

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	S 000		
	Annual Licensure and Certification Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations 1 of 2: 300.610a) 300.1010h) 300.1210b) 300.1210d)2)3)4)A)5)6)			
	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 300.1010 Medical Care Policies			
	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. The facility shall obtain and record the physician's plan of care for the care or treatment of such			

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

05/09/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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 accident, injury or change in condition at the time of notification. (B) 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 2</p> <p>enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These Requirements were not met as evidenced by:</p> <p>1A. Based on interviews and records reviewed the facility failed to complete a wound assessment and document treatment and findings of the assessment of one resident (R91) who developed a reddened area on her left and right buttock, and failed to ensure there were effective interventions to prevent further deterioration. This failure affected one of five of 5 (R91) reviewed for pressure ulcers in a sample of 36. This failure resulted in R91 developing an unstageable pressure ulcer that required debridement.</p> <p>The findings include:</p> <p>R9's diagnosis include but are not limited to Alzheimer's Disease, Parkinson's Disease, Diabetes, Retention of Urine, Vascular Dementia, Cognitive Communication Deficit, and Need for Assistance with Personal Care.</p> <p>On 04/15/25 at 10:50 AM R91 in bed, sleeping on air mattress, on back. R91 did not verbally</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 3</p> <p>respond to the surveyor for interview.</p> <p>On 04/16/25 at 11:15AM R91 in bed, sleeping, did not wake when spoken to.</p> <p>On 4/16/25 11:17AM V16, LPN said R91 has a sacral wound, at stage IV and she is on hospice. V16 said R91 stays in bed. V16 said R91 was on antibiotic for her pressure ulcer but she just finished the treatment.</p> <p>On 4/17/25 at 8:25AM V17, CNA, said I turn R91 every 2 hours. R91 awake, eyes open, eating breakfast, looking out the window. No verbal response. At 8:38AM V17 said R91 is completely dependent on staff, she can't move. V17 said we have to turn her; she doesn't help or try to get up. During an interview, in Spanish, in the conference room with the surveyors on 4/17/25, V17 said he reported to wound care a red area, unopened, just red on her buttocks, about the size of a lime. (V17 made a gesture with his fingers in a circle shape and the surveyor asked if that was about the size of a lime and V17 said yes.) V17 said there was no documentation or anything I wrote to report this. V17 said it is just a verbal report to the nurse, right away. V17 said we kept applying the barrier ointment to her and turning her. V17 said it was between 3-7 days when I reported to the nurse before the hospice nurse saw the wound. V17 said I told V19 about it when I first saw it.</p> <p>On 04/17/25 at 09:25 AM V18, Wound Care Director, said R91 has a stage IV pressure ulcer. V18 stated it is the worst one (wound) in the building. V18 said R91's wound was unavoidable because of poor nutrition and her declining health. V18 said the wound has undermining. V18 said we were treating her with antibiotics. V18</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 4</p> <p>said the wound treatment was already done today. V18 said R91's wound was facility acquired, seen initially on 1/21/25 as a stage 3. V18 said R91 had a history of pressure ulcers prior to this one. V18 said the first person to report R91's wound was the hospice nurse to V16 on 1/21/25. V18 said initially R91's wound was classified by the wound doctor as an "end of life wound" but we can only do for 4 weeks so we classified as IV. V18 said I coded R91's wound wrong initially as stage 3 on the MDS, but I should have classified it as a Deep Tissue Injury (DTI).</p> <p>On 4/17/25 at 11:38AM V19, Wound Nurse, said R91 had a history of wounds that had healed. V19 said the CNA, V17, reported redness to R91's left and right buttocks. V19 said when I saw the area it was red, but she had nothing in her sacrum. V19 said the redness was from pressure, it was superficial Stage 1 when I saw it. V19 said I did not document an assessment of the wound. V17 said I should have documented it. V17 said I went on vacation on 1/17/25 and I was back to work on 2/24/25.