

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2025
NAME OF PROVIDER OR SUPPLIER LEMONT NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 12450 WALKER ROAD LEMONT, IL 60439		
(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 Investigation of Complaint: 2570359/IL184397	S 000		
S9999	Final Observations Statement of Licensure Violations: Section 300.610a) Section 300.1210c) Section 300.2040b)2) 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 c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Section 300.2040 Diet Orders b) Physicians shall write a diet order, for each resident, indicating whether the resident is	S9999		

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

01/30/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2025
NAME OF PROVIDER OR SUPPLIER LEMONT NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 12450 WALKER ROAD LEMONT, IL 60439		
(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 to have a general or a therapeutic diet. The attending physician may delegate writing a diet order to the dietitian. 2) The diet shall be served as ordered. Based on observations, interview and record review, the facility failed to serve pureed diet as ordered by a Physician to a resident (R1) that has had a recent history of swallowing problems. This failure contributed to the resident having a significant weight loss. This applies to 1 of 3 residents (R1) reviewed for improper nursing in the sample of 6. The findings include: R1's EMR (electronic medical records) included diagnoses of osteomyelitis, pressure ulcer of sacral region, stage 4, pressure ulcer of right buttock, stage 4, unspecified severe protein-calorie malnutrition, adult failure to thrive, other cerebral palsy, dysphagia, oropharyngeal phase, anorexia nervosa. R1's Annual MDS (minimum data set) dated November 06, 2024 showed that R1 was moderately impaired in cognition and was dependent on staff for all ADL's (activities of daily living) including eating. R1's diet order on POS (Physician Order Summary) showed Pureed diet (start date January 09, 2025). R1's weight (in lbs/pounds) history in EMR included as follows: 81.8 lbs (January 16, 2025), 89.8 lbs (December 17, 2024), 88.8 lbs (November 25, 2024), 89.6 lbs (October 18, 2024), 88.6 (September 18, 2024),	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2025
NAME OF PROVIDER OR SUPPLIER LEMONT NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 12450 WALKER ROAD LEMONT, IL 60439		
(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 89.9 (July 14, 2024). Dietitian progress notes dated January 16, 2025 included the following information in summary: R1's diet order was pureed texture diet with thin liquids and super cereal at breakfast. Weight: 81.8 lbs (January 16, 2025). BMI [Body Mass Index]: 16 which is underweight. Weight loss of 8.9% since December 17, 2025 and 8.7% since October 18, 2025 and is not desired or planned. On January 16 at 2025 at 10:52 AM, R1 was seen lying in bed in hospital gown. R1 made eye contact and some sounds but did not respond to queries. On January 16, 2025 at 11:02 AM, V4 CNA (Certified Nursing Assistant) was called to the room to ask about R1's oral intake. V4 stated "I am from Agency. I don't know anything about her. The (CNA) students were in here this morning to feed her." On January 16, 2025 at 12:44 PM, V9 (Student Instructor) stated that she watched the students feed R1, and R1 ate some of the eggs and most of the oatmeal and drank the orange juice. V9 stated "She (R1) did not eat the potatoes (hash brown) and sausage." On January 16, 2025 at 12:36 AM, R1 received a room tray (served by V4) of mechanical soft consistency chicken, regular consistency coleslaw and cornbread and pudding for dessert, and 4 oz/ounces of juice in a glass and 8 oz carton of 2% milk. R1's diet card showed "Mechanical Soft" consistency. V4 spoon fed R1 and R1 ate 100% of the pudding and drank 100% of juice and most of milk via a straw. On return to the room a few minutes later, V4 remarked that	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/17/2025
NAME OF PROVIDER OR SUPPLIER LEMONT NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 12450 WALKER ROAD LEMONT, IL 60439		
(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 R1 ate all of the pudding and if she (R1) would have received a pureed diet, she would have eaten better. On January 16, 2025 at 1:00 PM, R1's diet order on POS was checked in the EMR and it showed "Pureed diet." On January 16, 2025 at 1:02 PM, V3 ADON (Assistant Director of Nursing) was shown R1's tray consisting of mechanical soft diet received and relayed that diet order on EMR showed pureed diet and V1 DON (Director of Nursing) was subsequently notified of the same. On January 16, 2025 at 1:58 PM, V6 (Dietary Manager) stated "I got the form today to change the diet from mechanical soft to pureed. Prior to today resident [R1] was getting mechanical soft diet. The nurse brings the diet order change form and put's it in my mailbox and I will update it in the system [computer] before printing the diet cards." V6 stated that he does not recall receiving the diet change slip [from mechanical soft to pureed diet] prior to today. On January 16, 2025 at 3:00 PM, V2 (DON) stated that if nursing is downgrading the diet, the Physician is notified and then referred to the Speech Therapist. V2 stated that once the diet is downgraded in the POS, the diet order is printed and brought down to the kitchen. V2 stated that she does not know what happens after that. V2 stated that V3 ADON (Assisted Director of Nursing) had put the diet change in the EMR/POS and brought the diet order down to the kitchen. On January 16, 2025 at 3:04 PM, V3 (ADON) stated that [sometime beginning in the month of	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2025
