| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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<br><br>Annual Health Survey | S 000 | | |
| S9999 | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.610a)<br>300.1010h)<br>300.1210a)<br>300.1210b)<br>300.1210d)3)<br>300.1220b)2)<br><br>Section 300.610 Resident Care Policies<br><br>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.<br><br>Section 300.1010 Medical Care Policies<br><br>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. | S9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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 | S9999 | | |

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 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.

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:

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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 | S9999 | | |

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 300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

These requirements were not met as evidenced by:

Based on interviews and record reviews, the facility failed to obtain monthly weights and recognize, evaluate, and address weight loss for three (R17, R66, and R61) residents out of a total sample of 22 residents. This failure resulted in R17 having a 15.7 percent decrease in weight in six months between 12/4/2023 (121 pounds) and 6/4/2024 (102 pounds).

Findings include:

1. On 6/11/2024 at 10:48 AM and at 1:26 PM,

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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 | S9999 | | |

R17 was observed sleeping in bed with an intravenous (IV) in the left hand and 0.9 percent Dextrose with Sodium Chloride running at a rate of eighty milliliters per hour.

On 06/11/24 at 2:47 PM V9 (Registered Nurse) stated that R17 felt weak, threw up and had diarrhea the morning of 6/11/2024. R17's blood pressure was also low. V9 called the doctor who ordered intravenous (IV) fluid. R17 was interviewed and stated that she was dizzy the morning of 6/11/2024. R17 stated "I don't like the food here". R17 stated that she felt better after receiving the IV fluid and resting.

On 06/11/24 at 03:17 PM R17's weights were read in the electronic health record as: 124 pounds on 7/22/2023, 125 pounds on 8/2/2023, 126.8 pounds on 8/7/2023, no weight was obtained in September 2023 or October 2023, 122 pounds on 11/8/2023, 121 pounds on 12/4/2023, no weight obtained in January 2024, 104.8 pounds on 2/5/2024, 105 pounds on 2/16/2024, 104.8 pounds on 2/26/2024, 98.6 pounds on 3/7/2024, 107 pounds on 3/16/2024, 107 pounds on 3/23/2024, 98.6 pounds on 4/14/2024, 105 pounds on 5/9/2024, 102.6 pounds on 5/23/2024 and 102 pounds on 6/4/2024. R17 had a 7.85 percent weight loss and an 8.4 pound weight loss in one month between 3/16/2024 (107 pounds) and 4/14/2024 (98.6 pounds). R17 had a 15.7 percent decrease in weight in six months between 12/4/2023 (121 pounds) and 6/4/2024 (102 pounds).

On 6/12/2024 at 10:05 AM V12 (Registered Dietician) was interviewed and stated that facility policy is that residents are weighed monthly. The facility has a weekly Nutrition-At-Risk meeting. The purpose of the meeting is to discuss any

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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 | | |

weight concerns or any other nutrition concerns that staff may have about a resident. Residents are discussed at the Nutrition-At-Risk meeting if the resident is newly admitted, is readmitted to the facility, or if nursing staff, dietary staff, the resident, or the family have concern about the resident's weight or nutritional status. If there are concerns about a resident's weight or nutritional status, V12 stated "we then get weekly weights". Weekly weights are documented in the weight section of the electronic health record. V12 stated that she would be concerned about a resident's weight if there was a five percent decrease in one month, a seven and a half percent decrease in three months or a ten percent decrease in six months. V12 stated that if there was a concern about a resident's weight or nutritional status, V12 would assess the resident's food intake, supplement intake, diet order, any concerns about fluid retention and any use of diuretics. V12 would also speak to the resident, physician, and nursing staff to assess for any change in the resident's medical status or food intake. V12 stated that she speaks to the resident about food preferences and the possible need for supplements. Sometimes V12 encourages family to bring food in if that might be helpful. V12 considers appetite stimulants and if there are any chewing or swallowing issues, V12 considers a diet change. V12 reviewed R17's dietary progress note dated 2/24/2024 and stated that the resident had a weight warning because of significant weight loss at three and six months. The plan was for weekly weights and to continue same diet. V12 stated that R17 was again seen by the dietician on 3/16/2024. At that time, R16 continued weekly weights and R17's weight was trending back up. There was a concern about a weight that was low and that she was not eating all three meals a day. V12 reviewed R17's

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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 | S9999 | | |

weights documented in the electronic health record. V12 stated "the weekly weights were not documented." V12 stated "There was significant weight loss in April. It doesn't look like anything was documented on that significant weight loss of 107 pounds on 3/23/2024 to 98.6 pounds on 4/14/2024. It also looks like the weight of 105 pounds on 5/9/2024, 102.6 pounds on 5/23/2024 and 102 pounds on 6/4/2024 triggered in the electronic health record as a significant weight loss, but no dietary assessment was completed". V12 stated that R17 should have had a dietary assessment after the 4/14/2024 weight of 98.6 pounds. V12 stated "R17 is due for her quarterly assessment. She is on my list today so I will be seeing her. There may not have been follow up on R17's weight loss because there were several dieticians who were covering the Dietician position; some part time and some remotely, before V12 was hired." V12 stated "now knowing that R17 has this weight loss, I will do her assessment today.

