FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C IL6008270 B. WING 05/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE **GENERATIONS AT ELMWOOD PARK ELMWOOD PARK, IL 60707** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Complaint Investigation: 2293415/IL146443 S9999 Final Observations S9999 1 of 2 Licensure Violations Statement of Licensure Violations 300.1210b) 300.1210d)2 Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. 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: 2) All treatments and procedures shall be administered as ordered by the physician. These Requirements were NOT MET as evidenced by: Based on interviews and record reviews, this facility failed to accurately assess a resident's Attachment A impaired nutritional status, implement, monitor, Statement of Licensure Violations

linois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008270 B. WING 05/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE **GENERATIONS AT ELMWOOD PARK** ELMWOOD PARK, IL. 60707 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 and evaluate the effectiveness of interventions for one resident (R1) out of three reviewed for receiving enteral nutrition via a gastrostomy tube and hydration in a sample of 3. R1 has had 17% weight loss in 3 months without any nutritional intervention. R1 was also admitted to the hospital on 3/31/22 with diagnoses including: severe mainutrition, dehydration, and high sodium level. Findings include: Review of R1's medical record notes R1 with diagnoses including: chronic respiratory failure. tracheostomy, gastrostomy, stage 2 pressure ulcer sacral region, dysphagia, diabetes, and encephalopathy. On 5/2/22 at 10:00am, V6 NP (nurse practitioner) stated that V7 RD (registered dietitian) should have read the hospital record on 3/31/22 to see if there were any changes to R1's enteral feedings. On 5/2/2022 at 11:40am, V7 RD (registered dietitian) stated that V7 is familiar with R1. V7 stated that V7 is aware of R1's significant weight loss of 17%. V7 stated that V7 reviewed R1's enteral nutrition and it meets 100% of R1's needs. V7 stated that V7 would recommend more frequent weighing of admissions/re-admissions weekly x 4 weeks to identify residents with changes in weight, otherwise continue monthly weights. When questioned if R1's enteral nutrition should have been adjusted to address weight loss, V7 responded that R1's enteral feedings meet R1's needs 100%. V7 stated that V7 reviewed R1's current weight and enteral feeding order. When questioned if V7 reviewed the dietitian consultation note in R1's hospital medical record.

linois Department of Public Health

V7 did not respond. V7 stated that R1's enteral

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING IL6008270 05/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE GENERATIONS AT ELMWOOD PARK **ELMWOOD PARK, IL 60707** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD) BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 S9999 Continued From page 2 feeding order for glucerna 1.5 at 65ml (milliliters) per hour x 20 hours daily and 250ml of water every 6 hours daily provides 1950 kçal (kilocalories) which meets 100% of R1's needs. Review of R1's POS (physician order sheet) notes an order, dated 9/20/2021, for glucerna 1.5 at 60ml per hour x 20 hours daily with water flush 250ml every 6 hours via gastrostomy tube. Discontinued 3/25/2022. On 3/25/22, an order to increase R1's enteral feeding to 65ml per hour x 20 hours was noted. Review of R1's weights since December 2021: 12/5/21, R1 weighed 139 pounds. 1/11/22, R1 weighed 131.2 pounds. This is a 5.8% weight loss in one month. 2/7, R1 weighed 128.8 pounds. 2/10, R1 weighed 126.4 pounds. 3/5, R1 weighed 118.8 pounds. This is a 17% weight loss in three months. Upon returning from hospital, R1 weighed 121 pounds. This is a 1.81% increase in R1's weight while in hospital. Review of R1's hospital medical record, dated 3/31/22-4/11/22, notes R1 was admitted to the hospital with diagnoses: high blood sugar (blood sugar greater than 400, normal range is 70-99), severe malnutrition, dehydration, and high sodium level. Per dietitian's observations, R1 with severe temporal, clavicular, thigh/knee muscle depletion. Nutritional diagnoses include: inadequate enteral nutrition infusion related to estimated needs as evidenced by current facility enteral feeding prescription meeting 81% estimated kcal (kilocalories) needs; inadequate fluid intake as evidenced by high sodium level of 155 (normal range is 131-145) and estimated free