NAME OF PROVIDER OR SUPPLIER LEMONT NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 12450 WALKER ROAD LEMONT, IL 60439		
(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 January/unknown date] the nurse on duty had come to her office with the V10 NP (Nurse Practitioner) and stated that R1 was not swallowing her medications and feels that the diet should be downgraded. V3 stated that she used her judgement and downgraded the diet to pureed and printed the diet order and placed it on V6's desk. V3 added that she also sent V6 a "What's App" message (about the diet change) as that is the mode of communication for managers. On January 16, 2025 at 2:34 PM, V7 (Speech Therapist) stated that she was aware that the nursing downgraded R1's diet to pureed in the beginning of the month. V7 stated that she works three days a week at the facility and sees patients that V8 (Rehab Director) refers her to. V7 stated that V8 put R1 on her schedule to be seen today (January 16, 2025) and she did a swallow evaluation for R1 at the bedside this afternoon. V7 stated that she recommended to keep R1 on the current diet order of pureed consistency with thin liquids. V7 stated that R1 is at risk for aspirating on a mechanical soft diet because of suboptimal positioning. V7 added that while evaluating R1, R1 told her that she had a lot of pain while swallowing. On January 17, 2025 at 12:24 PM, V12 (Medical Director) stated that he is R1's Primary Care Physician and the staff have been updating him about R1's recent concerns about eating. V12 stated that recently R1 has been eating less as her dysphagia was progressing and the diet was downgraded from mechanical soft to pureed diet. V12 stated that the facility should carry out the order for diet change within the day in 24 hours. V12 stated that R1's oral intake can be affected by dysphagia and pain medications (Morphine). V12 stated that he was notified of R1's weight	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/17/2025
NAME OF PROVIDER OR SUPPLIER LEMONT NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 12450 WALKER ROAD LEMONT, IL 60439		
(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 loss which can be affected by declined oral intake. Nursing progress notes dated January 15, 2025 included that R1 was not able to tolerate medication and holding her medication in her mouth and the family and MD (Medical Doctor) notified. NP progress notes dated January 13, 2025 included the following information "It was reported by the nurse that the patient was unable to swallow his medications and the patient was ordered speech evaluation and treatment. Her pain medication (Norco by mouth) was discontinued due to swallowing difficulties and Morphine liquid 0.25 ml[Milliliters] q [every] 4 hours was ordered for pain and her diet was downgraded to puree...." Nursing progress notes dated January 09, 2025 included R1 holding medication and food in her mouth not swallowing NP, DON and relieving nurse made aware. New order given by NP for speech consultation. "Resident Listing Reports" dated January 16, 2025, with current diet orders served in the facility kitchen showed R1's diet order as Mechanical Soft. Speech Language Pathologist "Plan of Treatment" bed side swallow evaluation for R1 dated January 16, 2025 for trials of diet consistencies included as follows in summary : Patient reporting severe pain and unable to reposition to upright position, thus trials completed at about 20-30 degrees. Suspect reduced laryngeal elevation.... Thin liquids via straw: mildly delayed oral transit	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014492	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 01/17/2025
NAME OF PROVIDER OR SUPPLIER LEMONT NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 12450 WALKER ROAD LEMONT, IL 60439		
(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 time and no overt signs and symptoms of aspiration, however patient reports pain swallowing and motions to her neck. Mechanical soft trials noted with prolonged mastication and transit time, as well as observed inadequate mastication of trials and minimal trials attempted due to patient's increased risk of aspiration. Puree trials via teaspoon: moderately delayed oral transit time...with no overt signs and symptoms of aspiration, however patient continues to report pain swallowing and motions to her neck. Recommendations for Pureed diet with thin liquids for patient to swallow safely. R1's "Nutrition" care plan revised October 06, 2024 included that R1 benefits from a mechanically altered diet due to dysphagia with interventions for the same included to provide and serve diet as ordered and goal to adhere to diet as ordered by physician through next review 3/11/25. On January 17, 2025 at 1:59 PM, V2 (DON) stated that the facility does not have a policy for the process of diet order implementation. B	S9999			