

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/10/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  ATRIUM HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626
---	--

(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  Annual Licensure and Certification Survey  2381469/IL156684	S 000		
S9999	Final Observations  Statement of Licensure Violations  (Violation 1 of 2)  300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. 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	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 1</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/10/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  ATRIUM HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626
---	--

(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	<p>Continued From page 2</p> <p>indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to monitor, supervise, and assist one resident (R109) with history of multiple falls with injuries resulting in left arm fracture, acute nasal fracture, and acute intracranial hemorrhage with a hematoma; the facility also failed to provide 2-person assistance during bedside care for 1 resident (R129) who required total assist. This failure resulted in R109 falling off the bed during bedside care. These failures apply to 2 out of 4 residents (R109 and R129) from a total sample of 30 residents reviewed for accidents and supervision. R109 was hospitalized and treated for injuries.</p> <p>Findings include:</p> <p>1. R109 was 65 years old, initially admitted on 02/10/2017. R109's medical diagnoses include pain in joint, history of falling, physical fracture of lower end of ulna, left arm and fracture of nasal bones. R109's Brief Interview for Mental Status (BIMS) scored dated 11/24/2022 was 12, indicating moderate cognitive impairment.</p> <p>On 03/07/2023 at 11:15 AM. R109 was seen inside her room. R109 was alert and verbal speaking in Spanish. When asked if she fell (pointing to the floor), R109 said, "Si." When asked if she went to the hospital because of the fall, R109 said, "Si." V11 (Licensed Practical Nurse/LPN) said that R109 speaks Spanish but understand English. R109 was seen walking up and about without any assistance and supervision</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 3 from the staff.</p> <p>Per R109's Fall Care Plan R109 has had multiple falls with injuries. The Care Plan "At risk for falls related to use of Antidepressant medications" indicates R109 has potential for falls due to possible adverse reactions of the medications.</p> <p>R109's falls includes the following dates:            09/12/2018 without injury            06/25/2021 with injury. R109's notes reads that R109 sustained right knee skin abrasion            11/01/2021 with injury. R109's notes reads that R109 sustained left eye wound with staples            05/19/2022 with injury. R109's notes read that R109 sustained left arm fracture            06/29/2022 complaint of pain with no injury            12/28/2022 with major injury. R109's notes read that R109 sustained Acute nasal fracture and Acute right anterior Parafalcine Subdural Hematoma.</p> <p>On 03/09/2023 at 02:35 PM. V2 (Director of Nursing) said R109 was scheduled for a colonoscopy, and R109 had to drink a solution to clean out her bowels. So, she (R109) lost a lot of fluids related to the increased bowel movements, which made her (R109) become dizzy. That is why she (R109) fell. R109 sustained a broken nose bridge when she fell on 12/28/2022; she went to the hospital and was admitted for fracture on her nose. R109 also has another fall prior to 12/28/2022 where she got an arm fracture. V2 stated, "I think R109's gait is steady, so she walks independently. It happened early in the morning around 6AM. In my investigation, R109 fell because of the bowel prep. Of course, staff need to know that R109 needs monitoring due to taking the bowel prep."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6003834	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  03/10/2023
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  ATRIUM HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WEST ESTES AVENUE CHICAGO, IL 60626
---	--