</p> <p>On 4/18/25 at 8:58AM V18 said when I spoke with the hospice nurse, she said R91 skin was clear on her hospice admission assessment on 1/16/25. Her skin was reported impaired on 1/21/25. V18 said we had a treatment for a dressing to be applied in January, but we didn't put it on the treatment record.</p> <p>On 4/18/25 at 11:02 AM V23, Wound Doctor, said the facility had a "clerical error" and the wound order was not on the treatment records. When a wound is found in an "ideal world" there would be a wound assessment so we can determine what kind of wound it is (like pressure) and to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 5</p> <p>determine if there is improvement or decline by monitoring the wound.</p> <p>On 4/18/25 at 11:54am V1, Director of Nursing, said the purpose of the TAR is to record and document that wound care treatments are done. V1 said if the order is not on the TAR there is no way to show the treatment was done. V1 said I expect all orders to be on the physician order sheets and the TAR.</p> <p>Hospice General Note on 1/16/25 documents clear skin.</p> <p>Treatment Administration Record (TAR) January 2025 has order for Chamosyn that was initiated July 2024, no other treatment.</p> <p>Progress notes for R91 dated 1/21/25 6:29PM new pressure ulcer on sacral. Current treatment bordered foam.</p> <p>There are no notes or assessments documenting what V17 said she saw, the redness. V17 started vacation on 1/17, so the area was seen prior to 1/17/25.</p> <p>Progress notes for R91 dated 1/21/25 at 7:54PM wound care noted purplish color discoloration on sacral area.</p> <p>R91's Wound Assessment Details dated 1/21/25 notes stage 3 size 1.50 x 0.40 x 0.20 with light serous drainage. (picture is included on assessment) Notes section written by V18 states this is a deep tissue injury. Will close the assessment and have new assessment with proper staging. Treatment identified foamed silicone three times per week.</p> <p>R91's Wound Assessment Details dated 4/12/25</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 6</p> <p>notes stage 4, slough 20%, heavy serosanguineous drainage, 4.8x 4.8x 1.1. undermining present at 12:00 16cm.</p> <p>Review of Treatment Administration Record January-February 2024. Treatment documented includes Chamosyn moisture barrier to left and right buttock initiated on 7/25/24 and discontinued 4/7/25. Apply sacral wound topically every day and evening for wound care moist to dry packing after sodium hypochlorite solution 2/20/25-4/7/25. On 2/19/25 a Silver alginate foam added to sacral wound. (no treatment initiated documented on 1/21/25)</p> <p>Wound Evaluation and Management Summary dated 1/30/25 documents debridement procedure on R91's sacrum.</p> <p>Wound Evaluation and Management Summary dated 2/6/25 Dressing silicone border apply three times per week for 16 days. Leptospermum honey apply 3 times per week for 30 days. (This treatment is not on the TAR for February)</p> <p>The facility presented Unavoidable Wound Documentation dated 1/24/25, 3 days after identified as stage 3.</p> <p>The facility Pressure Ulcer Policy dated 1/19/22 states the nurse shall describe, document/report the following: full assessment of pressure sore including location, stage, length, width, and depth.</p> <p>The facility Wound Care Policy dated October 2020. Verify there is a physician's order for this procedure.</p> <p>1B. Based on interviews and records reviewed</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 7</p> <p>the facility failed to follow their practice and provide 2 person assist with bed repositioning of a dependent resident. This failure affects one of three residents (R91) reviewed for falls. This failure resulted in R91 falling out of bed when staff turned her and sustained head injury requiring 1 staple to the back of her head.</p> <p>The findings include: R91 is nonverbal and diagnosis include but are not limited to Alzheimer's Disease, Parkinson's Disease, Diabetes, Retention of Urine, Vascular Dementia, Cognitive Communication Deficit, and Need for Assistance with Personal Care.