

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Wentworth Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West 69th Street Chicago, IL 60621	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on observation, interview and record review, the facility failed to ensure the resident's call light device was within reach for two residents (R14, R17) reviewed for environment/accommodations of needs in a total sample of 35 residents. This failed practice placed the resident at risk for not being able to call for help, if needed.</p> <p>Findings include:</p> <p>On 05/28/24 10:54 AM observed R17 in bed lying down, head of bed elevated, observed with limited movement to her right arm, noted slightly contracted. R17 states that she has had a history of bad strokes. Surveyor observed R17 's call light under her right arm, on her lower right side of her stomach. Surveyor questioned resident if she can reach her call light, observed R17 attempt to reach the call light with her left hand. R17 observed having difficulties attempting to reach her call light. Resident states that she is unable to reach it because she states that she doesn't have the strength. R17 states that this is not the first time that she is unable to reach her call light. R17 states that this happens sometimes.</p> <p>05/28/24 11:40 AM surveyor observed call light not within reach, observed call light hanging from R14 right side of his bed's side rail. R14 observed with right arm contracture. Surveyor questioned R14 if he can reach his call light, R14 states that he is not able to reach his call light.</p> <p>On 5/29/2024 9:33 AM, V14 (Licensed Practical Nurse) states that it is important for residents to have their call light within reach because in case of an emergency, the residents need to call the staff. V14 states that anything can happen if the residents are not able to reach their call light, V14 states that it can include residents waiting for a long time to have their needs met.</p> <p>R17's Face sheet documents that R17 is a [AGE] year-old female admitted to the facility on [DATE] who has diagnoses not limited to: hemiplegia and hemiparesis following cerebral infarction, generalized anxiety disorder, muscle weakness (generalized).</p> <p>R17's Minimum Data Set (MDS), dated [DATE], documents R17 has a Brief Interview for Mental Status (BIMS) of 15 out of 15, indicating R17 is cognitively intact.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R17's care plan documents in part: R17 has an AOL (activities of living) Self Care Performance Deficit related to Impaired Balance, Limited Mobility, Weakness, history of CVA with Left Hemi, seizure disorder, neuropathy. Yolanda's motivation to participate in AOL programming varies likely related to cognitive/psychiatric status.</p> <p>R14's Face sheet documents that R14 is a [AGE] year-old male admitted to the facility on [DATE] who has diagnoses not limited to: contracture of muscle, muscle weakness (generalized), adjustment disorder with depressed mood.</p> <p>R14's Minimum Data Set (MDS), dated [DATE], documents R14 has a Brief Interview for Mental Status (BIMS) of 09 out of 15, indicating R14 has moderately impaired cognition.</p> <p>Facility document dated 9/20, titled Call Light, Use Of documents in part, Purpose: To respond promptly to resident's call for assistance .Be sure call lights are placed within resident reach at all times.</p>

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35432</p> <p>Based on interview and record review, the facility failed to refer two residents with newly evident or possible serious mental disorders to the appropriate state-designated authority for review. This failure affects two of two residents (R58 and R88) reviewed for PASSR (Preadmission Screen and Resident Review) in a total sample of 35 residents.</p> <p>Findings include:</p> <p>R88 is a [AGE] year-old man. R88's face sheet lists R88's diagnosis as bipolar disorder. R88 was admitted to the facility on [DATE].</p> <p>R88's OBRA (Omnibus Budget Reconciliation Act) initial screen dated 08/17/2020. The screen notes that there is not a reasonable basis for suspecting MI (Mental Illness). PASRR (Preadmission Screen and Resident Review) Outcome Explanation Notice dated 08/16/2022, notes R88 does not need more screening unless you have a serious mental illness or experience a significant change in treatment needs. R88 was diagnosed with bipolar disorder 07/21/2023.</p> <p>On 05/30/2024, at 12:11 PM, V9 (Psychosocial Coordinator) stated, When a screening is put in Maximus, the demographic information, medications, behavioral health history, medical diagnoses and histories are entered. That all gets submitted by the screener. The system will decide if a level two is required. It is a preadmission screening, the level one, that is conducted by a hospital social worker. If a change in resident status is identified, the resident should be identified for a new screening. It is usually social services that does this. On the assessment for social service, there is a prompting question to check the resident diagnoses to see if anything has changed. Over the last year there have been two turnovers and a period of vacancy in the facility for social services. There is a possibility that these things did not get done but I am not for sure. Those prompting assessments are done quarterly by social services. Maximus makes the determination based on what is put into the system based on what social workers input and upload into the resident's chart.</p> <p>45001</p> <p>R58 face sheet printed 5/29/24, indicates R58 has diagnoses that include but are not limited to major depressive disorder, onset date 3/15/2024; psychosis, onset date 3/13/2024; schizophrenia, onset date 7/27/2023.</p> <p>R58 Notice of PASRR Level I Screen Outcome, 3/5/2024, documents in part: Level I Outcome: No Level II Required - No SMI/ID/RC. Rationale: The Level I screen indicated that a PASRR disability is not present because of the following reason: There is no evidence of a PASRR condition of an intellectual/developmental disability or a serious behavioral health condition. If changes occur or new information refutes these findings, a new screen must be submitted.</p> <p>(continued on next page)</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/30/24 at 12:12 PM, V9 (Psychosocial Coordinator) stated a preadmission screening is done prior to admission. The screening is typically initiated by the hospital, or referral source. When a screening is placed in maximus, the residents' demographics, diagnoses, medications, behavioral health history, medical history is put in. There is a determination of the need for a level two. If Maximus determines if the resident has a serious mental illness, developmental disability, intellectual disability, or related condition and may require specialized services the resident may be referred for a level two screening. Determinations are based on what is put into the system by social services when they are here in the facility. If a change in status is identified the resident should be referred for a new screening, usually by social service. On assessments for social services there is a prompting questing to see if anything has changed. Assessments are done quarterly by social service. The determination of needs screening and the PASSRR level one was done prior to R58 returning from the hospital. R58 was admitted to the facility 7/23, went to the hospital 2/27/24, and came back to the facility 3/13/24. By definition, R58's diagnoses of major depressive disorder, psychosis, and schizophrenia are serious mental illnesses, but they may not meet the criteria for a level two by Maximus standards. It does not appear that Maximus had R58's diagnoses when the screening was done. Anytime we notice the screening does not match our records we put in for a screening to be done. The facility put in for a new level one screening yesterday for R58.</p> <p>Facility policy Preadmission Screen and Resident Review (PASRR) Policy and Procedure (Illinois), 12/2022, documents in part: Prior to admission and upon any changes in status, residents will be screened for a known or suspected diagnosis of severe mental illness, developmental disability, or intellectual disability to ensure resident is appropriate for nursing facility services and to incorporate treatment recommendations into the resident's care plan.</p>

