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: IL6004667 **B. WING** 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL **ESTATES OF HYDE PARK, THE** CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 Annual Certification and Licensure Survey \$9999 Final Observations S9999 Statement of Licensure Violations I of II. 300.610a) 300.1210b) 300.1210d)3) 300.1210d)4)A) 300.1210d)5) 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. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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. Attachment A

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

TITLE

Statement of Licensure Violations

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6004667 B. WING 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) \$9999 Continued From page 1 S9999 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 made by nursing staff and recorded in the resident's medical record. Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to follow their Pressure Ulcer Prevention Protocol, conduct daily skin checks, and timely identify and treat MASD (Moisture Associated Skin Damage) for 1 (R86) resident out of a total sample of 25 residents. This failure resulted in R86 sustaining a left

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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: _ IL6004667 B. WING 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4505 SOUTH DREXEL** ESTATES OF HYDE PARK, THE CHICAGO, IL 60653 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) \$9999 Continued From page 2 S9999 buttock skin injury. Findings include: On 11/02/2022 at 10:30 AM, V32 (Nurse) stated R86 did not have any wounds to sacrum or buttocks. On 11/02/2022 at 10:32 AM, R86 stated R86's bottom was sore. R86 stated, R86 cannot turn from side to side so surveyor and V32 (Nurse) assessed R86's buttocks. There was a small skin injury to R86's left buttocks. Surrounding area was dark in color. Facility was not aware of R86's skin injury. On 11/02/2022 at 12:54 PM, surveyor requested R86's skin assessments. Did not receive them by the end of the day. On 11/03/2022 at 9:30 AM and 11:47 AM. surveyor requested R86's skin assessments. On 11/03/2022 at 12:50 PM, V17 (Wound Nurse). V19 (Wound Certified Nurse Aide) and V31 (Wound Physician) conducted R86's wound assessment and treatment. V17 conducted the treatment while V31 joined via telemedicine (V19 held phone close to R86's skin injury). V17 stated skin injury was discovered yesterday. Left buttock skin injury measured 0.7cm (centimeter) x 0.6cm. V31 stated skin injury is MASD and appears to be healing. During a telephone call with V31 on 11/03/2022 at 1:21 PM, V31 stated MASD is caused by incontinence and wet diapers, V31 stated skin injury does not happen overnight. V31 stated based on the demarcation of the wound and the

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light-colored areas near the wound, the wound

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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100 200 200	and services to atta practicable physical well-being of the re-	provide the necessary care in or maintain the highest in mental, and psychological sident, in accordance with	27			
	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.		93 73		e E	
25	care shall include, a and shall be practic seven-day-a-week I	pasis:			.e e 34	
	resident's condition emotional changes, determining care re further medical eval	observations of changes in a including mental and as a means for analyzing and quired and the need for luation and treatment shall be aff and recorded in the ecord.	æ		4 4 A	
ñ a	administered as ord physician orders shadirector of nursing of	nent and procedures shall be lered by a physician. All new all be reviewed by the facility's or charge nurse designee		(A) (Mark	#30 0 ■	
	within 24 hours afte	r such orders have been cility compliance with such	d'	≕. 	a a	
300	This REQUIREMEN	IT is not met as evidenced by:		234 V	# (2 198	
68 (X	review the facility fa unplanned weight to Registered Dietitian oral nutritional supp failed notify the phys	on, interview and record iled to address significant, ass, and failed follow is recommendation to start dements. The facility also sician of a significant, ass. This resulted in a	014 115	* * * * * * * * * * * * * * * * * * *	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	

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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 IL6004667 B. WING 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 continued weight loss including a significant weight loss (>5% change over a span of 1 month and >7.5% change over a span of 3-month period) for 1 (R63) of 7 residents reviewed for nutrition for a total of 25 residents in the final sample. Findings include: On 11/01/22 at 11:19 AM, surveyor observed R63 sitting in chair at bedside with lunch tray on the table in front of him. R63 had consumed approximately 1-2 bites of rice, 100% strawberry dessert, and 100% of juice. R63 stated, "I don't like it. It looks like cat food. The food is not all bad, sometimes I eat it. It depends on what they are serving." R63 refused surveyor's offer to obtain menu alternative. Surveyor did not observe any supplement on tray or observed at supplement at bedside. On 11/01/22 at 3:18 PM, V8 (Food Service Director) stated that the kitchen does not give out any oral nutritional supplements and R63 is not receiving any extra food or snacks between meals from the kitchen. V8 stated if a resident has a physician order for a supplement, then the nurses would give it out on the unit. On 11/01/22 at 3:25 PM, V7 (Licensed Practical Nurse) stated the nurses would give out a nutrition supplement if there is a physician order for a supplement. V7 stated that if a resident had an order for a supplement, it would be listed on the paper Medication Administration Record (MAR). Surveyor asked V7 to review the paper MAR for R63 to see if R63 has been receiving an oral nutritional supplement. After reading through all R63's paper MARs V7 stated, "no."

