

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  3601 South Harlem Avenue Berwyn, IL 60402	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40920</p> <p>Based on observation, interview and record review, the facility failed to ensure staff provide shower/bed bath and grooming for residents who are dependent on staff for Activities of Daily Living (ADL). This failure affected 6 residents (R3, R7, R21, R47, R78, R99) of 11 residents reviewed for ADL care.</p> <p>Findings include:</p> <p>R21 is [AGE] years old and have resided at the facility since 2021, past medical history includes multiple sclerosis, hyperlipidemia, acquired absence of left leg below the knee, history of falling, etc.</p> <p>On 04/22/24 at 10:55AM, R21 was observed in bed, awake and alert and stated that she is doing okay, R21 told surveyor to come closer, because she had something to show surveyor. R21 raised up her head from the pillow and showed surveyor her long hair that was clumped together and matted in the back, with a lump of hair in the middle all tangled up. R21 stated, the facility does not give her showers or bed bath, no one has ever washed or combed her hair since admission, she does not want it washed or combed at this point because it is too painful, she just wants them to cut it off. R21 further stated, her bed baths are scheduled at night while other residents get theirs during the day, and R21 must wait more than 4 hours sitting in urine before getting changed. R21 stated, she has not been changed today, she was last changed last night. R21 added, she has some redness on her bottom from sitting in urine for a long time, they gave her a cream to apply, staff does not help her with brushing her teeth and all she needs is for someone to put toothpaste on her toothbrush, she cannot do that due to a contracture in her right hand, but she can brush her own teeth. Resident's room was noted to be dirty with lots of garbage and used medicine cups and pink liquid on the floor.</p> <p>On 04/22/24 at 11:02AM, V6 (CNA) was observed going into the room. Surveyor asked V6 if he was going to change the resident. V6 stated, yes, he added that he has not changed the resident today, and he started his shift at 8:00AM because he was a little later today. V6 was observed changing resident's incontinence brief that was visibly soiled with urine and brown in color.</p> <p>On 04/23/24 at 9:45AM, R21 was observed in bed, awake and alert and stated she was in pain. The CNA just changed her and moved her around, but the nurse just gave her medications. R21 added that the last time she was changed was last night, and she is still waiting for someone to cut her hair.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/24/24 at 10:36AM, surveyor went to R21's room with V4 (ADON) who examined resident's clumped and matted hair, V4 stated, this is unacceptable, she will get someone to take care of it. Resident stated, she does not want her hair to combed at this point because it is very painful, she just wants someone to cut it out.</p> <p>MDS assessment dated [DATE] scores resident with a BIMs score of 14 out of 15, section GG of the same assessment coded resident as being totally dependent on staff for most ADL care needs except for eating and oral hygiene. ADL care plan initiated 4/12/2024 stated that R21 has an ADL care self-care performance deficit related to impaired ability with dressing and grooming and requires total assistance x 1 staff for ADLs.</p> <p>R21 was scheduled for showers on Monday and Saturday on 3PM to 11PM shift. Review of shower sheets for the month of April 2024 showed R21 received 2 bed baths, on 4/13/2024 and 4/15/2024.</p> <p>R3 is a [AGE] year-old female who have resided at the facility since 2009, past medical history includes, but not limited to chronic obstructive pulmonary disease, chest pain, essential primary hypertension, unspecified osteoarthritis, respiratory failure, etc.</p> <p>On 04/22/24 at 11:36AM, R3 was observed in her room, awake and alert. Staff was at the bedside and stated she is about to change resident but is waiting for another staff. R3 stated, she is usually changed after lunch, but she has not been changed today. R3 stated, she was last changed last night. R3 added, she does not get showers and cannot remember the last time she had a bed bath. V22 (CNA) who was in the room at with resident stated, she has not changed resident because they are short staffed, they should have 4 CNAs but they only have 3 and they still have to do breakfast and assist with feeding. V22 further stated, they have 15 residents each and some of them are 2-person assist so it takes a while to get to everyone on time.