</p> <p>On 4/17/25 at 12:33PM V7, Assistant Director of Nursing, said on 4/5/25 around 6:00am R91 had a fall. V7 said I interviewed staff on Monday, including V20, CNA. V7 said V20 said when doing care and turning R91 she slid from the bed. V7 said R91 was on an air loss mattress. V7 said the nurse was called and there was blood. V7 said R91 was sent to the hospital for evaluation. V7 said R91 returned with 1 staple to the back of the head. V7 said it was a serious injury. V7 said R91 required 2 persons for repositioning, she should have been 2 person assist for repositioning in the bed. V7 said the root cause of R91's fall was the CNA was unable to properly turn the patient. V7 said V20 should have known to use 2 persons. V7 said in-service was done with V20 to ensure V20 uses the proper staff persons.</p> <p>On 4/17/25 at 1:39PM V21, Restorative Nurse, said repositioning in bed is always 2 person assist if the resident is dependent and also if they are 2 person transfer. V21 said I do the assessment quarterly. R91's incident report dated 4/5/25 CNA reported to nurse he was giving CNA care and as he</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 8</p> <p>turned R91 on R91 left side R91 slid off the bed. Laceration to the back of head.</p> <p>R91's Progress Notes dated 4/5/25 notes 2 staff persons from ambulance transported resident back to the facility. R91 noted with skin tear on left posterior cephalic, with one staple applied from the hospital.</p> <p>Attempts to reach V20, CNA, on 4/17/25 at 1:04PM and 1:25PM unsuccessful.</p> <p>R91's Restorative Evaluation dated 1/21/25 notes she is dependent with ADL. Assessment and Care plan do not identify 1 or 2 persons for assistance.</p> <p>R91's hospital record dated 4/5/25 notes a laceration repair to the back of her head and 1 staple used. (B)</p> <p>Statement of Licensure Findings 2 of 2: 300.610a) 300.1010h) 300.1210b) 300.1220b)3)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 9</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies</p> <p>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. 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. (B)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 10</p> <p>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. The plan shall be reviewed at least every three months.</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to identify, assess, and develop effective interventions to prevent residents from experiencing unplanned significant weight loss. This affected three of eight residents (R49, R109, and R145) reviewed for weight loss and weight loss prevention. This failure resulted in unplanned weight loss for R49 of 14% in six months, R109 8% in one month, and R145 10% in one month.</p> <p>Findings Include:</p> <p>A. R49 is a 93 year old with the following diagnosis: Alzheimer's disease, vascular dementia, hypertensive heart disease with heart failure, and dysphagia.</p> <p>A Nursing note dated 3/9/25 documents R49 refused to eat even though staff attempted to feed. There is no notification the physician was notified of poor appetite.</p> <p>A Nursing note dated 3/10/25 documents R49 is still having a poor appetite. R49 verbalized being hungry but is not eating food. R49 drank 1 cup (4 oz) of ensure for breakfast and lunch. The nurse</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 11</p> <p>practitioner was notified.</p> <p>A Nursing note dated 3/14/25 documents staff attempted to feed R49 but R49 refused. R49 verbalized being hungry but is not eating food. R49 drank 1 cup (4 oz) of ensure for breakfast and lunch. There is no notification the physician was notified of poor appetite.</p> <p>A Physician note dated 3/14/25 documents request to follow up by nursing for poor appetite. Plan to provide nutritional supplementation, nutrition consult, and monitor labs.</p> <p>A Nursing note dated 3/17/25 documents the nurse practitioner was made aware of R49 not eating and weight loss. R49 only appears to be gurgling fluids and not swallowing. Order received for labs to be completed tomorrow.</p> <p>A Nursing note dated 3/18/25 documents R49's sodium level was elevated so R49 was sent to the hospital for an evaluation.</p> <p>A Nursing note dated 3/26/25 documents R49 returned to the facility from the hospital.</p> <p>A Nursing note dated 3/27/25 documents R49 still has a poor appetite when staff attempted to feed.</p> <p>A Nursing note dated 3/28/25 documents the nurse practitioner was notified of R49's poor oral intake and no new orders were put in place.</p> <p>A Nursing note dated 3/30/25 documents R49 only had a couple spoons for breakfast and lunch.</p> <p>A Nursing note dated 3/31/25 documents R49 still has a poor appetite and had two sips of thickened ensure.