(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	<p>Continued From page 4</p> <p>On 03/09/2023 at 03:18 PM. R109 was not observed in her room. No staff were observed at the Nurse's Station. After few minutes R109 was seen coming out of the restroom by herself and went directly to bed. A few minutes later, V18 (Registered Nurse) arrived at the Nurse's Station. V18 said, "Yes, R109 is my resident and she walks independently. R109's gait is sometimes steady and sometimes not steady." Surveyor requested V18 to come with surveyor to observe R109 walk in her room with stand by assist to see if R109's gait is steady. Upon entering the room, R109 was on her bed lying on her left side. R109 was found grimacing with pain and rubbing the right side of her hips. V18 then requested for R109 to walk, but R109 repeatedly said in Spanish "Dolor." V18 then said, "I am not fluent in Spanish, but I think R109 is telling me that she refused to walk and is saying pain. I don't think she can walk right now. If you can wait, I will find staff who speaks Spanish and talk to R109 again." V19 (Housekeeper) was in the hallway and was asked if she is fluent in speaking Spanish to interpret R109's statements. V19 agreed and spoke to R109 in Spanish. V19 said, "R109 said that she fell inside the bathroom, and that R109 has pain due to the fall. R109 said that she went to the toilet to pee but was not able to because she fell. R109 tried to hold onto or grab on something to hold but was not able to and fell." V18 was asked if R109 is being assisted when transferring from bed and getting up. V18 said, "R109 is not being assisted but she is independent when transferring or only supervision." V18 was asked also about R109's mobility in bed and asked if staff are helping R109. V18 said, "No she (R109) is independent. Or again we just supervise her (R109)."</p> <p>On 03/09/23 at 03:50 PM. V2 (Director of</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 5</p> <p>Nursing) said, "No one told me that anything happened with R109." V2 was informed about the incident and said, "Staff must be aware of R109's ability to transfer. It depends on the nurse working, but I agree they should know the residents' ability to perform ADLs (Activities of Daily Living). I think R109 needs to be assessed by a therapist to determine her ability to perform her ADLs."</p> <p>R109's functional status assessment dated 11/24/2022 reads that R109 needs assistance with bed mobility and transfers, and supervision when walking. Functional limitation in Range of Motion (ROM) reads that R109's lower extremities are impaired on both sides.</p> <p>On 03/10/23 at 10:26 AM. V14 (Restorative Coordinator) said, "I code R109 for supervision because if I code any higher than that she needs equipment. Yes, R109 has impairment of both lower extremities because of left arm fractures, pain and the joint. That, that based on the assessment, placed resident at risk of injury."</p> <p>R109's MDS (Minimum Data Set) dated 11/24/2022 under Section G (Functional Abilities and Goal) during admission reads that R109 was assessed to need supervision or assistance (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) on rolling left and right, sit to lying, lying to sitting on side of the bed, sit to stand, transfers, toilet transfer. And Setup or clean-up assistance (helper assists only prior to following the activity) on walking 10, 50 and 150 feet.</p> <p>R109's Care Plan on ADLs (Activity of Daily Living) shows: Range of Motion in part reads:</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

**ATRIUM HEALTH CARE CENTER** **1425 WEST ESTES AVENUE**  
**CHICAGO, IL 60626**

(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	<p>Continued From page 6</p> <p>R109 demonstrates the following areas of deficit secondary to diagnosis of joint pain, impaired functional strength.</p> <p>R109's Care Plan of Falls under interventions do not show a review after each fall to determine effectiveness of interventions.</p> <p>R109's CT (Computerized Tomography) dated 12/28/2022 in part reads:</p> <p>CT of the head finds R109 sustained an acute intracranial hemorrhage with a parafalcine hematoma.</p> <p>CT of the facial bones finds R109 sustained fracture through the nasal spine and the nasal bone with surrounding soft tissue edematous changes.</p> <p>R109's notes by V21 (Licensed Practical Nurse) dated 12/28/2022, read in part that R109 fell in the hallway. During assessment R109 blood was coming out of R109's nose and mouth.</p> <p>R109's notes by V11 (Registered Nurse) dated 12/29/2022, read in part that V11 received a report from the hospital that R109's admitting diagnosis was intracranial bleeding.</p> <p>R109's hospital records dated 5/20/2022 read in part: R109's diagnosis includes closed fracture of distal end of left radius. R109's notes dated 05/19/2022 by V22 (Licensed Practical Nurse), read in part that R109 fell and verbalized pain on his wrist. R109's notes dated 05/20/2022 by V23 (Licensed Practical Nurse), read in part that R109 came back in the facility with fracture on her left arm.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 7</p> <p>On 03/10/2023 at 03:09 PM. V15 (Medical Doctor) said, "R109 has a fainting problem that may cause R109 to fall. But staff allows her to walk by herself. R109 even goes to smoke on the outdoor area of the facility by herself. I think R109 needs a therapy assessment if nursing staff said that her (R109) gait is sometimes unsteady. Parafalcine is a bleeding of tissue in the brain. I have to review the CT scan result to remember. If it (CT) does mention acute intracranial bleeding, then it is bleeding in the brain. It may have been small bleed."</p> <p>Facility Policy Regarding Residents Falls not dated, reads in part: This facility is committed to minimizing resident falls, to maximize each resident's physical, mental and psychosocial well-being. All resident falls will be assessed, and the resident's existing plan of care will be evaluated for needed changes. The resident plan of care shall be updated if additional care interventions are necessary.</p> <p>2. On 03/08/23 at 01:13 PM, R129 stated he (R129) fell while being turned in bed by one Certified Nursing Assistant /CNA (V17) back in October 2022.</p> <p>On 03/09/2023 at 12:46, V2 (Director of Nursing) stated R129 fell when V17 was trying to change him (R129). V2 stated only one person was assisting to change R129 when he (R129) fell. When R129 is repositioned in bed, he (R129) requires at least 2 people. V2 stated, "According to his MDS, he (R129) is a total assist and is required to have at least two people reposition him. There was no injury when he (R129) fell. But he (R129) was sent out. V17 was the CNA changing R129 when he fell on October 11th,</p>	S9999		
-------	--	-------	--	--