</p> <p>On 04/23/24 at 9:50AM, R3 was observed again in her room, awake and alert and stated, she is still waiting to be changed, she was last changed early morning around 3:00AM.</p> <p>On 04/24/24 at 10:10AM, R3 was observed in bed and stated, she is still waiting to be changed. V24 (CNA) was in the room and stated, she is about to change resident, she started her shift at 7:00AM, and she is not sure how many residents she has right now. V24 stated, they have 3 CNAs on the third floor, they sometimes have 4 CNAs and it is better when they work with 4. V24 proceeded to give resident a bed bath, when she removed resident's brief, it was visibly soiled with urine and brown in color.</p> <p>Minimum Data Set (MDS) assessment dated [DATE] section C (cognitive) scored R3 as 12 for brief interview for mental status (BIMS) Section GG (functional abilities) of the same assessment documented that R3 requires substantial/maximal to total dependence on staff for all ADL care. Care plan initiated 12/06/2023 stated that R3 has ADL self-care performance deficit and requires extensive assist x 1 staff for all ADL care needs.</p> <p>Per shower schedule on the third floor, R3 is scheduled for shower two times a week on Wednesday and Friday, review of shower sheets for the month of April 2024 showed R3 received a bed bath two times on 4/17/2024 and 4/20/2024.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R47 is an [AGE] year-old male who have resided at the facility since 2019, with past medical history including, but not limited to unspecified sequelae of cerebral infarction, hyperlipidemia, chronic kidney disease stage 2, presence of cardiac pacemaker, essential primary hypertension, heart failure, etc.</p> <p>04/22/24 10:55AM, R47 was observed in his room reading a book and stated he is doing okay. R47 asked surveyor to speak to his wife whom is in bed B. Resident was noted with long hair and beard. R47 stated, they do not have enough staff to help residents, and he has not been washed and cannot remember the last time he had a shower or bed bath. R47 further stated, there is no one to help him with trimming his beard or cutting his hair.</p> <p>On 04/23/24 at 10:58 AM, 9:45AM, R47 said that he has not been washed up yet, he has a wound on his bottom, but it will not be changed today, they changed it yesterday, resident still noted with lots of overgrown hair and beard, lying down in a hospital gown.</p> <p>R47 has a BIMs score of 13 and is coded as requiring substantial/maximal assist to total dependence on staff for most ADL care. Care plan dated 1/02/2020 stated that resident has an ADL care performance deficit and impaired mobility related to CVA, COPD and Dementia and requires assistance of 1 staff for ADL cares, bed mobility, transfers, and toileting. R47 is scheduled for showers on Tuesdays and Thursdays, review of shower sheets for April 2024 showed that R47 received a bed bath once on 4/2/2024.</p> <p>On 04/24/24 at 11:10AM, during wound care observation for R47, surveyor asked V18 (LPN) if resident ever refused wound care. V18 stated, :No. R47 was asked in the presence of the wound team if he refuses shower or bed bath and he said that he can never refuse a bed bath.</p> <p>R7 is a [AGE] year-old-male who have resided at the facility since 2020, past medical history includes, but not limited to colostomy status, acquired absence of other specified parts of the digestive tract, gout, rhabdomyolysis, type 2 diabetes, etc.</p> <p>On 04/22/24 at 11:50AM, R7 was observed in his room, alert and oriented and stated that he has been at the facility for a long time, everything is going well except that call light sometimes takes 30 to 40 minutes to be answered. R7 stated, the facility need more staff, sometimes they get agency which helps, he does not get a shower or bed bath, sometimes they help him wash his face, he was asked if he would like to be shaved and he said yes, a staff used to help him trim his beard and hair but he lost his scissors, not sure what happened to it.</p> <p>On 04/23/24 at 10:03AM, R7 was observed again in his room, awake and alert and stated that he got washed up but did not get a shave or haircut.</p> <p>Review of shower schedule showed that R7 is scheduled for showers on Monday and Fridays, shower sheets for the month od April 2024 indicated R7 received a bed bath two times, on 4/4/2024 and 4/10/2024. MDS assessment dated [DATE] scored R7 with a BIMs score of 14, section GG of the same assessment that R7 requires substantial/maximal assistance to total dependence on staff foe all ADL care needs. Care plan initiated 9/27/2022 stated that R7 has ADL self- care deficit related to chronic diastolic congestive heart failure, gout, obesity, type 2 diabetes, etc.