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 12</p> <p>A Nursing note dated 4/1/25 documents the nurse called pharmacy to follow up on the appetite stimulant, but it is not covered by insurance. The nurse practitioner was notified, and the medication was discontinued.</p> <p>A Physician note dated 4/1/25 documents R49 had a poor appetite and refusing meals since arrival. R49 is on nutritional supplementation but an appetite stimulant is not covered by insurance, so it was removed from the MAR.</p> <p>A Nursing note dated 4/2/25 documents R49 was sent to the hospital for pneumonia and heart failure. A Nursing note dated 4/10/25 documents R49 returned from the hospital on hospice.</p> <p>The Dietary/Nutrition note dated 1/19/25 documents the most recent recorded weight was documented as 116.9 pounds. R49 is on pureed diet with super pudding with meals with a supplement of ensure 4 oz three times a day. R49 had an unintentional weight loss related to dysphagia and inadequate energy intake as exhibited by weight loss and documented poor intake. Weights show a 7.5% decrease in three months and an almost 12% decrease in six months. R49's appetite varies from 0-100%. There is an order for daily weights and to notify the physician of weight change per criteria. Appears that different weighing methods are used at times with significant differences between them.</p> <p>The Dietary/Nutrition note dated 2/26/25 documents the most recent recorded weight was 120.2 pounds. This still is considered a greater than 10% decrease within six months. R49's appetite is poor. R49 is only taking sips of ensure</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 13</p> <p>per progress notes. No new interventions were put in place to address the significant weight loss for six months.</p> <p>There is no documentation of a March dietary note.</p> <p>A Dietary/Nutrition note dated 4/17/25 documents the most recent recorded weight was 108.6 pounds. This is an unintended weight loss related to dysphagia and inadequate energy intake as exhibited by weight loss and documented poor intake. Weights show a greater than 5% decrease in one month. R49 is now on hospice and intake is very poor. Only taking bites of each meal. Super cereal and super pudding were offered but R49 does not take more than a few bites. Continue plan of care per hospice.</p> <p>R49's weights are documented as follows: 4/10/25 - 108.6 pounds, 3/27/25 - 113.2 pounds, 3/17/25 - 107.4 pounds, 3/15/25 - 126 pounds, 3/7/25 - 127 pounds, 2/20/25 - 120.2 pounds, 2/15/25 - 128.1 pounds, and 1/14/25 - 116.9 pounds.</p> <p>On 4/17/25 at 11:32AM, V5 (Dietitian) stated V5 comes to the facility two or three times a month or as needed when contacted by staff. V5 reported V4 oversees residents on tube feeds or with weight loss concerns. V5 stated R49 was last seen in February. V5 reported R49 is on daily weights for heart failure. V5 stated in February R49 had a 7.5% weight loss from the previous visit due to multiple hospitalizations and diuretic use. V5 reported R49 had a poor appetite for about two months and was only taking sips of the nutritional shake. V5 stated R49 had super puddings twice a day and ensure twice a day in place as interventions but no other interventions</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 14</p> <p>were added at that time because R49 was not eating. V5 denied being notified of R49 weight loss for the month of March so R49 was not seen during March. V5 reported if R49 continued to have a poor appetite then staff should have notified V5 to put in other interventions. V5 stated V5 was last in the building assessing residents on 4/8/25. V5 reported additional supplements will be added for R49 on V5's next visit.</p> <p>On 4/18/25 9:12AM, V7 (ADON) stated we asked that one or two CNAs go around the first week of the month to get resident weights. V7 reported one weighing scale per floor is used to ensure accuracy. V7 stated the weights are entered in an excel sheet and sent via email. V7 reported if there is a significant weight loss then V22 will let V7 know and a reweigh will be conducted and if it is still a significant weight loss then V22 will contact V5. V7 stated weekly weights and calorie counts are put in for residents with noted weight loss. V7 reported the nurse will document the calorie count in PCC. V7 stated the physician is notified of the recommendations of the dietitian. V7 reported if there is an issue with weight the dietitian is contacted. V7 stated the weight meetings are performed quarterly and residents are discussed for who is having weight loss. V7 reported V7 goes over the weights