Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING IL6012967 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) § 000 Initial Comments S 000 **Annual Licensure and Certification Final Observations** S9999 Statement of Licensure Violation: 300.610a) 300,1010h) 300.1210b) 300.1210c) 300.1210d)2)3) Section 300,610 Resident Care Policies 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 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant 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 Attachment A of five percent or more within a period of 30 days. Statement of Licensure Violations The facility shall obtain and record the physician's plan of care for the care or treatment of such

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6012967 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY AVANTARA CHICAGO RIDGE CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care 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. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: All treatments and procedures shall be administered as ordered by the physician. 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. These Regulations are not met as evidenced by: Based on observation, interview and record review the facility failed to provide oral nutritional

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: IL6012967 B. WING 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY AVANTARA CHICAGO RIDGE CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **TAG** DATE DEFICIENCY) S9999 Continued From page 2 S9999 supplements, and accurately document monthly weights to identify weight loss triggers. This resulted in a significant weight loss (>5% change over a span of 1 month and >10% change over a span of 6-month period) for 1 (R134) of 6 residents reviewed for nutrition in a sample of 29. Findings include: On 10/25/22 at 1:36pm, surveyor observed R134 eating by himself in his (R134) room. R134 consumed the following items: 1 piece of baked breaded pollock fish, small bowl of broth-based soup, 1 piece of chocolate brownie, 2 glasses of juice. There were no oral nutritional supplements observed on R134's lunch tray. The following items were listed on R134's meal ticket but missing from R134's lunch tray: 1 each Magic Cup, 4 oz. Vanilla Ensure Pudding. On 10/26 22 at 12:15pm, surveyor requested for R134's weight to be obtained based on visual appear R134 appeared to weigh less than documented weight of 155.2 pounds. On 10/26/22 at 12:27pm, surveyor observed V35 (Restorative Certified Nursing Assistant) bring R134 to the 1st floor dining room to be weighed on a digital standing/wheelchair scale. V35 stated that the digital standing/wheelchair scale in the 1st floor dining room is the scaled used to weigh R134 every month, including the weight obtained in the beginning of October 2022. V35 stated that weighing process at the facility is as follows: one of the restorative CNAs first weigh R134's wheelchair alone without R134 sitting in the wheelchair and document this wheelchair weight on a census list. V35 stated that then R134 is put into the wheelchair and weighed on the digital standing/wheelchair scale and that this weight is

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6012967 **B. WING** 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY AVANTARA CHICAGO RIDGE CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY)** S9999 Continued From page 3 S9999 also documented on the census list. V35 stated that the weight of the wheelchair is then subtracted from the total to get an accurate measure of R134's weight. V35 stated that the restorative aides do not keep a list of the resident's wheelchair weights to be re-used for the monthly weights but rather V35 stated that the resident wheelchairs are weighed every month because the restorative staff would not be aware if extra equipment was added to the wheelchair and/or if the wheelchair was changed in some way which could affect the overall accuracy of the weight. Surveyor observed R134 being weighed in his (R134)'s wheelchair and this weight was 173.6 pounds. R134 was then transferred from his (R134)'s wheelchair to a standard chair to sit in while the weight of his (R134)'s empty wheelchair was checked. R134's empty wheelchair was wheeled back onto the scale and the weight of R134's wheelchair was 39.4 pounds. The difference between these two numbers makes the weight of R134 to be 134.2 pounds. On 10/26/22 at 12:50pm, V36 (Certified Nursing Assistant) stated that R134 usually eats for lunch 1 bowl of soup, 2 cups of juice, and the dessert being served. V36 stated that intake of the main meal is highly variable depending on what is being served. V36 stated that R134 does verbalize what he (R134) likes and does not like and will let the staff know if he (R134) doesn't like the food he (R134) received. R134 stated to surveyor, "I like ice cream and I like pudding!" Surveyor observed R134's lunch ticket which listed 8 oz. beef stroganoff, 1 Tsp chopped parsley, 4 oz. buttered egg noodles, 4 oz. buttered green peas, 1 each dinner roll, 1 each margarine, 1 each frosted vellow cake, 8 oz. whole milk, 6 oz. hot coffee or hot tea, 8 oz. ice

Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 10/28/2022 IL6012967 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 4 water, 1 each Magic Cup and 4 oz. Vanilla Ensure Pudding. The following items were missing from R134's lunch tray: 1 each Magic Cup, 4 oz. Vanilla Ensure Pudding. Surveyor asked V36 if there was a Magic Cup on R134's lunch tray and V36 stated, "no." Surveyor asked V36 if there was a Vanilla Ensure Pudding on R134's lunch tray and V36 stated no and that the nurses pass the Ensure Pudding with medication pass. On 10/26/22 at 2:46 pm, V6 (Food Service Manager) stated that the Magic Cup supplements are distributed during meal service with meals if ordered and that the Ensure Puddings are distributed by the Registered Nurse or Licensed Practical Nurse during medication pass. V6 stated that the Magic Cup supplements are in stock. V6 took surveyor to the kitchen freezer and surveyor observed cases of Magic Cup supplements in the kitchen freezer. Surveyor requested copies of R134's meal tickets for breakfast/lunch/dinner on 10/25/22 and 10/26/22. V6 stated that it is the CNAs responsibility to read out loud to the dietary aides serving the food from the satellite kitchen on the 2nd and 3rd floor units all of the items listed on the resident's meal ticket. V6 stated that if the CNAs does not read out loud all of the items on the meal ticket to the dietary aides, then the dietary aides would not know what food to put on a resident's tray and therefore a resident would not receive all of the food items listed on their meal ticket at that meal. On 10/26/22 at 3:05pm, V30 (Registered Dietitian) stated that R134 triggers for a significant weight loss over 6-month span based on 10/01/22 weight of 155.2 pounds compared to 04/06/22 weight of 175.4 pounds. V30 stated that she (V30) completed an assessment on 10/05/22 however R134's 6-month weight loss trigger was

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ **B. WING** 10/28/2022 IL6012967 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 not addressed because R134's monthly October weight was still pending at the time the assessment was completed and that the 10/01/22 weight entered into the electronic medical record (EMR) must have been back dated because it was not available when V30 completed the assessment on 10/05/22. V30 stated that the Registered Dietitians have until the end of the month to address weight change triggers. V30 stated that R134 does not have a big appetite and that his (R134) meal intake is inconsistent. V30 stated that supplements were added to help stabilize R134's weight to prevent continued weight loss. V30 stated that the Magic Cup supplements are distributed by the CNAs during meal service. V30 stated that when a resident has a significant weight loss change the resident's weight is rechecked for accuracy and then the resident's doctor is notified of the weight trigger. V30 stated that she (V30) did not know if R134's doctor was notified about the 6-month weight loss trigger. On 10/27/22 at 10:09am, V36 stated that she (V36) reads the meal ticket to the dietary aides and the dietary aides put the food on the resident's tray. V36 does not remember seeing Magic Cup written on R134's meal ticket and stated R134 has not been receiving Magic Cup. R134 stated that she (V36) thinks R134 tried the supplement once before but didn't like it. V36 does not remember if she (V36) told anyone that R134 did not like the Magic Cup. On 10/27/22 at 10:12am, R134 stated, "I like ice cream and pudding. I'd eat it if they gave it to me." On 10/27/22 at 10:21am, V37 (Restorative Certified Nursing Assistant) stated that all

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: _ **B. WING** 10/28/2022 IL6012967 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG **DEFICIENCY**) S9999 Continued From page 6 S9999 residents are weighed in their wheelchair on the digital standing/wheelchair scale in the 1st floor dining room monthly by the restorative aides. V37 stated this is the only scale used to weigh the residents other than those that require a mechanical lift scale. V37 stated that the wheelchairs are weighed every month for accuracy, and then the residents are weighed in the wheelchair using the same scale. V37 stated that once the two weights are obtained the wheelchair weight is then subtracted to obtain the resident's actual weight. V37 stated the restorative aides document all of the resident's monthly weights on a census report document which is then given to the restorative director who then enters the weights into the EMR. V37 provided surveyor with a copy of the census report used for October weights titled, "Midnight Census Report" dated 09/30/22 which lists R134's weight as 140.8 pounds (wheelchair weight 38.8 pounds, combined weight 179.6 pounds). V37 also provided surveyor with a copy of the census report used for September weights titled, Midnight Census Report" dated 09/01/22 which lists R134's weight as 140.6 pounds. On 10/27/22 at 10:35am, V34 (Restorative Director) stated that she (V34) is responsible for entering the monthly weights provided by the restorative aides into the EMR. V34 stated that she (V34) looks at the previous months weights to see if a resident needs to be reweighed due to a discrepancy or change and would discuss with the Registered Dietitians and Director of Nursing. On 10/27/22 at 10:44am, upon surveyor's request V34 asked R134 if he (R134) would allow staff to recheck his (R134) weight again. R134 agreed to have his (R134) weight rechecked. Surveyor accompanied R134, V37, and V34 to the 1st floor

