STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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
S 000	Initial Comments Facility Reported Incident and Complaint Investigation 2395260/IL161346 2395463/IL161601 2394212/IL160098 2393155/IL158779 2393282/IL158918 2393986/IL159809 2393291/IL158928 2393486/IL159210 2393137/IL158763 2393302/IL158992 2393780/IL159551 2392359/IL157823 2394407/IL160329 2394956/IL160981 Facility Reported Incidents Incident of 3/6/23: IL157809 Incident of 3/12/23: IL157842 Incident of 4/12/23: IL159197 Incident of 4/7/23: IL159590 Incident of 4/13/23: IL159196	S 000		
S9999	Final Observations Statement of Licensure Violations: 1 of 9 300.610a) 300.1210b) 300.1210d)3) Section 300.610 Resident Care Policies	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 1 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. 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.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 2 These requirements are not meet as evidenced: Based on observations, interviews, and record reviews, the facility failed to develop and implement interventions to ensure direct care staff could effectively communicate with residents, whose primary language is not English. This failure affected one resident (R16) out of three residents reviewed for resident rights. This failure resulted in one Spanish speaking resident (R16) experiencing psychosocial harm as evidenced by expression of feeling scared and isolated. Findings include: On 5/30/23 at 2:39pm, R16 was interviewed via a Spanish speaking surveyor. R16 who was assessed to be alert and oriented to person, place and time. R16 was observed lying in bed. R16 stated while crying, "my left leg hurts". R16's right side of the bed was observed to be positioned against the wall and the head of bed positioned against an adjacent wall. R16 stated that staff only turn her on her right side by pushing her left leg causing pain to her left knee. R16 stated that R16 wants to be moved to the bed closest to the door so staff can turn her onto her right side. On 5/30/23 at 2:45pm, the State surveyors informed V19 ADON (Assistant Director of Nursing) R16 wants to be moved to the bed closest to the door. R16 was thankful to the surveyors for listening to R16 and getting her bed moved. On 5/31/23 at 1:30pm, R16 was interviewed via a Spanish speaking surveyor. R16 stated that R16 speaks little English and does not understand	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 when spoken to in English. R16 stated that R16 has had one shower since admission to this facility on 5/4/23. R16 stated that her hair has not been washed x 2 weeks. R16 stated that her whole head is itchy due to hair not being washed. R16 stated that she has all of the supplies in her room to wash hair. R16 stated that she asks for her hair to be washed but staff have not done it. R16 stated that staff do not get her out of bed. R16 stated that it is easier for her to transfer on the right side of bed. R16 stated that she has pain in her left knee when staff turn her to the left. R16 stated that she had been requesting for one week to be moved to the bed closer to the door. R16 stated that there aren't any Spanish speaking clinical staff or residents she can talk to. R16 stays in the room all day every day isolated. R16 stated that R16 is scared to be at this facility because R16 does not know what medications/treatments she is receiving. R16 was thankful to the surveyor for communicating with her in Spanish so she could make her needs known. On 5/31/23 at 2:36pm, V4 (Rehabilitation Director) stated that R16 speaks English fairly well. V4 stated that R16 was asking for a while, at least one week, about switching beds. V4 stated that the nursing staff had a Spanish speaking housekeeper speak with R16. When questioned reason it took State surveyors 5 minutes to understand what R16 wanted and it took staff with housekeeper translating one week to understand what R16 wanted, V4 responded R16 was not asking the question correctly so staff did not understand what she wanted. On 6/1/23 at 3:35pm, V61 (R16's family member) stated that R16 understands a little English. V61 stated that the staff use a housekeeper to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 4	S9999		

translate for R16, which is not appropriate. V61 stated that housekeeping staff do not have any health care training and would not be able to identify any changes in R16's medical condition. V61 stated that R16 does not know what medications she is receiving, because R16 does not understand what the staff are saying.

On 6/2/23 at 10:42am, V2 DON (Director of Nursing) stated that residents whose primary language is not English should have a communication board to utilize during their stay at this facility. V2 stated that this facility does not have a translator/interpreter service. V2 stated that prior to R16's admission to this facility there should have been a communication board in place in her room. V2 stated that this facility does not have an effective communication policy or provide communication training for its staff.

Review of R16's shower documentation, dated 5/4/23 - 5/31/23, notes R16 received a shower on 5/20/23. There is no further documentation that R16 received a shower during this time period.

Review of R16's hospital pre-admission transfer record, dated 5/4/23, notes on the first page R16's spoken language is Spanish.

Review of R16's BIMS (brief interview of mental status) score, dated 5/11/23, notes R16's score is 14 out of 15. R16 is alert and oriented x 3.

Review of this facility's residents' rights policy, revised 11/2018, notes your facility must provide services to keep your physical and mental health, at their highest practical levels. You have the right to complete information about your medical condition and treatment in a language that you can understand.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 5 (B) 2 of 9 300.610a) 300.1210b)4) 300.1210d)4)C) 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. 4) All nursing personnel shall assist and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 6 encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 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: 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:. C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes. These requirements are not meet as evidenced by: Based on observation, interview and record review, the facility failed to follow their dignity policy by not ensuring residents are appropriately dressed. This affected 2 of 3 (R41, R42) reviewed for dignity. This failure resulted in R41's penis being exposed during mealtime, and R42's briefs exposed during mealtime. Using the reasonable person concept R41 would have been humiliated and embarrassed.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 7 Findings Include: A. R41 has a diagnosis of Encephalopathy, Mental disorder and Bipolar disorder. Minimal data set dated 4/2/23 section C (cognitive pattern) documents a five which indicated severe impairment, section G (functional status) documents: R41 required extensive with one person physical assist with dressing. On 6/2/23 at 12:54pm and 1:00pm, R41 was observed sitting in his wheelchair on a white towel, eating lunch in the dining room with his adult brief and jogging pants around his thighs with his penis exposed. R41 was asked why his clothing and adult brief was down, R41 replied, they did not pull them up. On 6/13/23 at 2:09pm, V1 (Administrator) said, a resident should not be in the dining room with their penis exposed, it is a dignity issue. R42 has a diagnosis of Dementia. Minimal data set dated 4/25/23 section C (cognitive patterns) documents a score of nine which indicates moderately impaired. Section G (functional status) dated 5/1/23 documents R42 required supervision with dressing with set up assist. R42 has self-care deficits Interventions: Performs dressing/grooming task without physical assist; cues and/or supervision as needed. On 6/2/23 at 12:56pm, R42 was observed sitting with his pants and belt around his mid thighs exposing his adult brief. R42 said, he did not know why his pants were not pulled up. On 6/13/23 at 2:09pm, V1 (Administrator) said, resident should not be in the dining room with their adult brief exposed, it is a dignity issue.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 8 Dignity Policy dated 1/21 documents: Each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect and individuality. (B) 3 of 9 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)3) 300.1210d)6) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 9 applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 10 resident's medical record. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements are not meet as evidenced by: A. Based on observation, interview, and record review, the facility failed to prevent potential fire hazard conditions in the kitchen when the kitchen's flat top grill remained uncleaned resulting in buildup grease and had exposed wiring within the appliance, the facility failed to develop and implement an effective maintenance plan to ensure the equipment in the kitchen remains in a proper working condition. As a result, the facility failed immediately to identify and address a gas leak from the kitchen's cooking appliances and to eliminate the threat of carbon monoxide poisoning This has a potential to affect all residents residing within the facility. B. Based on interview and record review, the facility failed to develop fall interventions for one resident with the diagnosis of syncope. This affected 1 of 3 residents (R23) reviewed for fall prevention interventions. This failure resulted in R23 having a fall sustaining a subdural hematoma. The facility also failed to monitor/supervise residents in the dining room to prevent verbal/physical resident to resident altercations. This affected seven of seven residents (R1-R7) reviewed for supervision. This failure resulted in a verbal resident to resident altercation escalating to a physical altercation and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 11 R1 slipping during the altercation sustained a hip fracture. Findings Include: A. On 7/6/23 at 11:00AM, V86 (Firefighter) came to the library to notify the survey team of the condition of the appliances in the kitchen and that there was a smell of gas. V86 reported the flat top grill was covered in old, black, grease and paneling in the front of the grill was broken off with wires exposed and knobs missing on both the stove and flat top grill. V86 said having the grill and the stove in that condition is a fire hazard because the grease and wires exposed can catch fire and with the gas leak there could be an explosion. V86 stated something like that puts the whole building at risk. V86 said V88 (Firefighter) tested the gas lines in the kitchen and found 2 separate leaks on separate appliances. V86 reported the gas company found the same gas leaks the fire department did so they shut the gas off and told them they could not use it until it was repaired. On 7/6/23 at 11:53AM, the flat top grill was observed to have exposed wiring, exposed pilot igniter covered in a black grease like substance, broken knobs tin foiled used for a gas control knob, and a broken and cracked face plate. The double door oven was observed to be dirty with a black grease substance, exposed wire from the underneath next to the igniter and tin foil used on the oven door handles. The flat top grill was not being used but was on to have gas travel through the pipes to the other appliances. On 7/6/23 at 2:41PM, V16 (Dietary Manager) reported the wires (on the gas grilled top) were exposed and it was past the point of fixing so it just needed to be disposed. V16 said the flat top grill was also not clean. V16 stated staff has not	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 12 been using the flat top grill but needs to turn it on for the gas to light on the other two stoves. V16 denied having a cleaning schedule for the appliances before this incident. V16 denied being aware of the last time the appliances were cleaned. V16 said this is just the way the appliances were being used when V16 got here so we just kept using it that way. V16 stated the flat top grill has not been working for about 1 to 2 months, and maintenance has known that it was broken, but they haven't taken it out of the kitchen yet. V16 stated, maintenance has not had time to break it down. V16 reported the wires were exposed and it was past the point of fixing so it just needed to be disposed. V16 stated the fire department said there was a gas leak in the kitchen, so the gas company came out and said the facility had to shut the gas off until it was fixed. On 7/7/23 at 10:25AM, V88 (Firefighter) stated being on an ambulance call when V86 reported smelling gas in the kitchen. V88 stated two gas leaks were found in the kitchen: One on each different appliance. V88 said that the gas line next to the flat top grill and then the stove was also leaking at the control valves, so the gas company was dispatched to verify the findings. V88 stated the gas company found the same issues so the main gas line was shut down. V88 reported the reading was 4500 ppm and a normal range should be zero. V88 endorsed the gas leaks present a hazard risk because if enough gas accumulates it can trigger an explosion. V88 reported the flat top grill isn't being used because it was in a fire a couple months ago when the fire department was there, and a small gas leak was found at that time. V88 endorsed the facility informed the fire department that they would be fixing it and would be on top of it immediately.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 13 On 7/7/23 at 12:55PM, V15 (Maintenance) stated V86 said the flat top grill wasn't in working condition and that they found a gas leak. V15 reported removing the flat top grill from the kitchen yesterday and fixing the gas leaks with sealant. V15 confirmed the fire department said there was a gas leak on a couple different appliances, so the gas company came out and checked and found the same leaks. V15 said the fire department was called out here back in April for that flat top and there was gas leaking where the knobs were at, and it caught fire. V15 stated the flat top grill has just been giving the facility too many problems lately. V15 stated it wouldn't light with the igniters on the grill, so they had to use one of them long lighters, and when staff uses a lighter, the grill went up in flames a little bit. V15 stated, "It was like a big whoosh and then the fire went out." V15 said the facility still called the fire department to investigate, and they just told V15 to not turn it on and to get it fixed. V15 reported the flat top grill wasn't being used, but they did have to turn it on because gas goes through that stove to get to the others (cooking appliances) because they are on the same gas line. V15 stated, the life safety (surveyor) was at the facility around the first of the year and the same problems with a gas leak on one of them (appliances) with some exposed wires was noted. V15 confirmed smelling gas in the kitchen. V15 stated, "any time you smell it you should test for it." V15 reported there was a lot of grease on the appliances. V15 said having the appliances in that condition is dangerous, because not only does it put everyone at risk in the kitchen who is working; it also puts the residents at risk if there was a big enough fire. On 7/7/23 at 3:43pm, V1 (Administrator) stated	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 14	S9999		