for the residents. V7 stated if a resident is losing weight, then weekly and daily weights will be completed if they have medical conditions. V7 stated residents should also be weighed upon readmission to see if there is a significant change in weight. V7 stated more than 5 pounds of weight loss is a significant weight loss. V7 reported it will trigger in the system. It will show in PCC once the weight is entered the system will generate a remark about the weight loss. V7 reported the dietitian will recommend supplements and will be placed in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 15</p> <p>PCC and communicated to the nurses. V7 stated V7 is responsible for talking to the physician about other recommendations besides supplements. V7 reported interventions will also be documented in the care plan and family will be involved to see if they have any suggestions. V7 stated the same case with R49. V7 reported R49 had a poor appetite for about two months. V7 stated R49 would say R49 would want to eat but then not consume any food. V7 reported R49's poor appetite was addressed by V22. V7 stated R49 also had worsening CHF and began having frequent hospitalizations.</p> <p>The Physician Order Summary documents R49 receives a pureed no added salt diet with nectar thick liquids. R49 needs feeding assistance for all meals. A calorie count with all meals for three days was ordered on 2/24/25. The facility did not provide any documentation of a completed calorie count during this investigation. Weekly weights were ordered on 4/10/25 for four weeks.</p> <p>The Medication Administration Record dated 03/2025 documents an appetite stimulant was ordered on 3/31/25 but was not administered due to the medication not being available. An order dated 12/3/24 documents staff need to monitor oral intake and notify if R49 has a poor appetite or decreased oral intake.</p> <p>The Minimum Data Set (MDS) dated 3/31/25 documents a Brief Interview for Mental Status could not be completed because R49 cannot/is rarely understood. Section K of MDS documents R49 had a loss of 5% or more in the last month or 10% or more in the last six months and is not on a physician-prescribed weight loss regimen. Within the last seven days, total calories received are 25% or less than what R49 should be</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 16</p> <p>consuming.</p> <p>The Dietary Profile dated 11/10/24 documents R49 has a body mass index of 18.4%. R49 has supplements of ensure 4 or three times a day, super cereal at breakfast and super pudding at breakfast, lunch, and dinner. Appetite is fair but R49 appears underweight. Goal is to improve oral intake to 75% with gradual weight gain desire. The Dietary Profile dated 4/5/25 documents R49 is still taking the same supplements. R49 is documented as having a good appetite. Plan to reassess upon readmission. R49 was sent to the hospital on 4/2/25.</p> <p>The POC Amount Eaten charting dated 01/2025 documents R49's appetite differs from 0-100% eaten with the majority being 51-75%. The POC Amount Eaten charting dated 02/2025 documents R49's appetite varies from 0-75% with the majority being 26-50%. The POC Amount Eaten charting dated 03/2025 documents R49's appetite varies from 0-50% eaten with the majority being 0-25%.</p> <p>The Care Plan revised on 4/11/25 documents R49 has a diagnosis of congestive heart failure. An intervention dated 10/06/23 documents monitor for signs of malnutrition and encourage adequate nutrition. The Care Plan revised on 2/4/25 documents R49 is at increased nutrition risk related to recent significant weight gain, receiving a mechanically altered diet, and currently on diuretic therapy. Interventions created on 2/6/20 document provide and serve ensure 8oz as ordered and monitor intake and record each meal. There are no other interventions documented on the care plan that were added to address R49's significant weight loss or poor appetite.</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 17</p> <p>B. R109 is a 97 year old with the following diagnosis: Alzheimer's disease, vascular dementia, and diastolic heart failure.</p> <p>A Physician note dated 3/11/25 documents R109's adult failure to thrive is stable. R109 has had an improved appetite per documentation. There is no documentation the physician was notified of the weight loss in March.</p> <p>A Physician note dated 3/18/25 documents R109's adult failure to thrive is stable. Recommendation to add spices and soy sauce to improve taste.