

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2024
NAME OF PROVIDER OR SUPPLIER Norridge Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 7001 West Cullom Norridge, IL 60634	

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 - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34506</p> <p>Based on observation, interview, and record review the facility failed to ensure Activities of Daily Living assistance was provided for three of three residents (R1, R2, R3) reviewed for requiring extensive assistance with Activities of Daily Living on the sample list of eight.</p> <p>Findings include:</p> <p>1. R1's Admission Record shows she was admitted to the facility on [DATE] with diagnoses including Alzheimer's disease, dementia, heart failure, dermatitis, and malnutrition.</p> <p>R1's MDS (Minimum Data Set) dated February 19, 2024 shows R1 is not cognitively intact, is dependent on staff for toileting hygiene and personal hygiene. R1 is always incontinent of bowel and bladder.</p> <p>R1's Care Plan initiated December 20, 2021 shows R1 requires total assist with personal hygiene and dressing. R1 has bowel and bladder incontinence and to check resident every two hours and assist with toileting as needed.</p> <p>On April 8, 2024 at 9:59 AM, R1 was still laying in bed. There was a notable odor outside of R1's room. At 10:28 AM, V3 CNA provided incontinence care to R1. R1's incontinence brief was saturated with urine from the front of the brief to the back. R1's flat sheet was also wet. V3 said it was the first time she was in R1's room to provide incontinence care. There was a dressing to R1's sacrum that was also saturated. There was a strong urine odor noted.</p> <p>2. R2's Admission Record shows she was admitted to the facility on [DATE] with diagnoses including schizoaffective disorder, anxiety disorder, and bipolar disorder.</p> <p>R2's MDS dated [DATE] shows she is dependent on staff for toileting hygiene and showering/bathing herself. R2 is always incontinent of bladder.</p> <p>R2's Care Plan initiated April 8, 2024 shows, The resident has bladder incontinence. Clean peri-area with each incontinence episode.</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 - Few</p>	<p>On April 8, 2024 at 9:59 AM, R2 was still laying in bed. At 10:55 AM, V3 CNA provided incontinence care to R2. V3 said this was the first time V3 provided incontinence care to R2. R2's incontinence brief was saturated with urine from the front of the brief to the back of the brief. R2's flat sheet was wet.</p> <p>3. R3's Admission Record shows she was admitted to the facility on [DATE] with diagnoses including Parkinson's disease, Alzheimer's disease, dementia, schizophrenia, and major depressive disorder.</p> <p>R3's MDS dated [DATE] shows she is not cognitively intact. R3 is dependent on staff for toileting hygiene and personal hygiene. R3 is always incontinent of bowel and bladder.</p> <p>R3's CNA documentation for response history shows no incontinence care was documented prior to 11:20 AM.</p> <p>R3's Care plan initiated April 8, 2024 shows she has bowel and bladder incontinence and staff are to check R3 every two hours and assist with toileting as needed. Provide pericare after each incontinent episode.</p> <p>On April 8, 2024 at 11:20 AM, V5 CNA was finishing up providing ADL assistance to R3's roommate. At 11:21 AM, V5 provided incontinence care to R3. R3's incontinence brief was saturated from front to back with dark urine. There was a strong urine odor. R3 did not exhibit any refusal behaviors during these cares.</p> <p>On April 8, 2024 at 2:32 PM, V10 CNA said that incontinence care should be provided at least every two hours or more as needed.</p> <p>The facility's Incontinent-Peri Care policy revised March 2020 shows, The purposes of this procedure are to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the resident's skin condition. Incontinent or perineal care shall be provided by the nursing staff to all residents identified by the staff to be incontinent or needed assistance. Incontinent care can be provided at least every two hours and as needed.</p>		