V86 smelled gas so V86 called some more firefighters, and they found a gas leak. V1 reported the gas company then came out and said that we had a gas leak as well, and they shut down the gas line. V1 said V15 fixed the gas line by unhooking the one line and giving every appliance their own gas line. V1 stated the kitchen (staff) should have notified maintenance about the repairs that need to be done. V1 said V15 should have disposed of the flat top grill if it was not in working condition, and it should've been done the same day that it was brought to their attention. V1 stated, V1 wasn't notified of the gas leak until maintenance told me that the gas company was on their way. V1 said a gas leak is dangerous because it can cause fire.

B. R23 was admitted to the facility on 4/5/23 with a diagnosis of syncope and collapse.

R23's fall risk assessment dated 4/5/23 documents R23 as a high risk for falls.

R23's fall plan of care dated 4/6/23 documents: Be sure call light is within reach and encourage the resident to use the call light as needed; anticipate and meet individual needs of the resident; complete fall risk review per facility protocol.

Facility reportable dated 4/7/23 documents: R23 was standing in front of the nursing station waiting for the elevator when he suddenly fell back onto the floor and hit his head. The nurse immediately assessed R23 and no injuries were noted. Order obtained to transport
R23 to local hospital via 911. R23 returned to the facility with diagnosis of subdural hematoma.

R23's hospital record dated 4/7/23 documents

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 15	S9999		

under diagnosis: traumatic subdural hematoma with loss of consciousness. Under head CT: acute left parietal subdural hematoma measuring 7mm in maximal thickness. Heterogeneous subdural hematoma with areas of hyper density noted underlying the right frontoparietal convexity measuring 6mm in maximal thickness. Findings compatible subacute or acute on chronic subdural hematoma.

On 6/1/23 at 2:52PM, V5(Restorative Nurse) said R23 fell backwards when waiting by the elevator. V5 said the root cause of the fall was caused by a syncope episode and wheelchair a was provided. V5 said she was not aware of R23's diagnosis of syncope prior to the fall and if she would have known of the diagnosis, she would have had R23 utilize a wheelchair for safety prior to the fall.

On 6/8/23 11:05AM, V39(MDS) and V40 (MDS) said they did not generate a baseline care plan and that it is developed upon admission assessment from the nurse. V39 and V40 said they did not see any interventions related to R23's syncope until after the fall.

Fall prevention program dated 2/28/22: It is policy of this facility to have a fall prevention program to assure the safety of all residents in the facility. The program will include measures which determine the individual needs of each resident by assessing the risk for falls and implementation of appropriate interventions to provide necessary supervision and assistive device are utilized as necessary.

R1 is a 65 year old with the following diagnosis: heart failure, osteoporosis, cerebral vascular accident, presence of right artificial hip, and fracture of the right femur. R1 admitted to the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 16 facility on 10/10/17. R2 is an 88 year old with the following diagnosis: dementia and bipolar disorder. R2 admitted to the facility on 8/10/17. On 6/6/23 at 11:01AM V5 (Restorative Nurse) stated, in the fall report it says R1 slipped on water. R1 didn't see it and slipped on it. It says no witnesses in the fall report so I have to guess no one was in the dining room when it happened. R1 was unsteady but able to ambulate independently. R1 had a slight limp to one side. Locomotion off unit would be R1 walking to and from floors. We usually say supervision for everyone with that so we can keep an eye on them. R1 ended up with a fracture to the left hip. I educated staff on cleaning up spills even if you aren't housekeeping. Anything wet can be a fall hazard even for people who don't have issues walking. No one saw R1 fall besides other residents that I know. There should always be someone in the dining room supervising people. On 6/6/23 at 12:29PM, V32 (Former Nurse) stated I was on break when a CNA came to tell me that R1 fell. I was told they got into an argument about something and R2 threw a cup of water at R1. I guess R1 went to go back after R2 and slipped and fell in the water that was all over the floor. I asked the CNA what happened and she said she didn't see it either. R1 was making faces like R1 was in pain so we sent R1 out to the hospital. When I called later to check on R1, they said R1 had a broken hip. R1 wasn't a fall risk. I think it was just because of the water on the floor and we weren't in there to redirect R1 from going through it. No one must have been in the dining room if they didn't see it happen. Yes, we should have people in there when they are eating but	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 17 that didn't always happen. On 6/7/23 at 1:57PM, V36 (CNA) stated there were no staff in the dining room. I was the first in there when I heard the screaming. There was maybe four or five other residents in there. We don't have any set designated person to watch them. We just keep an eye on them as we're walking by. We might get called down the hall to something. I need to go on break so there might not be enough people to watch at all times. We don't really have any system to monitor them when they are in the dining room. We don't really know who's responsibility is. Like I said, we just watch them when we can. I heard screaming. I was by the nurse's station. I came in and I saw R1 on the floor. R2 said R1 was trying to rearrange the seats and then somehow water ended up being thrown at each other and R1 was on the floor. I didn't see any staff in there to witness what happened. I was the first one down there again. We don't have any special plan that we use for before they have an outburst. We do not have any security. If someone was in there, watching them, they might have been able to step in before R1 slipped and fell. On 6/16/23 at 2:03PM, V74 (Medical Director) stated there are a lot of psych patients there and their behaviors need to be managed. The facility needs to identify the patient with behaviors to help control them more. They should be working with a psych doctor to better manage the behaviors. I can't see how R1 fell or remember anything about the situation, but anyone can slip on the water. Even you and I, slipping on the water doesn't matter what your fall risk level is so being monitored could've potentially stop this fall. On 6/20/23 at 12:49PM, V1 (Administrator) stated	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 18	S9999		

