

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145235	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/04/2024
NAME OF PROVIDER OR SUPPLIER Lakefront Nursing & Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 7618 North Sheridan Road Chicago, IL 60626	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47304</p> <p>Based on observation, interview and record review, the facility failed to follow the plan of care to provide mechanically altered diet and nutritional supplements as ordered by physician for 1 (R1) of 4 residents reviewed for improper nursing care.</p> <p>The findings include:</p> <p>R1's admission record documented admitted on 1/28/2021 with diagnoses not limited to Dysphagia, Chronic obstructive pulmonary disease, Gastro-esophageal reflux disease, Essential (primary) hypertension, Hyperlipidemia, Vitamin d deficiency, Atherosclerotic heart disease of native coronary artery, Anxiety disorder, Cocaine abuse, Alcohol abuse, Schizophrenia, Adult failure to thrive.</p> <p>On 10/1/24 at 12:12pm Observed R1 resting on bed, head of bed elevated, appears comfortable, alert and verbally responsive. Lunch tray was served with ham sandwich, potato salad, juice, cookie. R1's meal ticket showed Mechanical Altered/Ground, whole milk, Frozen nutritional treat. Ham/meat was not ground. Whole milk and frozen nutritional treat were not available on the tray. R1 was assisted by V4 (Certified Nursing Assistant) at mealtime. R1 ate 100% of the food. Whole milk and frozen nutritional treat were not provided to R1.</p> <p>On 10/1/24 at 12:41pm V14 (Dietary Manager) stated he has been working in the facility for 6 months. V14 stated his responsibilities include ensuring residents are getting the right diet and correct portion of food, and making sure dietary staff follow the meal ticket. Every resident has meal ticket. R1's meal ticket reviewed with V14 and said R1 is getting regular mechanical ground. He said meat should be ground. He said R1 has a swallowing problem, easy to swallow if grounded. R1 could possibly choke if it is not grounded. Everything on the ticket should be on the meal tray. He said today for lunch, kitchen is serving cold cut sandwiches due to oven replacement. He said notification were sent to the units and residents were made aware. V14 stated at lunch time, R1 received ham sandwich and the ham should have been ground. He said if not ground it could be a choking hazard. R1's meal ticket reflected Whole milk and dietary aide should provide whole milk on the meal tray from the kitchen. Whole milk helps with weight maintenance. He said R1 should have nutritional frozen/ice cream twice a day (lunch and dinner) and should be included in the meal tray. Nutritional frozen treat has high calorie and that helps with weight gain or maintenance.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/1/24 at 1:17pm V15 (Registered Dietician) stated she has been working in the facility for almost 3 weeks. She said R1 was evaluated on 9/27/24 upon readmission. R1 needed 1:1 assistance at mealtime. R1 had been eating 100% since readmission. R1's diet is mechanical soft. All meat should be ground- soft bread should be okay. If R1 was served with ham sandwich, the meat should be ground. She said the potential risk if not ground could have a problem chewing and possibly choking. For safety meat should be ground. She said R1 is underweight, and recommendations included 1:1 feed assistance, appetite stimulant, oral nutrition supplement: Frozen nutritional should be included in the lunch tray lunch and dinner. She said frozen nutritional treat, is dense and has high calorie, has a lot of nutrition with a few bites. Helps with weight gain, easy way to get nutrition if appetite is poor. If nutritional treat is not provided or given could potentially not gain weight as it helps with weight gain which is desirable for R1. She said whole milk, provides extra calorie. May help with weight gain. If nutritional supplement is not provided prohibiting from gaining weight.</p> <p>On 10/3/24 At 1:34pm V2 (Director of Nursing) said has been working in the facility for [AGE] years. She said if the diet order is mechanical soft, the meat should be ground to prevent possible choking. She said nutritional treat/supplements should be given to resident as ordered or per dietician's recommendation to help with weight gain.</p> <p>R1's physician order sheet (POS) dated 10/1/24 documented in part: Diet - mechanical soft texture, thin liquids consistency.</p> <p>R1's MDS (Minimum Data Set) dated 8/27/2024 showed cognition is moderately impaired. She needed substantial/maximal assistance with eating.</p> <p>R1's Dietary evaluation/nutritional assessment dated [DATE] documented in part: Regular diet, mechanical soft texture, thin liquids. Supplements: Frozen Nutritional Treat BID (twice a day). Weight: 102lbs on 9/11/24. Height: 67. BMI (Body Mass Index): 16.0 (underweight).</p> <p>R1's Care plan dated 4/6/21 and 6/5/24 documented in part: Despite R1's BMI being underweight for her age, she is at risk for weight fluctuations due to variable PO (oral) intake at mealtimes and increased energy expenditure due to constant involuntary movements. Provide dietary supplements as ordered: Frozen Nutritional Treat BID (twice a day). Provide/serve R1 nutritional diet as ordered: Mechanical Soft, thin liquids.</p> <p>Facility's policy on therapeutic diets (Undated) documented in part: Diets are prepared in accordance with the guidelines in the approved diet manual and the individualized plan of care.</p> <p>Facility's nutritional assessment and care policy dated 10/1/23 documented in part: To ensure all residents have individualized care plans reflecting their needs and preferences for care. To provide guidance for caregivers to ensure residents maintain an appropriate level of nutritional care.</p> <p>Facility's Nutritional assessment and clinical guidelines dated 8/5/19 documented in part: The nutritional assessment will comprise the following elements but not limited to: therapeutic diet, dietary supplements. Individualized care plans are developed to identify nutrition problems / strengths, goals, and approaches.</p>		