

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145433	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2020
NAME OF PROVIDER OF SUPPLIER GROVE OF ST CHARLES		STREET ADDRESS, CITY, STATE, ZIP 611 ALLEN LANE ST CHARLES, IL 60174	
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 0800 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Based on observation, interview and record review, the facility failed to follow residents' requested items from facility's menu for lunch meal. This applies to 4 of 4 residents (R1, R5, R6, R7) reviewed for their meal menu in the sample of 9. The findings include: R1, R5, R6 and R7 are alert and oriented residents according to their most recent Minimum Data Set (MDS)</p> <p>1. On 6/29/2020 at 10:45 AM R1 was in his bedroom. Awake, alert and oriented. R1 stated that, nobody (resident) really gets what they usually ordered. There's always something missing in the tray, or the kitchen staff gave the wrong item. On 6/29/2020 at 12:24 PM, staff delivered lunch tray to R1. R1's meal ticket showed multiple items such as mashed sweet potatoes, seasoned spinach, chocolate chip cookies, beef steak with gravy, chicken noodle soup and tomato juice. The meal ticket was compared to the lunch tray given to R1. All the food items he (R1) ordered were in the tray except for the seasoned spinach, and instead of chocolate chip cookies he was given sugared cookies. 2. On 6/29/2020 at 11:02 AM, R5 stated that food items that he ordered were either missing or they (kitchen staff) placed the wrong item in his meal tray. R5 added, it seems like whoever the staff is assigned to prepare the tray does not take his/her time reading the meal ticket that was marked with requested items. On 6/29/2020 at 12:25 PM, a staff delivered R5's meal tray in his bedroom. R5's meal ticket had multiple requested food items which includes gravy for his chicken and/or mashed potatoes and chocolate chip cookies. There was no gravy/sauce and R5 also received sugar cookies instead of chocolate chip cookies. 3. On 6/29/2020 at 12:45 PM, R6 was sitting on her bed eating lunch. R6 stated that food is good but sometimes there's missing or wrong item in her meal tray. R6 added, just like today R6 ordered diet ginger ale and she was given regular ginger ale. 4. On 6/29/2020 at 12:50 PM, R7 was eating her lunch in her bedroom. R7's meal ticket showed that she (R7) ordered multiple food items such as fried chicken, mashed sweet potatoes, dinner roll, chocolate chip cookie and buttered carrots. R7's meal tray showed that there was no cookie and no buttered carrots in the tray. On 6/29/2020 at 12:55 PM, V4 (Dietary Manager) stated the menu is created so residents could choose what's in the list of the meal ticket. The certified nursing aid (CNA) staff goes room to room to distribute meal ticket to be marked by resident's request and help residents who's unable to do it choose what they (resident) want. Kitchen staff must read the meal ticket and ensure that specific items ordered by the residents are placed in their meal tray. Facility's Grievance Report from March 2020 through present showed multiple concerns with regards to food services which showed as follows: On 3/24/202, R9 reported the meal he received for lunch time was incorrect. The food items were not what he (R9) ordered from the menu. On 5/20/2020, R2 complaint that he did not receive correct lunch tray. On 5/24/2020, R8 spoke with V4 regarding meal ticket accuracy as to which V4 responded by assigning a new employee to ensure accuracy of meal ticket and apologizing to the resident. Facility's Policy and Procedure for Meal Service showed: Policy Statement: It is the policy of this facility that all residents are provided adequate supervision to meet each resident's nursing and personal care needs including meal service and assistance with eating. Residents will be assessed for required assistance during meals, conditions and cognitive status that put them at risk for not being able to orally consume meals and snack. The resident's inability to feed themselves and eat may be physical or cognitive. Procedure: - Each resident will be served a diet that is appropriate for the physical, cognitive and psychosocial needs of the resident. - The Food Service Manager or designee will monitor tray preparation for accuracy as described on the tray and the menu. The tray card will indicate the correct diet as ordered by the physician and the resident's food preferences.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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.