

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145798</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>COUNTRYSIDE NURSING &amp; REHAB CTR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1635 EAST 154TH STREET DOLTON, IL 60419</b>	
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 0808  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and record review, the facility failed to inform the physician of the registered dietitian's recommendation for double vegetables and protein at lunch time for R1 who is vegetarian. Findings include: 8/12/20 R1 stated, The dietitian told me when I was admitted that she put me down for double portions and it never happened. At 11:02 AM, V3 (Food Service Director) stated she was not aware of R1 having an order for [REDACTED]. Yes, some residents have complained but we can't give it. We have to check their height, weight, and BMI and assess them and turn it over to the dietitian and she makes the choice. V4, Dietary Aide stated R1 did not have an order for [REDACTED]. He hasn't said the portions are small. He hasn't requested double portions that I am aware of. He has said he was on a special diet, I wasn't sure if it was vegetarian. 8/12/20 at 11:53 AM, V2 (Director of Nursing) stated, I'm not aware of anything about a vegetarian diet or double portions. At 3:58 PM, V9 (Dietician) stated his diet order is General and is on [MEDICATION NAME]. It wouldn't surprise me if he was having an increased appetite due to the medication. I see in my initial assessment that I recommended double vegetables and protein at lunch only. I did put it in my notes that he was vegetarian. Before COVID, he would be able to speak with me in the facility if he had any issues. We don't have a vegetarian menu because some residents still eat fish or other items. We just go by the individual and ask them what they would prefer. Source Tech is the company that provides our menu's and they have all the specified diets. They would have a vegetarian diet. We would have access to that in the kitchen. He hasn't had any weight loss so that is probably why since he's eating snacks in his room. Record review as of 8/17/20 states: R1's physician order: General diet. No information regarding dietitian recommendations for double portion of vegetables and protein during lunch. R1's care plan states a [DIAGNOSES REDACTED]. Interventions include: dietary consult and explanation of cause of diabetes. During review of records on 8/11/20 at 10:21 AM, R1's care plan was updated by social services stating: R1 displays verbally aggressive behavioral symptoms toward staff as evidenced by yelling at staff regarding his meal as it relates to his [DIAGNOSES REDACTED]. R1 has a history of depression and has reported the following depressive symptoms; staying in his room, isolating himself and at times refusing meals. Interview with V11 (Assistant Director of Nursing) regarding R1's dietary recommendation and physician response; V11 stated, It would be the nurse that worked that day, or the nurse V9 gave the recommendation regarding R1's diet. The nurse would give it to the doctor. Due to COVID now, V9 is sending in the recommendations. In February, at that time, I was not working at this facility so I'm not sure who would have done this. But I do see this recommendation here. I can find out who V9 gave it to and if the doctor saw it. V11 stated, I spoke with V9 (Dietician) and she said she sent an email to the ADON &amp; Director of Nursing with her recommendations. This is the same process she has been following. There were different ADON &amp; DONs at that time. There is no documentation the doctor was aware of the recommendation. Requested facility policy on contract staff recommendation/order process; it was not provided during the course of this survey.</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.