

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/13/2024
NAME OF PROVIDER OR SUPPLIER Zahav of Des Plaines		STREET ADDRESS, CITY, STATE, ZIP CODE 9300 Ballard Road Des Plaines, IL 60016	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35119</p> <p>Based on observation, interview, and record review, the facility failed to ensure an enteral feeding was administered as ordered for three (R5, R10, R12) of six residents reviewed for enteral feeding in the sample of 14. This failure resulted in R10 sustaining insidious weight loss of seven pounds in one month.</p> <p>Findings include:</p> <p>1. On 12/13/24 at 10:28 AM, R10 was in bed sleeping with an enteral feeding connected and running at 60 ml/hr.</p> <p>On 12/13/24 at 11:50 AM, R10 was in bed with an enteral feeding connected and running at 60 ml/hr.</p> <p>On 12/13/24 at 12:50 PM, V5 Registered Nurse reviewed R10's orders and said R10's enteral feeding should be Glucerna 1.5 running at 65 ml/hr. V5, with this surveyor, observed R10's enteral feeding running at 60 ml/hr. V5 said this rate is wrong and changed the rate to 65 ml/hr. V5 said R10 is NPO (nothing by mouth) and is tube fed only.</p> <p>R10's Physician Orders dated 6/13/24 shows, NPO diet and an order dated 6/24/24 for Enteral Feed Order one time a day for nutrition Glucerna 1.5 @65 ml/hr. x 22 hours.</p> <p>R10's Dietary Progress Note dated 11/12/24 shows, Current body weight 160 #. Tube feeding meeting 100% estimated needs and appears adequate for needs as evidenced by weight maintenance. Therapeutic tube feed formulary for blood sugar control along with insulin. Well, hydrated per October labs. Weight stable.</p> <p>R10's Weights and Vital summary shows on 11/5/24 R10's weight was 160 pounds and on 12/3/24 R10's weight was 153 pounds (a decrease in 7 pounds in approx. 1 month.)</p> <p>On 12/13/24 at 12:44 PM, V11 Nurse Practitioner said resident's enteral feeding should be run according to the physician orders which are based on the dietician's recommendations. V11 said the rate provides the necessary nutrition to prevent weight loss and the formula provides the correct electrolytes needed by the resident based on their medical conditions.</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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 12/13/24 at 10:40 AM, R12 was in bed sleeping with her enteral feeding Glucerna 1.5 connected and running at 70 ml/hr.</p> <p>On 12/13/24 at 11:55 AM, R12 was in bed with family at the bedside. R12's enteral feeding Glucerna 1.5 was connected and running.</p> <p>R12's Physicians Orders dated 11/26/24 shows, Enteral Feed Order: every shift Glucerna 1.2 at 80 ml/hr. x 22 hours (on at 7 AM, off at 5 AM). R12's Physician Order dated 11/19/24 shows NPO diet.</p> <p>On 12/13/24 at 12:32 PM, V10 Registered Nurse said R12's enteral feeding is supposed to be Glucerna 1.2 at 80 ml/hr. V10, with this surveyor, observed R12's feeding that was running. V12 said the feeding was the wrong formula and it was running at the wrong rate. V12 changed R12's enteral feeding to the correct formula and the correct rate. V10 said the night nurse started the feeding at 2:00 AM.</p> <p>On 12/13/24 at 12:39 PM, V2 Director of Nursing said enteral feedings are to be administered according to the physician order to provide the proper nutrition and the formula is specific to the resident's diagnoses.</p> <p>34117</p> <p>3. On 12/13/24 at 10:07 AM, R5 was observed lying in bed, his enteral feeding Osmolite 1.5 was infusing at 75ml (milliliter) /hr. (hour). At 12:11 PM, R5 was lying in bed, his enteral feeding remained infusing at 75 ml/hr. R5 was eating his noon meal. He was served two hot dogs and mashed potatoes for the noon meal. He had consumed about 90 % of his meal. R5 said he is not sure when his tube feeding gets disconnected, he is getting the tube feeding because he had poor intake.</p> <p>On 12/13/24 at 12:18 PM, V13 (RN) said enteral feedings orders should be followed according to the prescribed order. She said R5's intake was poor and was receiving the enteral feeding to supplement his intake. V13 said R5's enteral feeding should be off at 5:00 AM and on at 9:00 PM. Night shift staff should have stopped his feeding. She said she saw R5's feeding was infusing and did not know it was supposed to be off. Infusing to much could put the resident at risk for fluid overload.</p> <p>R5's Physician Order Sheets (P.O.S.) dated through December 2024 shows he is [AGE] year-old male with diagnoses including COPD, heart disease, congestive heart failure, asthma, Crohn's, and hypertension. The P.O.S. shows orders for enteral feed order Osmolite 1.5 at 75 ml/hr. x 8 hours. Off at 5:00 AM and ON at 9:00 PM.</p> <p>The facility's Tube Feeding Policy reviewed date 2024 states, Nasogastric, gastrostomy and jejunostomy tube are used when an alternate method of nutrition is needed .all tube feeding orders will include the formula, rate, time period, delivery method and flush . feeding pump: turn on pump, set prescribed rate and start feeding .</p>