

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/15/2024
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NAME OF PROVIDER OR SUPPLIER CHALET LIVING & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 7350 NORTH SHERIDAN ROAD CHICAGO, IL 60626
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S 000	Initial Comments Complaint Investigation: 2481702/IL170420	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1010h) 300.1210a) 300.1210b)4) 300.1210d)3) 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as 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	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/02/24
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S9999	<p>Continued From page 1</p> <p>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)</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 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>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>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.</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and interviews the facility failed to assess and address multiple significant weight loss and provide supplements for 1 (R1) out of 3 residents reviewed for nutrition and dietary services. These failures resulted to 1 resident (R1) significant weight loss, decline from moderate to severe protein malnutrition and recommendation for gastrostomy tube insertion.</p> <p>Findings include:</p> <p>R1 was 63 years old male resident, initially admitted on 4/21/2023. R1's medical diagnosis includes the following Pancytopenia and acute kidney failure. Per R1's record, he was discharged on 2/23/2024.</p> <p>Weight Summary record of R1 documents multiple significant weight loss: R1's recorded weight documents significant weight loss on the following dates: R1's weight dated 5/16/2023 - 114.8 LBS (pounds) compared to 5/24/2023 94.6 LBS there was a decrease of -20.2 LBS or -17.6% weight loss for a period of 8 days. Weights on 7/7/2023 110.7 LBS to 8/7/2023 103.1 LBS comparison there was a decrease of -8.0 LBS or 7.2% weight loss for a period of 30 days. And weights on 2/9/2024 106.2 LBS to 2/16/2024 94.6 LBS comparison there was a decrease of -11.6 LBS or -10.92% weight for a period of 7 days or 1 week.</p> <p>R1's nutritional supplement under physician's order are as follows: House supplement was ordered to start on</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>8/7/2023 with instruction to give two times a day. From 5/24/2023 to 8/7/2023 R1 has no order for supplement despite -20.2 LBS or -17.6% weight loss for a period of 8 days. House supplement order was changed to (nutritional supplement) 1 carton two times a day on 11/17/2023 until 12/26/2023. On 12/26/2023 (nutritional supplement) 1 carton supplement was increased to three times a day until 2/24/2024 due to R1's discharge to hospital.</p> <p>On R1's MAR (medication administration record) that documents (nutritional supplement) 1 carton food supplement was not received by R1 and was coded as DR (drug refused) from 12/26/2023 to 2/23/2024 for a period of 59 days. No alternative supplement was documented due to R1 refusal.</p> <p>R1's nutritional care plan was initiated on 4/25/2023 after R1 was admitted in the facility. Although R1 weights that were recorded that document significant weight loss, care plan was not reviewed. On 12/26/2023, when V12 (Registered Dietitian) initiated a separate care plan related to R1's weight loss. V12 documents that R1 sustained significant weight loss and continues to meet criteria for severe protein calorie malnutrition. As compared to V27 (Medical Doctor) initial assessment dated 5/2/2023 in the progress notes that documents R1 has moderate protein malnutrition. R1's status declined to severe protein malnutrition. V12's care plan intervention for significant weight loss is to provide dietary supplements as order: (Nutritional supplement) 1 carton three times a day. Care plan was not reviewed after the initial date of 12/26/2023. And R1 continued to refuse (nutritional supplement) almost every day from 12/26/2023 to 2/23/2024.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>R1's progress notes dated 2/23/2024 by V24 (Licensed Practical Nurse) document that R1 has had a change in condition with poor appetite and weakness. Per care plan meeting with R1's family, the placement of a gastric tube was suggested. V28 (Medical Doctor) was informed and ordered to send R1 to hospital emergency room for possible gastrostomy feeding tube insertion.</p> <p>On 3/13/2024 at 9:35 AM, V12 (Registered Dietitian) stated when he took over R1's case he had a poor appetite. (Nutritional supplement) 1 carton was ordered to be given as his supplement. (Nutritional supplement) is very important because R1 eats food very slow that sometimes it takes a long time. V12 said, "R1's mealtime last forever to eat. (Nutritional supplement) is very important because of the way R1 eats food. It takes forever and can last for 2 hours. We change the supplement to (nutritional supplement) because it has more calories than other supplements." V12 said after seeing R1's (nutritional supplement) documentation that almost every day R1 was not receiving (nutritional supplement) from 12/26/2023 to 2/23/2024, V12 said, "Oh, that's a lot of days." V12 was asked due to R1's not receiving supplement does it contribute to R1's significant weight loss? V12 said there are other ways to give supplement. Like we did calorie count and other interventions. Review of R1's full physician order does not document calorie count.</p> <p>On 3/14/2024 at 9:46 AM, V18 (Director of Nursing) stated "I don't know if he was assisted to eat during meals, I don't remember if we did a calorie count. I can't remember if he was receiving any supplement. Every time I see him, he is on the wheelchair. I cannot remember if he</p>	S9999		
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S9999	Continued From page 5 refuses medications or supplements." V18 stated that DR initial on the MAR (Medication Administration Record) means "Drug Refuse." V18 said, "That means it was offered and resident refused." "B"	S9999		
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