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLANOF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6004667 B. WING 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 7 S9999 On 11/02/22 at 9:27 AM, V6 (Certified Nursing Assistant) stated that R63 only consumed one hardboiled egg, juice, and coffee this morning and that R63 is not a big breakfast eater, V6 stated that R63 will eat less on days he (R63) is served scrambled eggs because he (R63) thinks they are powdered eggs. On 11/02/22 at 10:03 AM, surveyor requested for staff to obtain R63's current weight. V33 (Restorative Aide) and V34 (Restorative Aide) weighed R63 using the mechanical lift scale in R63's room. V33 and V34 stated that this is the way R63 is usually weighed. V33 and V34 read the weight of R63 when he (R63) was fully up in the air, not touching the mattress and not rocking back and forth. When the surveyor asked how much R63 weighed V33 looked at the mechanical lift's digital scale and stated, "119.2 pounds." Surveyor viewed the mechanical lift's digital scale and confirmed the reading of 119.2 pounds. R63 stated, "I used to weigh 127 pounds a couple of months ago and closer to 150 pounds when I first came into this place. Now my legs look like they are getting skinnier." On 11/02/22 at 10:33 AM, V17 (Licensed Practical Nurse) reviewed paper MARs and stated that R63 is not getting any type of supplement because there is not any order for it in the MARs. On 11/02/22 at 11:50 AM, V6 showed surveyor R63's lunch tray once R63 was finished eating. R63 consumed 100% spaghetti with meat sauce, 0% spinach, 0% bread, 0% dessert. On 11/02/22 at 1:30 PM, V17 stated that if V16 (Registered Dietitian) has a recommendation for a resident to be started on a supplement then

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stated that she (V16) emails this report and

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 IL6004667 **B. WING** 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL **ESTATES OF HYDE PARK, THE CHICAGO, IL 60653** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 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 COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 9 S9999 nutrition recommendation forms to V1, V2, and V8. V16 stated that the information on the nutrition recommendation form includes the resident's name, what her (V16) recommendation is and the rationale for the recommendation. V16 stated she (V16) also participates in a NARS (Nutrition At Risk & Skin) meeting monthly which is when residents who have lost weight would be discussed with the interdisciplinary team and to discuss nutrition recommendations submitted to make sure they were followed through on and that the physician was notified. On 11/02/22 at 2:30 PM, surveyor continued interview over the phone and asked V16 to review R63's weight data in the EMR and why the 22.8-pound weight loss which occurred from 08/2022 to 09/2022 was not addressed. V16 stated that typically when she (V16) sees a weight jump like that she (V16) would request for the resident to be reweighed to check the accuracy of the weight and that this request would be included on her (V16)'s consultant reports. V16 stated that it does not look like a reweight was obtained during the month of September. Surveyor asked V16 to view her(V16) September consultant reports and recommendation forms to see if she (V16) requested a reweight for R63. After reviewing her (V16) September 2022 reports V16 stated, "I don't see it on the three reports I submitted in the month of September." V16 stated that she (V16) assessed R63 on 10/13/22 for unplanned weight loss and noted BMI (Body Mass Index) at that time was 19.2 which is below the desired BMI range for older adults which is between (23-27). V16 stated that she (V16) attributed R63's weight loss to poor appetite and that he (R63) was "barely eating" and consistently consuming <50% of meals. V16 stated that functional decline could also have

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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:** A. BUILDING: COMPLETED IL6004667 B. WING 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL **ESTATES OF HYDE PARK, THE** CHICAGO, IL 60653 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (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 10 S9999 contributed to some of the weight loss. V16 stated that she (V16) had recommended to start oral supplements on 10/13/22 to supplement R63's poor intake and help prevent further weight loss. V16 stated that she (V16) submitted this recommendation to V1 and V2 on 10/13/22, V16 provided a copy of this recommendation to surveyor. V16 stated there was no NARS meeting in the month of October and therefore her (V16) recommendations were not followed up with or discussed as a team. V16 stated that without the use of oral nutrition supplements R63 is at high risk for continued weight loss. Surveyor shared with V16 R63's current weight obtained 11/02/22 of 119.2 pounds and V16 stated that this amount of weight loss was very concerning and indicates another significant weight change. V16 stated R63 meets criteria for malnutrition based on the amount of weight loss, evidence of continued weight loss, low BMI and poor intake. V16 stated that the CNAs are documenting that R63 is consuming between 25-50% of meals. Surveyor asked V16 if she (V16) has ever conducted meal rounds observations with R63 or seen him (R63) eat a meal since R63 has been at the facility and V16 replied, "no, I haven't done a meal round observation since he's been there" and "now that he's lost weight it would be appropriate to consider." Surveyor asked V16 if she (V16) has every met with R63 to review his (R63)'s food preferences and V16 stated, no because that is V8's responsibility. V16 stated that if R63 had received the nutrition supplement she (V16) had recommended it would have helped to prevent some of the weight loss which has occurred. Surveyor discussed R63's physician order for daily weight monitoring for CHF/Abnormal Weight Loss with V16 and V16 stated that if the weights