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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>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** 35432</p> <p>Based on interview and record review, the facility failed to provide showers to a resident who is unable to maintain good personal hygiene. This failure affects one of three residents (R174) reviewed for activities of daily living in a total sample of 35 residents.</p> <p>Findings include:</p> <p>R174 is a [AGE] year-old female resident. R174's face sheet notes medical diagnoses as pressure ulcer of sacral region stage four, pressure ulcer of right heel stage 3, pressure ulcer of other site stage 3, dementia, Alzheimer's disease, high blood pressure, visual disturbance, and wasting syndrome. R174's MDS (Minimum Data Set) dated 04/04/2024, notes R174 is not alert. R174's MDS also notes that R174 requires substantial/maximal assistance with showers and bathing R174.</p> <p>R174's care plan notes R174 has an ADL (activity of daily living) functional performance deficit with decreased functional ability. Staff must assist with ADL tasks as needed and assist with personal hygiene as needed. R174 demonstrates impaired cognitive functioning related to Alzheimer's disease dementia.</p> <p>On 05/29/2024, at 11:14 AM, V18 (R174's Family Member) stated, She (R174) does not always get the showers that she needs. There are times I have had to clean her up.</p> <p>On 05/29/2024, at 12:42 PM, R174's shower sheets provided for April and May 2024. Per documents for May 2024, no shower was given for two weeks R174. Shower noted for May 1, 2024. No shower was documented until May 15, 2024.</p> <p>On 05/30/2024, at 10:11 AM, V23 (Assistant Director of Nursing) stated, residents are supposed to be showered once a week and PRN (as needed). I am expecting the aides to bathe the residents. If the shower is not documented, then it was not done. Bed baths can be documented. Showers are good to clean the skin, maintain circulation, and it is good for resident appearance.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45111</p> <p>Based on observations, interviews, and records review, the facility failed to ensure a safe environment that is free from accidents and hazards for one (R85) of 5 residents reviewed in a sample of 35. This failure resulted in R85 falling and sustaining a fracture of the 2nd left finger.</p> <p>Findings include:</p> <p>R85's current face sheet documents R85 is a [AGE] year-old individual with medical conditions that include but not limited to: End stage renal disease, hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, displaced fracture of shaft of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing, history of falling, type 2 diabetes mellitus without complications. R85's MDS (Minimum Data Set) dated [DATE], documents R85 has a BIMS score of 15/15, indicating R85 has intact cognition, MDS section GG -Functional Abilities and Goals documents R5 needs supervision or touching assistance and partial to moderate assistance with Activities of Daily Living (ADL) care.</p> <p>On 5/28/2024 at 11:35am, R85 was observed in her room sitting at the edge of the bed and was only wearing incontinence underwear with no other clothes on. R85 stated she come this morning from the hospital after falling last night, and she was very hungry and was trying to get out of bed to get her clothes from her dresser and she was having difficulties getting out of bed into her wheelchair. R85 stated staff have not been to her room since assisting her to bed after she come from the hospital this morning, and she was trying to get out of bed, get dressed and go out ask for food because no one had given her food and she was feeling very hungry. R85 stated she did not know where her call light was. R85 fumbled with her hands around her bed looking for the call light but she did not find it. R85's side table was observed pushed on the side of her bed away and out of reach of R85.</p> <p>On 5/28/2024 at 11:40am, Surveyor and V4 (Certified Nursing Assistant-CNA) went to R85's room and found R85 sitting on her wheelchair next to her bed near her dresser and stated she was trying to get her clothes so that she can dress up. V4 told R85 that she is not supposed to get out of bed without calling staff for assistance because R85 fell last night. R85 stated she does not know where her call light is, and no staff has checked on her since she came back from the hospital to the facility this morning. R85 stated she was very hungry, and no one offered her food when she got here this morning.</p> <p>V4 stated she assisted the paramedics to put R85 on the bed when she was brought back to the facility at between 9:00am to 9:30am. V4 stated she checked R85 and R85 was not wet, but she did not ask R85 if she was hungry, and she had not checked on R85 since she assisted the paramedics to put R85 in bed. V4 also stated she does not know how R85's call light was placed on R85's bedside table, which was placed far from R85. R85's bed was observed to on normal position. V4 stated R85 is a fall risk and she fell last night and was sent to the hospital. V4 stated R85's bed cannot be lowered but can be adjusted and raised on the head and feet of the bed but cannot be lowered. V4 stated since R85 was a fall risk, her bed should be able to be adjusted to low position to prevent falls. V4 demonstrated how R85's bed can only be adjusted on front (by the head) and lower part (feet) by raising/lowering the head of the bed and the foot of the bed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/30/2024 at 10:15am V23(Assistant Director of Nursing-ADON) stated R85 had multiple falls in the last one year and was sent to the hospital several times related to falls for further evaluations. 5/27/2024 injuries abrasions to left knee. V23 stated R85 is at risk according to her fall risk assessment. V23 stated anytime a resident falls, a fall risk assessment, pain assessment, and post fall occurrence is completed and these assessments help develop interventions in the care plan. R23 stated some intervention for R85 include fall mats, call light within reach, bed in lowest position. V23 stated when R85 come back from the hospital on the 5/28/2024, her call light should have been placed within reach so R85 can call for help/assistance, and safety. V23 stated the floor mats are important prevent R85 from getting injured because the last fall of 5/27/24, R85 rolled out of bed.