

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 145624	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/21/2020
NAME OF PROVIDER OF SUPPLIER FLORA GARDENS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 701 SHADWELL AVENUE FLORA, IL 62839	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and interview, the facility failed to obtain a GI (Gastrointestinal) specialty consultation appointment and failed to consult with a medical provider about potential medication side effects for one (R2) of seven residents reviewed for quality of care in the sample of seven. Findings include: A 03/09/20 handwritten entry by V6 (Physician's Assistant) on R2's March 2020 Physician order [REDACTED]. A 04/01/20 handwritten entry by V6 on R2's April 2020 Physician order [REDACTED]. Contact GI to see (R2) as soon as possible related to occult blood in stool and continued weight loss. R2's chart did not contain any documentation to substantiate these orders had been followed. A Clinic Note authored by V6 on 04/01/20 documented R2's [DIAGNOSES REDACTED]. The same note documented, History of present illness: Vomiting with onset of seven weeks. Blood in stool, onset of 03/06/20. Order to refer (R2) to a GI specialist has not yet been made. Plan: (Facility staff to) contact (V7) regarding vomiting since last Rituxin (sp) infusion and follow his recommendations. A Monthly Weight Report documented a 5/14/19 admission weight of 281.6 lb.(pounds). Dietary Summary Notes document the following: 2/20/20: February weight 247 lb. 3/20/20: March weight 237 lb with significant weight loss of 10.57% in six months. 4/14/20: April weight 215 lb with a significant weight decrease. A 03/18/20 Office Visit Progress Note authored by V14 (MD) documented that on that date R2 was seen for follow up of a colonoscopy done on 02/11/20. This note documents, Assessment: Blood per rectum. Likely internal hemorrhoids. [MEDICAL CONDITION] Reflux Disease. Will begin H2 (receptor) blocker therapy. On 08/17/20 at 5:00pm, V6 confirmed she had ordered the consultations as outlined above. V6 stated when she saw R2 on 04/01/20 she had been told by facility staff that these orders had not yet been followed, and V6 stated she again told staff to obtain these consults as soon as possible. V6 stated she considered the GI consult to be medically necessary in spite of any Covid-19 restrictions for residents leaving the building for appointments. V6 stated she wanted R2 to see a GI specialist in regard to R2's ongoing nausea, vomiting, blood in the stool, and significant weight loss. V6 stated she thought perhaps some of R2's s GI symptoms might be related to the Rituxin infusion, so she also had wanted staff to discuss this with V7 to see if the infusion was necessary given these symptoms. On 08/18/20 at 11:15am, V2 (Director of Nurses) acknowledged V6's orders to contact V7 and to schedule a GI consult had not been followed. V2 stated he was not sure why this had not been done. V2 stated the procedure for such referrals is that nursing staff communicate them to V12 (Certified Nursing Assistant/Transportation Aid) who then schedules the appointments. On 08/18/20 at 1:40pm, V12 stated he started in the position in July of 2020. He stated that he reviewed the log book left by his predecessor and found no evidence that an appointment was scheduled. V12 stated although Covid-19 has restricted some appointments with providers, V2 would determine and then direct V12 of medically necessary appointments to be made. On 08/21/20 at 2:00pm, V6 confirmed that although R2 had seen V14 on 03/18/20, this was for follow up on the February 2020 colonoscopy and was not a substitute for the GI consult, and V6 stated she had communicated this to facility staff.</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.