STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003032	A. BUILDING: _____ B. WING _____	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK TRACE	250 VILLAGE DRIVE DOWNERS GROVE, IL 60516

(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 Annual Licensure Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 3): 300.610a) 300.1210b) 300.1210c) 300.1210d)3) 300.1220b)3) 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. Section 300.1210 General Requirements for Nursing and Personal Care 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.	S9999		

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S9999	Continued From page 1 c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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. 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. These requirements were not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure resident	S9999		

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S9999	Continued From page 2	S9999		

maintained acceptable nutritional status. Facility failed to provide adequate interventions to prevent further decline in resident's body weight. This failure resulted in R35 experiencing unplanned weight loss. This applies to 1 of 20 residents reviewed for nutrition and hydration in a sample of 20.

Findings include:

R35's face-sheet showed R35 is a 91 year old male admitted to the facility on 11/29/24 with diagnoses to include unspecified fall with left sub-trochanteric fracture, chronic obstructive pulmonary disease, dementia and hypertensive heart disease.

R35's MDS (Minimum Data Set) dated 12/4/24 showed, R35 had cognitive impairment and was dependent for ADLs (activities of daily life).

Progress notes dated 1/16/25 at 1:59 PM showed R35 lost about 10.1 lbs. in one month (12/16/24 to 1/15/25), which is -6.7% = Severe weight loss.

Weight log:
1/16/2025 142.3 Lbs.
1/7/2025 144.7 Lbs.
1/2/2025 144.7 Lbs.
1/1/2025 145.6 Lbs.
12/16/2024 152.4 Lbs.

Progress notes dated 1/10/25 at 1:32 PM showed, facility offered ONS (oral nutritional supplement) of Ensure Plant-based to meet estimated needs, snacks in between meals and smoothies.

R35's Physician orders for January 2025 did not include magic cup.

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S9999	Continued From page 3	S9999		

Skilled Nursing Evaluation dated 12/3/24 showed, cardiovascular - no edema issues.

Mini Nutritional Assessment dated 12/2/24 showed a score of 6.0 (0-7 = malnourished).

On 1/14/25 at 9:15 AM, R35 was napping in his bed, appeared thin and frail.

On 1/15/25 at 9:40 AM, V19 (R35's daughter) stated she thinks R35 looked skinnier now and is weaker than when he was admitted to the facility about six weeks ago. V19 stated she thinks R19 does not always get fed when R35 is not there.

On 1/15/25 at 10:36 AM, V19 stated R35 does not always get the magic cup along with his meals as recommended by the dietician. V19 stated she had fed him the magic cup before, and he enjoyed it and R35 will eat it all. V19 stated a couple weeks ago she came to visit R35 at about 11:00 AM and his breakfast tray was on the bedside table untouched. V19 stated about 2-3 weeks ago she visited her father at about 6:00 PM and he told her he was hungry and did not get any dinner. V19 stated as she was talking with her dad, a CNA (Certified Nursing Assistant) entered the room and surprisingly exclaimed, 'Oh, the tray is gone!'. V19 stated she had been asking the facility for a care-plan meeting and they haven't scheduled one yet.

On 1/15/25 at 12:41 PM, observed V17 (CNA) feed R35 lunch. R35 drank all the soup, ate all the carrots, about one quarter of the chicken & all the dessert. There was no 'magic cup' on the tray.

On 1/15/25 at 3:24 PM, V16 (Social Services Aide) stated, there was no IDT (Inter Disciplinary

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S9999	Continued From page 4	S9999		

Team) meeting held for R35 for initial care-plan nor for the change of condition of losing weight.

On 1/15/25 at 3:08 PM, V2 (interim DON-Director of Nursing) stated, there was no IDT meeting conducted for R35 to address the decline in his body weight. V2 stated losing about 10 lbs. in one month is a change of condition.

On 1/15/25 at 1:50 PM, V15 (RD-Registered Dietician) stated she called the family and the daughter (V19). (V19) stated (R35) will not take any supplements other than the vanilla magic cup. V15 stated the facility did not try any interventions other than offering the ONS, snacks and smoothies. V15 stated, "When residents don't like certain food, we look for their preferences and offer more choices, which was not done in this case and (R35) continued to lose weight. If (R35) continues to lose weight, he will lose lean body mass, lose his muscle mass, and his disease prognosis will decline."

On 1/16/25 at 12:11 PM, V15 (RD) stated there was no new interventions in place for R35's weight loss as of now.

