FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: \_\_ COMPLETED IL6010086 B. WING 01/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **10426 SOUTH ROBERTS BRIAOF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2199534/IL141683 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210d)3) 300.1220b)3) 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. Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour. seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be Attachment A made by nursing staff and recorded in the Statement of Licensure Violations

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BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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1. R2 is a 75-year-old female who was admitted to the facility on 12/09/2021, with the following past medical history; Encounter for attention to tracheostomy, encounter for attention to gastrostomy, type 2 diabetes, unspecified asthma, unspecified severe protein calorie malnutrition, pneumonitis due to inhalation of food

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also documented the resident (R2) was seen by her ONC (oncology) team in the clinic yesterday Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6010086 01/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **10426 SOUTH ROBERTS BRIAOF PALOS HILLS** PALOS HILLS, IL 60465 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 3 S9999 and was found to have aspiration on her chest x-ray. R2's hospital physician notes for 12/26-12/29/21 dated 12/22/2021 included the following active medical issue: Aspiration, pneumonitis vs pneumonia -have coughing for one month with sensation of aspiration -chest x-ray 12/21 showing aspiration, can't rule out infection s/p (status post0 Ceftriaxone times 5 days for pneumonia, ended 12/26/21 R2's hospital Adult Nutrition notes 12/28/2021 documented: R2 with oral cavity cancer s/p resection and b/I neck dissection. Pt (patient admitted with c/f aspiration PNA. Pt was given bolus feedings at facility, where continuous feeding had been recommended. 2. The following are the interviews conducted with staff member about services provided for R2 regarding her tube feeding: On 12/29/2021 at 1:58PM V17 (Advance Nurse Practitioner/APN) said, R2 was re-admitted. He evaluated her at the nursing home. The guidance given to the facility was for R2 to be on a feeding pump for her tube feedings. The facility was not willing to use the available supply and it was stated on the hospital discharge instruction R2 needed to be on a feeding pump. On 12/29/2021 at 2:33PM, V2 (DON) said the facility was aware R2 needed a feeding pump and she was admitted with some cartons of tube feeding formula. The feeding pump the facility had would not connect to her G-tube. R2's

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daughter did not bring any supply apart from the feeding formula. The facility received an order

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document in the resident's chart. At 1:35PM V2 added, she is not aware that R2 was switched

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