R2 was cleaning the tables and one of them was eating and wasn't done. They were both in the dining room. They some how ended up spilling water on each other. I think they were pulling on the tray and the water spilled. I guess R1 fell after slipping on the water. R1 was sent to the hospital and had a femur fracture. I don't remember this situation between R2 and R3. Saying the N-word to someone else would be derogatory and considered verbal abuse. This happened in the dining room again. R4 was talking loud to himself which can be disturbing for others around R4. I know R4 and R5 ended up getting in an argument then R5 hit R4. This also happened on the third floor in the dining room. I think R7 was talking to herself responding to stimuli and R6 went up and staring hitting R6. R7 started hitting R6 back and staff separated them. I had to have a meeting with staff saying that someone needs to be present in there at all times. If they have to pass a room tray or answer a call light, they need to change out with someone. We have a lot of psych behaviors in this facility so we need people monitoring the residents at all times in the common areas.

A General note dated 3/4/23 documents the nurse was made aware R1 fell in the dining room. The nurse reported to the scene of the fall and observed R1 sitting in the chair pointing to the left leg. The doctor was called in order to send R1 out to the hospital based off x-ray results.

A Behavior note dated 3/4/23 documents R2 had an altercation with R1. R2 reported telling R1 that if R1 moved the table again R2 would throw water on R1. R2 did end up throwing water on to R1. The residents were separated and educated on proper behavior.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 19	S9999		

An Event note dated 3/5/23 documents staff was notified that R2 displayed physical aggressive behavior towards R1. Both were separated immediately. R2 was counseled on behavior and educated on the policies of the facility.

The Hospital Records dated 3/4/23 documents R1 admitted to the emergency department for a fall with a left leg injury. The left leg is noted to be rotated and shorter. R1 is unable to answer in clear sentences, due to advanced dementia and history of a stroke. Left hip and left femur x-rays were ordered and show a comminuted fracture of the left hip. R1 was admitted to the floor due to the fracture and surgery was consulted.

The Facility Reported Incident dated 3/6/23 documents R1 was ambulating past R2. The liquids in R1's cup from the dinner tray spilled over onto R2. R2 threw the contents of R2's cup towards R1. R1 then turned to walk towards R2 and slipped and fell onto the floor. R1 was immediately assessed by the nurse. The x-ray results revealed R1 had a femur fracture. R1 was sent to the hospital for further evaluation. R1 was admitted to the hospital with a diagnosis of a femur fracture.

The Fall Report dated 3/7/23 documents the nurse was made aware that R1 fell in the dining room. The nurse reported to the scene of the fall and observed R1 sitting in a chair pointing to the left leg. R1 was unable to give a description. R1 was sent to the hospital. No injuries are observed. There were no staff witnesses of the fall.

The Care Plan dated 10/18/17 documents R1 is at risk for falls due to periods of confusion, history of falls, decreased strength, and possible side

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 20	S9999		

effects of medications taken. R1 has a diagnosis of dementia, CHF, arthritis, and seizures. An intervention documented for this care plan is to ensure the floor is free of glare, liquids, and foreign objects.

R6 is a 59 year old with the following diagnosis: traumatic brain injury and schizophrenia. R6 admitted to the facility on 12/12/18.

R7 is a 58 year old with the following diagnosis: paranoid schizophrenic, psychotic disorder with delusions, and cerebral infarction. R7 admitted to the facility on 12/8/21.

R32 is a 52 year old with the following diagnosis: type 2 diabetes and paranoid schizophrenia.

On 5/31/23 at 12:16PM, R7 reported sitting in the dining room on the day of the altercation when R6 rolled over to R7 in a wheelchair and began punching R7. R7 stated R6 hit R7 in the head twice then R7 started punching back. R7 endorsed knocking R6 out of the wheelchair and began wrestling on the ground. R7 reported they kept trying to punch each other and R6 was pulling R7's hair. R7 denied any staff members being in the dining room when the fight occurred. R7 endorsed they fought for 2-3 minutes before facility staff came to break them up. R7 denied staff ever staying in the dining room to monitor residents.

On 5/31/23 at 12:52PM, R6 admitted to getting in a physical altercation with R7. R6 also admitted to hitting R7 first because R6 thought R7 called R6 a racial slur. R6 stated that R6 hit R7 in the head with R6's fist and continued hitting R7 when R7 began hitting back. R6 denied remembering if any staff were in the dining room monitoring the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 21 residents. R6 was unable to state how long the fight went on for before staff intervened. R6 On 5/31/23 at 1:49PM, R32 was asked if R32 was witness to the altercation between R6 and R7 and R7 reported "yes". R32 endorsed R7 has a habit of yelling out and R6 thought R7 was yelling at R6 so R6 hit R7 in the face with a closed fist. R32 stated that R7 then began to "throw punches" back at R6 hitting R6 all over the face and body. R32 endorsed the two residents then fell to the ground and began wrestling while continuing to punch each other. R32 reported calling out for staff to break up the fight. R32 stated that about 10 residents were in the dining room waiting for dinner when the fight happened. R32 denied any staff in the dining room with them when the fight occurred. R32 endorsed staff responded about 1-2 minutes after the fight started and immediately separated R6 and R7. A General note dated 3/12/23 documents R6 was very agitated and had an altercation with another resident in the dining room. The doctor was notified and ordered to send R6 out to the hospital for a psych evaluation. An Event note dated 3/12/23 documents staff made social services aware that R6 was presenting physical aggression by punching appear in the face with a close fist due to delusional ideation. R6 thought R7 was talking to him, but R7 was presenting with auditory hallucination. The Hospital Records dated 3/13/23 document R6 presented to the hospital for a psych evaluation. Per the nursing home petition, R6 was aggressive and hit another resident. R6 was admitted for decompensated schizophrenia.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 22 R3 is a 57 year old with the following diagnosis: bipolar disorder and paranoid schizophrenia. R3 admitted to the facility on 12/2/21 and discharged on 6/17/23. On 6/1/23 at 12:08PM, R3 stated that R2 was throwing food out the window so R3 reminded R2 to keep food inside. R3 endorsed R2 became upset at R3 for telling R2 what to do. R3 reported R2 began to yell at R3 and called R3 the N-word. R3 stated everyone started yelling after that so R3 was not able to remember exactly what was said but knows R2 called R3 the N-word. R3 reported staff then came into the dining room and removed R2. R3 denied any staff being present in the dining room at the time R2 said the N-word. On 6/1/23 at 12:28PM, R2 was not able to remember the incident with R3 but did remember they had a disagreement. R2 denied any staff being in the dining room and reported "staff are never in there when we are." R2 admitted to saying the "N-word" but "not where other people can hear it." When it was brought to R2's attention that R3 heard R2 call R3 the N-word. R2 did not want to speak any more on that incident. An Event note dated 4/13/23 documents R3 received verbal aggression from a peer. Both residents were separated immediately. R3 was encouraged to utilize coping skills. The Facility Reported Incident dated 4/19/23 documents R3 received verbal aggression from R2 in the first floor dining hall. R3 observed R2 sliding food out of the window. R3 verbalized to R2 to not do this. R2 stated to R3 to "mind, your ni**er business." Both residents were separated immediately and counseled on appropriate	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 23 behavior. On 6/6/23 at 10:16AM, V3 (Asst Social Service Director) stated there should always be a staff member in the dining hall if residents are in there especially if they have behaviors. This just helps us better monitor them. We don't really have a system. We just take turn doing rounds in there. R4 is a 63 year old with the following diagnosis: major depressive disorder. R4 admitted to the facility on 2/14/23. R5 is a 71 year old with the following diagnosis: schizophrenia and dementia. R5 admitted to the facility on 2/10/22. On 5/31/23 at 12:45PM, R5 denied remembering having a physical altercation with any other residents. On 5/31/23 at 1:01PM, R4 reported R5 came up to R4 while they were in the dining room and began punching R4 with closed fists all over R4's body. R4 endorsed no staff was in the dining room and "just waited for him to stop hitting me." R4 stated that R4 then went to tell staff what occurred. On 6/6/23 at 11:20AM, V29 (PRSC) stated I believe they (R4 and R5) were in the dining room and whatever happened they were separated. That would be resident to resident physical abuse because R5 was hitting R4 with R5's hands. I don't remember that incident again. I know they were getting ready for dinner and some residents were in the dining room but I was told no staff. R32 had to call out for staff. There are supposed to be a staff in the dining room monitoring residents at meal times. Staff was on the floor but	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 24 maybe bringing people to the dining room. An Event note dated 4/12/23 documents it was reported to staff that R4 received physical aggression from another resident (R5). An Event note dated 4/12/23 documents R5 presented with aggression towards another resident. R5 was counseled on presenting social and verbal appropriate behavior. The Facility Reported Incident dated 4/12/23 documents R4 was in the dining room on this day waiting for breakfast to arrive. R4 started to respond to internal stimuli and yelled out due to auditory hallucinations. This upset R5. When R5 asked R4 to lower R4's tone, R4 then begin to yell at R5. R5 responded by hitting R4 with an open hand. The policy titled, "Fall Prevention Program," dated 2/28/22 documents, "Policy: It is the policy of the facility to have a fall prevention program to ensure the safety of all residents in the facility when possible ...3. Safety interventions will be implemented for each resident identified at risk using a standard protocol ... STANDARD FALL/SAFETY PRECAUTIONS FOR ALL RESIDENTS: ... 6. The resident's environment will be kept clear of clutter, which would affect ambulation and remove hazards." The policy titled, "Supervision and Safety," dated 03/2015 documents, "Policy: Our policy strives to make the environment as free from hazards as possible. Resident safety and supervision are facility wide priorities. 1. Our facility-oriented approach to safety addresses for groups of residents such as wanders, behaviors, aggressiveness, confusion, etc ... 4. Resident	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 25 supervision is a core component to resident safety." (A) 4 of 9 300.610a) 300.690a) 300.690b) 300.690c) 300.1010h) 300.1210b) 300.1210d)2) 300.1210d)3) 300.3240a) 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 300.690 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident affecting a resident shall also be	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 26 recorded in the progress notes or nurse's notes of that resident. b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. Section 300.1010 Medical Care Policies h) 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 of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 27 of notification. 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. 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not meet as evidenced by:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 28 A. Based on interview and record review, the facility neglected to notify the in-house dialysis and nephrologist that a new resident was admitted, failed and neglected to assess the resident after an acute change in condition, neglected to notify the physician of an acute change in condition of a resident experiencing shortness of breath, and neglected to round on a resident every two hours per protocol for one (R50) out of three reviewed for change in condition in a total sample of 56. This failure caused R50 to have an acute change of condition and subsequently expire. Findings Include: R50 is a 64 year old with the following diagnosis: end stage renal disease, dementia, and congestive heart failure. R50 was admitted on 6/2/23 and expired in the facility on 6/5/23. There is one set of vital signs documented for R50's entire stay on 6/3/23 at 6:34 AM. A Nursing note dated 6/4/23 documents R50 had difficulty breathing. The nurse checked the vital signs and they were within normal limits. The oxygen level was 93%. R50 had bronchi and some wheezes noted in the lung sounds. The nurse elevated the head of the bed and the breathing improved. The oxygen level increased to 97%. A Nursing note dated 6/5/23 at 1:21 AM documents R50 was talking but sounded upset. R50 would not tell the nurse what was wrong. R50 was sitting up in bed. R50 answered being fine. R50's breathing sounded congested but R50 refused to be suction. R50 was assisted to lie back with head part elevated and covered with a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 29	S9999		

