STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001465	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE CHICAGO, IL 60613

(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 and Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations: 1of 2 300.4030c) 300.4030g)2) 300.4030h) 300.4030p)1) Section 300.4030 Individualized Treatment Plan for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S c) The plan for each resident shall state specific goals that are developed by the IDT. The resident's major needs shall be prioritized, and approaches or programs shall be developed with specific goals, to address the higher prioritized needs. If a lower priority need is not being addressed through a specific goal or program, a statement shall be made as to why it is not being addressed or how the need will be otherwise addressed. g) ITP Documentation: 2) The resident's response to the ITP and progress toward goals shall be documented in progress notes h) The ITP shall be reviewed by the IDT quarterly and in response to significant changes in the resident's symptoms, behavior or functioning; sustained lack of progress; the resident's refusal to participate or cooperate with the treatment plan; the resident's potential readiness for discharge and actual planned discharge; or the	S9999		

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S9999	Continued From page 1	S9999		

resident's achievement of the goals in the treatment plan.

p) The PRSC is responsible for coordinating staff in the delivery of psychiatric rehabilitation services programs, oversight of data collection, and the review of the resident's performance.
1) At least quarterly, and prior to the treatment plan reviews, the PRSC shall meet with the resident to review and discuss the resident's current treatment plan, progress toward achieving the objectives, and obstacles inhibiting progress. Based upon this review, the PRSC, in consultation with the appropriate IDT members, shall revise the resident's ITP as needed. The revised treatment plan shall be submitted to the appropriate IDT members for review, approval and signature.

These Requirements were not met as evidence by:

Based on interview and record review facility failed to follow their policy for residents that meet the Subpart S guidelines for one resident (R138) out of three residents reviewed for specialized rehabilitation service. This failure resulted in the facility not following R138's individualized treatment plan to receive psychotherapy and did not document that R138 was not attending or had refused to attend psychotherapy since October 27, 2024.
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Findings Include:

Facility's list of residents receiving Psychotherapy services does not refelct R138s' name on it.

R138's care plan reads: Feeling down, depressed, or hopeless, Little interest or pleasure

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S9999	Continued From page 2	S9999		

in doing things, Poor appetite or overeating, Trouble concentrating on things, such as reading the newspaper or watching television, Trouble falling or staying asleep, or sleeping too much Meet with me to discuss ideas to moderate and reduce mood distress symptoms, such as: becoming more active and engaged in the life of the facility, reconciling conflicts/making amends with family or old friends and sharing thoughts and feelings that have contributed to depression. Initiated 6/26/2023.

R138's Medical Professional Progress Note from 10/27/2024 17:13 Details: Patient Presentation Does the patient have the capacity to participate meaningfully and benefit from psychotherapy ? Yes LTC- Psychotherapy, 16-37 minutes with patient. Summary of Today's Session: Therapist met with client for ongoing psychotherapy. Client ranked it at a two stating that he has felt fine over the past two weeks and has not heard voices or experienced hallucinations. Client reports that he has stayed out of his room and has engaged with other residents. Therapy will continue with a plan to practice reminiscent therapy during future sessions. Client will practice reminiscent therapy during each session. Progress will be made by clinician observation. Goal Start Date: 10/24/2024 Target Completion Date: 01/24/2025.

R138's 12/12/2024 19:16 Psychiatry Progress Note reads: HPI: 53, male, CC: follow-up psychiatric assessment. Available documentation reviewed and discussed with interdisciplinary team. Upon assessment: Depression: mild
Anxiety: mild
Mania: - Psychosis: mild Diagnosis: Schizoaffective Disorder Bipolar Type / Anxiety NOS Treatment Plan:
1. Risk Assessment: Patient is a current danger

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 3	S9999		

to self or others (no)
2. Medications: Continue present management
3. Side effects / risks / benefits of medications explained to patient
4. Patient notified that if condition worsens, he should notify nursing staff
5. Patient understood and agreed with above plan
6. Group and /or individual psychotherapy recommendation as needed

During interview on on 4/9/25 at 12:45 pm V34 (Psyche Nurse Practitioner) stated residents with SMI (serious mental illness) are seen by him 3-4 months. V34 stated he oversees the medication management of those residents and the psyche therapist oversees the psychotherapy portion. V34 stated residents with SMI benefit from antipsychotic medication and psychotherapy to improve or to keep their symptoms from getting worse. V34 stated R138 does have depression but he has not recently displayed any signs of extreme depression, like not eating, being suicidal or mood swings. V34 stated for the past year R138 has been at his baseline which is that he likes to stay in his room but may come out briefly. V34 stated a lot of residents that live in the nursing home like to stay in their rooms the majority of the time. V34 stated at this time there is no evidence that R138'S depression has worsened. V34 stated he did recommend when he saw R138 in December that he receive psychotherapy.