</p> <p>On 05/30/2024 at 11:20am, V23 said she does not know where V6 (Maintenance Director) is as she has a tape measure, and she can measure the height of R85's bed. V23 and surveyor went to R85's room to measure the height of the bed which used to be R85's bed and now R85's roommate's bed. V23 measured the bed, and it was 25 inches in height. V23 stated this type of bed cannot be adjusted (lowered or raised) for height, and nursing staff should have called the maintenance department to bring an adjustable bed for R85 because R85 has had several falls.</p> <p>On 5/28/2024 at 11:38am, V5(Licensed Practical Nurse-LPN) stated she checked on R85 after R85 was brought back to the facility by paramedics at about 9:30am, and she has not checked on R85 again because she was busy passing morning medications. V5 stated she should have made sure R85's bed was in low position, and her call light was near her because R85 fall last night and was taken to the hospital related to the fall. V5 further stated she should have asked R85 if R85 wanted something to eat because R85 got back to the facility as breakfast time was ending. V5 stated the kitchen always has snacks and could have prepared something for R85 to eat as she waited for lunch.</p> <p>On 5/28/2024 at 12:05pm, V2(Director of Nursing) stated all staff are supposed to check resident equipment to make sure it is the right equipment for the resident, and it is in good working condition and should notify the maintenance department of any equipment needs.</p> <p>On 5/28/2024 approximately 30 minutes after observed and brought attention to staff R85's bed height, the bed was exchanged/swapped with R85's roommate's bed which could be lowered and/or raised up.</p> <p>On 5/28/2024 at 12:30pm, V6 (Maintenance Director) and surveyor observed model of R85's bed before her bed was changed and V6 stated that model of bed's height cannot be adjusted, and the only adjustments that can be done is to raise or lower the head or foot of the bed. V6 further stated that model of the bed does not come with the half rails that assist residents from coming in and out of bed by offering something to hold on to as they exit on get into bed. V6 stated he thought the height of the bed is the standard height, but stated he did not have a tape measure to measure the height of the bed.</p> <p>On 05/28/2024 at 12:45pm, V7 (Assistant Administrator) stated she is the one who changed/swapped R85's bed after surveyor observation, and V7 swapped the bed with the roommate's bed because R85 is a fall risk and requires a bed that can be lowered to prevent falls. R85's previous bed's height was up to surveyor's mid-thigh. V7 stated R85 should have been on a low bed to prevent falls.</p> <p>On 5/30/2024 at 2:49pm, V29(Nurse Practitioner) R85 should have had floor mats, call light within reach and bed in low position to prevent falls with injuries because R85 is at risk for fractures due to weak bones related to her medical comorbidities.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy titled Management of Falls, dated 08/2020 documents:</p> <p>-The facility will assess hazards and risks, develop a plan of care to address hazards and risks, implement appropriate resident interventions, and revise the president's plan of care in order to minimize the risks for fall incidences and/or injuries to the resident.</p> <p>R85's medical records dated 5/27/2024 document: Visit Information-Fall, Finger fracture, left, Discharge Instructions for Finger Fracture. A finger fracture is a crack or break in any of the bones in a finger. Your finger may need to be kept still for about 3 weeks. It may take a few more weeks before it feels or works like it did before.</p> <p>Radiographs of the left hand (3 views). May 28, 2024, 0012 hours. Clinical history: FALL.</p> <p>Findings: fracture in the shaft of the distal phalanx of the 2nd digit.</p> <p>R85's care plan dated 5/11/2022 documents: Keep frequently used items within reach in room. Promote call light within reach. 5/28/2024-floor mats while in bed.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35432</p> <p>Based on observation, interview, and record review, the facility failed to document catheter changes for a resident that requires an indwelling catheter. This failure affects one (R174) of three residents reviewed for catheters in a total sample of 35 residents.</p> <p>Findings include:</p> <p>R174 is a [AGE] year-old female resident. R174's face sheet notes R174's diagnoses as pressure ulcer of sacral region stage four, pressure ulcer of right heel stage 3, pressure ulcer of other site stage 3, dementia, Alzheimer's disease, high blood pressure, visual disturbance, and wasting syndrome. R174's MDS dated [DATE], notes R174 is not alert.</p> <p>R174's care plan notes R174 has an ADL (activity of daily living) functional performance deficit with decreased functional ability. Staff must assist with ADL tasks as needed and assist with personal hygiene as needed. R174 demonstrates impaired cognitive functioning related to Alzheimer's disease dementia.</p> <p>On 05/28/2024, at 11:21 AM, R174 was seen in bed with a catheter. R174's urine was very dark. The catheter tubing looked old with a brownish yellow color. The tubing also had dark colored sediment inside.</p> <p>On 05/29/2024, at 11:20 AM, V16 (Registered Nurse) stated, Catheters are changed every week and as needed. The physician gives an order to change the tubing. She was admitted with the catheter on 03/29/2024.</p> <p>On 05/29/2024, at 11:36 AM, V14 (Nurse) stated, Progress notes will document a catheter change. If there is not a progress note, then it means it was not done.</p> <p>R174's progress notes were reviewed from March 2024 until May 2024. There was no documentation that R174 had a catheter change from admission until present.</p> <p>On 05/30/2024, at 10:07 AM, V23 (Assistant Director of Nursing) stated, What is expected of the nurses is to follow physician orders. We have batch orders. Nurses must change catheters when they are visibility dirty. When they change it, they must notify the physician that it was changed and why. Then they must document when it was changed and why and depending on the physician. The physician may change the size of the catheter. The size of the catheter may change, and orders have to be updated. Nurses must document that it is patent (flowing), inserted correctly, and urine is seen. Nurses must document the resident's condition. It is important to document because it serves as a baseline and information for staff. Basically, to document if there is any change in condition.</p> <p>Review of R174's care plan does not document that R174 has a catheter. The care plan does not document the need for the catheter or how to ensure the resident receives appropriate treatment and services to maintain the catheter and prevent urinary tract infections from occurring.</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>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>35432</p> <p>Based on interview and record review, the facility failed to provide adequate staffing for one out of four floors of the facility. This failure affects all the residents that reside on the second floor.