

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER Avantara Lincoln Park		STREET ADDRESS, CITY, STATE, ZIP CODE 1366 West Fullerton Avenue Chicago, IL 60614	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50662</p> <p>Based on observation, interview and record review the facility failed to provide one resident (R1) with food that accommodates R1's food allergies and intolerances. This failure affected one resident (R1) out of three residents reviewed for food accommodations.</p> <p>Findings include:</p> <p>R1's medical diagnoses include but are not limited to type 2 diabetes mellitus, muscle weakness, major depressive disorder, essential hypertension, and blindness one eye.</p> <p>R1's Minimum Data Set, dated dated dated [DATE] has a Brief Interview for Mental Status score of 14, which indicates R1's cognition is intact.</p> <p>On 05/22/25 at 11:25am R1 stated that the facility gives R1 food that R1 is either allergic to or cannot tolerate.</p> <p>On 05/22/25 at 12:26pm, observed R1's lunch tray delivered to R1's bedside. R1's lunch tray observed with shrimp, rich, corn on the cob and apple pie alamode.</p> <p>R1's meal ticket on R1's lunch tray documents in part, Allergies: cheese, dairy products, ice cream, milk, yogurt .Dislikes: apple, applesauce, bratwurst sausage, corn.</p> <p>On 05/22/25 at 12:26pm V6 (Central supply) stated that R1's meal ticket states that R1 has an allergy to dairy, so R1 should not have ice cream served to R1 on the meal tray. V6 stated that R1's dislikes include apples and corn, so R1 should not have apples or corn served to R1 on R1's meal tray.</p> <p>On 05/27/25 at 9:33am V7 (Director of Dietary) stated that a resident's food allergies and dislikes should not be served to the resident. V7 stated that a resident with a dairy allergy should not receive ice cream. V7 stated that the resident could have an allergic reaction to the ice cream. V7 stated that the diet card of each resident should be followed.</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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's policy titled Food Preference Policy dated 07/26/24 documents in part, Purpose: The facility will provide food that accommodates allergies and preferences .Policy: 1. The facility will identify resident's allergies, intolerances, and preferences based on medical records and interviews. 2 The facility will ensure that residents will not be given good that they are allergic to or good that give them intolerance reactions.</p>		