blanket to keep warm. The door was left open so the nurse (V56) could hear R50 if help was needed.

A Nursing note dated 6/5/23 at 7AM documents R50 was changed by the CNA at 5:45 AM. R50 was verbally responsive. Around 6:45 AM, the morning nurse (V20) noted R50 unresponsive. R50's arms were cold and clammy. The second nurse (V56) went to assess R50. Vital signs were checked, but none were appreciated. CPR was not attempted since it was a presumptive death.

The Police Report dated 6/5/23 documents the police were called at 5:15 PM and arrived on scene at 5:51 PM. The family member of R50 wanted documentation due to R50 dying and there were reports of a verbal argument between R50 and R21 the previous night. V1 reported the CNA last checked on R50 around 5:45 AM on 6/5/23. The day nurse began the shift at 6:30 AM and checked on R50 around 6:45 AM where R50 was found unresponsive. V1 reported there was a verbal altercation between R50 and R21 the night of 6/4/23. R21 complained to staff that R50 was talking to himself loudly making it difficult for R21 to sleep. R21 reported telling R50 to shut up but at no point did they ever make physical contact. Due to nursing staff, not following proper protocol, the police department, fire department, and the on-call detective were not notified of R50's passing for nearly 12 hours.

On 6/8/23 at 1:42PM, V75 (Family Member) stated I got a phone call at 2 PM from someone at the facility. They told me that R50 had died. I did have a call from a blocked number at about 9 AM. The voicemail said that R50 had gotten into an argument with R21, and they last checked on him around 5:30 AM and R50 was fine. The

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 30	S9999		

morning nurse went in there around 6:45am and found R50 unresponsive and tried to resuscitate R50 but couldn't revive R50. They said anything about R50 having a hard time breathing.

On 6/8/23 at 2:00PM, R21 was R50's roommate. R21 stated that R50 was screaming and yelling almost all night. R21 reported that R50 was coughing to the point where R50 was almost choking. R21 endorsed the nurse (V56) came in 1 time and told R50 to sit up and drink some water. R21 stated that R50 never got better and continued to scream, "I can't breathe. Help me." R21 denied any staff coming to help R50 while R50 was screaming. R21 endorsed telling R50 to "shut up" after R50 continued to yell. R21 was not able to give a timeframe on how long R50 was yelling before the yelling stopped because R21 fell asleep. R21 stated waking up around 5-6AM because "a bunch of people were in the room talking about how he was dead." R21 endorsed R50 was begging for someone to come help and no one ever came back.

On 6/9/23 at 10:16AM, V22 (CNA) stated when I was coming around the corner, the night nurse (V56) was coming down the hall in a panic saying R50 was dead. The night nurse said that the CNA (V79) changed R50 around 5:45AM and was talking with R50 fine. I think it was an agency CNA but I didn't see her that morning.

On 6/9/23 at 10:50AM, V20 (Nurse) stated I came in about 6:30 or 6:45 that morning. I was going around doing my morning rounds and I called R50's name and R50 didn't respond. I started to do a sternal rub and to pinch R50 and R50 was still unresponsive. I called the night nurse (V56) down there and she came to take some vital signs. There were no vital signs. R50's chest was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 31 not moving and R50's pupils were dilated and fixed. Since it was both nurses, we presumed R50 dead. The night nurse said R50 was having some trouble breathing and had some secretions in R50's throat, but R50 refused to be suctioned and did not want oxygen. Usually when someone has a lot of sputum you will call the doctor and send them to the hospital. They cannot breathe. We round on residents every two hours to make sure they are OK or see if they need anything. R50 had end-stage renal failure. Those residents you want to check every shift for vital signs, check the catheter site, and check for edema or fluid overload. If someone is having edema, that means they are holding onto the fluid or if they are having trouble breathing. On 6/9/23 at 12:01PM, V47 (Detective) stated R21 was alert and told me that R50 was screaming all night. R21 said that R50 was saying R50 couldn't breathe and that R50 needed help. On 6/9/23 at 12:07PM, V2 (DON) stated if R50 was having any trouble breathing, then a doctor should've been called. If they put in orders that should've been completed but if those didn't help, they should've just been sent out to the hospital. When someone is having a change of condition, I expect staff to do a full assessment, so they can have more information on what is going on with the resident. An assessment should always be completed when there's a change of condition. If a resident was refusing oxygen or suctioning, then I would just call 911 to get them out to the hospital where they can do more for them. I know R50 was a dialysis resident so they should've been monitoring R50 for a fluid overload. That happens when you have too much fluid in your body and it backs up into your lungs so you basically drown.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 32 On 6/9/23 at 3:51PM, V13 (Nurse) stated R50 was coughing and spitting up secretions. R50 just kept spitting them out. I adjusted the head of R50's bed so it was more elevated. The first time I checked him it was 93% and then after R50 raised the head of the bed, it came up to 97%. I passed medications in the morning and R50 wasn't really coughing but when I saw R50 in the afternoon, R50 was coughing a lot. I did not listen to R50 with my stethoscope. I was too busy to listen to R50. I told the next nurse just to monitor R50 because R50 was having a lot of coughing with secretions. I never called the doctor. Yes, this would be considered a change in condition because, R50 was having more secretions and R50's oxygen level was lower. I didn't think to call the doctor at that time. I just passed it on to the next nurse. On 6/13/23 at 11:08AM, V56 (Nurse) stated it was right before 7 AM when V20 came to get me to tell me that R50 was unresponsive. The CNA (V79) told me that V79 changed R50 around 5:45AM, and R50 was talking fine. I checked on R50 at 1 AM. R50 was talking in an angry voice, so I thought R50 was crying. I went to R50's room and R50 told me R50 was fine. I asked if R50 was congested and R50 said no R50 was fine. I didn't hear anything else from R50 that night. R50 sounded congested. When I went to check on R50 at the time (1AM), I could hear R50 congested when R50 talked. I didn't listen to R50 with my stethoscope. It was at the nurse's station so I couldn't listen to R50. I could hear R50 was congested in R50's throat. I elevated the head of R50's bed. I tried to suction R50, but R50 refused. I did not take any vital signs. That was my first time seeing him at 1 AM. It just sounded like R50 had stuff in R50's chest and in R50's	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 33	S9999		

