	epartment of Public	Health (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	RVEY
	OF CORRECTION	IDENTIFICATION NUMBER:			COMPLET	
		IL6008213	B. WING		C 07/03/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	•	
SANDWI	CH REHAB & HCC		ARNOLD ST CH, IL 60548	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE (	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation: 2414903/IL174688				
S9999	Final Observations		S9999			
	Statement of Licens 300.610a) 300.1210c) 300.1220b)3) 300.2040a) 300.2040b)2)	sure Violation:				
	a) The facility is procedures governing facility. The written be formulated by a Committee consisting administrator, the a medical advisory co of nursing and other policies shall comp The written policies the facility and shall	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating l be reviewed at least annually documented by written, signed				
	Nursing and Person c) Each direct	care-giving staff shall review ble about his or her residents'				
	Services b) The DON s nursing services of 3) Developing	Supervision of Nursing hall supervise and oversee the the facility, including: an up-to-date resident care ent based on the resident's				
BORATORY	tment of Public Health Y DIRECTOR'S OR PROVIE	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		5) DATE 7/22/24

6899

If continuation sheet 1 of 8

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
						С
IL60		IL6008213	B. WING			03/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
SANDW	ICH REHAB & HCC		T ARNOLD STI CH, IL 60548	REET		
(X4) ID			ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETI
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T	THE APPROPRIATE	DATE
S9999	Continued From pa	ge 1	S9999			
	and goals to be acc and personal care a Personnel, represen nursing, activities, o modalities as are or be involved in the p plan. The plan shall reviewed and modif needed as indicated The plan shall be re- months. Section 300.2040 If a) Two or more manual shall be avai shall be located in t personnel. Other co- nurses' station for u when writing diet or b) Physicians s each resident, indic to have a general o attending physician order to the dietitian 2) The diet sha These Regulations by: Based on observati review the facility fa for a resident with d (R6) reviewed for th of 22. This failure re-	nting other services such as lietary, and such other reparation of the resident care II be in writing and shall be fied in keeping with the care d by the resident's condition. eviewed at least every three Diet Orders e copies of a current diet ailable and in use. One copy he kitchen for use by dietary opies shall be located at each use by physicians or dietitians ders. shall write a diet order, for ating whether the resident is r a therapeutic diet. The may delegate writing a diet h. all be served as ordered. were not met as evidenced on, interview, and record hiled to provide an altered diet lysphagia for 1 of 3 residents herapeutic diets in the sample esulted in R6 experiencing a quiring the Heimlich Maneuver				
	The findings include	-				

	IT OF DEFICIENCIES OF CORRECTION	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
	facility on 3/16/23 w sepsis, Type 2 Diab right leg below knew arteriosclerotic hea artery, ischemic can communication def oropharyngeal phas dementia. R6's most recent qu was completed on prior).	owed he was admitted to the with diagnoses to include betes, Acquired Absence of e, hyperlipidemia, rt disease of native coronary rdiomyopathy, cognitive icit, abnormal posture, se dysphagia, and vascular uarterly dietary assessment 10/2/23 (approx. 8 months ated 11/6/23 showed, "The				
	resident has nutrition nutritional problem Provide, serve diet plan initiated for R6 resident has a need maintenance Diet dietitian and change problems are noted	onal problem or potential related to Type 2 Diabetes as ordered" Another care o on 11/6/23 showed, "The d for oral/dental health t as ordered. Consult with e if chewing/swallowing I"				
	has severe cognitiv deficits. R6's Physician Ord dated 4/26/24, "Die	ment dated 4/3/24 showed he re deficits and no swallowing er Sheet showed an order t Downgrade to Mechanical per ST (Speech Therapy)."				
	R6's Speech Thera he participated in S through 5/10/24. Th discharge note sho	py Discharge notes showed peech Therapy from 4/15/24 he same Speech Therapy wed recommendation for oral anical Soft/Chopped				

STATEMEN	Department of Public NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
SANDWI	CH REHAB & HCC		T ARNOLD ST CH, IL 60548	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
S9999		ge 3 egular diet and it was crossed I" was written next to it.	S9999			
	showed, "Resident several residents and (Certified Nursing A a bite of bread and sandwich. Resident symptoms of chokin Heimlich, as reside member called for a resident not respon on the floor, [V10] c him on his side, still abdominal thrusts, object/food expelled R6's Acute Care Ho documents dated 6	ng Note entered at 5:50 PM eating in dining room with and a staff member (V10) assistant/CNA). Resident took meat, an Italian beef t began to have signs and ng. (V10) reports she did the nt sitting in his chair. Staff additional help, I approached, ding, color poor, we laid him lid abdominal thrusts, turned I choking, did another set of turned him on his side, d resident breathing, alert"				
	dated 6/19/24, "Mea	noking" er Sheet showed an order als: Cut food into bite size every 2-3 bites with meals to				
	Nurse) said, " It w in the dining room. was across the hall resident into a chair running. I saw actio in and saw [V10] ar [R6] could not spea stand so we put hin abdominal thrusts was a bread ball wi	PM, V14 RN (Registered vas supper time. Everyone was [R6] sits in the back corner. I in the TV room assisting a r. I saw the aide, [V11] n in the dining room so I went ad she said [R6] was choking. k or breathe. He does not n on the floor and did A chunk of food came out, it th beef. It looked like he did et was regular at the time. It is				

