Nursing will make a second attempt to notify the attending physician. If the attending physician does not respond after a second attempt, the Medical Director will be notified of recommendation.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>35156</p> <p>Based on observation, interview and record review, the facility failed to ensure food was at the proper holding temperature at the steam table for 4 of 12 residents (R8, R21, R23, R35) reviewed for food temperatures in the sample of 62.</p> <p>Findings include:</p> <p>On 10/1/2024 at 11:55 PM, during the lunch service R8 was served mechanical hot dog meat and tater tots.</p> <p>On 10/1/2024 at 11:56 PM, R35's meal ticket documented a mechanical diet.</p> <p>On 10/1/2024 at 11:58 AM, during the lunch service R35 was served a mechanical hot dog meat on a bun.</p> <p>On 10/1/2024 at 11:59 AM, during the lunch service R21 was served a mechanical hot dog meat on a bun and tater tots.</p> <p>On 10/1/2024 at 12:00 PM, R21's dietary ticket documents he was on a mechanical diet.</p> <p>On 10/1/2024 at 12:03 PM, during the lunch service R23 was served a mechanical hot dog meat on a bun and tater tots.</p> <p>On 10/1/2024 at 12:04 PM, R23's dietary ticket documents he was on a mechanical diet.</p> <p>On 10/01/2024 at 12:12 AM, after the last lunch plate had been served, food temperatures were taken on the steam table with a calibrated metal thermometer and the following temperatures were below 135 degrees Fahrenheit (F), tater tots 130.0 F, and the mechanical hot dog meat was at 112.0 F.</p> <p>On 10/1/2024 at 1:11 PM, V11, Dietary Manager provided a list of male residents who were on mechanical meat and the following residents were documented as being on mechanical meat R8, R21, R23, and R25.</p> <p>On 10/1/2024 at 1:14 PM, V11 stated we feed the male residents first at 11:30 AM, and then after they leave the dining room then we feed the female residents.</p> <p>On 10/1/2024 at 1:20 PM, the Food temperature book did not record any temperatures for the first lunch service. The areas were blank.</p> <p>On 10/1/2024 at 1:22 PM, V12, cook stated, I took the temperatures but I did not record them in the book. I have the temperatures somewhere around here.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 10/1/2024 at 4:01 PM, V11 stated, I would expect all the food on the steam table to be at least 165 degrees or higher when holding. I heard that when you took temperatures today, they were below 112.0 F and I know that is. I am in the middle of my training for my certification for the dietary manager.</p> <p>On 10/1/2024 at 4:11 PM, V14, Dietician stated, I would expect all items on the steam table to be held at 135 degrees Fahrenheit or higher. If the temperature is less than 135 degrees, bacteria can grow if the temperature is between 41-135 degrees F, which could lead to food borne illness.</p> <p>The Monitoring Food Temperatures for Meal Service Policy dated 2020 documents, Food temperatures will be monitored to prevent foodborne illness and ensure foods are served at palatable temperatures. The temperature for each food item will be recorded on the Food Temperature Log. Foods that required a corrective action (such as reheating); will have the new temperature recorded with a notation of the corrective action intervention. If the serving/holding temperature of a hot food item is not at 135 F or higher (check your state specific regulations: some states require 140 F minimum hot holding temperature) when checked prior to meal service, the item will be reheated to at least 165 F for a minimum of 15 seconds. The item may be reheated only once and must be discarded or consumed within two hours. Any reheated item that is left after meal service or held longer than two hours is discarded.</p>		

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<p>F 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>40650</p> <p>Based on observation, and interview the facility failed to provide 80 square feet of floor space per resident bed for 58 of 62 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R13, R14, R15, R16, R17, R18, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, R35, R36, R37, R38, R39, R41, R42, R43, R44, R45, R46, R47, R48, R49, R50, R51, R52, R53, R54, R55, R56, R57, R58, R59, R60, R61 and R62) reviewed for room size requirements in the sample of 62.</p> <p>Findings include:</p> <p>On 10/01/2024 at 3:19 PM, V1, Administrator, stated there have not been any changes to any of the rooms since the last survey and she has a waiver for these rooms because they are less than 80 square feet.</p> <p>The facility has 33 two bed resident rooms that can be occupied by 2 residents. According to historical data, the room measurements for these rooms provide 76 square feet per bed. All rooms are certified for Medicaid.</p> <p>On 10/1/2024 at 2:42 PM, R1, R3, R4, R6, R7, R9, R10, R11, R15, R17, R22, R27, R34, R36, R37, R39, R41, R43, R44, R46, R48, R49, R50, R51, R53, R56, R58 and R59 all reside on A hall and all of these beds are Medicaid certified and provide 75 square feet per bed.</p> <p>On 10/1/2024 at 2:45 pm, R2, R5, R8, R13, R14, R16, R18, R21, R23, R24, R25, R26, R28, R29, R30, R31, R32, R33, R35, R38, R42, R45, R47, R52, R54, R55, R57, R60, R61, and R62 were all residing on the B hall, all beds are Medicaid certified and provide 75 square feet per bed.</p> <p>Observations made throughout the survey from 9/30/2024 to 10/1/2024 demonstrate no concerns or complaints vocalized by residents in relation to waived room size.</p> <p>On 10/2/2024 at 2:35 PM, V1 stated they did not have a policy on room measurements.</p>		