</p> <p>Findings include:</p> <p>On 05/30/2024, at 10:57 AM, V28 (Staffing Coordinator) stated, The facility has a total of five nurses on each shift. There is at least one RN (Registered Nurse) for the morning. There are a total of fifteen aides a day. Aides work eight-hour days. Nurses work twelve-hour days. Fourth floor has four aides every day, including weekends. One nurse on the fourth floor. Third floor has two aides. One nurse on the third. Second floor has two nurses and six aides. The second floor is my highest acuity floor. First floor is one nurse and two aides. Nursing staff is based on the census and acuity. We replace call offs. I am here at 6:00 AM. I have a phone 24 hours a day, seven days a week. I try to get someone to stay over or get someone to come in when there is a call off. The restorative nurses can work, and restorative aides can also work. Holidays I try to over staff.</p> <p>On 05/30/2024, staffing was reviewed. Staffing was as follows. On Sunday, October 1, 2023, there were four aides instead of six on the 2nd floor for the 7:00 AM to 3:00 PM shift and 3:00 PM to 11:00 PM shift. Saturday, October 7th, 2023, there were only four aides for the 3:00 PM to 11:00 PM shift, instead of six. On Sunday October 15th, 2023, there were only four aides instead of six on the 2nd floor for 1st and 2nd shifts. On Sunday, October 29, 2023, there were on four aides instead of six for the 2nd floor for the 1st shift. On Sunday, November 5, 2023, there were only three aides for the second shift on the second floor. On Saturday, November 11, 2023, there were only four aides on the second floor for the 1st shift. On Sunday, November 12, 2023, there were only four aides instead of six on the 2nd floor for the 1st shift. On Sunday November 19, 2023, there were only four aides instead of six on the 2nd floor for the 1st shift. There was only one aide for the fourth floor during the 1st shift. On Sunday, November 26, 2023, there was only four aides instead of six for the 1st shift on the 2nd floor. On Sunday, December 24, 2023, there were only three aides instead of six for the 1st shift on the second floor. On Sunday, December 31, 2023, there were only four aides instead of six on the 2nd floor during the 1st shift.</p> <p>On 05/30/2024, the facility triggered with CMS (Centers for Medicare and Medicaid) for excessively low weekend staffing.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Wentworth Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West 69th Street Chicago, IL 60621	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>45000</p> <p>Based on observation, interview, and record review, the facility failed to administer resident's prescribed medications in a timely manner according to the physician orders. This failure affects twelve (R63, R65, R68, R71, R83, R86, R107, R131, R134, R135, R143, R159) residents in a total sample of 35 residents.</p> <p>Findings include:</p> <p>On 05/28/2024 at 9:29AM, surveyor located on the first floor of the facility with V3 (Registered Nurse/RN). V3 states to surveyor that she was scheduled to start her shift at the facility at 7:00AM. V3 states she started her shift at the facility today at approximately 8:20AM. V3 states she began administering medications to residents at approximately 9:00AM.</p> <p>On 05/28/2024 at 10:09AM, V3 states that she is running a little behind and the resident's electronic medication administration record/eMAR will now turn red in color for resident's medication. V3 states the red color on the resident's eMAR will turn red to indicate that the medication to be administered is considered late. V3 states the time frame to administer resident's medication is one hour before the scheduled time and one hour after the scheduled time. V3 states if medication is administered an hour after it is scheduled, then it is considered late.</p> <p>On 05/28/2024 at 10:09AM, surveyor observes the eMAR that is deployed on the laptop computer attached to the medication cart. Surveyor observes the following resident's eMAR is red in color: R63, R65, R68, R71, R83, R86, R107, R131, R134, R135, R143, R159.</p> <p>On 05/30/2024 at 9:55AM, V23 (ADON/Infection Preventionist) states the protocol for administering medications when a scheduled nurse is late to work is as follows: Usually, the facility's unit supervisor from the previous shift or another nurse is asked to remain at the facility to care for and administer medications until the scheduled nurse arrives to the facility.</p> <p>V23 states she is not sure who was responsible for administering medications to residents residing on the first floor of the facility until V3 arrived at the facility for her scheduled shift. V23 states V3 should have informed management and asked for help with administering medications to residents residing on the first floor of the facility.</p> <p>Medication Administration Audit Report reviewed for the 05/28/2024 for the first floor of the facility. Audit report documents that V22 (RN) administered medication at 8:41AM to one resident residing on the first floor of the facility whose medication was scheduled at 9:00AM. Audit report documents that V3 (RN) administered medication to all other residents residing on the first floor of the facility whose medication was scheduled at 9:00AM.</p> <p>Medication Audit Report dated 05/28/2024 documents that R63, R65, R68, R71, R83, R86, R107, R131, R134, R135, R143, and R159's scheduled 9:00AM medications were administered late.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of facility nursing time clock punches documents that V3 (RN) arrived to work at the facility at 8:35AM on 05/28/2024.</p> <p>Review of facility nursing time clock punches documents that V22 (RN) arrived to work at the facility at 7:44AM on 05/28/2024.</p> <p>Facility policy dated 01/2022 titled Medication Administration: General Guidelines documents in part, 8. Medications are administered within one (1) hour of prescribed time. Unless otherwise specified by the physician, routine medications are administered according to established medication administration schedule.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were administered as ordered by the residents' physician for one (R83) resident in a total sample of 35 residents.</p> <p>Findings Include:</p> <p>On 05/28/2024 at 9:29AM, surveyor located on the first floor of the facility with V3 (Registered Nurse/RN). V3 states she is unable to locate R83's medications in the medication carts. V3 is observed opening and closing drawers and searching in both medication carts on the first floor. V3 states she will have to call the pharmacy to inquire about R83's medications.</p> <p>On 05/28/2024 at 10:21AM, V3 is observed calling the facility's contracted pharmacy and places the call on speaker. Pharmacy representative states to V3 that R83 has experienced a loss of insurance and R83's medications cannot be shipped to the facility due to insurance issues. Pharmacy representative states to V3 that R83 should be enrolled in a Medicaid insurance plan. Pharmacy representative states to V3 that the pharmacy faxed over notification to the facility on [DATE] informing the facility of R83's loss of insurance. Pharmacy representative states that they faxed the notifications to the following numbers on 05/10/2024:</p> <p>773-487-78XX</p> <p>773-651-87XX</p> <p>872-469-16XX</p> <p>773-487-47XX</p> <p>V3 then asks the pharmacy representative to refax the notifications again to all of the above fax numbers.