STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 154	Continued From page 14 were not incorporated into R1's care plan. Findings include: R1's face sheet stated that he is a 35 yr. old with diagnoses including Profound Mental Retardation, Seizures and Quadriparesis. His annual Individual Program Plan, dated 4/1/06, stated R1 is non-verbal and dependent on staff for all care, including eating. R1's record contained documentation that on 2/24/07, he was hospitalized for an acute 20 lb weight loss and dehydration. The record lacked any type of investigation. Based on review of R1's record, including the hospital discharge instructions, the hosptial's recommendations were not incorportated into a care plan. The dietician's recommendations also were not incorporated into a care plan. There is no evidence of a facility investigation. E1, facility administrator, was interviewed on 3/14/07 at 12:15 PM. He confirmed the above findings and stated that the facility had not conducted an investigation.	W 154		
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.620a) 350.1060a) 350.1060h) 350.1210b) 350.1220a) 350.1220c) 350.1220e) 350.1220f)	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	**3309 SOUTH HARVEY AVENUE BERWYN, IL 60402**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 15 3501220g) 350.1220j) 350.1230b)3)6)7) 350.1223c) 350.1230d)2)3) 350.1230e) 350.1230g) 350.1840a) 350.1840d) 350.1840e) 350.3240a) 350.3240b) 350.3240c) 350.3240d) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1060 Training and Habilitation Services a) The facility shall provide training and habilitation services to facilitate the intellectual, sensorimotor, and effective development of each resident in the facility. h) There shall be available sufficient, appropriately qualified training and habilitation personnel, and necessary supporting staff, to carry out the training and habilitation program. Supervision of delivery of training and habilitation services shall be the responsibility of a person who is a Qualified Mental Retardation Professional.	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 16 Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent. Section 350.1220 Physician Services a) The facility shall have a written program of medical services that reflects the philosophy of care provided, the policies relating to this, and the procedures for implementation of the services. The program shall include the health services provided by the facility and the arrangements to effect a transfer to other facilities as promptly as needed. The written program of medical services shall be followed in the operation of the facility. c) The services of a physician shall be available to every resident in the facility. e) All residents shall be seen by their physician as often as necessary to assure adequate health care. f) Physicians shall participate in the continuing interdisciplinary evaluation of individual residents, for the purposes of initiation, monitoring, and follow-up of individualized habilitation programs for treatment. g) The statement of treatment goals and management plans shall be reviewed and updated at least semiannually to insure that the goals are appropriate and that management methods are consistent with the goals; and to determine whether progress toward the goals is being achieved or the goals should be	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 17 reevaluated. h) The facility shall maintain effective arrangements through which medical and remedial services required by the resident but not regularly provided within the facility can be obtained promptly when needed. j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 3) Periodic reevaluation of the type, extent, and quality of services and programming. 6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. c) A registered nurse shall participate, as appropriate, in planning and implementing the training of facility personnel. d) Direct care personnel shall be trained in, but are not limited to, the following: 2) Basic skills required to meet the health needs and problems of the residents. 3) First aid in the presence of accident or illness. e) Sufficient, appropriately qualified nursing staff shall be available, which may include licensed practical nurses and other supporting personnel, to carry out the various nursing service activities. f) The individual responsible for providing nursing	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 18 services shall have knowledge and experience in the field of developmental disabilities. g) Nursing service personnel at all levels of competence and experience shall be assigned responsibilities in accordance with their qualifications. Section 350.1840 Diet Orders b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered. d) The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical record. e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet). Section 350.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 19 resident shall also report the matter to the Department. These Requirements were not met as evidenced by the following: Based on record review and interview, it was determined the facility failed to implement their policy to prevent neglect when they failed to: 1. Ensure that health care needs were provided to prevent weight loss and dehydration for one individual (R1), and that physician orders for monitoring lower extremity swelling were implemented as written, for one individual (R2). 2. Ensure that the physician, nurse and dietician participated with the review and update of R1's individual's program plan, to include adequate nutrition and fluid intake according to his needs. 3. Ensure that a system was in place to monitor R1's intake to ensure nourishment and fluid intake according to his needs. Findings include: Facility policy titled "1) Abuse and Neglect: Reporting and Investigation" required, "Neglect: The failure to provide adequate medical or personal care or maintenance, which failure results in physical or mental injury to an individual or in the deterioration of an individual's physical or mental condition. 2) Reporting allegations of abuse or neglect: For Illinois Department of Public Health: within 24 hrs. after the discovery of an incident of abuse or neglect. 3) The Administrator shall conduct an investigation..."	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 20 1. The records for R1 were reviewed. The face sheet, last updated August 2003, documents that R1 is a 35 yr. old with diagnoses including Profound Mental Retardation, Seizure Disorder and Quadriparesis, and that his height is 5'4" and his weight was 131 lbs. The functional assessment, dated 4/1/06, states that R1 is non-verbal and dependent on staff for all care, including eating. R1's annual individual program plan (IPP), dated 4/27/06, contained the following documentation: ..."1) R1 saw his primary care physician(PCP) (Z2) ...2/15/06, for a checkup. PCP has not completed agency physical exam form. 2) Service Summaries: R1's mother requested that staff make sure R1 drinks more water. Continue to follow 1500-1800 calories diet...guardian requests food intake be tracked to ensure R1 is ingesting caloric requirement." The IPP lacked an annual nursing assessment for 2006 and lacked evidence that the nurse and physician were in attendance or reviewed R1's 2006 IPP. The above findings were confirmed by E3, the Qualified Mental Retardation Professional (QMRP), during interview on 3/14/07, at 11:00 AM. The Dietician (E6) documented the following on her annual assessment dated 7/06: "R1's present weight is 99 lbs...the desired body weight is 131 lbs, with a range of 118-144 lbs. Daily nutritional requirements: 1800-2100 calories. R1 is classified as underweight. Plan: ...do not limit intake to only 1500-1800 calories. Offer double portions. Add supplements. Monitor weight, oral intake. Goal: Gradual weight gain of 1/2 to 1 lb. per month until weight reaches the desired body weight [131bs.]." Her quarterly reviews, dated 10/06 and 1/07, repeated her initial suggestions	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 21	W9999		