</p> <p>A Dietary/Nutrition dated 1/19/25 documents the most recent weight was 127.6 pounds. R109 has had an unintentional weight loss related to variable intake. R109 has had a greater than 5% increase in one month. There is no dietary note for February or March.</p> <p>A Dietary/Nutrition note dated 4/17/25 documents the most recent weight was 116.9 pounds. This is an unintentional weight loss. R109 has variable intake. Super pudding at dinner was added on 4/6/25. An appetite stimulant was also added to promote increased appetite. COVID outbreak on the floor in February which may have contributed to weight loss. April weight was requested.</p> <p>R109's weights are documented as follows: no weight for April, 3/11/25- 116.9 pounds, no weight for February, 1/13/25- 127.6 pounds, 12/11/25- 121 pounds, no weight for November, 10/29/24- 122 pounds, and 10/22/24- 124 pounds.</p> <p>On 4/17/25 at 11:32AM, V5 reported R109 is ordered weekly weights due to heart failure. V5</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 18</p> <p>reported V5 recommended a calorie count in November be completed to see how much R109 was eating. V5 denied ever looking at the calorie count or following up to see if the calorie count was completed. When asked why V5 never followed up with the completion of the calorie count, V5 said, "I don't know. I guess I'm stupid." V5 stated V5 was not notified of the weight loss in December but should have been so new interventions could have been put in place. V5 reported R109 was last seen in 01/2025 due to having a significant weight loss from 127 pounds to 116 pounds. V5 stated R109 has not been seen in April yet due to no April weigh being recorded. V5 stated weights should be taken at least monthly or weekly/daily depending on the physician order. V5 reported V5 only recommends supplements, and the physician is responsible for managing medications and adding appetite stimulants. V5 denied needing to make recommendations for the appetite stimulants because the nursing staff should be talking with the physician if they want to get that ordered. V5 confirmed weight loss for R49, R109, and R145 was unintentional.</p> <p>On 4/18/25 at 9:12AM, V7 reported R109 was sent to the hospital and had significant weight loss when R109 returned. V7 stated the food preferences are being address. V7 reported R109 has also had a poor appetite. V7 reported the PCP will start any medications to increase appetite. V7 stated during the COIVD outbreak some February weights weren't done, and the platform scale couldn't be used. V7 stated the facility does have other scales that could have been used at that time.</p> <p>The Physician Order Summary documents R109 is ordered a general mechanical soft diet that</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 19</p> <p>needs assistance feeding each meal. A calorie count with all meals for three days was ordered on 2/24/25. The facility did not provide any documentation of a completed calorie count during this investigation. An order on 10/25/24 documents ensure plus twice a day. An order on 4/6/25 documents super pudding to be given at lunch and dinner. An order for weekly weights to be performed was ordered on 10/26/24.</p> <p>The Medication Administration Record dated 03/2025 documents the appetite stimulant was started on 3/18/25.</p> <p>The Minimum Data Set (MDS) dated 2/26/25 documents a Brief Interview for Mental Status score could not be completed because R49 cannot/is rarely understood. Section K of MDS documents R49 had a loss of 5% or more in the last month or 10% of more in the last six months and is not on a physician-prescribed weight loss regimen.</p> <p>The Dietary Profile dated 4/6/25 documents the most recent weight as 116.9 pounds. R109 is on ensure plus twice a day and recommendations including super pudding with lunch and dinner. R109's appetite is documented as good. Will continue to monitor intake, labs, and skin with a weight goal for tolerance of current diet with gradual weight gain.</p> <p>The POC Amount Eaten charting dated 03/2025 documents R109's appetite differs from 0-100% eaten with the majority being 26-50%. The POC Amount Eaten charting dated 04/2025 documents R109's appetite varies from 0-100% with the majority being 50-75%.</p> <p>The Care Plan revised 10/10/24 documents R109</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 20</p> <p>is at increased risk for nutrition related to mechanically altered diet with recent significant weight loss. An intervention was created on 10/1/19 to provide supplements as ordered and monitor intake and record each meal. No new interventions were documented after this date. There is a revision dated 4/9/25 but no new interventions are noted.