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/24/24 at 10:01AM, V4 (ADON) stated, she started working at the facility November of 2023 as an ADON. The CNAs are supposed to follow the shower schedule, if a resident refuses shower, a bed bath is offered and if they still refuse bed bath, the CNA should notify the nurse, and sometimes the family or guardian will be contacted. Showers can be done as needed, not just on shower days, the CNAs are supposed to help residents with all ADL needs including dressing, brushing their teeth, nail care and any other help they may need. V4 added, the facility does not have anyone that comes in to give residents haircut, CNAs are supposed to wash resident's hair on shower days and shave the male residents.</p> <p>ADL care policy dated 01/01/2021, revised 7/22/2023 states in part that the facility ensures that residents receive ADL care assistance and maintains resident's comfort, safety, and dignity. The goal is to maximize the residents and staff safety, confidence, independence, and ability to handle everyday activities.</p> <p>Under procedures, the policy states in part: Facility will identify ADL needs of the residents and assess performance and capabilities to complete task on admission, quarterly and as needed.</p> <p>3. Care plan will be developed to enhance completion of ADLs.</p> <p>6. Assist the resident to be clean, neat, and well-groomed including nail care and having finger and toenails cut on shower days and as needed.</p> <p>40718</p> <p>R78 is a [AGE] year-old male with a diagnoses history of Cerebral Infarction, Unspecified Symptoms and Signs Involving the Nervous System, and Aphasia following Cerebrovascular Disease who was admitted to the facility 11/10/2022.</p> <p>On 4/23/24 at 11:19 AM Observed R78 with a strong urine body odor, along with his gown and linens. R78 shook his head no when asked by surveyor if he needed to be changed. R78 shook his head up and down to confirm he wants to get up later when asked by surveyor if he wanted to be dressed and raised out of bed.</p> <p>R78's admission Minimum Data Set, dated dated [DATE] documents he requires supervision and setup for transfers and walking and most activities of daily living and one-person physical assistance for locomotion on and off the unit, toilet use and personal hygiene.</p> <p>On 04/23/24 at 01:24 PM V28 (Family Member) stated sometimes she comes in at three in the afternoon and R78 has an extremely strong urine smell and still in a bed that has not been changed and she'll get him up. V28 stated R78 can't sit up due to medications and stroke. V28 stated her main concern is R78 getting a little more attention. V28 stated when she comes to visit R78 is in a urine-soaked bed and his gown has a urine smell. V28 stated she's assuming R78 gets changed once a day maybe later at night. V28 stated she would like to see R78 get more assistance, he needs more prompting to get up, get showered. V28 stated sometimes when R78 goes out at night they don't make sure he takes his clothes off when he returns, and he sleeps in his clothes and urinates in them. V28 stated R78 needs help.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/24/24 at 03:16 PM V2 (Assistant Administrator) stated R78 has a history of refusing ADL (Activities of Daily Living) care and the facility regularly has to contact V28 for him to comply with incontinence care and bathing, V2 stated social services are also involved because R78 lacks motivation to get out of bed and engage in activities of daily living. V1 (Administrator) and V2 stated these issues are included and addressed in R78's care plan.</p> <p>R78's current care plan documents he is incontinent but prefers to do his own toileting; R78 has an ADL (Activities of Daily Living) Self Care Performance Deficit related to impaired ability with Dressing and Grooming such as: Putting on or take off clothing, unable to obtain or replace article of clothing, unable to fasten clothing, unable to groom self satisfactorily, unable to complete task with personal hygiene, unable to bathe and groom self independently; R78 requires assistance with ADL's (bed mobility, transfers, dressing, walking, personal hygiene, eating and toileting) with interventions including: Assist resident with shower/bathing per schedule, Encourage participation in ADL's; R78 exhibit(s) the symptoms of resisting care by refusing caregiver requests to leave the bed and refusing/resisting ADL assistance (bathing, dressing, grooming, transferring, etc.) with interventions including: Conduct an evaluation of the behavioral symptoms(s) to determine what strength or needs are communicated via the behavior (e.g., resisting care often communicates the emotion of fear and need for control).