and stated R1's weight as being 100 lbs with "little" or "no progress." The record lacked evidence that E6 had contacted the physician, nurse or QMRP regarding her recommendations and the lack of R1's weight gain. E6 was interviewed on 3/15/07, at 12:40 PM. She stated that the order for the 1500-1800 caloric diet was started before she began working at the facility, the summer of 2006. She said she did not recall contacting anyone about her findings and recommendations for R1, that she had assumed the nurse would take care of it. There is no evidence that R1's diet orders where changed following E6's 7/06, 10/06 and 1/07 notes related to his low body weight.

R1's diet, written on the monthly physician's order sheets (POS) dated from 8/06 to 1/07, was for a "1500-1800 calorie diet to maintain weight." The above findings were confirmed during interview on 3/15/07 at 12:30 PM, by E4 the Director of Clinical Services.

R1's primary care physician, Z2, was interviewed on 3/14/07 at 3:45 PM. He stated that he was not sure if R1 had been on a 1500-1800 calorie diet and that he had not been involved in the annual team meeting. He stated that the facility had not contacted him about the diet.

The record contained a consultation form from R1's rehabilitation physician, dated 11/13/06, with the following recommendations: "Supplements 1-2x/day, Boost/Ensure shakes/pudding, Follow weights - lost 7 lbs/1yr."

During an interview on 3/15/07 at 12:40 PM, E6 stated that she had not noticed the consultation in the chart. A physician order sheet, dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 22	W9999		

2/5/07, almost 2 months later, included a nurse's hand written order for the recommended supplements. The record lacked evidence that R1 was getting the supplements as recommended.

The last recorded monthly nursing note, dated 11/06, documented, "Current diet 1500-1800 calories. [R1's] Weight=100 lbs. Ideal body weight-123-136 lbs." The record lacked evidence that the nurse increased the frequency of weights following her note stating that R1 was below his ideal body weight. There is also no evidence of further nursing notes documenting the monitoring of R1's weight.

The most recent QMRP's monthly notes, dated 10/06, 11/06 and 12/06, contained documentation that R1 weighed 100 lbs, that his ideal body weight was 123-136 lbs, that he was on a 1500-1800 calorie diet and that the guardian's concern was "To monitor weight."

The next recorded weight of January '07, was 87 lbs. The section for R1's weight in February '07 was blank.

The above weight and documentation findings were confirmed by E3, QMRP, on 3/14/07 at 11:00 AM. He said that the nurses were weighing R1 monthly, however "all the nurses were fired in November '06 because of another problem and we've been using agency nurses since then." E3 had no documentation that R1's fluid, supplemental or caloric intake was being monitored and assessed after 11/06.

On 2/1/07, blood work was drawn on R1 with results of a sodium level of 152 (normal-135-145)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 23	W9999		

and a blood urea nitrogen (BUN) level of 30 (normal-2-23). A consultation visit from R1's neurologist (Z1), dated 2/5/07, stated that the sodium and BUN elevation may be due to dehydration and that his plan was to repeat the blood work in one week.