	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
	IL6008213		B. WING		C 07/03/2024	
	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
			T ARNOLD ST			
SANDWI	CH REHAB & HCC		CH, IL 60548			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT)		(X5) COMPLET
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	DATE
				DEFICIENC	Y)	
S9999	Continued From pa	ige 4	S9999			
		PM, V12 (Dietary Manager)				
		pposed to send diet changes				
		per form. V12 said they do not I the order comes from the				
		nake changes until the order comes from the nurse and that is when the dietary card would be				
	changed. V12 said she does not have a way to					
		ary card was actually changed				
	because she does	not have R6's old cards.				
	On 6/25/24 at 2.34	On 6/25/24 at 2:34 PM, V11 (CNA) said, "[V10]				
		nd I was feeding another				
		ted doing the Heimlich and I				
	went to get the nurse. Me and [V10] picked him up and put him on the floor. The nurse just stood					
		e doing the Heimlich. [R6] was				
		fore the food came up a little.				
		ne up the nurse put her finger				
		alled it out. He went to the				
		vas regular at that time but				
	they changed it afte	er that to mechanical soft."				
	On 6/26/24 at 9:40	AM, V10 (CNA) said, "I was				
		eding him. He was eating				
		arted choking. I went behind				
		had another aide go get the uldn't go around him. We				
		bor. The kitchen asked if we				
		tomach thrusts He was not				
	breathing, his lips to	urned purple His whole face				
		et got changed now to				
	pureed"					
	On 6/27/24 at 12:34	4 PM, R6 was in the dining				
		ed tomato soup, pasta salad,				
	and a grilled ham a	nd cheese sandwich (not				
		ed) and cut into halves. V23				
		ear R6 while he was eating. of his ham and cheese				
		in coughing. V23 said to R6,				
ois Dona	tment of Public Health					

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NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
SANDWI	CH REHAB & HCC		T ARNOLD ST CH, IL 60548	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 5	S9999			
	"That was a pretty b	big bite, better slow down."				
	said, "[R6] was not choking episode. [F was a change arou On 7/2/24 at 1:10 F said, "Diet changes computer by the nu give it to the kitcher and they just put it i things disappear. It correct diet is enter avoid choking. I door	PM, V12 (Dietary Manager) seen by the dietitian after his R6] was a regular diet but there nd the beginning of May." PM, V2 (Director of Nursing) are entered as an order in the rse. They print out a copy and n. If they don't give it to [V12] in the kitchen sometimes is important to ensure the red and changed right away to n't know where the breakdown now if the dietary card did not				
		y just didn't read it." opted to call V30 (Registered mes with no response.				
	date of April 2006 s Mechanically Altere facility] that therape diets are ordered by the dietitian. A thera manage problemati mechanically altere prepared to alter th to facilitate oral inta written for all diets i mechanically altere approves, signs and facility prepares and	and procedure with review howed, "Therapeutic & d Diets; It is the policy of [the eutic and mechanically altered y the physician and planned by apeutic diet is ordered to ic health conditions A d diet is a diet specifically e consistency of food in order ike A physician's order is including therapeutic and d diets The dietitian d dates all menus The d serves all therapeutic and d diets as planned"				
		and procedure with revision howed, "Diet Orders; Policy: It facility] to establish				

Illinois D	epartment of Public	Health	•			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		IL6008213	B. WING		C 07/03/2024	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
		902 EAS	FARNOLD ST	REET		
SANDWI	CH REHAB & HCC	SANDWI	CH, IL 60548			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLETE DATE
-			_	DEFICIENC	Y)	
S9999	Continued From pa	ge 6	S9999			
		-				
		ng and communicating diet Service Manager, upon				
		rder, shall check the order				
		I record, making sure that the				
		and that it agrees with the diet				
		incles in the Diet Order Form				
	and diet order in the chart are discussed with the					
	Director of Nurses or the nurse in charge The					
		to be kept on file in the Dietary	,			
	Department for refe					
	The facility's policy and procedure with revision					
	date of April 2016 showed, "Regional Dietitian					
	Provide dietitian consultation to the facility to help					
		the residents 1. Collects,				
		narizes relevant data from the				
		dical record, including				
		aboratory information,				
	appetite, diet orders	s, nutrition history,				
	medications, and m	nedical concerns Evaluates				
		n relative to diagnosis and				
		ges as appropriate Assist in				
	development of me	nus"				
	The facility's policy	and procedure with revision				
		13 showed, "Quarterly				
		the policy of [the facility] that				
		evaluated at least quarterly to				
	ensure periodic mo	nitoring of the nutritional				
	status of the reside	nt and prevent deterioration of				
		1. The Food Service Manager				
		uates and documents each				
		I problems or needs at least				
		Service Manager or designee				
		note on the Dietary Notes				
		ly Assessment form 2.				
		the Food Service Manager or				
		ude at least the following: A. . E. Appropriateness of diet				
	order"					
ala Dar	tment of Public Health					

	NT OF DEFICIENCIES	Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
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S9999	Continued From pa	ge 7	S9999			
	house audit of all di reconciled with diet B. IDT will review S recommendations of Regional Director in on quarterly and an Staff in-serviced on Director and Admin Compliance will be process. A. Speech during morning men DON/Designee will communicated to d	daily in morning meeting. C. n-serviced Dietary Supervisor inual dietary assessments. D. appropriate diets by Regional istrator on 6/28/24. 2. monitored through the QA orders will be reviewed daily				