On 1/16/25 at 1:40 PM, V14 (MD-Medical Director) stated he depends on the RD's recommendations for nutritional supplements to meet resident nutritional needs.

Policy on weight assessments and intervention with a review date of 2/26/22, showed, facility will begin nutrition interventions when a resident is identified as having significant weight loss.
(B)

Statement of Licensure Violations (2 of 3):

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S9999	Continued From page 5	S9999		

300.615e)
300.615f)

Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information

e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)

f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.

The requirement was NOT met as evidence by:

Based on interview and record review, the facility failed document the review of the Illinois Department of Corrections (IDOC) websites.

This applies to 10 of 10 residents (R18, R48, R53, R75, R100, R106, R107, R109, R305, R355) in a sample of 20.

Findings include:

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S9999	Continued From page 6	S9999		

R18'S face sheet documents an admission date of 12/27/24. The facility did not provide documentation of reviewing the Illinois Department of Corrections website.

R48'S face sheet documents an admission date of 12/17 24/. The facility did not provide documentation of reviewing the Illinois Department of Corrections website.

R53'S face sheet documents an admission date of 12/16/24. The facility did not provide documentation of reviewing the Illinois Department of Corrections website.

R75'S face sheet documents an admission date of 12/18/24. The facility did not provide documentation of reviewing the Illinois Department of Corrections website.

R100'S face sheet documents an admission date of 12/30 24/. The facility did not provide documentation of reviewing the Illinois Department of Corrections website.

R106'S face sheet documents an admission date of 1/4 /25. The facility did not provide documentation of reviewing the Illinois Department of Corrections website.

R107'S face sheet documents an admission date of 1/4 /25. The facility did not provide documentation of reviewing the Illinois Department of Corrections website.

R109'S face sheet documents an admission date of 1/12 /25. The facility did not provide documentation of reviewing the Illinois Department of Corrections website.

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S9999	Continued From page 7 R305'S face sheet documents an admission date of 1 /10 /25. The facility did not provide documentation of reviewing the Illinois Department of Corrections website. R355'S face sheet documents an admission date of 1/11/25. The facility did not provide documentation of reviewing the Illinois Department of Corrections website. On 01/15/25 at 03:44 PM, V7 Manager of Community Health Center Sales (Admission) state she was instructed to review the Federal Bureau of Prisons not the Illinois Department of Corrections. On 01/16/25 at 10:19 AM, V25 (Social Services / Billings Specialist) stated she is responsible for completing the resident background checks. V25 stated she did check the IDOC but the documentation she had did not print with resident's full name and date stamp showing when it was done. The facility Identified Offenders Policy and Procedure dated 2/3/19 states criminal background and sex offender checks will be completed on all residents admitted to the Oak Trace Health Center upon admission. The Criminal History Background Checks will be performed within 24 hours of admission. The facility shall check for individual's name on the Illinois Sex Offender Registration Website at www.isp.state.il and the Illinois Department of Corrections Sex registrant search page at www.idoc.il.us to determine if the individual is listed as a registered sex offender. (C)	S9999		

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S9999	Continued From page 8	S9999		

Statement of Licensure Violations (3 of 3):

Section 300.661 Health Care Worker Background Check

A facility shall comply with the Health Care Worker Background Check Act and the Health Care Worker Background Check Code.

This requirement was NOT met as evidenced by:

Based on interview and record review, the facility failed to check two CNA's (Certified Nursing Assistants) on the six required registry websites prior to hiring the staff.

This applies to all 99 residents in the facility.

The findings include:

On January 16, 2025, surveyor and V11 (HR/Human Resources Assistant) and V12 (HR Director) went over the files of V29 (CNA) and V30 (CNA).

On January 16, 2025 at 9:39 AM, V11 said V29 was hired on March 2, 2023. V11 provided documents showing the background check was done on March 9, 2023. On January 16, 2025 at 9:39 AM, V11 said V30 was hired on January 15, 2021, and V11 provided documents which showed the background check was done on April 27, 2021. V11 said several years earlier, the facility started using a private background check and was told she no longer needed to check the employees against the IDPH (Illinois Department of Public Health) registries.

The facility's Background Checks, Physicals and

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S9999	Continued From page 9 Reference Checks policy revised on December 13, 2020 showed Upon successful completion of the interview process, a conditional offer of employment may be extended to the selected candidate. Once a conditional offer of employment is extended, required background checks must be completed with conclusive results that meet the standards of [Company] for clearance to begin work. (C)	S9999		