</p> <p>C. R145 is a 74 year old with the following diagnosis: malignant neuroendocrine tumors, encounter for gastrostomy, and dysphagia.</p> <p>A Nursing note dated 1/12/25 documents R145 was sent to the hospital for elevated white blood cell count. R145 was not in any acute distress. R145 was admitted with pneumonia.</p> <p>A Nursing note dated 1/28/25 documents R145 readmitted to the facility. A Physician note dated 1/28/25 documents R145 was recently treated at the hospital for infection. R145 also had unintentional weight loss, dysphagia, and regurgitation of undigested food.</p> <p>The Dietary/Nutrition note dated 12/20/24 documents the most recent documented weight as 191.6 pounds. R145 appetite varies from 51-100%. There has been a greater than 10% loss over the past six months. R145 is on a nutritional shake for added calories. No other interventions were added at this visit.</p> <p>The Dietary/Nutrition note dated 1/29/25 documents the weight still as 191.6 pounds. R145 has had an unintentional weight loss due to dysphagia. R145 went to the hospital on 1/12/25 and returned with a G tube. Plan is to continue feedings as ordered.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 21</p> <p>The Dietary/Nutrition note dated 2/17/25 documents the most recent weight as 167.6 pounds. R145 has had an unintentional weight loss due to dysphagia and is now on G tube feeds. This has been a weight loss of greater than 10% in six months. Feedings were increased due to weight loss.</p> <p>The Physician Order Summary documents a dietary supplement for increased calories was added on 4/3/25. An order for tube feeds at 75 mL an hour for 21 hours was placed on 4/3/25.</p> <p>R145's weights are documented as the following: there is no weight documented for April, 3/10/25 - 170.8 pounds, 2/14/25- 167.6 pounds, there is no weight documented for January, 12/17/24- 191.6 pounds, 12/11/24- 183.9 pounds, 12/3/24- 191.6 pounds.</p> <p>On 4/17/25 at 11:32AM, V5 stated V5 started seeing R145 in 2021 but weight loss did not occur until 2024. V5 stated R145 went to the hospital in 01/2025 but V5 was not notified on any weight loss before R145 left. V5 stated R145 was taking supplements of a nutritional shake before going to the hospital.</p> <p>On 4/18/25 at 9:12AM, V7 stated R145 was sent out and R145 has cancer so R145 had a significant weight loss. V7 reported the dietitian would know what interventions were in place for R145.</p> <p>The Minimum Data Set (MDS) dated 3/12/25 documents a Brief Interview for Mental Status score as 15 (no cognitive impairment). Section K documents a weight loss of 5% or more in the last month or 10% or more in last six months that is not a physician prescribed weight loss regimen.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 22</p> <p>The Dietary Profile dated 1/28/25 documents R145 is nothing by mouth and receives tube feedings. Awaiting readmission weight to complete assessment.</p> <p>The Hospital Records dated 1/12/25 document R145 was admitted to the hospital for an elevated white blood cell count. R145 reported a major unintentional weight loss, dysphagia, and regurgitating undigested food. R145 weight upon admission was 172 pounds.</p> <p>The Care Plan revised on 4/5/25 documents R145 requires tube feeding related to dysphagia and swallowing problems. An intervention documented on 2/24/25 documents the dietitian will evaluate quarterly and as needed to monitor caloric intake and estimate needs. There is no other documentation in the care plan addressing R145's weight loss or nutritional risk with interventions.</p> <p>On 4/18/25 at 10:01AM, V22 (Nutrition Support Coordinator) stated V22 responsibilities are entering the weights into the system that are received from the nursing staff. V22 reported if the weights aren't accurate then a new weight is requested. V22 stated V22 also completes the Dietary Profiles, and the facility completes them to show their weight, how their eating is doing and to provide a baseline. V22 reported the facility has had an in-service because the daily and weekly weights are done. We do a quarterly meeting with all the disciplines and weight loss of all residents are discussed. V22 stated the last quarterly meeting was in April and those meeting minutes kept in the binder. V22 reported if the