throat. The nurse before me said R50 was congested and coughing a lot. R50 did not have any orders. We normally do rounds every two hours. The last time I checked on R50 was at 1 in the morning. I didn't check on R50 after that because I was busy. I think the CNA was checking on R50. When I talked to V79, V79 said V79 checked on R50 at 5:45. I didn't see V79 go in the room. I didn't call the doctor about R50 sounding congested. R50 was new, so I wasn't really sure if that's how R50 normally was. It didn't seem that serious to me. I did hear R50 talking still during the night. I don't know who R50 was talking to and I don't know what R50 was saying. You call the doctor anytime there's a major change in a resident. I don't know why I didn't call the doctor. I was just very busy.

On 6/15/23 at 12:06PM, V66 (Nurse) stated the nurse before me actually admitted R50. I did get R50's medication ordered, but that was the only thing. I didn't order dialysis at that time because that was the only important thing to order because of the time of night it was. I know R50 was getting dialysis. Those residents you have to watch for fluid overload. Fluid overload would be a resident having trouble breathing or needing oxygen when they didn't before. Dialysis isn't there on the weekend, so if any residents are having problems with breathing because their fluid overloaded then you just send them out to the hospital for an extra treatment. I didn't call the doctor for an order for dialysis. I was only able to put in the medication at that time.

On 6/15/23 at 2:16PM, V30 (Dialysis Administrator) stated when the facility is looking over the paperwork and see that they need dialysis, they will send over the referral information to our department. The facility give us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 34 an estimated date of arrival and they will let us know when the resident is actually admitted to the facility. The floor nurse will call us if we are here. Otherwise, we get an email from someone in the facility. For dialysis residents, you want to monitor for signs and symptoms of fluid overload, the vital signs, any infections to their access site. Signs of fluid overload would be trouble breathing, swelling anywhere, decreased oxygen saturations, and diminished lung sounds. If a resident is experiencing something like this, the only treatment really for them would be to get dialysis. A doctor should be immediately notified. The breathing treatment and suctioning is not something that would help a resident having respiratory distress if they are getting dialysis. The fluid needs to be removed from buildup in the blood. If they don't send them out 911 at the very least, the physician should be notified that the resident is having changes in the respiratory status. If they're having trouble breathing, then 911 should be called immediately. I have no notification that R50 actually arrived to the facility. On 6/15/23 at 3:20PM, V69 (Nephrologist) stated I am notified of a new resident in the building by the company contracted for dialysis. I was never notified that R50 was in the facility or that R50 was coming. We never do an extra treatment for a new admission, if anything was off, he would need to be sent to the hospital. Dialysis patients can have very serious situations occur pretty quickly. The most prominent is fluid buildup in the lungs. Since I didn't get a notification that the resident was in the facility, I would expect the nurse to notify the Medical Director or primary physician. These residents can go into respiratory distress fairly quickly and need urgent dialysis. If a resident is unstable, you should default and just call 911. This resident has no IV and dialysis	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 35 cannot be done in the facility. Oxygen would only be a temporary fix. Suctioning would not help a resident in fluid overload because it would never get the fluid off that needs to come off in certain areas. A physician should be notified immediately that this is going on. If R50's not at the level to be sent out to the hospital yet; then staff need to be keeping a closer eye on R50 to make sure things don't become worse. On 6/15/23 at 3:47PM, V46 (Nurse) stated R50 was admitted around 7 PM, but at that time we had no Internet. I couldn't complete the admission on the computer. I don't remember anything about dialysis or R50 needing extra dialysis. The admitting nurse will also check the paperwork from the hospital to make sure that all the orders are in place. When the system is working, we normally call the doctor and let them know that they are here and on dialysis. They will put in all the orders regarding dialysis. For those type of residents, you just want to make sure that you were doing assessments for fluid overload. I didn't tell the dialysis company that they were here. If someone is having a change in the respiratory status, you should listen to the lungs and see if they are congested. You should also do their vital signs and notify the doctor. For a dialysis resident any respiratory distress can mean that they have extra fluid in their body. Usually for cases like that they get sent out to the hospital for evaluation and extra dialysis. If you have extra fluid in your body, it usually backs up into your lungs causing you not to be able to breathe better. On 6/16/23 at 1:40PM, V19 (ADON) stated the nurse will either do the admission or pass it onto the next shift depending on what time the patient comes. Also, the DON and ADON will make sure	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 36	S9999		

everything is completed the next time later in the facility. When we are not here, it is just the nurses responsibility to get the orders. If dialysis is in the building, then the nurse will call down to let dialysis know. The nurse will also review the paperwork from the hospital to make sure the orders are correct. If a resident is having any type of change in condition, then the nurse practitioner or physician must be notified. They should call as soon as it is noticed. They either need to get orders for some type of treatment or to be sent out if there's any type of change then they should always call to see what should be done. They should also do another assessment if there's a change. They should check the vital signs, check their mental status, check for pain, and check the area of the complaint. If it is specifically for respiratory distress or shortness of breath, then the head of the bed should be elevated and the oxygen level should be checked. The doctor should immediately be called for a situation like this. If their doctor gave orders and there's no relief, the doctor should be called back or 911 should be called if they get worse. Rounds are done every two hours. This let's us check on the residents to see how they are doing and if they need anything. If a resident is having a change of condition, they need to round every two hours just to make sure it hasn't changed. Dialysis residents can have fluid overload because they cannot urinate. They cannot get the fluid out of their body. This can cause respiratory distress. If there is too much, then they cannot breathe and need a dialysis treatment or to be sent to the hospital.

.

On 6/20/23 at 12:49PM, V1 (Administrator) stated the Internet went down around 2:30PM that Friday and didn't come back until 1AM on Saturday. The nurses were trying to do all the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 37	S9999		

admissions on their phones. I was asking if anything happened over night and no one could give me an answer that would make me think R50 was going to die. If something crazy happens with a resident where they need attention right away I would expect them to call 911. If it is something they can manage then they should call the doctor first. If they aren't breathing right or they need immediate interventions then 911 should be called immediately. Dialysis gets notified before they get here so they can also approve the patient and have everything set up when they arrive. The order for dialysis should have been put in once R50 arrived. I know the Internet was down so it should have been put up once everything was up and running. I talked with the nurses that admitted R50 and both were kind of blaming each other for all the orders not being put in. Myself, the DON, or our marketer will notify the dialysis center through email when they are arriving. When they arrive to the facility an email is sent when they get here so they can get things set up. I know they knew R50 was coming that day but since the Internet was down I don't know if something got lost in translation. I don't know if they were notified when R50 was actually admitted. The admitting nurse is responsible for going through the paperwork and making sure all the orders from the hospital are carried over and going through them with the doctor.

This surveyor attempted to call V79 (Agency CNA) for an interview but a call was never returned during this survey.

The Hospital Records dated 6/2/23 document R50 was admitted on 5/24/23 for failure to thrive in an adult. R50 attends hemodialysis on Monday, Wednesday, and Friday. The plan is to continue dialysis 3 times a week with a 1.5 L fluid

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 38	S9999		

restriction upon discharge. R50 received a full hemodialysis on 6/1/23. On 6/2/23, R50 received a half session of dialysis due to not being able to complete the entire session. R50 had a 0.8 L removed on this day.