</p> <p>On 05/28/2024 at 10:28AM, V3 is observed obtaining the facility's emergency medication convenience box located in the first-floor medication storage room. V3 observed opening and searching for R83's scheduled medications inside of the emergency medication convenience box. V3 is observed checking the list of medications that is available and stored inside of the emergency medication convenience box. V3 states she is unable to locate the following medications scheduled for R83 inside of the emergency medication convenience box:</p> <p>Amiodarone 200mg</p> <p>Apixaban 2.5mg</p> <p>Empagliflozin 10mg</p> <p>Spirolactone 25mg</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility document titled Usage Record-Convenience Box does not document that the above medications are available inside of the emergency medication convenience box.</p> <p>R83's Face sheet documents that R83 was admitted to the facility on [DATE] with diagnoses not limited to: Acute Chronic Systolic (Congestive) Heart Failure, atrial fibrillation, pulmonary hypertension, and type 2 diabetes mellitus.</p> <p>R83's MDS/ Minimum Data Set, dated dated [DATE] documents that R83 has a BIMS/Brief Interview for Mental Status of 02/15, indicating that R83 is cognitively impaired.</p> <p>R83's POS/Physician order sheet documents the following orders:</p> <p>Amiodarone 200mg- Give 1 tablet by mouth two times a day.</p> <p>Apixaban 2.5mg- Give 1 tablet by mouth two times a day.</p> <p>Empagliflozin 10mg- Give 1 tablet by mouth one time a day.</p> <p>Spironolactone 25mg- Give 1 tablet by mouth one time a day.</p> <p>On 05/30/2024 at 8:53AM, a telephone interview was conducted with V21 (Pharmacy Technician with facility contracted pharmacy).</p> <p>V21 states prior to 05/28/2024, R83's Amiodarone 200mg medication was last shipped to the facility on [DATE] and it was a 14-day supply.</p> <p>V21 states prior to 05/28/2024, R83's Apixaban 2.5mg medication was last shipped to the facility on [DATE] and it was a 14-day supply.</p> <p>V21 states prior to 05/28/2024, R83's Empagliflozin 10mg medication was last shipped to the facility on [DATE] and it was a 14-day supply.</p> <p>V21 states prior to 05/28/2024, R83's Spironolactone 25mg medication was last shipped to the facility on [DATE] and it was a 14-day supply.</p> <p>V21 states after 03/20/2024, R83's above medications were not shipped to the facility again until 05/28/2024 at 7:15PM.</p> <p>V21 states a notification to the facility regarding R83's loss of insurance was first sent to the facility on [DATE] via fax. V21 states another notification to the facility regarding R83's loss of insurance was sent again to the facility on [DATE] via fax. V21 states their pharmacy never received a reply from the facility until 05/28/2024.</p> <p>Progress note dated 05/28/2024 at 11:10AM, written by V3 (Registered Nurse/RN) documents Spironolactone Oral Tablet 25 MG- Writer called Pharmacy regarding medication, Pharmacy faxed insurance document that is being overseen by director of nursing, NP (nurse practitioner) notified, and issue is being resolved, res is stable, no acute distress noted, staff continues to monitor resident.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Progress note dated 05/28/2024 at 11:10AM, written by V3 (Registered Nurse/RN) documents Empagliflozin Oral Tablet 10 MG- Writer called Pharmacy regarding medication, Pharmacy faxed insurance document that is being overseen by director of nursing, NP notified, and issue is being resolved, resident is stable, no acute distress noted, staff continues to monitor resident.</p> <p>Progress note dated 05/28/2024 at 11:10AM, written by V3 (Registered Nurse/RN) documents Apixaban Oral Tablet 2.5 MG- Writer called Pharmacy regarding medication, Pharmacy faxed insurance document that is being overseen by director of nursing, NP notified, and issue is being resolved, res is stable, no acute distress noted, staff continues to monitor resident.</p> <p>Progress note dated 05/28/2024 at 11:10AM, written by V3 (Registered Nurse/RN) documents Amiodarone HCl Oral Tablet 200 MG- Writer called Pharmacy regarding medication, Pharmacy faxed insurance document that is being overseen by director of nursing, NP notified, and issue is being resolved, res is stable, no acute distress noted, staff continues to monitor resident.</p> <p>R83's medication administration record reviewed from 05/01/2024 to 05/30/2024 and documents that the facility's nursing staff has been documenting that R83's above medications were being administered.</p> <p>Facility policy dated 01/2022 titled Medication Administration: General Guidelines documents in part, A. Policy: To ensure that medications are administered safely as prescribed. 6. If the physician's medication order cannot be followed, the physician should be notified. 8. Medications are administered within one (1) hour of prescribed time. Unless otherwise specified by the physician, routine medications are administered according to established medication administration schedule.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45002</p> <p>Based on observation, interview and record review, facility failed to follow their policy to ensure medications that are outdated are to be immediately removed or disposed, for 2 (R54 and R81) out of three residents reviewed for medication storage and labeling in the sample of 35.</p> <p>Findings include:</p> <p>On 05/28/2024 at 11:00 AM, surveyor observed the medications on cart #1 and cart #2 on 3rd floor. V5 (Licensed Practical Nurse) stated that she is the only nurse on the 3rd floor, and she manages Cart #1 and Cart #2. On cart #1 surveyor observed a budesonide formoterol fumarate dihydrate inhaler for R54. There was a label on the inhaler which stated when the medication was first given and when it is expired. The label on the inhaler had written on it that the date opened was 2/13/2024 and date the date expired was 5/13/2024.</p> <p>On 05/28/2024 at 11:05 AM, surveyor asked V5 what do these two dates mean. V5 stated that those are the dates when the medication was opened and first given and when it expires. V5 stated that the date that the inhaler for R54 was opened on 2/13/2024 and it expired on 5/13/2024. V5 stated they are expected to discard these medications when they expire.</p> <p>On 05/28/2024 at 1:00 PM, surveyor observed the medications stored and labeled on cart #1 and cart #2 on 4th floor. V12 (Licensed Practical Nurse) stated that she is the only nurse on the 4th floor, and she manages Cart #1 and Cart #2. On cart #2 surveyor observed insulin Lispro pen injection for R81. There was a label on the insulin pen injector which stated when the medication was first given and when it is expired. The label on the pen injector had written on it that the date opened was 4/10/2024 and date the date expired was 5/16/2024. R81 also had Flucatisone Advair inhaler in the medication cart. The inhaler had a label on it which stated when the medication was first given and when it expires. The date on when the medication was first opened was 4/15/2024 and it was expired was 5/15/2024.</p> <p>On 05/28/2024 at 1:15 PM, surveyor showed V12 the insulin pen injector and Advair inhaler for R81. Surveyor asked V12 was do these two dates mean. V12 stated that those are the dates when the medication was opened and first given and when it expires. V5 stated that the date that the inhaler for R54 was opened on 2/13/2024 and it expired on 5/13/2024. V5 also stated that the date on when R81's inhaler was first opened was 4/15/2024 and it expired on 5/15/2024. V12 stated they are expected to discard these medications when they expire.