Illinois Department of Public Health

water flushes less than estimated requirements;

Illinois	Department of Public	Health		SFee	FOR	MAPPROVED	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING			(X3) DATE SURVEY COMPLETED	
	IL6008270						
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADD			STATE, ZIP CODE		05/03/2022	
GENER	ATIONS AT ELMWOOD	PARK 7733 WES	T GRAND A	WENUE			
	011111111111111111111111111111111111111		D PARK, IL				
(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) COMPLETE DATE	
S9999	Continued From page 3		S9999	1000	(*************************************		
	underweight, body mass index 16.91; and altered			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )			
	nutrition related lab	oratory results related to					
	current enteral nutri	tion/insulin as evidenced by					
	low blood sugar episode on 4/4/22 with blood sugar of 41 at 11:00am, likely related to enteral					1	
	nutrition regimen of	20 hours/day. Interventions					
	implemented in hospital include: glucerna 1.2 at 70ml per hour x 24 hours and 110ml free water						
	flushes every 4 hour	rs would provide 2016 kcals,					
	100 grams of protein	n, and 2012ml water, which	V 0.				
1	meets 100% of R1's	needs. On 4/11/22, review					
-	sodium level 137	esults completed on 4/11 note BUN (blood urea nitrogen) 7					
	(normal range 5-28)	and creatinine 0.61 (normal					
	range 0.5-1.4) meas	sure of kidney function. R1					
	results within norma	d sugar episodes, laboratory I limits, and R1 is tolerating					
,*;	tube feeding at goal.						
	Daviess of the second				6		
	plan in hospital, date	ologist's assessment and ed 4/1/22, notes: high sodium	1				
	levels (155-158) due	to free water					
	deficit/dehydration deficited	ue to high blood sugar level.					
	On 3/31, BUN 36 an	d creatinine 0.83. Continue ease the free water flush to					
	300ml every 4 hours					1	
	Dayley Aller						
	notes R1's weight 13	mentation, dated 12/26/21, 9 pounds, R1's BMI 18.34.	1			ĺ	
4	Enteral feedings prov	vide 100% of estimated					
	needs. Continue with	h current diet: enteral feeding					
		per hour x 20 hours daily			:	1	
0.1	with water flush 250n	in every o nours.					
8. (	Review of V7's docur	mentation, dated 1/30/22,					
3	notes R1's weight 13	1.2 pounds, -5.8% weight				•	
	loss. Current weight	shows significant weight					
	Enteral feedings prov	Weight loss unplanned. ride 100% of estimated					
	needs. Continue with	current diet: enteral feeding				0.	

linois Department of Public Health
TATE FORM

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 C IL6008270 B. WING 05/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE **GENERATIONS AT ELMWOOD PARK** ELMWOOD PARK, IL 60707 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 glucerna 1.5 at 60ml per hour x 20 hours daily with water flush 250ml every 6 hours. Review of V7's re-admission assessment, dated 4/13/22, notes R1's weight 121 pounds. Enteral feeding glucerna 1.5 at 65ml per hour x 20 hours daily with water flush 250ml every 6 hours. Current feeding provides 100% of estimated needs. Review of R1's laboratory results note: on 4/14/22, R1's sodium level was 139, BUN 20, and creatinine level 0.7. On 4/18/22, R1's blood sugar was 409, sodium level was 144, BUN 35, and creatinine level 0.99. On 4/24/22, R1's blood sugar was 506, sodium level was 150, BUN 74, and creatinine level 1.3. There is no documentation found noting any interventions were implemented related to elevated laboratory results. Review of this facility's weight maintenance policy, revised 03/2022, notes the facility will follow the current professional standards of practice which recommends weighing each resident on admission or readmission (to establish a baseline weight), weekly for the first 4 weeks after admission and at least monthly thereafter to help identify and document trends such as slow and progressive weight loss. All significant, unplanned, or trending weight changes must be investigated by the facility. Suggested parameters for evaluating significance of unplanned and weight loss include in part: severe weight loss of greater than 7.5% in 3 months. In the case of a significant or trending weight change the following steps will be taken: determine the possible cause, determine the plan of action, and notify the physician and responsible