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 8</p> <p>2022. When R129 went out to the hospital, the CT or X-ray did not show any injury."</p> <p>On 03/09/2023 at 01:05 PM, V14 (Restorative Coordinator) stated, "We do passive range of motion on R129, if he (R129) allows us to. His (R129) bed mobility status is total assist. That means it takes two people to reposition him (R129) because he (R129) is unable to help. He (R129) refuses to get out of bed. Anytime he (R129) needs to be changed, there absolutely has to be two people to change him (R129)."</p> <p>On 03/09/2023 at 3:55 PM, V17 (Certified Nursing Assistant) stated that R129 fell when he (V17) was changing him (R129). V17 stated, "R129 soiled the whole bed. So, I (V17) was holding him (R129) up with one hand and trying to clean him (R129) up. All of a sudden, he (R129) slid down. I received an inservice from V2 (Director of Nursing) that R129 requires 2 people when changing him."</p> <p>R129's MDS Section C, Cognitive Patterns (02/10/2023) documents in part: BIMS score is 15. This means R129 is cognitively intact.</p> <p>R129's MDS Section G, Functional Status (02/10/2023) documents in part: Bed Mobility: Self Performance is scored at a 4, Support is scored at a 3. A score of 4 under self-performance means, total dependence; Full staff performance every time during entire 7-day period. A Support score of 3 means, two or more-person physical assist.</p> <p>Facility's fall risk policy documents in part: During the MDS review process, all residents shall be assessed for the potential for falls. For residents who have been identified at risk for falls upon</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 9</p> <p>admission, the interdisciplinary plan of care shall include interventions to prevent injuries and accidents from fall.</p> <p>(A)</p> <p>(Violation 2 of 2)</p> <p>300.610a) 300.1210b)4) 300.1210c) 300.2040b)2)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 10</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>4) All nursing personnel shall assist and 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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.2040 Diet Orders</p> <p>b) Physicians shall write a diet order, for each resident, indicating whether the resident is to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian.</p> <p>2) The diet shall be served as ordered.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow its policy related to unintended weight loss and failed to follow care plan interventions for weight loss. The facility also failed to follow its policy for providing resident with double portion during meals for 1 (R60) out of 11</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 11</p> <p>residents reviewed for nutrition status. These failures resulted in (R60) having continuous significant weight loss.</p> <p>Findings include:</p> <p>R60 was 80 years old, initially admitted on 07/05/2012. R60's medical diagnoses include Dysphagia and Dementia. R60's Brief Interview for Mental Status dated 01/18/2023 scored '99" indicating that R60 was not able to be interviewed due to rarely or never understood.</p> <p>On 03/07/2023 at 11:36 AM. Food carts that contained trays for lunch from the kitchen arrived on the floor. Facility staff were distributing trays. R60 received his tray between 11:36 AM to 11:46 AM. At 11:56 AM R60 was seen wheeling his wheelchair going out of the dining room to his room. None of the staff encouraged R60 to eat. R60's tray was seen inside the cart. There was ground beef that was barely touched; the scoop formation was still intact. There was a single slice of bread that was still whole. Less than 10% of his food was consumed. Upon checking R60's meal ticket, it read that R60 was supposed to receive double portions. V11 (Registered Nurse/RN) was asked why R60's tray did not have double portions. V11 collected the tray and brought it to the Nurse's Station. V11 said, "Let me notify V6 (Dietary Manager) about it. She (V6) can answer your questions better." V6 (Dietary Manager) said, "I don't know why R60's tray does not have double portions. But I will notify the cook, because it is clear that R60's meal ticket has double portions on it. But as to encouraging R60 to eat during meals, it is the CNA (Certified Nursing Assistant) who encourage the residents to eat. Dietary staff delivers the cart with the tray and collect the cart once residents finish eating."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 12</p> <p>V11 (RN) said, "Yes, R60 needs to be encouraged, and I don't know why trays were collected in such a short time."