Illinois D	epartment of Public	Health			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		IL6009856	B. WING		C 11/08/2024	
	PROVIDER OR SUPPLIER			STATE, ZIP CODE		00/2024
		201 WES	T 69TH STRE			
WENIW	ORTH REHAB & HCC	CHICAGO	D, IL 60621			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga 2488866/IL180051	ation:				
S9999	Final Observations		S9999			
	Statement of Licens 300.610a) 300.1210b) 300.1210d)3) 300.1220b)3)	sure Violations:				
	Section 300.610 R	Section 300.610 Resident Care Policies				
	procedures governi facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shal	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 I be reviewed at least annually documented by written, signed				
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	care and services to practicable physica well-being of the re- each resident's com plan. Adequate and care and personal of	shall provide the necessary o attain or maintain the highest l, mental, and psychological sident, in accordance with nprehensive resident care l properly supervised nursing care shall be provided to each e total nursing and personal				
	tment_of Public Health / DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE
	ically Signed					11/27/24
TATE FOR	N		6899	903B11	If continu	ation sheet 1 of

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	СОМ	E SURVEY PLETED
		IL6009856	B. WING		11/	08/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
WENTW	ORTH REHAB & HCC		5T 69TH STREI O, IL 60621	E1		
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ge 1	S9999			
	care needs of the re	esident.				
	nursing care shall in	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	resident's condition emotional changes determining care re further medical eva	bservations of changes in a , including mental and , as a means for analyzing and equired and the need for luation and treatment shall be aff and recorded in the record.				
	Section 300.1220 Services	Supervision of Nursing				
		hall supervise and oversee the the facility, including:				
	plan for each reside comprehensive ass and goals to be acc and personal care a Personnel, represe nursing, activities, o modalities as are of be involved in the p plan. The plan sha reviewed and modifi needed as indicated	an up-to-date resident care ent based on the resident's sessment, individual needs complished, physician's orders and nursing needs. nting other services such as dietary, and such other rdered by the physician, shall 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				
	-	are not met as evidenced by:				
		on, interview, and record ailed to a.) implement/revise				

If continuation sheet 2 of 8

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		IL6009856	B. WING		C 11/08/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
WENTW	ORTH REHAB & HCC		T 69TH STREE D, IL 60621	ΞT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
	resident's required resident b.) the faci provide required as eating resulted in po- resident out of three sample of three res R4's significant, not loss. Findings include: R4's current face st 75-year-old individu 04/15/2016 with dia obstructive pulmona unspecified dement (generalized), hemi	entions addressing the nutritional support for one (R4) lity's intermittent failure to sistance/monitoring with oor intake for one (R4) e residents reviewed, in a total idents. This failure resulted in a severe, unplanned weight neet documents R4 is a lal admitted to the facility on gnoses not limited to: chronic ary disease, unspecified, tia, muscle weakness plegia and hemiparesis				
	affecting left non-do other seizures. On 11/06/2024. 12: reclining geriatric ch front of him, food tra food with hands and	atic intracerebral hemorrhage ominant side, repeated falls, 17 PM, R4 sitting on a mobile nair with a bedside table in ay in front of R4, R4 grabbed d fed self. 20 PM, Staff preparing meal				
	trays, cook serving (certified nursing as trays in rooms. On 11/06/2024, 12:: upper back, and no of head. R4 not eat	the meal plates, CNAs sistants) heading to pass out 20PM, R4's pillow slid towards longer supporting R4's back ing, R4 appears laying back, ceiling, mouth chewing				
nois Denai	movements. No sta On 11/06/2024, 12::					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6009856	B. WING	B. WING		08/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
VENTWO	ORTH REHAB & HCC		69TH STREE O, IL 60621	T		
(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 THE APPROPRIATE	(X5) COMPLET DATE
S9999	R4's head slightly til	ge 3 tly facing towards the ceiling, lted towards the ceiling while bod. No staff helped R4.	S9999			
	On 11/06/2024, 12:2 reaching a bowl with piece of food with th while food particles grabbed a big piece the quesadilla fell of	24 PM, R4 having difficulty h a fork. R4 able to grab a he fork and ate some food fell on R4's clothing. R4 e of the quesadilla with fork bu ff, and R4 proceeded to grab he quesadilla with his left	t			
	with straw, appears	26 PM, R4 struggling to drink forcing his neck up. Appears sitting position, chin facing R4.				
	Geri-chair, R4's fac	32 PM, R4 sitting on a e slightly facing the ceiling as s sandwich. No staff helped				
	using fork to grab for Requesting juice, w saying out loud that Observed grabbing	35 PM, R4 using right hand, ood from small bowl. hile food is in his mouth. R4 he wants some cake. food with his left hand but lacing the piece of food down ff helped R4.				
	On 11/06/2024, 12: sandwich, half of the	50 PM, R4's ate half a e quesadilla.				
	hand limited range	39 PM, R4 lying in bed, right of motion. No meal tray yet ⁄14 states "I'm going to assist				

		Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
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NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
WENTW	ORTH REHAB & HCC		5T 69TH STREE O, IL 60621	T		
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
\$9999	(Clinical Nutrition M to come to the facili time that she was in Wednesday. Survey involved in evaluatin underlying causes of impairment. V13 sta is part of the team, that pulls the weigh changes. When I co Nursing) and V14 (<i>A</i> let me know the peo V13 stated that R4 August 7th, 2024, R4 weig was a significant we hospital. That is a lo month". V13 was qu resident's food/supp ability monitored? V stated that R4's wei unless there is a ch happen, V13 states med pass is in the I administration record important to monito staff notice that he i having difficulty that needs help. V13 states sist and encourag reviewing R4's record days it looks like he assistance. V13 states feeder, then it would dependent. 11/08/2024, 1:09 Pf Practitioner) stated	anager) stated that she tries ty every week and the last the building was last yor questioned V13 who is ng and addressing any of nutritional risks or ated that the dietary manager and V13 stated "I am the one t changes and address weight ome in, V2 (Director of Assistant Director of Nursing), ople that they want me to see" weighed 138lbs (pounds) on nd then at the end of August ghed 123lbs. V13 stated "it eight loss, he wasn't in the ot of weight to lose in a uestioned on how often is the olement intake, weight, eating Where is it documented? V13 ight is monitored monthly ange to weekly, which could eating is in the tasks, and				

	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		IL6009856	B. WING		C 11/08/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
WENTW	ORTH REHAB & HCC		69TH STREE O, IL 60621	T		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y 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
\$9999	R4. V27 stated "foo equation of weight I indicator". V27 state to make sure they a they are not eating b fed, they need to su "positioning matters comfortable". V27 s of R4 for several ye significant weight lo of effort, and multid are very important". and CNA are suppor 11/07/24, 10:54 AM Nursing Assistant) s assistive feeder as a hard time keeping I work nights, I don' that R4 can feed hin food will fall becaus R4's nutrition note of documents in part, diet with thin liquids (weight) -119.0# sig x2mo (months), -13 support 100% resid assist, PO (by mout (recommend) apper R4's Nutrition Quart Assessment dated comments: Total as R4's Minimum Data 9/03/2024, docume	d intake is one part of the oss, it's not always an ed that nursing is responsible are eating well and tell why well. V27 reported "he (R4) ut if he does not want to be upervise him". V27 stated s, you cannot lie flat and eat stated that he has taken care ears and R4 has had a oss. V27 stated "it's a collection isciplinary approach, meals . V27 stated that the nurse osed to monitor. I, via telephone V23 (Certified stated that R4 eats and is an well. V23 stated "he (R4) has g the food on the spoon. Since t know currently". V23 stated mself, V23 stated although his be his hand will be unsteady. dated 10/26/2024, 5:27 PM, current diet general/mech soft s, supplements noted. Wt. g wt (weight) loss -14.1% -19.6 8.5% -18.6 x4mo. Diet does eent est (estimate) needs. Tota th) intake 51-100%. Will rec tite stimulant. terly/Reassessment 09/02/2024 documents in part sist. a Set (MDS), section GG dated number of the spoint of the spoint of the spoint of the sist. a Set (MDS), section GG dated number of the spoint of the				

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		IL6009856	B. WING			08/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	TATE, ZIP CODE			
WENTW	ORTH REHAB & HCC		67 69TH STREI O, IL 60621	ET		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ge 6	S9999			
	documented, Augus	oounds), July shows no weight st 2024 is 138.6 lbs, 123.4 lbs, and October 2024				
	"task: Amount Eate for the following dat 10/18/2024, 10/20/2 10/28/2024, 10/29/2 11/02/2024, 11/03/2 noted with discrepa for different meals, the date). No lunch	ack for CNA documentation for n" shows no documentation tes: 10/13/2024, 10/17/2024, 2024, 10/26/2024, 10/27/2024, 2024, 10/31/2024, 11/01/2024, 2024. Several other dates ncies (missing documentation only one meal documented for meal amount eaten s medical record for				
	"Eating: the ability to food and/or liquid to and/or liquid once to resident" shows no following dates: 10/ 10/18/2024, 10/20/2 10/28/2024, 10/29/2 11/02/2024, 11/03/2 noted with discrepa	ack for CNA documentation for o use suitable utensils to bring o the mouth and swallow food he meal is placed before the documentation for the 13/2024, 10/17/2024, 2024, 10/26/2024, 10/27/2024, 2024, 10/31/2024, 11/01/2024, 2024. Several other dates ncies (missing documentation only one meal documented for				
	requires nutritional current nutritional s interventions. Will n Interventions/Tasks recording as indicat	an documents in part, R4 support. R4 will maintain tatus with current nutritional naintain weight. meal monitoring and ted. Set up resident's tray and leing for meals as needed.				
		s not document that he has the use of finger foods to				

	epartment of Public T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	E SURVEY PLETED
	OF CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		IL6009856	B. WING			C 08/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
VENTWO	ORTH REHAB & HCC		ST 69TH STREE O, IL 60621	ET		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 7	S9999			
	make eating easier					
	Plans dated 11/201 comprehensive per Describe the service	, titled Comprehensive Care 7, documents in part, The rson-centered care plan will: tes that are to be provided to he highest practical physical, social well-being.				
		(B)				
	tment of Public Health					