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/29/2024 at 2:00 PM, V2 (Associate Director of Nursing) stated they do cart audits weekly where we make sure the insulin is good. All the expiration dates are within the proper dates. If we have to reorder anything we do that then as well. After insulin it is good for 30 days. For Advair it also expires in 30 days. When a medication is opened, we put on medication a label of when the medication is first given and on the same label we write the appropriate expiration date next to the date opened. The expiration date corresponds to when the medication was first opened to administer to the resident. For safety reason, we do not want to give any residents expired medications for their safety. If an expired medication is administered to the resident, it may not be as effective as it would be if it wasn't expired.</p> <p>R81's Physician order sheet documents in part: Insulin lispro inject 3 units subcutaneously three times a day before meals. Discard in 28 days after 1st use.</p> <p>R81's Physician order sheet documents in part: Fluticasone-Salmeterol (Advair) 1 inhalation by mouth every 12 hours. Expired in 30 days.</p> <p>Facility's Key Information about common insulins (8/10/2023) documents in part: Lispro discard after 28 days after 1st use.</p> <p>Facility's Storage/labeling/packaging of medications policy (01/2022) documents in part: Medications that are damaged, soiled, contaminated or outdated are immediately removed and either returned or disposed of according to procedure.</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45111</p> <p>Based on observations, interviews, and records review, the facility failed to provide a meal to one (R85) of five residents reviewed in sample of 35. This failure resulted in R85 experiencing hunger.</p> <p>Findings include:</p> <p>R85's current face sheet documents R85 is a [AGE] year-old individual with medical conditions that include but not limited to: End stage renal disease, hemiplegia and hemiparesis following unspecified cerebrovascular disease affecting left non-dominant side, displaced fracture of shaft of second metacarpal bone, left hand, subsequent encounter for fracture with routine healing, history of falling, type 2 diabetes mellitus without complications. R85's MDS (Minimum Data Set) dated [DATE], documents R85 has a BIMS score of 15/15, indicating R85 has intact cognition, MDS section GG -Functional Abilities and Goals documents R5 needs supervision or touching assistance and partial to moderate assistance with Activities of Daily Living (ADL) care.</p> <p>On 5/28/2024 at 11:35am, R85 was observed in her room sitting at the edge of the bed and was only wearing incontinence underwear with no other clothes on. R85 stated she come this morning from the hospital after falling last night, and she was very hungry and was trying to get out of bed to get her clothes from her dresser and she was having difficulties getting out of bed into her wheelchair. R85 stated staff have not been to her room since assisting her to bed after she come from the hospital this morning, and she was trying to get out of bed, get dressed and go out to ask for food because no one had given her food and she was feeling very hungry. R85 stated she did not know where her call light was. R85 fumbled with her hands around her bed looking for the call light but she did not find it. R85's side table was observed pushed on the side of her bed away and out of reach of R85.</p> <p>On 5/28/2024 at 11:40am, Surveyor and V4(Certified Nursing Assistant-CNA) went to R85's room and found R85 sitting on her wheelchair next to her bed near her dresser and stated she was trying to get her clothes so that she can dress up. R85 stated she does not know where her call light is, and no staff has checked on her since she came back from the hospital to the facility this morning. R85 stated she was very hungry, and no one offered her food when she got here this morning.</p> <p>V4 stated she assisted the paramedics to put R85 on the bed when she was brought back to the facility at between 9:00am to 9:30am. V4 stated she checked R85 and R85 was not wet, but she did not ask R85 if she was hungry, and she had not checked on R85 since she assisted the paramedics to put R85 in bed. V4 stated she should have asked R85 if she wanted something to eat and gotten it for R85 from the kitchen.</p> <p>On 05/30/2024 at 10:15am V23(Assistant Director of Nursing-ADON) stated when residents come back from the hospital, the paramedics transfer the resident to bed, the nursing staff should have provided or asked R85 is she was hungry and provided her with a meal even if breakfast was over, and a staff member could have called the kitchen to provide R85 with something to eat.</p> <p>(continued on next page)</p>		

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<p>F 0809</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/28/2024 at 11:38am, V5(Licensed Practical Nurse-LPN) stated she checked on R85 after R85 was brought back to the facility by paramedics at about 9:30am, and she has not checked on R85 again because she was busy passing morning medications. V5 stated R85's call light should have been near her so she can reach out to staff for any needs. V5 further stated she should have asked R85 if R85 wanted something to eat because R85 got back to the facility as breakfast time was ending. V5 stated the kitchen always has snacks and could have prepared something for R85 to eat as she waited for lunch.</p> <p>Facility policy titled Food Substitutes, dated 11/23 documents:</p> <p>-Substitute foods from the planned menu will be prepared daily.</p> <p>Facility's Always Available Menu documents available foods such as grilled cheese, hamburger on a bun, hot dog on a bun, etc.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49783</p> <p>Based on observation, interview, and record review the facility failed to store food in accordance with professional standards for food service safety and sanitation, failed to utilize measuring utensils when mixing ingredients, failed to follow the recommended portion size for the menu, and staff failed to wear hair restraints (e.g., hairnet, hat, and/or beard restraint) to prevent hair from contacting food. This has the potential to affect all 180 residents in the facility.</p> <p>On [DATE] at 9:30AM surveyor arrived at facility. Conducted kitchen observation observed one cook, four dietary aides and a dietary manager. V17 observed without hair net while preparing food in food designated areas. Surveyor notified staff of inspection. V8 reminded V17 she needed a hair restraint on.</p> <p>On [DATE] at 9:35AM surveyor observed in main fridge, one crate with six cartons of eight-ounce carton of milk with no expiration date or used by dates labeled.</p> <p>On [DATE] at 9:37AM surveyor observed expired potato salad with receive date [DATE] and expired date [DATE], chicken base expired used by label dated [DATE], open magic cup expired [DATE], open Worcestershire sauce date labeled [DATE] expired [DATE] and mayonnaise cole-slaw dressing used by dated [DATE].</p> <p>On [DATE] at 9:48 AM surveyor observed in freezer opened vanilla ice-cream in damaged container with no open or expiration date. No open or used by date on an opened red-hot bottle. Expired grits dates [DATE] in dry food area.