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were done the results would be entered into EMR system and that she (V16) does not see that the

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** IL6004667 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL **ESTATES OF HYDE PARK, THE** CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 11 S9999 daily weights were being completed. V16 stated there is no separate weight binder. On 11/02/22 at 3:11 PM, V2 (Director of Nursing) stated that V16 sends her (V16)'s nutrition recommendations via email and then V2 prints them off and gives them to the nurses to follow through on by calling the physician. V2 stated that the order is carried out right away and that the physicians follow V16's recommendations because V16 is the nutrition expert. V2 stated that once the physician approves the recommendation nursing enters it into the EMR and the paper MAR. V2 stated that all weights are completed by the restorative department including initials, reweights, readmissions, weekly and daily if ordered. On 11/02/22 at 3:30 PM, V10 (Restorative Director) stated that all weights are entered into EMR system and that the weight sheet forms used by the restorative aides to enter the weights on are shredded as soon as they are entered into the EMR system and because of this V10 stated there are no weight data sheets available to review. V10 stated none of the residents are on daily weights right now and that if any of the residents had orders for daily weights, they would be entered into the EMR system, and that there is no separate weight binder(s). On 11/03/22 at 10:21 AM, V2 stated that she (V2) was aware of R63's weight loss based on 119.2-pound weight obtained on 11/02/22. V2 stated that restorative reported this to nursing who will then contact V8 and V16 for recommendations. V2 stated it is the nurse's duty to call the doctor and that the nurse will then write a progress note in the EMR indicating that the doctor was notified about the weight loss.

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<u>Illinois Department of</u> Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6004667 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES (X4) LD PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 12 S9999 On 11/03/22 at 1:46 PM, surveyor spoke with V35 (Attending Physician) over the phone. V35 stated that he was not aware that R63 had lost weight and that he (V35) has not received a recent phone call and does not recall being notified of any weight loss from 08/2022-09/2022. V35 stated, "maybe he is not eating well." V35 stated that R63 is probably losing weight due to a combination of dementia, acute cholecystitis requiring a drainage tube and poor intake. V35 stated R63 does not have a diagnosis of cancer. V35 stated R63 had a diagnosis of abnormal weight loss upon admission to the facility. Surveyor told V35 R63's current weight of 119.2 pounds compared to initial weight of 148 pounds upon initial admission in July 2022. V35 stated due to the weight loss identified a nutritional replacement with use of oral supplement would be recommended, calorie counts to see what R63 is actually eating and that R63 may need a tube feeding placement due to having lost so much weight. V35 stated that he (V35) was not aware that the Registered Dietitian had made a recommendation to start oral supplements last month. V35 stated that since there is no order for an oral supplement in the EMR system then either the facility did not call him (V35) or the call was not relayed however V35 stated that the nurse typically would enter a progress note into the EMR to indicate that the physician was called, and message was left with a call back requested. V35 stated that he (V35) does not see a nursing progress note indicating he (V35) was called and stated, "there is your answer." V35 stated resident does have a diagnosis of heart failure but has not been on diuretics since admission to the facility. V35 stated that there is an order for R63 to have daily weights due to heart failure upon admission and this recommendation likely

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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ŝa.	daily weights were !	oital. V35 stated that if the being done at the facility R63's		(5) 45			
	100	ave been identified earlier.	67		**		2.
, d ,	R63 stated, "I can fe	PM, R63 stated that he (R63) he (R63) he is losing weight. eel it, look at my arms they are	111	S 36			
to To	offered a supplement facility, but he stated	that he (R63) has not been nt since he's been at the d, "I'd take it if they gave it to	<u> </u>	()\$ - #	Ÿ.		
	from 8/1/22 - preser responded via email	veyor requested percentage entation for all meals for R63 at. V1 (Administrator)	e.				
	Fallure, Cholecystitis	oot limited to Dementia, Heart s, Cerebrovascular Disease, al Weight Loss, Unspecified ny.	= 8	# (# (%)	į į	50	i :
8	R63 MDS (Minimum BIMS (Brief Interview 13 indicating intact c	Data Set) dated 08/01/22 v for Mental Status) score is ognition.	-	đ	5	- N	
30 31	07/27/22, diet: NAS,	printed on 11/01/22 aily weights (CHF/Abnormal day at 9:00 AM ordered low cholesterol/low fat, ds three time a day ordered	ā.	16. 16.		9	53
1	to diagnosis and con-	d 08/02/22 documents in isk) for malnutrition related ditions that affect nutritional excess fluid volume related	۸	W			