The Death Certificate dated 6/5/23 documents the cause of death as end-stage renal disease.

The Admission/Readmission Screen are dated 6/3/23 documents R50 admitted to the facility on 6/2/23 at 7 PM. R50 was admitted from the hospital. Vital signs were taken and within normal limits. R50 is alert and oriented to person and place. R50 has a regular respiratory rate with no cough. Breath sounds on the left side are clear and on the right side has a slight rhonchi. R50 is able to clear the rhombic. R50 has a dialysis schedule of Monday, Wednesday Friday with a dialysis port to the left upper chest.

Emails between the in-house dialysis and the facility were submitted for review. An email on 6/2/23 at 10:36AM from the in-house dialysis to the facility documents the in-house dialysis was asking for confirmation that R50 was being admitted to the facility that day. The facility replied to this email at 10:37AM confirming R50 is scheduled to arrive on 6/2/23. This is no more email confirmation letting the in-house dialysis what time R50 arrived. There is no email communication on 6/5/23. An email on 6/7/23 at 3:44PM from the in-house dialysis to the facility documents the in-house dialysis asked if the facility was still expecting R50. This confirms the in-house dialysis had no knowledge R50 was admitted to the facility. The facility replied to this email at 10:41PM letting in-house dialysis know R50 expired.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 39 The Physician Order Summary documents a renal diet order was placed on 6/3/23. There are also orders for 11 medications placed on 6/3/23 and 6/4/23. There is no documentation of a dialysis order or anything pertaining to dialysis. The policy tilted, "Dialysis Care," dated 1/1/21 documents, "Purpose: To adequately assess residents needs and provide care goals which achieve the highest practicable level of care to residents with end stage renal disease receiving hemodialysis or peritoneal dialysis. Procedure: 1. Arrangements should be made prior to admission for acquisition and storage of supplies, location and type of dialysis and room accommodations." The policy titled, "Supervision and Safety," dated 03/2015 documents, " ... 10. Staff to make visual rounds on residents minimally every 2 hours and more often if necessary based on resident's assessment needs. The policy titled, "Change in Resident's Condition," dated 2/1/22 documents, "General: It is the policy of the facility, except in a medical emergency, to alert the resident, resident's physician/NP, and resident's responsible party of a change in condition. Responsible Party: RN, LPN, Social Services. Policy: 1. Nursing will notify the resident's physician or nurse practitioner when: a. The resident is involved in an accident or incident. b. There is a significant change in the resident's physical, mental, or emotional status ... e. It is deemed necessary or appropriate in the best interest of the resident. 2. Appropriate assessment and documentation will be completed based on the resident's change in condition or indication ... 4. The communication with the resident and their responsible party as well as the physician/NP will be documented in	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 40 the resident's medical record or other appropriate documents." B. Based on interview and record review, the facility failed to notify the Regional Office via phone call of an unexpected death of a resident for one (R50) resident out of three reviewed for accident/incident reporting in a total sample of 56. Findings Include: R50 is a 64 year old with the following diagnosis: end stage renal disease, dementia, and congestive heart failure. R50 was admitted on 6/2/23 and expired in the facility on 6/5/23. A Nursing note dated 6/5/23 at 7AM documents R50 was changed by the CNA at 5:45 AM. R50 was verbally responsive. Around 6:45 AM, the morning nurse (V20) noted R50 unresponsive. R50's arms were cold and clammy. The second nurse (V56) went to assess R50. Vital signs were checked, but none were appreciated. CPR was not attempted since it was a presumptive death. The power of attorney was called. The administrator, DON, and nurse practitioner were also called to inform of the R50's demise. Postmortem care was completed. A General note dated 6/5/23 documents Administrator met with R50's family regarding R50's passing. The family set up funeral home arrangements. The family asked that local police be notified of R50's passing. Local police were contacted at this time and deemed no concerns. The Police Report dated 6/5/23 documents the police were called at 5:15 PM and arrived on scene at 5:51 PM. The family member of R50 wanted documentation due to R50 dying and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 41 there were reports of a verbal argument between R50 and R21 (R50's roommate) the previous night. Due to nursing staff, not following proper protocol, the police department, fire department, and the on-call detective were not notified of R50's passing for nearly 12 hours. A doctor was not contacted to pronounce R50 in an official time of death could not be determined. On 6/9/23 at 12:07PM, V2 (DON) stated I know V1 (Administrator) handles all the reportables. Something like this should have definitely been brought to IDPH's attention. There should have been some type of report sent over stating what happened. No one was expecting R50 to die. On 6/20/23 at 12:49PM, V1 stated that R50's family got to the facility and set up the funeral home arrangements and asked if the police were called. We told the family no because they didn't need to be. The family then called them. I didn't do an incident report or call IDPH. It was a presumed death, so I didn't have to do a report or call. I have never called IDPH to notify them of something that happened here. Normally, I would be responsible for doing incident reports. We didn't expect R50 to die but anything can happen. I still didn't send an incident report to IDPH after the police were called. It's not something I thought needed to be reported. (AA) 5 of 9 300.510e) 300.610a) 300.661 Section 300.510 Administrator	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 42 e) The licensee and the administrator shall be familiar with this Part. They shall be responsible for seeing that the applicable regulations are met in the facility and that employees are familiar with those regulations according to the level of their responsibilities. 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 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code. These requirements are not meet as evidenced by: Based on interview and record review, the facility failed to follow its abuse policy and thoroughly review an employee application documenting history of conviction of a crime and child abuse. The facility hired the employee and failed to report with known knowledge of action from the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 43 courts to the State Agency. This affected 1 of 60 staff reviewed for background checks. This system failure has the capacity to affect all residents (214) residing in the facility. Findings include: On 5/31/23 at 10:42 AM, V1 (Administrator) said V27 is currently on hold as an employee and said she received an anonymous call saying V27 is a murderer. V1 said the caller accused the facility does not do background checks. V1 said V27's employee background checks were done and V27 had no disqualifiers noted. V1 said V27 took the CNA class and was ready to become certified however, V1 is unaware of V27 taking the CNA exam. V1 interviewed V27 and was told V27 went to jail for murder in TN. V1 said the employee's daughter is still alive. V1 said V27 is trying to get the conviction expunged from her record. V1 said V27 presented a letter saying the expungement is in process. V1 said the facility is requesting court documents and lawyer paperwork. V1 said V27 has not produced paperwork. V1 said V27's files are sealed, and this may be keeping the documents delayed. V1 said Human Resources Personnel are responsible for reviewing the employee application. V1 said she was not aware of V27's felony conviction. V1 said the facility received an anonymous call and caller told V1 they hired a convict. On 5/31/23 at 12:48 PM, V8 (Human Resources Personnel/ Assistant Administrator) said she is responsible for reviewing employee applications. V8 said she did not notice the wrongful conviction in the employment application. V8 said she did a background check and found the employee was ok to work per employee background checks. When V8 did the background check they came	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 44	S9999		

back as eligible, and she looked no further. V8 said she did not see the felony conviction documented in the employee application. V8 said she would have shown corporate office and they would have done extensive background checks. V8 said if she saw the felony conviction, she would have not hired the employee. V8 said she made the error of scanning margins for "no" responses and missed the detailed writing stating the felony conviction. V8 said employee started Feb 7th through Apr 10th (date of anonymous call received). V8 said employee applied on 1-30-23. V8 said employee was a Resident Assistant (RA) throughout her employment. V8 said she was unsure if V8 was able to work at the facility and was asking the surveyor to clear V27 to return to work.

On 6/7/23 at 9:01 AM, V1 (Administrator) said V27 applied on 1-30-23, background checks were done on 1-30-23 and started 2-7-23 working as Resident Assistant . V1 said after 30 days, V27 is eligible for CNA training class. V1 said CNA training classes are done in Joliet. V1 said V27 was in CNA classes 3-6-23 to 4-17-23. V1 said CNA class is for 2 months. V1 said V27 started as CNA on 4-5-23. V1 said employee can work as a CNA for 120 days, license pending to sit for exam. V1 said she was not aware of R27's child abuse conviction upon hiring. V1 said if known V27 had a conviction, V27 would have not been hired. V1 said employee does not work here. V1 said facility asked for further documents in regard to expungement and V27 did not provide documentation for over 30 days.