Illinois Department of Public Health

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: _ IL6012967 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY AVANTARA CHICAGO RIDGE CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Continued From page 7 S9999 dining room wherein surveyor observed R134 get weighed in his (R134)'s wheelchair on the digital standing/wheelchair scale. This weight was read to surveyor as 175 pounds. V37 stated the digital scale always gives the readings in pounds. R134 was then assisted out of his (R134) wheelchair and into a standard chair. R134's empty wheelchair was then weighed and read off to weigh 39.4 pounds. The difference between these two numbers makes the weight of R134 to be 135.6 pounds. On 10/27/22 at 10:47am, surveyor reviewed weight data entered into the EMR on 10/01/22 by V37. V37 confirmed that she (V37) was the one who entered the 155.2 pounds into the EMR on 10/01/22 and that she (V37) received this weight from the restorative aides on the weight census report form. V37 stated that R134 would be referred to the Registered Dietitian due to weight loss that occurred based on R134's weight today of 135.6 pounds. On 10/27/22 at 10:55am, surveyor asked for V37 to show surveyor where V37 obtained the 155.2-pound weight data for R134 which was then entered into the EMR. V37 brought surveyor to the restorative office and showed surveyor a document titled, "Midnight Census Report" dated 09/30/22 which listed R134's weight as 140.8 pounds (wheelchair weight 38.8 pounds, combined weight 179.6 pounds). Surveyor pointed out that the weight entry for September and October 2022 were exactly the same 155.2 pounds. V37 stated that she (V37) may have put 155.2 pounds in EMR on 10/01/22 as an error. On 10/27/22 at 11:01am, V2 (Director of Nursing) stated that the kitchen staff is responsible for reading the meal tickets and putting the food and

Illinois Department of Public Health

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: IL6012967 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY AVANTARA CHICAGO RIDGE CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) S9999 Continued From page 8 S9999 supplements on resident's trays at meals. V2 stated that the potential problem with a resident not receiving an oral supplement as ordered is that the resident could have a weight loss or impaired wound healing. On 10/27/22 at 1:31pm, V41 (Nurse Practitioner) stated that she (V41) was not aware of R134's weight loss trigger (times) x6 months or of any recent weight loss which may have occurred this month for R134. V41 stated she (V41) has not heard anything about R134's eating habits, refusing supplements or weight loss. V41 stated that in the past the Registered Dietitian called her (V41) directly but that she (V41) has not talked to either of the Registered Dietitians in the past few months. V41 stated that her (V41) expectation is that if R134 has an order for oral supplements the staff should be providing these as ordered and V41 would have expected R134 to have gained some weight with the use of supplements. V41 stated if R134 is not receiving supplements and meal intake is variable then R134's oral intake may not be adequate. V41 has not heard of R134 refusing supplements but if R134 was refusing V41 would expect staff to try a different alternative and to notify the Registered Dietitian to adjust interventions. V41 state R134 does have a diagnosis of congestive heart failure (CHF) but does not have any swelling and has been very stable. V41 stated there has been no change in diuretic dosage and does not think weight change is related to CHF. V41 stated that the weight may be related to a weight error. R134 was admitted to the facility on 01/10/19 with diagnoses which included but not limited to chronic diastolic (congestive) heart failure, anemia in chronic disease, hypertensive heart disease, chronic kidney disease stage 3,