</p> <p>On [DATE] at 10:31 AM surveyor observed V17 preparing fortified pudding. Observed V17 mix and poured bags two chocolate powder, three packs of pudding and seven cartons of milk in a large bowl without measuring ingredients. V17 did not use any measuring utensils or follow the US Foods Management System production recipe for fortified pudding.</p> <p>On [DATE] at 10:42 AM V17 stated, when measuring pudding I just look at the consistency by eye and mix ingredients without scoops, then I make the decision if I need to add more ingredients. I just know by hard because I make this every day. This makes about ten to fourteen cups.</p> <p>On [DATE] at 11:00 AM V8 stated, all staff should follow protocol when preparing meals and mixing ingredients. Staff should always wear a hair net. If hair net is not on, hair can get in the food, and that's cross contamination. Expired foods should be discarded immediately and any foods with used by date over seven days of day one of opened date on label. Expired food can cause resident to get sick we should not have expired food past the seven days we put on the labels. I track employee illness by using employers reporting agreement, staff is aware to report to person charge if they have illness. If staff is sick, they are sent home per protocol.</p> <p>On [DATE] at 12:00 PM Reviewed fortified pudding recipe from US foods blueprint menu management system documents, chocolate pudding mixes three pounds, non-fat milk two and half cup, whole milk one half gallon. Yield 50 half cup portion half cup.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Wentworth Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West 69th Street Chicago, IL 60621	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility policy titled Food storage rev ,d+[DATE], labeling and dating ,d+[DATE], documents in part: All food products that have pre-printed by manufacturer date labels on them will be discarded by the noted date printed on product. Milk will be discarded by the date on the container no matter the label type. The day of preparation in day one. Spices container will be dated when opened. Food held less than 24 hours may be labeled with the common name, date, and time it is placed in the refrigerator. Food taken from their original container will be labeled.</p> <p>Facility policy titled dated rev ,d+[DATE] Personnel Standards document in part, 1. Hair nets or hats, covering all hair, must be worn at all times while in the kitchen, pantry, or other areas as needed.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on observation, interview, and record review, the facility failed to a.) ensure that multi-use blood pressure cuff devices and pulse oximeters were properly cleaned and disinfected in between resident use for ten (R12, R20, R27, R29, R83, R98, R124, R126, R159, R161) residents, b.) ensure that its staff follow the facility's policy to demonstrate proper hand hygiene while performing peri-care to one resident (R14), and c.) post a contact isolation precaution sign for one resident (R157) identified as having a physician order for contact isolation precautions in a total sample of 35 residents reviewed for infection control.</p> <p>Findings include:</p> <p>On 05/29/24 9:49 AM R14 agreed for surveyor to observe V15 (CNA) provide peri-care to R14. V15 cleaned R14's peri-area. V15 proceeded to apply a new brief on R14. V15 gently moved R14's right leg over his left leg to turn on his left side. V15 turned R14 back on his back, V15 secured brief. V15 applied oil on R14's arms, legs. Then V15 proceeded to cover R14 with towel, V15 placed soiled linen in plastic bag, and then applied clean gown to R14. V15 removed her soiled gloves, gown, and went outside of door to grab pillowcases, and proceeded to place pillowcase on pillow and V15 placed a pillow under resident's head, V15 proceeded to place heel booties back on resident, placed pillow under resident's lower legs. V15 applied hand sanitizer, and new gloves, proceeded to apply wedge to reposition towards window, placed another pillow on his left side, elevated his head, applied sheet over him, lowered bed to lowest position. V15 states that she is complete with providing R14 care. V15 states that staff has not told her that she needs to change gloves after changing a resident's brief. V15 states that bacteria can transfer onto her clothes if she does not perform correct hand hygiene.</p> <p>R14's physician order set dated 5/29/2024 documents in part: Enhanced Barrier Precaution for Chronic Wound.</p> <p>Facility document dated 9/2020, titled Perineal Care documents in part, Purpose: To prevent infection and odor .Remove gloves and wash hands and/or use hand hygiene. Apply gloves before putting on clean brief.</p> <p>Facility document dated 06/04/2020, titled Hand Washing and Hand Hygiene documents in part, Purpose: Appropriate hand hygiene is essential in preventing the spread of infectious organisms in healthcare settings.</p> <p>05/28/24 11:11 AM observed CDC (Centers for Disease Control and Prevention) enhanced barrier precaution sign outside of R157's room. Observed isolation setup bin and a small black trash bin outside of R157's room. R157 states that he was informed in the past that he is on contact isolation, and R157 states that he hasn't been told anything recently. R157 states that sometimes staff do not wear gowns to enter his room such as when providing him with his meals.</p> <p>R157's Face sheet documents that R157 is a [AGE] year-old male admitted to the facility on [DATE] who has diagnoses not limited to: other chronic osteomyelitis, pressure ulcers, urinary tract infection, sepsis, pericarditis.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R157's Minimum Data Set (MDS), dated [DATE], documents R157 has a Brief Interview for Mental Status (BIMS) of 15 out of 15, indicating R157 is cognitively intact.</p> <p>R157 Physician Order Sheet dated 05/29/24 documents in part: active order ISOLATION: CONTACT PRECAUTIONS: ESBL, VRE, and E. COLI of Urine.</p> <p>R157's hospital records dated 5/21/2024 documents in part Discharge summary .Methicillin Resistant Staph Aureus Culture Screen Collected (MRSA) (05/18/24 0130) .Pt found to have ESBL positive Klebsiella pneumoniae on urine cultures, started on IV meropenem .Pt found to have positive MRSA nares swab, started on IV vancomycin.</p> <p>05/29/24 12:04 PM V23 (Assistant Director of Nursing) states that she is also the infection preventionist. V23 states that there are currently no residents who are on contact or droplet precautions. V23 states that R157 has been in and out of the hospital and he has a lot of medical condition. V23 states R157 is one resident that was on contact isolation in April 2024 for ESBL in urine and wounds.</p> <p>On 5/30/2024 9:24 AM, observed enhanced barrier precaution signage outside of 157's room. Observed isolation setup bin and a small black trash bin outside of R157's room.</p> <p>On 5/30/2024 2:03 PM V14 (Licensed Practical Nurse) states that R157 is on contact isolation for ESBL, VRE, and E.coli in the urine. V14 states that R157 is on enhanced barrier precautions for having wounds and indwelling urinary catheter. V14 states that for contact isolation it means that staff must wear PPE (personal protective equipment) before going into the resident's room. V14 states that R157 should have a contact isolation sign posted outside his room.