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 IL6004667 B. WING 11/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ESTATES OF HYDE PARK, THE 4505 SOUTH DREXEL CHICAGO, IL 60653 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 14 S9999 to left sided CHF and weigh daily, report to physician if greater than 2-pound weight gain per week. R63's Dietary progress note dated 08/08/22 at 01:12 PM completed by V16 (Registered Dietitian) documents in part, PO intake are between 25-50% for most meals, requires extensive assistance from staff during meals, open area to sacrum, BMI 22.7 is below normal weight range for advanced age, weight gain/stability is desirable for resident, will monitor weight trends. Weight used to complete this assessment was 149.6 pounds. R63's Dietary progress note dated 10/13/22 at 05:02 PM completed by V16 documents in part, weight (10/8) 127.8 pounds, BMI 19.4 is below normal weight range for advanced age, weight is stable from last month follows a period of unplanned/significant weight loss possibly related to functional declines, weight gain is desired for resident related to high risk for malnutrition and recommend adding liquid oral supplement 4 ounces twice a day to support weight gain, will monitor weight trends. Facility document titled, "Weight Variance Report" 05/03/22-11/03/22 for R63 documents weight as follows: (07/27/22 at 10:24 AM weight 148.4, BMI 22.56), (08/03/22 at 12:28 PM weight 149, BMI 22.65), (08/08/22 at 2:49 AM weight 149.6, BMI 22.74), (08/17/22 at 12:29 PM weight 148.2, BMI 22.53), (09/02/22 at 10:43 AM weight 126.2, BMI 19.19, -22 weight loss, -14.8% weight change in 16 days), (10/03/22 at 9:45 AM weight 127.8, BMI 19.43), (10/08/22 at 10:34 AM weight 127.9, BMI 19.43), (11/2/22 at 10:44 AM weight 119.2, BMI 18.12, -8 pound loss, -6.7% change in 25 days).

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	V16 provided docu	ment titled, "Dietary	统				
	Recommendations	for Physician Approval" dated	. 21				
Y .	10/13/22 document	S in part, recommend adding	···	1241			
	twice a day to supp	oral supplement) 4 ounces ort weight gain for R63. The		==	34.		
	form is not signed b	by R63's physician (V35).		***	(0)	34 (
		177		19 (A) (A)			
	from 10/1/22-10/31	tled, "Medications Flowsheet" /22 for R63 documents daily	5	**		-	
	weight (CHF/Abnori	mal Weight Loss) once a day					
	dated 07/27/22 With	no entry weights documented in				117	
	for the month of Oc	tober 2022.		· · · · · · · · · · · · · · · · · · ·		2.00	
	providing clinical nu	on titled, " Consultant Dietitian dated, documents in part, trition expertise on a ncluding nutrition assessment,			32-		
	maintain compliance regulations, provide limited to significant and submit a written	nutrition assessment not changes, weight changes,			***		
	visit: directly to the a	dministrator and the Dietary or of Nursing for specific		: _28 (w)	W E		
l c	Nurse" and "Registe documents in part, re elephone order from	on titled, "Licensed Practical red Nurse" dated 10/11/2019 eceive and transcribe n physicians and record on		2) 75	2.2	68	
	he Physician's Orde	r Form.	1		100		
25				0			
	ntervention" dated A eart, the nursing staf	Weight Assessment and ugust 2008 documents in f and the Dietitian will		P 475		::	
i u	cooperate to prevent indesirable weight to	, monitor, and intervene for oss, weights will be recorded of the resident, any weight		E.		c.	
ļç	nange of greater that	an or less than 5 pounds retaken for confirmation, if				91	

Illinois D	epartment of Public	Health		*	FORM APPROVED	
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	change the physici trends will be asserted trends will be asserted to be asserted	and triggers a significant weight an will be notified, negative used and addressed by the tweight changes are defined an 5% within 30 days, 7.5% or and more or less than 10% uid nutritional supplements if resident calorie intake to stabilize or increase t's physician and resident's party should be notified of any uses.	×			
74	Facility policy titled, undated documents the nutritional statu significant weight of Significant and Insicobservation will be noted significant weight and responsible parecommendations arefer all recommend department for action informed of significant	"Weight Maintenance" in part, the facility to monitor in part, the facility to monitor in a facility to monitor in a facility to monitor in a facility of all residents including all hange, an Evaluation of dious Weight Change completed anytime there is a facility of the case of change notify the physician rity, the Dietitian will make and the director of nursing will dations to the appropriate on and ensure physicians are ant weight fluctuations or a change in the resident's	***			
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