State of Illinois
Illinois Department of Public Health

Long Term Care – Licensure Survey Requests

Facility Information:

Facility: Encore Village City: Schaumburg Region: 1

Lic #; 0058669

To: Supervisor, Region 1 From: Kristina Blissett Date: 02/24/25

Survey Type/Class:

☐	**L/FC**	**Licensure Follow Up Conditional**	☑	**L/PV**	**Licensure Post Visit**
☐	**C/FC**	**Complaint Follow Up Conditional**	☐	**C/PV**	**Complaint Post Visit**

☐ Conditional License/ Mandatory Follow – Up Survey to be conducted after _

And before _ for deficiencies/violations found on survey of 11/20/24

The Issued License will begin and will expire

☐ Health ☐ RN ☐ SAN ☐ Dietary ☐ LSC

☐ 24-S1413, B Violation with Fine Follow – up visit to be conducted after 12/06/24 for deficiencies

Found on survey of 11/20/24.

This follow up visit may be conducted before or during the next Annual Survey.

☑ Health ☐ RN ☐ SAN ☐ Dietary ☐ LSC

☑ Other Information: Please follow up with Regulations Cited:
300.610a), 300.1210b), 300.3220f)

Please follow-up by: 12/20/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003404	A. BUILDING: _____ B. WING _____	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENCORE VILLAGE	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

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S 000	Initial Comments Annual Licensure and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 300.610a) 300.1210b) 300.3220f) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each	S9999		

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resident to meet the total nursing and personal care needs of the resident.

Section 300.3220 Medical Care

f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.

These requirements were not met as evidence by:

Based on observation, interview and record review the facility failed to ensure a newly admitted resident on tube feeding was weighed weekly. This failure resulted in R125 losing 16.8 pounds (11.4% weight loss) in 18 days. The facility failed to monitor weights, assess residents who have had a significant weight loss and implement interventions to prevent further weight loss. This failure resulted in R20 losing 12.6 pounds (7.67% weight loss) in 1 month and R231 losing 10.2 pounds (6.6% weight loss) in 13 days. This applies to 3 of 5 residents (R20, R125 and R231) reviewed for nutrition in the sample of 26.

The findings include:

1. R125's Face Sheet shows that he admitted to the facility on 10/24/24 with diagnoses of: severe protein-calorie malnutrition, gastrostomy, dysphagia and parkinsonism.

R125's Physician's Order Sheet (POS) printed on 11/20/24 shows an order dated 10/24/24 for, "Weekly weights x 8 weeks..." The POS shows

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orders for NPO (nothing by mouth) and an order for enteral feeding.

R125's Nutritional Risk Assessment dated 10/25/24 shows, "Admitted with diagnosis of metabolic encephalopathy, osteomyelitis of left ankle and foot....He is NPO d/t [due to] dysarthria and on new peg tub for enteral feeding.....Wife denies any notable significant changes to weight in past month.....at risk for unintended weight loss...dehydration..pressure injury....weight goal-weight will be maintained +/- 5% or gain by review....Interventions:....Monitor weight weekly for 8 weeks and then monthly or as indicated.....Additional Comments: ....Will continue to monitor weight, TF (tube feeding) tolerance and intervene as needed. RD (Registered Dietitian) available for consult PRN (as needed).

R125's Weights and Vitals Summary printed 11/20/24 shows a weight of 147.8 pounds on 10/24/24 and a weight of 131 lbs on 11/11/24 (11.4% weight loss in less than a month). There are no other documented weights between 10/24/24 and 11/11/24.

On 11/20/24 at 9:22 AM, V4 (Registered Dietitian) said that all new admissions are weighed upon admission and then weekly to monitor for weight loss or gain. V4 said that any one who is triggered to be at high risk for weight loss have weights done weekly. V4 said that if a resident is on tube feeding, they are at high risk for weight loss and their weights should be closely monitored. V4 said that she saw R125 when he first arrived at the facility. V4 said that he was admitted with continuous tube feeding orders so she changed the rate and time frame so he did not have to be on continuous feedings but would

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still get the same amount of calories and nutrition. V4 said that R125 did not have any documented weights for some time and she is not sure why. V4 said that once R125 got a weight done, it showed a weight loss so she increased his tube feeding rate. V4 said that weekly weights would have helped identify a weight loss sooner so interventions could have been implemented to prevent further weight loss.

The facility's Nutrition-Hydration-Weight-Assessment and Intervention Policy revised on 1/27/22 shows, "The facility shall measure resident weights on admission, for the next two days, and weekly for 4 weeks thereafter...Weights are recorded in the resident's medical record...Any weight change of 5% or more since the last weight assessment will be retaken the next day for confirmation. If the weight is verified, the dietitian shall be notified, and the notification documented in the resident's medical record. The dietitian will respond within 24 hours of notification...The threshold for significant unplanned and undesired weight loss will be based on the following criteria...1 month-5% weight loss is significant; greater than 5% is severe....."

2. On 11/19/2 at 10:41 AM, R20 was being served breakfast. Both V9 and V10 (Certified Nursing Assistants-CNA) said R20 is a total feed so she was served at a later time during meals.