</p> <p>On 5/30/2024 2:10 PM V24 (Certified Nursing Assistant/CNA) states that R157 is only on enhanced barrier precautions due to having an indwelling urinary catheter.</p> <p>Facility document dated 12/14/2023, titled Infection Prevention and Control Manual Transmission-Based Precautions documents in part: Transmission based precautions are used for residents who are known to be suspected of being infected or colonized with infectious agents, including pathogens that require additional control measures to prevent transmission .the purpose of contact precautions is to prevent transmission of infections that are spread by direct (i.e., person to person) or indirect contact with the resident's environment. Contact precautions require the use of appropriate PPE, including a gown and gloves upon entering the room or contacting the resident or the resident's environment. When leaving the room, PPE will be removed, and hand hygiene performed. Contact Precautions .a covered can for garbage and a covered can for soiled linen with a black liner must be located inside of the resident's room. A CDC contact precaution sign must be hung outside of the resident's room.</p> <p>CDC (Centers for Disease Control and Prevention) website document dated 04/12/2024 documents in part: Recommendation details .Healthcare providers should Follow Contact Precautions when caring for patients with MRSA (colonized or carrying and infected).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>State Operations Manual Appendix PP documents in part: Direct Contact Transmission (Person-to-Person) occurs when microorganisms such as methicillin-resistant Staphylococcus aureus (MRSA), vancomycin-resistant Enterococci (VRE), carbapenem-resistant Enterobacteriaceae (CRE), influenza, or mites from a scabies-infected resident are transferred from an infected or colonized person to another person. In nursing homes, resident-to-resident direct contact transmission may occur in common areas of the facility such as the recreation room, rehabilitation area, and/or dining room.</p> <p>45000</p> <p>Findings include:</p> <p>On 05/28/2024 during a medication administration observation with V3 (Registered Nurse/RN), surveyor and V3 located on the first floor of the facility.</p> <p>On 05/28/2024 at 9:46AM, surveyor observes V3 with a portable/standing blood pressure cuff device and walks inside the first-floor dining room and place the blood pressure cuff on R20's arm to assess R20's blood pressure reading. At 9:48AM, after using blood pressure cuff device on R20, V3 places blood pressure cuff device next to the medication cart located outside the first-floor dining room. V3 does not clean or disinfect the blood pressure cuff after using it on R20.</p> <p>On 05/28/2024 at 9:56AM, V3 walks inside the first-floor dining room and place the same blood pressure cuff on R126's arm to assess R126's blood pressure reading. At 9:58AM, after using blood pressure cuff device on R126, V3 places blood pressure cuff device next to the medication cart located outside the first-floor dining room. V3 does not clean or disinfect the blood pressure cuff after using it on R126.</p> <p>On 05/28/2024 at 10:11AM, V3 walks inside R83's room and place the same blood pressure cuff on R83's arm to assess R83's blood pressure reading. After using blood pressure cuff device on R83, V3 places blood pressure cuff device next to the medication cart. V3 does not clean or disinfect the blood pressure cuff after using it on R83.</p> <p>On 05/29/2024 during a medication administration observation with V5 (Licensed Practical Nurse/LPN), surveyor and V5 located on the third floor of the facility.</p> <p>On 05/29/2024 at 8:13AM, surveyor observes V5 with a portable/individual pulse oximeter device and places it on R12's finger to assess R12's heart rate. After using the pulse oximeter device on R12, V5 places the pulse oximeter device on top of the medication cart. V5 does not clean or disinfect the pulse oximeter device after using it on R12.</p> <p>On 05/29/2024 at 8:27AM, surveyor observes V5 with the same portable/individual pulse oximeter device and places it on R98's finger to assess R98's heart rate. After using the pulse oximeter device on R98, V5 places the pulse oximeter device on top of the medication cart. V5 does not clean or disinfect the pulse oximeter device after using it on R98.</p> <p>On 05/29/2024, V11 (Restorative Nurse/LPN) states to V5 (LPN) that V11 will help V5 with obtaining resident's blood pressure readings. Surveyor observes that residents have formed a line along the wall and are waiting to retrieve their medications from V5.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 05/29/2024 at 8:25AM, R27 observed standing in line. V11 observed with a portable/wrist blood pressure cuff device and place the blood pressure cuff on R27's wrist to assess R27's blood pressure reading. After using blood pressure cuff device on R27, V11 does not clean or disinfect the blood pressure cuff device.</p> <p>On 05/29/2024 at 8:33AM, R29 observed standing in line. V11 observed with a portable/wrist blood pressure cuff device and place the blood pressure cuff on R29's wrist to assess R29's blood pressure reading. After using blood pressure cuff device on R29, V11 does not clean or disinfect the blood pressure cuff device.</p> <p>On 05/30/2024, surveyor located on the first floor of the facility.</p> <p>On 05/30/2024 at 8:34AM, surveyor observes V20 (LPN) with a portable/tabletop blood pressure cuff device and walks inside the first-floor dining room and place the blood pressure cuff on R159's arm to assess R159's blood pressure reading. At 8:35AM, after using blood pressure cuff device on R159, V20 places blood pressure cuff device on top of the medication cart located outside the first-floor dining room. V20 does not clean or disinfect the blood pressure cuff after using it on R159.</p> <p>On 05/30/2024 at 8:38AM, V20 walks inside the first-floor dining room and place the same blood pressure cuff on R124's arm to assess R124's blood pressure reading. At 8:39AM, after using blood pressure cuff device on R124, V20 places blood pressure cuff device on top of the medication cart located outside the first-floor dining room. V20 does not clean or disinfect the blood pressure cuff after using it on R124.</p> <p>On 05/30/2024 at 8:45AM, V20 place the same blood pressure cuff on R161's arm to assess R161's blood pressure reading. After using blood pressure cuff device on R161, V20 does not clean or disinfect the blood pressure cuff device.</p> <p>On 05/30/2024 at 9:55AM, V23 (ADON/Infection Preventionist) states resident shared equipment such as blood pressure cuff devices, glucometers, and pulse oximeters, should be cleaned and disinfected in between resident use. V23 states the shared equipment should be wiped down with a disinfectant wipe for at least 10-15 seconds. V23 states if residents' shared equipment is not cleaned and disinfected after each resident use, then there is potential for the spread of germs and infections.</p> <p>Facility policy dated 09/2020 titled Equipment (Shared) Care and Cleaning of documents in part, Purpose: 1. To assure cleanliness of resident shared equipment. 6. Equipment will be cleaned with an appropriate disinfectant/wipe.</p> <p>Facility policy dated 01/2022 titled Medication Administration: General Guidelines documents in part, D. Procedure: 1. Infection control policies are followed at all times during medication administration.</p>		