weight loss is still significant then when the dietitian comes in and the report is printed V5 will</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 23</p> <p>see who a significant weight loss is and make sure to see those residents. V22 stated V5 comes in a couple times a week. We will discuss weight loss interventions together to see if we can come up with something. V22 reported the recommendations are given to staff verbally and then given to the doctor to see what can be ordered. V22 stated if a resident continues to have weight loss, then we just document what the interventions are in place and continue to monitor. V22 stated all residents who have significant weight loss should be seen by the dietitian. V22 also reported that V22 audits the weight loss report at the end of the month to make sure everyone is taken care of.</p> <p>On 4/18/25 at 1:22PM, V23 (Associate Medical Director) stated the expectation is to implement interventions when weight loss is first noted. V23 reported the weight loss meetings should be conducted to go over the current interventions. V23 stated the dietitian should be involved and see the residents who are losing weight. V23 reported the dietitian is responsible for finding supplements to help with weight loss. V23 stated residents should be weighed monthly but if they are losing weight it needs to be more often to monitor the weight loss and if any other interventions need to be put in place. V23 stated appetite stimulants, calorie counts, and medication reviews can also be added as interventions for weight loss.</p> <p>The policy titled, "Monthly, Weekly, & Daily Weights," dated 12/12/18 documents, "Statement of Policy: It is policy of Lee Manor Rehabilitation and Nursing Facility that all residents will be weighed monthly per State and federal Regulations unless otherwise indicated. Monthly Significant Weight Loss: All residents will be</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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	<p>Continued From page 24</p> <p>weighed starting the first day of the month. The weights will be obtained by the CNA and nursing staff. Upon completion of the re-weights, the nutrition support manager will record all of the weights into PCC. The nutrition support manager will generate the weight and vitals expectations report, which will reflect a 5% weight change for one month; 7.5% weight change for three months; and 10% weight change for six months. The weight and vital exception report will be given to the registered dietitian monthly for review. The registered dietitian will follow up on any significant weight changes on a monthly basis. Weekly and Daily Significant Weight Loss/Changes: Weekly and daily weight will be obtained by the CNA nursing staff. Nursing will enter weekly and daily weights into PCC. Upon entering weekly and daily weights into PCC, nursing will compare the weight to be entered to the previous weight obtained, if there is significant weight change, nursing at that time will determine if the weight is correct, or if reweight is necessary at that time. Nursing will also contact nutrition support manager to report any significant weight changes. Nursing will also contact the physician related to any significant weight changes and follow any physician orders related to significant weight changes at that time."</p> <p>The policy titled, "Nutrition Assessment In-Depth," dated 2021 documents, " ...The dietitian exercises clinical judgement to determine the best nutrition approach(s) by recommending interventions appropriate to the individual."</p> <p>The policy titled, "Interventions for Weight Loss," dated 2021 documents, "Policy: Interventions are provided to address a decline in a client's appetite and food intake, a significant weight loss or insidious weight loss trend. Procedure: Nutrition</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005284	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 04/18/2025
NAME OF PROVIDER OR SUPPLIER LEE MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 LEE STREET DES PLAINES, IL 60018		
(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 25 interventions can be initiated by a member of the healthcare team prior to assessment of the client's nutrition status by the dietitian ...Pharmacists can help the staff identify medications that alter taste or cause dry mouth, lethargy, nausea, or confusion. Physicians and nurse practitioners help identify causes of anorexia and weight loss." (B)	S9999			