Review of R20's weights shows: 9/3/2024-169.0 pounds (lbs.), 10/1/2024-170.1 lbs and on 11/14/2024-157.5 lbs.

R20's weights show that she had a significant weight loss of 12.6 pounds (7.67%) in 1 month.

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R20 had no nutritional assessments or nutritional intervention related to this significant weight loss.

On 11/20/24 at 9:13 AM, V4 (Dietitian) said R20 was weighed last on 11/6/24 and her weight was totally different from her usual weight. V4 said on 11/7/24 she requested a reweigh. On 11/14/24, R20's reweigh was 157.5 lbs. V4 said she did not know why the reweigh was not done until after a week. V4 said she was also not made aware of R20's reweight results sooner. V4 said when she entered R20's latest weight of 157.5 lbs, it did not trigger a significant weight loss until it was brought to her attention by this surveyor. V14 said she will do nutritional assessments and recommendations today.

3. R231's face sheet shows she is an 81 year old female admitted on 11/6/24 and readmitted on 11/13/24 with diagnoses including fracture of left pubis, type 2 diabetes, unspecified dementia, muscle weakness, hypertension, osteoporosis, and history of failing.

R231's Weight Report for November documents: 11/6/24 -154.5 lbs, 11/7/24 - 147.5 lbs and on 11/19/24 - 144.3 lbs.

R231's weights show that she had a significant weight loss of 10.2 pounds (6.6%) in 13 days.

R231's Mini Nutritional Assessment dated 11/14/24 shows a score of 6 indicating she is malnourished.

R231's Diet card shows a regular diet, all meals milk only; no juice or coffee.

R231's Nutrition Risk Assessment dated 11/14/24 documents she is on a regular diet, requires set

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assistance, partial moderate assistance with feeding, fair appetite, (R231) reports not eating very much, (V8 R231's spouse) reported her intake of about 30%, she reported not being able to choose foods. (R231) is at risk for unintended weight loss due to malnourished score of 6, poor appetite, bed bound, and assistance with feeding.

On 11/18/24 at 1:12 PM, R231 was lying in her bed, she said "I'm hungry." V8 was in the room and said lunch usually comes between 1:00 PM to 1:30 PM. At 1:30 PM, the noon meal was not delivered. At 1:48 PM, V8 was upset R231's noon meal was not delivered yet. He said my wife is hungry.

On 11/19/24 at 9:51 AM, R231 was in her room eating her breakfast meal. Her meal ticket said milk with all meals. There was no milk on her tray, she had a cup of orange juice and coffee. V13 (Unit Manager) entered the room and said to R231, where is V7 (Certified Nursing Assistant) she was in here helping you.

On 11/19/24 at 12:56 PM, V7 (CNA) said R231 is alert and forgetful, she is two person transfer with a mechanical lift. She needs to be set up for meals, this morning she encouraged her to feed herself and she was able to do it so she left the room. R231 told her she was hungry and wanted her lunch before therapy. At 1:00 PM, therapy arrived to R231's room she had not been served lunch yet.

On 11/20/24 at 12:35 PM, V4 (Dietitian) said R231 came in with pelvic fracture and was sent out to the hospital and re-admitted. Staff should weigh residents on admit and re-admission. V8 reported to her R231's normal weight is about 150 pounds. R231 was not weighed when she

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was re-admitted on 11/6/24, her initial weight on admission was 154 pounds we re-weighed her a day later and she was 147 pounds. On 11/19/24 her weight was 144 lbs. She has lost weight and she recommended nutritional shakes and protein in between meals. If a resident is voicing they are hungry staff should notify us so we can accommodate an earlier meal. She did not know R231 was requesting her meal to be delivered before therapy.

(B)

2 of 2

300.615e)

Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information

e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to request a criminal history background check within 24 hours of admission for 5 of 10

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S9999	Continued From page 7 residents (R282-R286) reviewed for background checks in the sample of 26 . The findings include: 1. The facility provided admission report shows that R284 was admitted to the facility on 11/7/24. R284's State Level Criminal Background Check shows that the background check was submitted on 11/14/24. 2. The facility provided admission report shows that R285 was admitted to the facility on 11/7/24. R285's State Level Criminal Background Check shows that the background check was submitted on 11/14/24. 3. The facility provided admission report shows that R286 was admitted to the facility on 11/7/24. R286's State Level Criminal Background Check shows that the background check was submitted on 11/14/24. 4. The facility provided admission report shows that R283 was admitted to the facility on 11/14/24. R283's State Level Criminal Background Check shows that the background check was submitted on 11/18/24. 5. The facility provided admission report shows that R282 was admitted to the facility on 11/15/24. R282's State Level Criminal Background Check shows that the background check was submitted on 11/18/24. On 11/20/24 at 12:18 PM, V18 (Admissions Coordinator) said that resident background checks should be done within 24 hours of admission.	S9999		

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S9999	Continued From page 8 On 11/20/24 at 2:30 PM, V1 (Administrator) said that the facility does not have a policy on resident background checks but they follow the regulation and they have to be done within 24 hours of admission. (C)	S9999		

12/5/2024

Plan of Correction – F692

Encore Village of Schaumburg
350 West Schaumburg Rd,
Schaumburg, IL 60194

Survey Exit Date: 11/20/24

2567 Received by Facility: 11/8/24

Illinois Department of Public Health:

Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute any admission to guilt or liability by the facility and is submitted only in response to the regulatory requirements.