2On 6/7/23 at 10:17 AM, V8 (Human Resources Personnel/ Assistant Administrator) said V27 applied 1-30-23, background checks done on 1-30-23, biometric fingerprint on 1-30-23,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 45 orientation and started working on 2-7-23 (as RA). V8 said V27 started working as CNA on 4-5-23. V8 said she is unsure of date of phone call received. V8 said V27 was fired due to not providing documentation 30 days after phone call and no documents provided. V27's Legalaid paper is not clear about V27's conviction expungement. V8 told V27 she had 30 days to provide more documents and V27 has not done so. On 6/12/23 at 10:29 AM, V27 said she started work in February 2023. V27 said she reviewed her conviction with Human Resources and Scheduler upon hire. V27 said she was removed from the schedule on 4/10/23 and she has not been terminated. V27 said she was not called by anyone at the facility or given a written notice for termination. V27 said she was removed for the schedule after a phone call that reported V27 killed her daughter by V1 (Administrator). V27 said she was placed on hold pending submitting paperwork regarding the conviction. V27 said she was told once everything clears, V27 would be given back pay for the days she was off the schedule. V27 said she was called about the paperwork related to her conviction the day IDPH surveyors walked in the building. V27's Court Record (dated 9-6-18) documents: Petitioner, (V27), was indicted by the Hardeman County Grand Jury for one count of attempted first degree murder. Petitioner pleaded guilty to the amended charge of attempted second degree murder and received a sentence as a Range I offender of eight years in the Tennessee Department of Correction. V27's Employee File does not show any documentation of termination nor any	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 46 documentation of reporting conviction to the State Agency. V1's Timeline (no date) does not document any notification of conviction to State Agency. Application For Employment (dated 1-30-23) documents: Have you ever been convicted of a crime? Yes. If yes, explain: wrongful conviction pending lawsuit. Have you ever been convicted of, or do you have a prior employment history of child or resident abuse, or mistreatment? Yes, If yes explain: wrongful conviction pending lawsuit. 17. Were you ever convicted of a felony or released from prison after a felony during the year before you were hired? If yes, enter date of conviction: 9-18-15 and date of release: 2-10-21. Was this a federal: No or a State conviction: TN. Abuse Prevention Program Facility Policy and Procedure (reviewed 1-18) documents: This facility will not knowingly employ any staff convicted of any of the crimes listed in the Illinois Healthcare Worker Background Check Act (unless waivered under the provision of the Act) or with findings of abuse, neglect, exploitation, mistreatment, or misappropriation of resident property listed on the Illinois Health Care Worker Registry. (B) 6 of 9 300.1010h) 300.1210b) 300.1210d)2) 300.1210d)3) 300.1210d)5)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 47 Section 300.1010 Medical Care Policies h) 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 of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 48 made by nursing staff and recorded in the resident's medical record. 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. These requirements are not meet as evidenced by: Based on interview and record review, the facility failed to follow their wound prevention policies and procedures to include not providing physician ordered wound treatments, not developing interventions to prevent the development and/or wounds worsening, and not conducting assessments to identify residents with new wounds and obtaining treatment. This affected 2 of 5 residents (R24, R25) reviewed for wound prevention protocols. These failures resulted in R24 developing a non-stageable wound, and stage 3 to the right elbow. R25 developed a sacral wound with 10% necrotic tissue, coccyx wound 6.5x6.0x0.8 with undermining, and a peri wound with macerated skin with scattered partial and full thickness wounds with purulent draining. Findings include: 1. R24' s admission skin assessment dated 3/31/23 documents skin intact.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 49 R24's Braden scale dated 3/31/23 documents: moderate risk for wounds. R24's skin alteration dated 4/13/23 documents: nonstageable pressure sore measuring 5.0x2.7x0 CM(centimeter), scant drainage. R24's skin alteration dated 4/23/23 documents: stage 3 pressure sore right elbow measuring 3.5x1.5x0.1CM, scant drainage. On 6/14/23 at 10:03AM, V63 (Wound NP) said poor nutrition would aid in development of wounds. Wounds can develop within a day if there is poor nutrition or intake. This could have attributed to wound development for R24. R24's nutritional risk review dated 4/3/23 documents: pureed diet and thick liquid diet, also bolus feeding if he eats less than 60% of tray. R24's point of care charting for April for amount eaten documents: 97- not applicable on 4/2/23 and 4/3/23 at 0900 and 1300. On 4/5/23 document 3 which indicates 76-100% eaten at 0900 and 1300; on 4/11/23 documents a score of 1 which indicates 26-50% at 0900 and a score of 2 which indicates 51- 75% at 1300; on 4/12/23 at 1800 a score of 1 which indicates 26-50%; on 4/13/23 at 0900 and 1300 documents 98 which indicates refused. All other dates and times are not completed and blank. R24's medical record does not document any bolus feedings were given to R24 until after 4/20/23. 2. R25 was admitted to the facility on 12/8/22 with a diagnosis of rheumatoid arthritis, abnormalities of gait, lack of coordination, pressure ulcer of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 50 sacral region unspecified stage, ankylosing spondylitis, scleritis with corneal involvement, severe protein caloric malnutrition. R25's physician order dated 5/12/23 documents: sacrum cleanse with normal sterile saline. Pat dry and apply calcium alginate to wound bed and cover with a dry dressing daily. There were no documented treatment changes after 5/12/23. R25's treatment record for May 2023 does not document any new treatment orders after 5/12/23. Dated 5/12/23 documents: cleanse with normal sterile saline and apply calcium alginate and cover with dry dressing. R25's wound care note dated 5/15/23 documents: Sacrum measures 5.4x3.3x 0.6cm with 10 % necrotic tissue. Deteriorated in amount of necrotic tissue. No other active wounds. Under plan: change to honey and calcium alginate and dry dressing daily and as needed. On 6/14/23 at 10:03AM, V63 (Wound NP) said R25's order was changed because the wound developed some necrotic tissue. Medihoney was added to help debride the wound. If Medihoney was not applied, the wound can get worse. V63 said she verbally sends a report of wound dressing recommendations and changes. V63 said she would expect her orders to be followed. R25 hospital record dated 5/18/23 documents - coccyx 6.5x6x0.8cm with undermining noted from 6- 10 o'clock. Periwound noted with macerated skin with scattered partial and full thickness wounds. Purulent drainage noted. R25's care plan dated 12/9/23 documents: administer wound treatments per MD orders.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 51 (B) 7 of 9 300.610a) 300.1010h) 300.1210b) 300.1210d)2) 300.1210d)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. 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 h) 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 of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 52 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. 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. These requirements are not meet as evidenced by: Based on observation, interview and record review the facility failed to follow their weight management protocols by not following physician ordered weekly weights, obtaining admission weights and preventing unplanned significant weight loss. This affected two of six (R24, R25) all reviewed for weights. This failure resulted in	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 53 R25 sustaining a severe unplanned weight loss of 17% in 6 months and R24 sustaining an unplanned weight loss of 3.8% in just 19 days. Finding include: 1. R24 was admitted to the facility on 3/31/23 with a diagnosis of dysphagia, vitamin D, hypertension, constipation, and gastro-esophageal reflux disease. R24's point of care charting for April for amount eaten documents: 97- not applicable on 4/2/23 and 4/3/23 at 0900 and 1300. On 4/5/23 document 3 which indicates 76-100% eaten at 0900 and 1300; on 4/11/23 documents a score of 1 which indicates 26-50% at 0900 and a score of 2 which indicates 51- 75% at 1300; on 4/12/23 at 1800 a score of 1 which indicates 26-50%; on 4/13/23 at 0900 and 1300 documents 98 which indicates refused. All other dates and times are not completed and blank. R24's minimum data set dated 4/10/23 documents under nutrition proportion of total calories received through feeding documents 25% or less. Under eating documents one person assist. R24's progress note dated 3/31/23 documents: puree diet and feeding through j-tube. R24's diet order dated 4/4/23 documents: pureed texture. There were no prior diet orders. R24's physician order under enteral feed dated 4/20/23 documents: enteral feed osmolyte 1.5 @70 CC/HR x 20 hours. There was no documentation of any prior feeding orders. R24's physician order document dated 4/4/23	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 54 weekly weight times 4 then monthly. R24's admitting weight dated 3/31/23 document 180 pounds. R24 has only one documented weight for April dated 4/18/23 which documents weight of 173.6 pounds. R24's nutritional risk review dated 4/3/23 documents: puree diet and thick liquid diet, also bolus feeding if he eats less than 60% of tray. R24's skin alteration dated 4/13/23 documents: nonstageable pressure sore measuring 5.0x2.7x0CM, scant drainage. R24's skin alteration dated 4/23/23 documents: stage 3 pressure sore measuring 3.5x1.5x0.1CM, scant drainage. On 6/13/23 at 4:08PM, V19 (ADON) said R24 was admitted with pureed diet and if he didn't eat at least 60 % of meal staff would inform the nurse to give bolius feedings; but, he did not require bolus feedings because he was eating ok. R24 had a change on 4/20 and put in new order for continuous feeding. CNAs are responsible for informing the nurse if he didn't eat. V19 was shown point of care documentation and asked to provide any documentation that bolus feedings were provided; but, was unable to find that any bolus feedings were provided to R24. On 6/1/23 at 1:00pm. V5(Restorative) said weights should be done on admission and then weekly x4. On 6/9/23 at 11:58AM, V73 (dietician) said she was unaware of any prior feeding orders for R24	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 55 prior to an assessment on 4/20/23. On 6/14/23 at 10:03AM, V63 (Wound NP) said poor nutrition would aid in development of wounds. Wounds can develop within a day if there are poor nutrition or intake. This could have attributed to the wound development of R24. Nutritional monitoring policy dated 3/20 documents: it is the policy of the nursing department to monitor the residents nutritional intake at each meal and to record the average percent consumed. Under purpose to maintain a record of nutritional consumption to detect potential nutritional problems. Ensure staff awareness of resident diet order. 2. R25 was admitted to the facility on 12/8/22 with a diagnosis of rheumatoid arthritis, abnormalities of gait, lack of coordination, pressure ulcer of sacral region unspecified stage, ankylosing spondylitis, scleritis with corneal involvement, severe protein caloric malnutrition. R25's admitting packet documents weight on 11/16/22 of 102.8 pounds. R25 first documented weight on 1/4/23 documents 80.4 pounds R25 weights dated 5/10/23- 85 pounds. R25's minimum data set dated 5/9/23 documents under eating one person assist. R25's nutritional risk dated 12/9/22 does not document any current weight. Documents fed by staff. R25's point of care charting for amount eaten for	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 56 May 2023 documents: no amount eaten for evening for all of May. No documented food eaten on 5/9/23, 5/12/23, 5/14/23 ad 5/16/23. On 6/1/23 at 1:00pm. V5(Restorative) said weights should be done on admission and then weekly x4. Nutritional monitoring policy dated 3/20 documents: it is the policy of then nursing department to monitor the residents nutritional intake at each meal and to record the average percent consumed. Under purpose to maintain a record of nutritional consumption to detect potential nutritional problems. Ensure staff awareness of resident diet order. (B) 8 of 9 300.610a) 300.1010h) 300.1210b) 300.1210d)1) 300.1210d)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. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 57 and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) 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 of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. 3) Objective observations of changes in a resident's condition, including mental and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 58	S9999		