linois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SURBURED(CLA			ASSET LANGE CO.		FORM APPROVE		
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:  B. WING		(X3) DATE S COMPL	(X3) DATE SURVEY COMPLETED	
<u> </u>					C 05/03/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE		12022	
GENERA	ATIONS AT ELMWOOD	PARK 7733 WE	ST GRAND A	VENUE			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CO PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY)		HOULD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 5	S9999			<del></del>	
	resident with a signi	red Dietitian will assess each ificant weight change and ecommendations to the			. 🕏		
	(B)				-		
	2 of 2 Licensure Vio	lations					
	300.1210b) 300.3220f)						
	Section 300.1210 G Nursing and Person	eneral Requirements for all Care					
	and services to attain practicable physical, well-being of the research resident's complan. Adequate and parsonal care and personal care.	provide the necessary care in or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal sident.	= · · · · · · · · · · · · · · · · · · ·				
%:	Section 300.3220 M	edical Care					
i	administered as orde physician orders shal director of nursing or within 24 hours after	ent and procedures shall be gred by a physician. All new I be reviewed by the facility's charge nurse designee such orders have been ity compliance with such					
6	These Requirements evidenced by:	were NOT MET as					
f	Based on interviews a acility failed adequate tent of Public Health	and record reviews, this ely monitor one resident's		<b>9</b>	· 12		

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 C B. WING IL6008270 05/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE **GENERATIONS AT ELMWOOD PARK ELMWOOD PARK, IL 60707** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 blood sugar level prior to the administration of insulin to ensure the insulin dosage was appropriate to prevent high blood sugar levels for one resident (R1) out of three reviewed for change in condition due to high blood sugar levels in a sample of 3. This failure resulted in R1 being transported to the hospital on 3/31/22 and 4/27/22 due to blood sugar results greater than Findings include: On 5/2/22 at 10:00am, V6 NP (nurse practitioner) stated that V6 is not involved with R1's care. V6 stated that V6 will get called in to see a resident if there is an urgent need; reason V6 saw R1 on 4/27. V6 stated that R1's nurse informed her that R1 had change in condition. V6 stated that when the nurse checked R1's blood sugar, the glucometer reading noted high. V6 stated that indicated that R1's blood sugar was greater than 400. V6 stated that V6 called R1's attending physician because while reviewing R1's medical record she was unable to see any blood sugar results documented. V6 stated that the nurses were not checking R1's blood sugar level prior to administering insulin. V6 stated that the nurses did not use critical thinking skills and recognize if entering order for insulin need to enter order for blood sugar monitoring. V6 stated that insulin should not be administered without first checking a resident's blood sugar. Review of R1's POS (physician order sheet), dated 4/14/22, notes an order for insulin NPH (intermediate-acting insulin) 10 units subcutaneously twice a day at 9:00am and 5:00pm. Review of R1's medical record does not note R1's

illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING IL6008270 05/03/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE GENERATIONS AT ELMWOOD PARK **ELMWOOD PARK, IL 60707** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY)** S9999 Continued From page 7 S9999 blood sugar level was checked prior to the administration of the insulin NPH from 4/14 at 5:00pm until 4/27 when R1 experienced a change in condition and blood sugar reading was high. Review of R1's medical record, dated 4/1/22. notes R1 was sent to the hospital due to high blood sugar and displayed signs of lethargy. R1 was admitted to the hospital with diagnosis of high blood sugar. Review of R1's medical record, dated 4/27/22, notes R1 noted to have blank stare. Pulse within normal rate, afebrile, oxygen saturation can't be read through the pulse oximeter, blood sugar taken result is High and was having rapid breathing. R1 sent out to hospital. R1 was admitted to the hospital with diagnosis: severely elevated blood sugar and full blown renal failure. Review of R1's hospital medical record, dated 3/31/22-4/11/22, notes R1 was admitted to the hospital with diagnosis, in part: high blood sugar (blood sugar greater than 400, normal range is 70-99). The nephrologist's assessment and plan in hospital, dated 4/1/22, notes: high sodium levels (155-158) due to free water deficit/dehydration due to high blood sugar level. (A)

Illinois Department of Public Health