</p> <p>R78's current care plan does not include personalized interventions to address his refusal of ADL care and does not document the causes of his refusals.</p> <p>R78's Progress notes from March 01/2024 - April 24/2024 do not document refusals of attempts to provide him with ADL care of incontinence, showers, or personal hygiene.</p> <p>R78's Psychotropic progress notes dated 03/21/2024, and 04/04/2024 created by V25 (Psychiatric Nurse Practitioner) document Staff nurse had no complaints and did not report any behaviors.</p> <p>R99 is a [AGE] year-old female with a diagnoses history of Type 2 Diabetes Mellitus, Morbid Obesity, Contracture of Right Knee and Ankle,</p> <p>On 04/23/24 10:25 AM surveyor observed R99 lying in her bed. R99 stated her assigned certified nursing assistant was supposed to bring ice approximately 9:30 AM but never came back. R99 stated call light response times are between 45 minutes to an hour and a half and she just wants to be changed. R99 stated she is supposed to have showers twice week on Mondays and Thursdays from 3-11. R99 stated she typically has to wait for 11-7 shift to receive showers and receives bed baths because she requires multiple staff for assistance.</p> <p>R99's current care plan documents she has an ADL (Activities of Daily Living) Self Care Performance Deficit and Impaired Mobility related to Type 2 Diabetes Mellitus, Disorders of tendon of right ankle and foot, Depression, Pruritus, Obesity, Asthma, Rash Skin Eruption, Dislocation of Patella, and Contracture of Right Ankle and Right knee. Interventions include: requiring total assistance with transfer and preferring staff to provide prompt pericare each shift and as needed.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/24/24 at 1:44 PM V27 (Restorative Aide) stated, she works with R99 at varying times depending on the week but she is sometimes pulled to the floor to work as a CNA (Certified Nursing Assistant). V27 stated, she is pulled to the floor about 2-3 times per week which is approximately half the time she works during the week. V27 stated R99 has expressed concerns regarding call light response time and receiving assistance or services as requested. V27 stated sometimes she will educate the CNA's on R99's needs and if she observes her call light on will sometimes step in and assist. V27 stated she has not observed R99's call light on for a long period of time but if she sees the light on and observes her to be frustrated, she'll offer her assistance. V27 stated R99 complains about these issues often and has even stated she will call the state. V27 stated she is not sure if these concerns would be considered grievances. V27 stated she is not sure and can not recall being trained on how to handle grievance concerns.</p> <p>On 04/25/2024 at 3:22 PM V1 (Administrator) stated, if a resident feels issues with call light response time and receiving assistance with activities of daily living continues for an extended period or they want to escalate it, a grievance form can be completed.</p> <p>Grievances/Concerns from January - April 2024 were reviewed and did not include concerns from R99 regarding call light response time or receiving assistance with activities of daily living.</p> <p>The facility's Grievance Policy received/reviewed 04/25/2024 states:</p> <p>It is the policy of the facility to allow and encourage residents and their families to express grievances and concerns they may have regarding the facility, services and staff.</p> <p>Responsible Parties Include:</p> <p>All facility staff.</p> <p>Guidelines Include:</p> <ol style="list-style-type: none"> <li>2. Any staff member in the facility may receive a grievance or complaint from a resident or family member.</li> <li>3. All grievances will be overseen by the facility grievance official.</li> <li>4. If possible, upon receiving the grievance, attempt to resolve the grievance or direct the resident or family member to the appropriate department head or the Administrator.</li> <li>6. The staff member will submit the grievance form to the appropriate department head/designee for resolution.</li> </ol>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>46344</p> <p>Based on observation, interview, and record review, the facility failed to ensure sufficient nursing coverage to adequately meet the residents care needs. This failure has the potential to affect all 45 residents who are currently residing on the third floor.