On 6/11/2024 at 3:30 PM, the dietary progress note of R17 written by V20 (Dietician) dated 2/24/2024 was read and stated in part: Weight review/weight warning: 105 pounds. Body mass index (BMI) 17.5 underweight. Significant weight loss at 3 and 6 months noted, resident weight overall stable this month. Added to weekly weights for monitoring of weight loss. The dietary progress note of R17 written by V20 (Dietician) dated 3/16/2024 stated in part: R17 continues on weekly weight with interdisciplinary team following. Weight trending back up but question other weights of 90 pounds. Will continue supplements and weekly weights. The electronic health record had no dietary progress notes after 3/16/2024.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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<br><br>Policy titled 3.01 Philosophy and Standards of Clinical Care, Section: Clinical Nutrition revised 1/2024 stated in part:<br>Procedure: This area provides state of the art nutritional care and education to the patients, residents, medical staff, associates and the communicate. The Registered Dietician Nutritionist (RDN) will follow the standards of clinical care including:<br>3. The RDN will assess the nutritional status of those patients/residents identified "at risk" and will communication information that impacts care to the health care team.<br>Procedure:<br>1. The RDN should be alerted to significant weight changes including loss/gain of 5% in a month and/or three points/week through communication with nursing staff. In addition, monthly weight charts should be monitored closely for weight loss trends.<br>3. The resident should be placed on weekly weights and monitored for one month until weight change is resolved.<br>Nutrition Risk Criteria for the Geriatric Resident:<br>Nutritional High-Risk Indicators: Significant weight loss over 6 months (180 days) or 5% in 30 days.<br><br>Policy titled Weights and Heights with revision date of October 6, 2011, stated in part:<br>Standard: Accurate weight and height of each resident will be obtained and monitored.<br>Policy and Procedure:<br>Bullet 1: Monthly weights will be completed by the tenth weekday of each month.<br>Bullet 2: Weekly weights will be completed each week for applicable residents.<br>Bullet 9: All information will be discussed at the weekly weight monitoring meeting and followed up with physician if indicated. | S9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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 | S9999 | | |

2. R66's weights are as follows:
10/20/2023 - 178 lbs (pounds)
12/07/2023 - 161 lbs
1/29/2024 - 175 lbs
2/22/2024 - 164 lbs
5/14/2024 - 165 lbs
There was a severe weight loss of 6.28% from January to February.

Dietary progress note dated 2/24/2024 9:20 AM documents in part R66's weight change. It also states in part that facility will obtain new monthly weight and continue to monitor weights monthly and as needed. Facility failed to obtain new weight and monthly weights for March and April. No other recent Dietary Note as of 6/11/2024.

On 6/12/2024 at 11:41 AM, surveyors interviewed V12 (Registered Dietitian) in-person with V13 (Regional Nutrition Director) on the phone. Both stated V12 was new to the facility and prior to that there were different consultants in the previous months. When asked about R66, V12 stated [V12] has not evaluated R66 and staff did not notify V12 that R66 had weight loss. V13 stated R66's most recent weight was from 5/14/2024 and prior to that it was from 2/22/2014. V12 stated significant weight loss is 5% in a month, 7.5% in three months, and 10% in six months. V13 stated when staff notify Dietitians of weight loss, then Dietitians will consult to add weekly weights for the residents. V13 stated at the minimum, staff should weigh residents monthly. V13 did not see documentation as to why staff did not do R66's weights. V13 also stated that if there is a questionable weight or weight loss, the Dietitians will request a re-weigh. V13 stated there was no re-weigh after 2/22/2024 weight.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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 | S9999 | | |

On 6/13/2024 at 11:35 AM, V2 (Director of Nursing) stated the Certified Nurse Aides (CNAs) weigh the residents. At the minimum the staff must weigh all residents monthly. If they cannot weigh the resident, the CNAs must notify the nurse so that the following shift can follow-up or staff can attempt the next day. V2 stated Dietary is supposed to do the weight calculations and address the weight loss.

Facility's "Policy: 3.01 Philosophy and Standards of Clinical Care Section: Clinical Nutrition," last revised 1/2024, documents in part: "The Registered Dietitian Nutritionist (RDN) will assess the nutritional status of those patients/residents identified 'at risk,' and will communicate information that impacts care to the health care team." "All nutritional care is recorded in the medical record in accordance with facility policy/protocol. Timely and periodic assessments of patients'/residents' tolerance, acceptance and appropriateness of their prescribed diet will be conducted."

Facility's "Policy: 3.14 (LTC/AL) Unintentional Weight Change Monitoring Section: Clinical Nutrition," last revised 1/2024, documents in part: "The Registered Dietitian Nutritionist (RDN) should be alerted to significant weight changes including loss/gain of 5% in a month and/or three (3) pounds/week through communications from the nursing staff. In addition, monthly weight charts should be monitored closely for weight loss trends." "Prior to initiation of a nutrition intervention, weight change should be validated by a reweight. Once actual loss/gain has been established and determined to be a nutritional concern, a nutrition reassessment/progress note is completed." "The resident should be placed on weekly weights and monitored for one month until

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | IL6006696 | A. BUILDING: _____ B. WING _____ | 06/14/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| NORWOOD CROSSING | 6016 NORTH NINA AVENUE CHICAGO, IL 60631 |

| (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<br>the weight change is resolved."<br><br>Facility's "Weights and Heights," last revised 10/06/2011, documents in part: "Monthly weights will be completed by the 10th weekday of each month. Staff to request assistance if needed for completion." "If there is a weight discrepancy the resident will be reweighed to ensure accuracy." "Monthly weights will be documented on weight flow sheet."<br><br>(B) | S9999 | | |