On 4/9/25 at 11:30 am V14 (Social Worker Director) stated she has been a social worker for five years and that he just became the social worker director at this facility two months ago. V14 stated there is a psychotherapy program ran by two psyche therapist (V32,V33). V14 stated they come to the facility every week to meet with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 4	S9999		

residents that are in the psychotherapy program. V1 stated residents that meet the Sub part S guidelines are supposed to be receiving psychotherapy. V14 stated she was not aware that R138 was not getting psychotherapy until today when V33 verbalized during phone interview with surveyor that R138 was refusing psychotherapy. V14 stated if she had known R138 had been refusing would have been visiting R138 on a weekly basis or would have delegated it to another social worker to meet with him to discuss his feelings/mood. V14 stated she will have to start documenting on R138 when they see him and his progress.

On 4/9/25 at 12:15 pm V33 (Psyche Therapist) he stated the last time he saw R138 for psychotherapy was last year in October. V33 stated whenever he went to R138's room to talk to him R138 would refuse to meet with him or participate in his treatment plan. V33 stated he did not document in R138's medical records that he refused psychotherapy. V33 stated he thought it was enough when he told the social service department that R138 was refusing psychotherapy.

On 4/9/25 at 11:50 am V32 (Psyche Therapist) stated they get a list of residents from the facility that require psychotherapy. V32 stated her and V33 come to the facility to see those residents on the list. V32 stated she isn't aware of R138 but believes V33 was seeing him. V32 stated that a resident who has a diagnosis of Schizoaffective Disorder and Bipolar is someone that should be in the psychotherapy program. V32 stated if a resident refuses to participate there should be documentation that they refused to participate.

On 4/9/25 at 1:15 pm V36 (Registered Nurse)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001465	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE CHICAGO, IL 60613

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S9999	Continued From page 5	S9999		

stated he has been taking care of R138 for about a year. V36 stated normally R138 stays in his room and the only time he comes out is to take his medicine or shower. V36 stated R138 has never reported to him that he was suicidal or homicidal.

On on 4/9/25 at 2:05 pm V35 (Licensed Practical Nurse) stated he has been taking care of R138 since September of last year. V35 stated R138 keeps to himself and stays in his room most of the time. V5 stated he can walk and go to the bathroom on his own V5 stated he asks R138 how he is feeling, he tells them he is okay and never reported to him that he was feeling down or that he was suicidal. V5 stated R138 has been compliant with his meds.

Facility's' Sub-part S denotes and Individual treatment plan (ITP) shall be developed and shall specify specific approach to meet objectives, skills training, behavior therapy including frequency, quantity, duration. ITP need to be reviewed quarterly. Attendance in programs needs to be recorded.
(B)
Statement of Licensure Violations: 2 of 2
300.610a)
300.1210c)
300.1210d)1)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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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S9999	Continued From page 6	S9999		

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.

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:
1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.
2) All treatments and procedures shall be administered as ordered by the physician.

These Requirements were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to accurately assess nutritional needs and monitor R141's nutritional status by changing enteral feeding order which provided less calories and protein. R141 is at risk for malnutrition, fully dependent to enteral feeding for nutritional support due to nothing by mouth (NPO) status, ventilator dependent and has multiple pressure ulcers. This failure resulted in severe weight loss of 26 pounds in 1 month (13% weight loss) for 1 (R141) of 2 residents reviewed

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S9999	Continued From page 7	S9999		

for nutrition in a sample of 36.