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6012967 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY AVANTARA CHICAGO RIDGE CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 9 unspecified dementia, major depressive disorder. age-related cataract left eye, bilateral age-related nuclear cataract. R134's MDS (Minimum Data Set) from 10/11/22 BIMS (Brief Interview for Mental Status) score is 11 indicating moderate cognitive impairment. R134's care plan dated 01/27/22 documents in part, R134 "is at risk for alteration in nutritional status relate to variable/declined PO intakes and dx of CHF," will be free from sign and symptoms of malnutrition, monitor for signs and symptoms of weight loss, obtain weight as ordered, and provide diet and supplements as ordered. R134's care plan dated 10/07/21 documents in part, R134 has the following conditions and risk factors that put him at risk for fluctuating weights -CHF, diuretic use with goal for dry weight to be stable within +/-5% of 159.2# x1 month by next review and interventions to include in part, notify physician of weight changes. R134's Dietary Evaluation dated 10/05/22 completed by V30 (Registered Dietitian) documents in part, that goal is for weight maintenance though wt (weight) fluctuation may be expected r/t (related to) age, diuretic therapy, CHF and based on Mini Nutritional Assessment (MNA) score 8.0 - at risk for malnutrition in view of impaired cognition and mobility with recommendation to continue with current regimen which includes unrestricted diet, Magic Cup BID and Ensure Pudding BID. Weight used to complete this assessment was 155.2 pounds. R134's Nutrition progress note completed by consultant RD dated 10/26/22 at 12:49 documents in part, 20.2-pound weight loss x6

Illinois Department of Public Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | A. BUILDING: | CONSTRUCTION | (X3) DATE COMP | |
|---|---|---|---|----------------|-----------------------------|--------------------------|
| | (L6012967 | | B. WING | | 10/28/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET ADD | RESS, CITY, S | TATE, ZIP CODE | | |
| VANTA | RA CHICAGO RIDGE | , | JTHWEST HI RIDGE, IL 6 | 0415 | At . | |
| (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 CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY) | | N SHOULD BE EAPPROPRIATE | (X5) COMPLETE DATE |
| S9999 | Continued From page 10 | | S9999 | 11. (1-) | | |
| :: | change may be ex age, diuretic theray tolerating ensure p consultant RD doc weight change." Ba | ignificant) and that weight bected r/t (related to) CHF, by, and res (resident) reports udding and magic up. At 21:56 umented, "MD notified of ased on percentage weight loss by, the weight used to complete as 155.2 pounds. | 6 11 | | 340 | |
| | completed by V30 sig (significant) wt likely r/t (related to loss couple with fit to) CHF, diuretic u (weight) at this tim order 6/11 and En 7/10 to aid with ad varied intake at m | ogress note addendum dated 10/27/22 at 10:50 stated (weight) loss x6 mo (month)) hx (history) intentional weight aid fluctuation 2/2 (secondary se. Encouraged to maintain wte, Magic Cup BID added to sure Pudding added to order equate PO intake in view of eals as well as resident se ONS (oral nutrition | | | | 5 |
| | October 2022 prin Ensure Pudding to 1700 hours started two times a day at on 06/11/22 both | ation Administration Record for ted 10/27/22 documents in part vo times a day at 0900 and d on 07/10/22 and Magic Cup t 0900 and 1700 hours stated given on 10/25/22 and 10/26/22 cian Order Sheets documents in | | | | |
| | part, R134 receive one time a day wi | es Torsemide 1-20 mg tablet th a start date of 05/19/21 les in dosage since initiation. | 8 | | | |
| | Facility document Report" dated 09/ R134's weight as | titled, "Midnight Census 30/22 documents in part, 140.8 pounds. | | 15 | to? | 1 - 4 M (B) - 2 P |
| ¥ | Facility document | titled; "Midnight Census 01/22 which listed R134's | | | | |

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 IL6012967 10/28/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **10300 SOUTHWEST HIGHWAY AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 (X4) ID PREFIX **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S9999 Continued From page 11 S9999 weight as 140.6 pounds. Facility policy titled, "Weights" dated 5/19/22 documents in part, that the significant weight changes (monthly 5%), quarterly (7.5%) and every 6 months (10%) will be assessed and addressed by the IDT which includes but not limited to the Dietitian, Physician. Facility policy titled, "Physician Order" dated 07/28/22 documents in part, the facility shall ensure to follow physician orders as it is written in the POS. (B)