The facility will ensure, based on a resident's comprehensive assessment, that residents maintain acceptable parameters of nutritional status, are offered sufficient fluid intake to maintain proper hydration and health, and are offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.

Corrective action for resident identified in the deficiency:

- R20's care plan was reviewed by the Inter-Disciplinary Team (IDT) on 11/21/24 and updated as appropriate
- R20 had a Nutritional Risk Assessment completed on 11/20/24 by the Registered Dietitian immediately upon the surveyor's observations. Revised nutritional interventions and progress notes were placed for the resident.
- R20 has since had weight regain.
- R125's care plan was reviewed by the Inter-Disciplinary Team (IDT) on 11/21/24 and updated as appropriate
- R125 was started on PO intake on puree diet on 11/20/24.
- R125 has had improved PO intake and since had stable weight.
- R231's care plan was reviewed by the Inter-Disciplinary Team (IDT) on 11/21/24 and updated as appropriate
- R231 had a readmission weight obtained on 11/19/24.
- R231 had a nutrition note completed on 11/19/24 with a 3-day calorie count recommended and Prostat BID started.

- R231 has since had stable weight and 3-day calorie count showed resident is meeting her daily needs.
- Staff members that provide care for R20, R125 and R231 were immediately re-educated on 11/20/24, 12/3/24 & 12/4/24 on the following:
    - Obtaining weekly weights as ordered with supporting documentation
    - Notifying the appropriate parties if resident has a significant weight loss with supporting documentation
    - Documenting the consumption of supplements in the resident's medical record
        - Notifying the appropriate parties if residents are not consuming or refusing supplements
    - Identifying residents who need feeding assistance and requesting an early meal tray to provide care as needed

Identify another resident with the potential for being affected and corrected action:

- All other residents requiring assistance with nutrition and hydration, specifically nutritional at-risk residents, have the potential to be affected by this practice.
- An audit was completed by the Director of Nursing, identifying residents for the following:
    - Ensuring all newly admitted/readmitted residents in the last 4 weeks have weekly weights on order in their medical records
    - Ensuring all residents on weekly weights have an order in their medical record
    - Ensuring all residents who have experienced a significant weight change in the last 4 weeks have interventions in-place
- Identified residents will have weights recorded and any triggers will be reported to the Registered Dietitian. Registered Dietitian will assess any new weight concerns, have a care plan review and implement interventions as needed. The MD/POA/family will be notified as appropriate.
- A new intervention may be put in place for residents under these identifiers, if needed, to ensure resident care is met for nutrition and hydration, by both nursing and dietary staff.

Systemic changes to reasonably assure deficiency does not occur:

- All nursing staff were educated by the DON on 12/3/24 & 12/4/24 on the following:
    - Obtaining weekly weights as ordered with supporting documentation
    - Notifying the appropriate parties if resident has a significant weight loss with supporting documentation

    - Documenting the consumption of supplements in the resident's medical record
        - Notifying the appropriate parties if residents are not consuming or refusing supplements
    - Identifying residents who need feeding assistance and requesting an early meal tray to provide care as needed
- Registered Dietician was educated by NHA on 12/4/24 to review all new weight concerns triggered by the EMR, assess the residents identified to have significant weight loss, implement interventions as needed in a timely manner, and notify the appropriate parties as needed. Education also included expectation to monitor compliance to ensure weights are obtained as ordered.
- New admissions will continue to be assessed upon admission by the Registered Dietitian and discussed during the IDT meeting.

How corrective action will be monitored:

- A Quality Assurance tool was developed and implemented to assure that all residents are being weighed as ordered. QA tool also assures compliance regarding identification of significant weight loss and timely implementation of interventions and notifications as needed.
- DON or Designee will monitor compliance by completing medical record review audits 3x/weekly for 4 weeks, then 1x/weekly for 12 weeks, then 1/monthly for 2 months, assuring all weight loss triggers are reviewed, assessed, and interventions are implemented as needed. Audits for residents on weekly weights will include the following:
    - Is the new admit/re-admit resident on weekly weights
        - Is the weight obtained and documented in the medical record
    - Has the resident had significant weight loss, 5% or greater
    - Is there an assessment from the Registered Dietitian related to significant weight loss
    - Is there an intervention from the weight loss
    - Is the resident needing feeding assistance and is it being provided
    - Is the resident requesting an early meal tray and was it provided
- Any discrepancies will be immediately addressed and staff re-educated as needed.
- Findings will be discussed in the Quality Assurance meeting until substantial compliance.
- The DON will be responsible for overall compliance.

Date of Compliance:

- 12/6/2024