</p> <p>Findings Include:</p> <p>Per daily census report dated 4/22/24 shows that 45 total residents reside on the third floor.</p> <p>On 4/22/24 at 11:36AM, R3 stated, she is usually changed after lunch but she has not been changed at all today. R3 stated, the last time she was changed was last night (4/21/24). R3 stated, the staff get upset when I use my call light.</p> <p>V22 (CNA) stated, R3 has not been changed today because they are short staffed. V22 stated, they need to have four CNA's but they only have three CNA's. V22 stated, a lot of the resident's on the third floor need two person assistance and assistance with meals. This requires a lot of care and takes a while to get all the resident's up out of bed.</p> <p>On 4/23/23 at 10:10AM, V1 (Administrator) was interviewed regarding new facility interventions put into place to help prevent abuse. V1 stated, since 4/16/24, we have implemented a new intervention where male certified nursing assistants (CNA's) are required to have a female CNA present when performing incontinence care. This surveyor asked V1 if she feels as if they have enough staff to perform this intervention. V1 stated, she does not feel as if it is a problem.</p> <p>On 4/24/24 at 9:30AM, V6 (CNA) was interviewed regarding staffing. V6 stated, I do not feel as if we have enough staff to implement this 'care in pairs' intervention. We typically have only three CNA's on the third floor and a lot of resident's need assistance with ADL care. One CNA is responsible to be in the dining room at all times to watch residents who require supervision. Therefore, the two CNA's who are left are responsible to perform incontinence care in pairs. V6 stated, on 4/22/24, we were stretched thin with care and did not have enough staff. I had to perform incontinence care without a female CNA because there were none available. I was late arriving to my shift. R21 was saying she was very soiled and wanted me to provide incontinence care as soon as possible.</p> <p>On 4/24/24 at 10:10AM, R3 said she has been waiting to be changed and has not been changed since the previous shift started before 7:00AM. V23 (CNA) said they have three CNA's assigned to the third floor but it is so much better when they have four CNA's. R3's incontinence brief was observed to be heavily soiled with urine and brown in color.</p> <p>On 4/24/24 at 1:45PM, V27 (Restorative Aide) said she is pulled off the floor 2-3 times a week to work as a CNA because they are constantly short staffed. V27 said she has to work as a CNA on the floor and will not be able to perform her restorative duties when this happens.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/24/24 at 3:07PM, V1 (Administrator) was interviewed regarding staffing. V2 said on the third floor, adequate staffing would include 4 CNA's providing each side of the third floor with two CNA's. The residents on the third floor are more dependent and have increased ADL needs. It is not feasible to have three CNA's on the third floor.</p> <p>On 4/24/24 at 3:25PM, R21 was interviewed regarding staffing within the facility. It is to be noted that R21 resides on the third floor. R21 said this new 'care in pairs' procedure they put in place does not make sense since they do not have enough staff as is. R21 said there are times that I work with V29 (Male CNA) and he refuses to change me when there is not a female CNA available. I will have to sit in my urine or feces for over four hours since there is not an available female CNA. R21 was observed to get visibly upset and start crying during interview. R21 was observed to be unkempt, wearing gown, with dread hair at time of interview.</p> <p>Facility Assessment Tool states in part but not limited to the following: General staffing plan shows that 1 LPN/RN to 22 residents for all shifts and 1 CNA to 14 residents for all shifts. Per staffing schedules from 3/27/24-4/25/24 and interview with V23 (Nursing Scheduler) on 4/24/24, It is to be noted that on the 11PM-7AM shift, one nurse is scheduled for 45 residents.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50519</p> <p>Based on observation, interview and record review, the facility failed to have a five percent (5%) or lower medication error rate. There were nine (9) medication errors out of 29 medication opportunities, resulting in a 31.03% medication error rate. This applies to 6 residents (R1, R15, R19, R22, R37, R92) of 10 residents observed during medication administration.