The findings include:

R141's admission record showed admit date on 10/12/23 with diagnoses not limited to Severe hypoxic ischemic encephalopathy, Chronic respiratory failure with hypoxia, Dependence on respirator [ventilator] status, Pressure ulcer of sacral region stage 4, Anoxic brain damage, Unspecified protein-calorie malnutrition, Gastrostomy status, Tracheostomy status, Pressure-induced deep tissue damage of left heel, Type 2 diabetes mellitus with foot ulcer, Non-pressure chronic ulcer of other part of left lower leg.

R141 MDS (Minimum Data Set) dated 3/14/2025 showed R141's cognition was severely impaired, no BIMS (Brief Interview for Mental Status) score. MDS showed R141 had significant weight loss, not on physician-prescribed weight-loss regimen and on feeding tube. MDS showed R141 had 2 stage 3 pressure ulcers that were not present upon admission / reentry and 1 stage 4 pressure ulcer that was present on admission or reentry. MDS showed 2 venous / arterial ulcers and diabetic foot ulcer.

On 4/08/25 at 10:54 AM Observed R141 lying in bed, on moderate high back rest, nonverbal. With tracheostomy tube to ventilator machine, with G-tube (Gastrostomy tube) feeding infusing Vital 1.5 at 55ml/hour via pump machine.

On 4/8/25 at 10:55AM V5 (Respiratory Therapist / RT) stated R141 is on Ventilator full support (Tracheostomy to vent), nonverbal, responds to stimuli, not able to follow commands. He said suctioning is done almost every 1-2 hours and

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	IL6001465	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE CHICAGO, IL 60613

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S9999	Continued From page 8	S9999		

prn due to full thick secretions. V5 said R141 was in and out of the hospital, latest hospitalization was about a month ago.

R141's order summary report dated 4/9/25 showed order not limited to: NPO. Enteral feeding- Tube type: G-tube, Vital 1.5, Rate: 55 ml/hr continuously, start at 7am, off at 5am. Turn off during ADLs and PRN (as needed).

R141's weight summary record showed in part: On 2/3/25 = 220 lbs (pounds); 3/8/25 = 200 lbs; 4/9/25 = 174 lbs.

On 4/9/25 at 2:05pm Surveyor asked V37 (Regional Nurse Consultant) to reweigh R141 and stated weight was 175.4 lbs. V37 stated R141 was reweighed twice.

On 4/9/25 at 4:10 PM V38 (Registered Dietitian / RD) stated he has been working full time in the facility for 1 year and is responsible for assessing all resident's nutritional status, MDS documentation and nutrition care plans. He said for residents who are NPO (receive nothing by mouth) and are dependent on enteral feedings he assesses them by reviewing resident's profile, review their hospital course, talk to family members to obtain a history, and calculate their estimated nutritional needs including energy and protein requirements. V38 said estimated energy and protein needs are based on the resident's weight. He said residents' who are dependent on enteral feedings because they are NPO are at higher nutritional risk. V38 said those residents who have pressure wounds and vent dependent require more protein and calories. V38 Stated he last assessed R141 on 03/10/25 and progress notes dated 3/26/25 was from 3/10/25 assessment. V38 said R141 has multiple wounds

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	IL6001465	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE CHICAGO, IL 60613

(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	S9999		

including a stage 4 and stage 3 pressure ulcers. He said when R141 was readmitted from the hospital on 3/8/25 the doctor discontinued the nutritional supplement which was used to promote wound healing of his pressure wounds. V38 said the doctor did this because his BUN (Blood Urea Nitrogen) level was elevated, and he wanted to lower his protein. V38 said he had previously estimated R141 nutritional needs as 1809-2171 calories based on his weight of 200 lbs. V38 stated he assessed R141 on 03/10/25, he was receiving 2145 calories, 90 gm protein from his current enteral TF (tube feeding) order. Stated he re-estimated R141 protein needs using 0.8-1.0 g/kg (73-91 gm protein) and recommended to switch the TF formula and decrease the TF volume to provide 1815 calories and 82 gm protein. It is still within the range of estimated nutritional needs. Estimated protein needs between 0.8-1.0 gm/kg is lower than recommended for a resident with multiple pressure wounds. V38 was trying to appease the doctor who was concerned with the BUN level and stated he never requested for a prealbumin or albumin level. V38 said usually for a resident with multiple pressures, he uses the protein range of 1.2-1.5 gm/kg. V38 stated he decreased the estimated protein needs to 0.8-1.0 gm/kg on his 03/10/25 assessment because he thought the doctor wanted to decrease the protein load because the doctor was concerned about elevated BUN. V38 said the doctor did not ask him to lower the protein and calories in the TF. He further stated "it was my assumption, I did this on my own, I am the one who puts the TF order in. The doctor does not have to approve the order." V38 said in decreasing his TF order the resident was receiving 13 gm protein less and 330 calories less/day compared to what he was previously receiving. Surveyor informed V38