</p> <p>R60's monthly weights were reviewed. R60's weights declined consistently. R60's weights are as follows:</p> <p>3/10/2022 - 185 LBS 4/10/2022 - 175 LBS 5/10/2022 - 173 LBS 6/10/2022 - 171 LBS 7/10/2022 - 163 LBS 8/10/2022 - 162 LBS 9/10/2022 - 164 LBS 10/4/2022 - 159 LBS 10/10/2022 - 155 LBS 11/2/2022 - 149 LBS 11/10/2022 - 145 LBS 12/10/2022 - 150 LBS 12/20/2022 - 144 LBS 1/10/2022 - 149 LBS 2/10/2022 - 150 LBS</p> <p>On 03/09/2023 at 12:52 PM. V2 (Director of Nursing/DON) said, "After dietary staff deliver the cart with the trays to the floors, it is mainly the CNAs (Certified Nursing Assistants) who distribute the trays. The nurse and the CNA should know who are those residents that need help during meals. The nurse also needs to supervise the CNA regarding the care of the residents."</p> <p>On 03/09/2023 at 01:18 PM. with V2 (DON) present, R60's weight was taken on a chair weighing scale. The result was 139 pounds. Compared to prior weight taken on 2/10/2023, R60 lost 19 pounds in 1 month. R60's loss was a 7.33% weight loss in one more (more than 5%</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 13</p> <p>which is within category of significant weight loss).</p> <p>V10's (Registered Dietician) assessment notes for R60 are as follows:</p> <p>Most current assessment notes dated 12/029/2022 read in part: R60's ideal body weight 89 kilograms or 196.211 pounds. And based on R60's history of weights, R60 has significant weight loss -12.2% X 3 months, -15.79% X 6 months.</p> <p>Assessment notes dated 11/10/2022 in part reads: R60's ideal body weight 89 kilograms or 196.211 pounds. And based on R60 history of weights, R60 has significant weight loss -8.8% X 1 month, -10.5% X 3 months, --16.2% X 6 months.</p> <p>Assessment notes dated 10/14/2022 read in part: R60's ideal body weight 89 kilograms or 196.211 pounds. And based on R60's history of weights, R60 has significant weight loss -5.49% X 1 month, -11.43% X 6 months.</p> <p>For the period of 9 months (4/1/2022 to 12/09/2022) R60 was assessed to have significant weight loss. All assessments V10 noted for R60 to have double portions.</p> <p>R60's Care Plan related to Nutritional Status (Therapeutic Diet, Unplanned weight loss/Protein calories malnutrition) reads to add double portions with all meals with a goal to complete at least 75% or more of meals. Interventions include monitor and record intake at each meal.</p> <p>On 03/10/2023 at 09:46 AM. V10 (Registered Dietitian) said, "Yes, double portions will help R60</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 14</p> <p>with his weight. The role of the staff to offer to resident and encourage resident to eat during mealtime is important. Ideally 75% consumption of R60's meal will benefit him. R60's ideal body weight is 89 kilograms or 198 pounds. I am looking at my notes right now. Yes, R60 has significant weight loss. When recommendations are not being followed it will not be effective and R60 will continue to decline or lose weight."</p> <p>R60's Physician Order does not reflect V10's recommendations. R60's diet order related to diet or nutrition was mechanical soft with thin liquid diet and {Nutritional Supplement} 237 ML 3 times a day.</p> <p>On 03/10/2023 at 02:35 PM. V20 (Medical Doctor) said, "There was back and forth communication about R60 significantly losing weight, but I cannot remember the specifics. I am not sure why V10's recommendation does not reflect with my order. I have a Nurse Practitioner that helps me. But since you brought it to my attention, I will give the order and attend to it vigorously. Yes, when staff in the facility do not encourage R60 to eat, it will affect his weight and it will continue to decline."</p> <p>Facility policy related to unintended weight loss/gain (undated), reads in part: This policy provides a guide for monitoring risk factors for unintended weight loss/gain and providing interventions for those residents with unintended weight loss/gain once it has been identified. Any significant weight change of 5% or more in a month, 7.5% in 3 months, or 10% or more in 6 months will be reported to the Dietitian and Physician. Residents who have been determined to have weight loss/gain will be added to the weekly weight list, and the list will be given to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003834</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/10/2023</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ATRIUM HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1425 WEST ESTES AVENUE CHICAGO, IL 60626</b>
--	--

(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	<p>Continued From page 15</p> <p>Dietitian. The Nutrition Intervention will be determined by the Dietitian and approved by the doctor.</p> <p>Double/Large Portion Policy dated 2017, reads in part: Increased portions are available for clients requiring extra calories. The diet is ordered for double or large portion. Double portions are served as one and a half servings of food on the plate and two servings of bread. Salad, dessert and beverage are served as standard portions.</p> <p>(B)</p>	S9999		