</p> <p>Findings included:</p> <p>1. On 04/23/24 at 09:40 AM Medication observation with V10 (license Practical Nurse) completed for R22. R22 has a diagnosis of cerebral vascular disease, Atrial Fibrillation and Congestive Heart failure. V10 gave the following medications crushed and in apple sauce to R22: Isosorbide mononitrate 30mg 1 tab, Aspirin 81mg 1 tab-</p> <p>Per Physician order sheet dated: April 2024 reads:</p> <p>Aspirin Oral Tablet 325 MG (Aspirin) Give 1 tablet by mouth one time a day, identified wrong dose was given.</p> <p>Isosorbide Mononitrate ER Tablet Extended Release 24 Hour 30 MG Give 1 tablet by mouth one time a day.</p> <p>2. On 04/23/24 10:00 AM Medication observation with V10 for R37. R37 was admitted on [DATE], with the diagnosis of Diabetes II, and Low back pain. V10 said, the Lidocaine patch is not available.</p> <p>Per Physician order sheet dated: April 2024 reads:</p> <p>Lidocaine External Patch (Lidocaine) Apply to behind neck topically one time a day.</p> <p>3. On 04/23/24 10:03 AM Medication observation with V10 completed for R19. R19 is a [AGE] year-old female originally admitted on [DATE] with diagnosis that include and are not limited to: fibromyalgia, hypertension and osteoarthritis.</p> <p>4-23-2024 at 10:05am V10 said, I am holding the medications since her blood pressure is lower than 110.</p> <p>Per Physician order sheet dated: April 2024 reads: Furosemide Tablet 20 MG Give 1 tablet by mouth one time a day was not given, no written parameters to hold medication as per order dated: 11-15-2023. Per Medication administration dated April 23-2024 documentation reads: 5- hold medication.</p> <p>4. On 04/23/24 at 10:22 AM Medication observation with V10 completed for R15. R15 was admitted to the facility on [DATE] with the diagnosis of Heart failure, Chronic Obstructive pulmonary disease, Chronic Viral Hepatitis C, and Hypertension.</p> <p>V10 said, I am holding R15's blood pressure medication per parameters, I do not have any medications to give R15 now. I am done with R15.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145070	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  Zahav of Berwyn		STREET ADDRESS, CITY, STATE, ZIP CODE  3601 South Harlem Avenue Berwyn, IL 60402	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Per Physician order sheet dated: April 2024 reads:</p> <p>Folic Acid Tablet 1 MG Give 1 tablet by mouth one time a day for Elevated MCV- not given.</p> <p>Budesonide-Formoterol Fumarate Inhalation Aerosol 160-4.5 MCG/ACT</p> <p>(Budesonide-Formoterol Fumarate Dihydrate) 2 puff inhalers orally two times a day- not given.</p> <p>5. 04/23/24 10:28 at AM Medication observation with V10 completed for R1. R1 was admitted to the facility on [DATE] with diagnoses that include and are not limited to diabetes and heart failure.</p> <p>V10 said, we do not have the Flonase suspension, I must call the pharmacy to reorder the medication. Maybe the night nurse threw it out because it did not have a date open in the box.</p> <p>Per Physician order sheet dated: April 2024 reads: Biofreeze Gel 4 % (Menthol (Topical Analgesic)) Apply to both ankles topically two times a Day- not given.</p> <p>Flonase Suspension 50 MCG/ACT (Fluticasone Propionate)1 spray in both nostrils two times a day- not given. R1 said am not getting the Flonase for 7 days, I keep asking the nurse.</p> <p>6. On 04/24/24 at 08:55AM Medication observation with V12 (licensed Practical Nurse) completed for R92. R92 is a [AGE] year-old male originally admitted on [DATE] with medical diagnosis that include and are not limited to: heart failure, Atrial Fibrillation and hypertension.</p> <p>V12 administered to R1 the following medication: Gabapentin Oral Capsule 100 MG 2 capsule by mouth.</p> <p>Per Physician order sheet dated: April 2024 reads:</p> <p>Gabapentin Oral Capsule 100 MG Give 3 capsule by mouth three times a day. Incorrect dose given.</p> <p>On 04/23/2024 at 12:40 PM, V13 (Nurse Practitioner) said, when blood pressure medications do not have parameters to hold, my expectation is for the nurse to call the provider for further orders.</p> <p>On 04/24/24 at 01:29 PM V4 (Assistant Director of Nursing) said, any extended Released medication should not be crushed, we need to have a doctor's order for the medication to be crushed, after checking R22's physician's orders, V4 said, I do not see any order for R22's for medications to be crushed.</p> <p>On 2-24-2024 at 3:00pm V4 presented:</p> <ol style="list-style-type: none"> <li>1. Policy titled: Medication Administration General Guidelines, undated: reads, long acting or enteric coated dosage should not be crushed; alternative should be sought.</li> <li>2. Policy titled: Meds that should not be Crushed Dated 2/2023, reads crushing extended-release meds can result in administration of a large dose at once.</li> </ol>