The record lacked documentation that any action, such as monitoring fluid intake, was taken by the facility following the neurologist's consultation note. The follow-up lab results, dated 2/15/07, were a sodium of 164 and a BUN of 40. The result form documented, "Results verified by repeat analysis. Critical result called to and read back by the RN (E8, the facility's nurse). The record lacked documentation of this call or that any action was taken.

R1's primary care physician, Z2, was interviewed on 3/14/07 at 3:45 PM. He stated that neither he nor the neurologist (Z1) had been notified of these critical lab values. The RN, E8, was unavailable for interview.

The facility's administrator, E1, was interviewed on 3/14/07, at 12:15 PM. He stated that he had no documentation that a physician was notified of the critical lab values. He confirmed the above findings and stated that in the morning of 2/23/07, direct care staff had called him saying R1 was not looking well and appeared to have lost weight. When he arrived R1 was weighed and found to be 81 lbs. He arranged for R1 to be seen by Z1(physician) that day.

That day, Z1 documented the following consultation, "Hypernatremia (high sodium), dehydration, weight loss. The etiology...may be secondary to dehydration. Patient needs to be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 24 evaluated in the emergency room." R1 was taken to the hospital and admitted with diagnoses including Hypernatremia, Seizure Disorder and Failure to thrive. The record contained a note written by E2, the House Manager, stating that she and R1's mother brought him to the emergency department on 2/24/07. She documented that R1 had about 10-12 seizures at the hospital that day and received Ativan (sedative) in an attempt to stop them. Hospital documents showed that R1's repeated lab values were in the critical range, but were resolved with hydration. R1 was discharged back to the facility on 2/26/07. The hospital physician's discharge summary, in R1's record, included the following, "The patient's increased seizure activity was felt [to be] secondary to hypernatremia, secondarily lowering the seizure threshold. The patient received intravenous fluids. The patient had a nutritional consult and on the day of discharge, the sodium was 144 (normal). Instructions: Ensure plus with breakfast and Ensure pudding with dinner and patient will drink 8 glasses of 8 oz. per day." This instruction form showed that it was "cc" [sent to] R1's Primary Care Physician (Z2) on 3/6/07." The hospital discharge instruction sheet included, "Ensure Plus with breakfast lunch and dinner. Ensure pudding with dinner. Water: at least 8 oz. glasses per day. Daily weights. Please have patient seen by nutritionist / dietician for weight loss." A nurse's note, dated 2/28/07, stated that she spoke to Z2 for follow-up instructions. The facility's physician order sheet (POS), for the	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 25 month of 2/07 contained a nurse's written order for the hospital's recommended diet and water, however the POS, for the month of 3/07, included the recommended diet order, but not the water. Neither of these order sheets were signed by a physician and both still had the printed "1500-1800 calorie diet to maintain weight" order. The Medication Administration Record for 2/5/07 to 3/6/07 listed daily weights x 7 days and daily Ensure supplements to start the day of R1's discharge, 2/26/07. As of 3/8/06, the day this investigation started, only 2 weights had been recorded for 2/27 and 3/2/07, both only 84lbs. On 3/8/07, R1's weight still remained 84 lbs. The record lacked an updated care plan and documentation that R1 was receiving his Ensure supplements and water as recommended. The record contained a post-hospitalization dietary consult by E6, dated 3/2/07, 4 days after discharge. Her recommendations included, "Do not limit intake to only 1500-1800 calories. Offer double portions. Add supplement. Monitor weight, oral intake." The record and the cook's list included all the diet recommendations, except double portions. E6 was interviewed on 3/15/07, at 12:40 PM. She stated that she had faxed her consultation to E4, the Director of Clinical Services, and had assumed that the facility nurse would ensure the recommendations were carried out. E2, the House Manager, produced a fax that the dietary consultation was sent to Z2, R1's physician, on 3/12/07, 10 days after being written. 2. R2's record was reviewed. The face sheet stated that he is a 54 yr. old with Moderate	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G077	A. BUILDING _____ B. WING _____	C 03/21/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEGUIN RCA HARVEY HOUSE	3309 SOUTH HARVEY AVENUE BERWYN, IL 60402

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W9999	Continued From page 26 Mental Retardation. A medical appointment form, dated 2/28/07, stated the reason for the doctor visit was for swollen ankles. The physician's recommendations included, "Please make sure support hose are on daily." The treatment sheet, dated 2/5 - 3/6/07, stated support hose on daily, off at night and bilateral ankle measure 1x/wk (Mondays). The sheet contained measurements only twice in 4 wks, and only 8 out of 30 days was the daily application of the support hose charted. This was confirmed during interview by E3, the QMRP, on 3/14/07 at 4:15 PM. (A)	W9999		