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S9999	Continued From page 10	S9999		

about R141'S current weight as of today (4/9/25) reflecting 175lbs. He stated R141's weight loss is unplanned. V38 stated providing calories below estimated needs could negatively affect the wound healing process by slowing it down and lead to weight loss. V38 stated he did decrease the TF volume and thereby provided less calories and protein knowing R141 had multiple pressure wounds. V38 stated "when I completed by assessment on 03/10/25, I used the wound assessment based on 02/26/25. I did not see the wound assessment completed 03/09/25. To my knowledge there were no new wounds and/or deterioration in the condition of his existing wounds when he was readmitted from the hospital on 03/09/25". V38 also stated if the resident's pressure wounds were getting worse than that would have affected my decision to decrease the calories and protein he received from the TF.

On 4/10/25 at 9:08 AM V31 (R141's Physician) was interviewed via phone and stated he is aware of R141's weight loss and saw the resident yesterday (4/9/25). V31 stated he does not believe that R141 lost more than 20lbs in one month. V31 said the change of tube feeding last month providing low calories and protein, could lead to weight loss of a few pounds, but not 20lbs. V31 said there are several factors for weight loss, maybe staff is not using the same scale and resident's multiple comorbidities. Surveyor informed V31 that R141 was reweighed twice and the weight reflected the same weight loss.

On 4/10/25 at 9:48 AM Surveyor requested V43 (Restorative Aide, CNA / Certified Nursing Assistant) assisted by V30 (CNA) to reweigh R141. V43 said she has been working in the

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CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE CHICAGO, IL 60613

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S9999	Continued From page 11	S9999		

facility for 7 years and one of her responsibilities is to weigh the residents every month or as ordered. She stated she weighed R141 yesterday (4/9/25) and it was 174lbs. V43 said she has been weighing R141 every month and he looks like he had a weight loss. Stated she has been using the same total body lift scale every time he is weighing R141.

On 4/10/25 at 9:57 AM Surveyor with another survey team observed V30 and V43 weighed R141 using total body lift scale and revealed 174lbs. V43 confirmed that it was the same machine used to weigh R141.

On 4/10/25 at 11:53 AM Surveyor reviewed R141's electronic health record (EHR) with V26 (Wound Care Director, RN/Registered Nurse) and stated R141 has multiple pressure ulcers, 2 venous ulcers on both heels and Diabetic ulcer on left anterior leg. V26 said R141 has Stage 4 pressure ulcer to Sacrum with the following measurement: On 3/12/25 = 7.5 x 13 x 2.6cm (Length x Width x Depth); On 3/19/25 = 8.2 x 12 x 2.6cm; On 3/24/25 = 7.8 x 13 x 2.2cm and on 3/31/25 it was 9 x 13 x 2.5cm (wound size and depth had increased). V26 said R141 has Stage 3 to Right Ischium with the following measurement: On 3/12/25 = 1.7 x 3.3. x 0.2cm. On 3/19/25 = 1.7 x 2.8 x 0.2cm. On 3/24/25 = 1.2 x 1.7 x 0.2cm. On 3/31/25 = 0.6 x 1.2 x 0.2cm. V26 said R141 has Stage 3 to Left Ischium with the following measurement: On 3/12/25 = 3.7 x 3.8 x 0.2cm. On 3/19/25 = 2.8 x 2.2 x 0.2 cm. On 3/24/25 = 1.4 x 2.3 x 0.2cm. On 3/31/25 = 0.3 x 0.4 x 0.1cm.

R141's lab result dated 3/9/25 showed in part: BUN = 29 (normal range = 5 - 20). Albumin = 2.5 - LOW (normal range = 3.2 - 4.9).