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 requirements are not meet as evidenced by:

Based on observations, interviews, and record reviews, the facility failed to follow its pain management policy by not having tramadol 50 mg available for administration as prescribed. This affected one resident (R16) out of three residents reviewed for pain management. This failure resulted in R16 being observed crying in pain on 5/30/23. R16 stated R16 has chronic left knee pain, and the pain was 10 out of 10.

Findings Include:

On 5/30/23 at 2:39pm, R16 who was assessed to be alert and oriented to person, place and time stated while crying, my left leg hurts. My pain level is a 10 out of 10. I didn't get my pain medication it was not ordered.

On 5/30/23 at 2:40pm, V13 (Nurse) stated that R16 was admitted to this facility on 5/4/23. V13 stated that R16's pain medication has not been ordered. V13 stated that V13 needed to call the doctor.

On 5/31/23 at 2:36pm, V4 (Rehabilitation Director) stated that R16 has arthritis in both knees and history of left knee surgery. V4 stated that R16 complains of pain throughout her therapy sessions and needs to keep being re-directed to stay on task with therapy. When questioned for the reason therapy was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 59	S9999		

stopped and the nurse notified so the nurse could assess R16's pain level and administer pain medication? V4 stated that the therapist assesses the resident's pain level before starting the session. V4 stated that staff are informed of therapy times so the resident can receive pain medication prior to therapy. This surveyor informed V4 that this facility did not order R16's pain medication until 5/30/23 and R16 was without pain medication since 5/4/23. V4 did not respond.

On 5/31/23 at 3:06pm, V18 (Doctor of Pharmacy) stated that R16's tramadol (pain medication) order was filled today. The facility did not print out and manually fax the order for controlled medication prior to today. Once the medication is entered into the computer system, the facility can take the medication out of the emergency kit or have it delivered urgently.

On 6/14/23 at 8:25am, V41 NP (Nurse Practitioner) stated that the nurse should be checking the resident's chart for any new orders placed. V41 stated that she expects the nurse to carry out all orders written. V41 was informed that R16 was admitted on 5/4 with an order for tramadol and this medication was not ordered until 5/31. V41 stated that staff know that they can ask her for medication orders, and she would have ordered the tramadol for R16.

R16's PT (Physical Therapy) daily progress notes, dated 5/12/23-5/30/23, were reviewed. There is no documentation found noting R16's pain was assessed prior to, during, or after each therapy session.

R16's OT (Occupational Therapy) daily progress notes, dated 5/15/23-5/30/23, were reviewed. On

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 60 5/15/23, R16's pain was assessed to be 4-7 out of 10. There is no documentation found noting R16's pain was assessed prior to, during, or after each subsequent therapy session. Review of R16's POS (physician order sheet) dated 5/4/2023, notes an order for tramadol 50mg (milligrams), take one tablet by mouth every six hours as needed for mild pain. Review of R16's MAR (medication administration record), dated May 2023, documents: tramadol was not signed out or administered to R16. Review of R16's new prescription summary, dated 5/31/23, documents: R16 has an order for one hundred and twenty tablets, thirty day supply with five refills of tramadol 50mg tablets. Review of this facility's pain management program, dated 11/2021, documents: to establish a program which can effectively manage pain in order to adverse physiologic and physiologic effects of unrelieved pain and to develop an optimal pain management plan to enhance healing and promote physiological and psychological wellness. (B) 9 of 9 300.610a) 300.1210b) 300.1210d)2) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 61 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. 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 are not meet as evidenced by: Based on interview and record review, the facility failed to notify the physician of abnormal lab levels. This affected 1 of 3 (R26) residents reviewed for laboratory results and notification of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 62 abnormal labs. This failure resulted in R26 having an incident of a seizure requiring hospitalization and treatment. Findings include: R26 was admitted to facility on 2/15/23 with a diagnosis of other psychological development, vitamin D, traumatic brain injury, epilepsy and bipolar disorder. R26's physician orders dated 2/16/23 documents: Phenytoin Sodium Extended Capsule (Dilantin) 100 MG. Give 1 capsule by mouth two times a day for seizures. R26's Laboratory results dated 3/10/23 documents: Phenytoin level (Dilantin) 4.3 low. Reference ranges 10.0-20.0. R26's medical record or physician orders do not document any changes or notification of results for 3/10/23. On 6/15/23 at 12:20PM, V67(MD) said he is unable to recall if he was notified of R26's Dilantin levels. V67 said he would expect to be notified of any abnormal laboratory results and would put in recommendations or changes based on results. V67 said if Dilantin levels are low, he would consult with neurology and/or adjust the dose of the medication. If Dilantin levels are low, it can increase the risk for seizures. R26's progress note dated 4/10/23 documents: Nurse was notified that resident was noted on the floor in a lying down position with seizure. Resident alert and responsive. Body assessment done, no injuries or bleeding noted. Resident was assisted back to bed. Vital signs checked and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001697	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHICAGO RIDGE SNF	10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415

(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 63 stable. MD made aware and received an order to send her to hospital for evaluation. R26 hospital record dated 4/10/23 documents: Patient presented from a nursing home due to breakthrough seizure. The patient Dilantin level was low. She was loaded with antiepileptics and admitted because she had another breakthrough seizure while in the emergency department. Patient was admitted for further management and evaluation of her breakthrough seizures which are likely due to inadequate dosing and missed medication doses. Dilantin level documented at 4.6. Facility policy reviewed 2/1/22 titled change in condition documents: It is the policy of the facility to alert the resident, physician/ nurse practitioner and resident party of a change in condition. Nursing will notify the residents physician when: there is a significant change in the resident's physical, mental or emotional well-being. The communication with the resident and their responsible party as well as the physician will be documented in the resident's medical record or other appropriate documents. Facility policy dated 5/14 titled Laboratory test processing and reporting documents: To assure physician ordered diagnostic test is performed and to assure test results are promptly reported to the physician. A licensed nurse is responsible for monitoring the receipt of test results; test results are promptly reported to the physician or other practitioner who ordered them. (A)	S9999		