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	IL6001465	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE CHICAGO, IL 60613

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S9999	Continued From page 12	S9999		

R141's Dietary evaluation dated 3/10/25 by V38 (RD) documented in part: Weight (3/8/25) = 200 lbs. Height = 74 inches. Current TF Regimen: Formula/Rate: Osmolite 1.5 65 mL/hr x 22H (hour). Provides: 2145 kcal, 90 g protein, 2287 mL free water daily. Weight Changes: -18.2# (8.3%) x1 month. Weight history in lbs: 3/8/25 = 200; 2/8/25 - 218.2. R141 was tolerating current TF regimen with no signs and symptoms of GI (gastrointestinal) distress. Wound noted, resident's MD (Medical Doctor) not agreeable to Juven intervention due to elevated BUN per staff. Interventions: Order new weight, modify TF regimen. Formula/Rate: Vital 1.5 55 mL/hr x 22H. Provides: 1815 kcal, 82 g protein, 1820 mL free water daily. V38 documented continue monitoring meal intake but R141 is on NPO.

Care plan with review date on 3/25/25 showed in part:
R141 requires enteral feedings as the primary source of nutrition, due to the following conditions and risk factors: g-tube dependence. Enteral nutrition prescription, as follows: Formula/Rate: Vital 1.5 55 mL/hr x22H. Provides: 1815 kcal, 82 g protein, 1820 mL free water daily
R141 is at risk for malnutrition and dehydration.
R141 is at risk for alteration in nutritional status related to: NPO, tube feeds.
R141 has an actual impairment to skin integrity related to Sacrum Stage 4 pressure injury, left leg cluster diabetic wound, Right and left ischium stage 3 pressure injuries, Left and Right heel venous ulcers.

R141' wound assessment report dated 3/12/25 showed in part: Stage 4 pressure ulcer to Sacrum. Measurement = 7.5 x 13 x 2.6cm (Length x Width x Depth). Stage 3 to Right

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001465	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE CHICAGO, IL 60613

(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 13	S9999		

Ischium. Measurement = 1.7 x 3.3. x 0.2cm. Stage 3 to Left Ischium, measurement = 3.7 x 3.8 x 0.2cm. It also showed R141 with 2 venous ulcers to both heels and Diabetic ulcer to left anterior leg cluster.

R141's wound assessment report dated 3/19/25 showed in part: Stage 4 pressure ulcer to Sacrum, measurement = 8.2 x 12 x 2.6cm. Stage 3 to Right Ischium, measurement = 1.7 x 2.8 x 0.2cm Stage 3 to Left Ischium, measurement: = 2.8 x 2.2 x 0.2 cm. It also showed R141 with 2 venous ulcers to both heels and Diabetic ulcer to left anterior leg cluster.

R141's wound assessment report dated 3/24/25 showed in part: Stage 4 pressure ulcer to Sacrum, measurement = 7.8 x 13 x 2.2cm. Stage 3 to Right Ischium, measurement = 1.2 x 1.7 x 0.2cm. Stage 3 to Left Ischium, measurement: = 1.4 x 2.3 x 0.2cm. It also showed R141 with 2 venous ulcers to both heels and Diabetic ulcer to left anterior leg cluster.

R141's wound assessment report dated 3/31/25 showed in part: Stage 4 pressure ulcer to Sacrum, measurement = 9 x 13 x 2.5cm (wound size and depth had increased). Stage 3 to Right Ischium, measurement = 0.6 x 1.2 x 0.2cm. Stage 3 to Left Ischium, measurement: = 0.3 x 0.4 x 0.1cm. It also showed R141 with 2 venous ulcers to both heels and Diabetic ulcer to left anterior leg cluster.

Facility's clinical guidelines policy dated 1/13/25 documented in part: To determine the current nutritional status of the resident through screening and assessment.

Facility's hydration policy dated 7/30/24

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	IL6001465	A. BUILDING: _____ B. WING _____	04/11/2025

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CARLTON AT THE LAKE, THE	725 WEST MONTROSE AVENUE CHICAGO, IL 60613

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S9999	Continued From page 14 documented in part: Those who are NPO and are receiving enteral feeding will have their nutrition and hydration through enteral feeding. The dietician will assess the nutrition, and hydration needs of resident on enteral feeding. Facility's enteral tube feeding care dated 7/26/24 showed in part: Enteral tube is an avenue of feeding and hydration nutritional support via gastrostomy route. no violation	S9999		