STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145510	A. Building B. Wing	08/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Avantara Lincoln Park	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. (continued on next page)

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure that the development of individualized, comprehensive care plans had appropriate and measurable goals with target dates to address the resident(s) needs related to weight loss, difficulty swallowing and medical decline. This deficient practice was identified for 1 (R1) resident.Findings Include:R1 was admitted to the facility on [DATE] with diagnoses not limited to Asthma, Hemiplegia and Hemiparesis following Cerebral Infarction Affecting Left Non-Dominant Side, Intervertebral Disc Degeneration, Lumbar Region with Discogenic Back Pain only, Cervical Disc Degeneration, Atherosclerotic Heart Disease, Low Back Pain, Essential (Primary) Hypertension, Idiopathic Gout, Gastro-Esophageal Reflux Disease, Depression, Obstructive Sleep Apnea, Cervicalgia, Mood Disorder due to known physiological condition with depressive features, symptoms and signs involving cognitive functions following unspecified Cerebrovascular Disease, Dementia and Dysphagia, Oropharyngeal Phase. R1 was unable to complete the Brief Interview for Mental Status. The review of R1's individualized, comprehensive care Plan document in part: Focus: R1 is at risk for alteration in nutritional status related to an active therapeutic diet and mechanically altered texture. Comparison Weight 06/15/25, 167.0 Lbs., -9.6%, -16.0 Lbs. Date Initiated: 01/20/25 Revision on: 08/21/25 Interventions: Provide assistance for meals if indicated. Provide diet and supplements as ordered. Date Initiated: 01/20/25. Focus: R1 requires assistance with ADL's (Activities of Daily Living) (bed mobility, transfers, dressing, walking, personal hygiene, eating and toileting). Date Initiated: 01/16/25 Revision on: 07/03/25. Interventions: Eating: 1:1 staff assistance with all meals and as needed. Date Initiated: 07/03/25. Encourage participation in ADL's. Focus: R1 impaired cognitive function/dementia or impaired thought processes. Interventions: Ask yes/no questions in order to determine R1's needs. Focus: R1 has expressive communication barrier.A review of R1's weights reflected that the resident had a significant weight loss and was not on a physician prescribed weight loss regimen. R1's weights dated as follows: 01/15/25 201.0 Lbs., 02/18/25 180.3 Lbs., 03/11/25 178.0 Lbs., 04/09/25 177. 5 Lbs., 05/14/25 171.0 Lbs., 06/15/25 167.0 Lbs., 07/10/25 156.5 Lbs. and 08/27/25 146.5 lbs. R1 had a 20. 7-pound 10.30% weight loss from 01/15/25-02/18/25. R1 had an additional 8.7-pound 5.16% weight loss from 02/18/25-05/14/25, and an additional 14.5-pound 8.48% weight loss from 05/14/25-07/10/25 totaling a 44.5-pound 22.14% weight loss from 01/15/25-07/10/25 before the facility implemented a diet change on 07/15/25, Exam and modified barium swallow study completed 07/23/25, adding supplements on 07/24/25 and 07/25/25. R1 continued to lose weight, losing an additional 10 pounds 6.39% since the implementation of the interventions. R1 has a weight loss of 54.5 pounds 27.11% since admission on [DATE]-[DATE]. A review of the Dietary Progress Notes (DPN) completed by the dietician dated 03/06/25 reflected that the resident's weight of 180.3 pounds on (02/18/25) and 201 pounds on (01/15/25) with a -10.3% significant weight loss in a one-month time period. Now presents with significant unplanned weight loss > 1 month. The DPN further indicated that the resident reports a fair appetite depending on the meal, will request subs for menu dislikes, also states orders food out at times. Resident declined extra portions or ONS (oral nutritional supplements) offered. Updated food preferences and will relay to kitchen. The DPN indicated nutritional interventions: 1.) Add super cereal at double eggs at breakfast, ice cream at lunch and dinner. Dietician recommendation on 03/06/25 per progress note 1.) Add super cereal at double eggs at breakfast, ice cream at lunch and dinner. (Cereal, double eggs at breakfast, ice cream at lunch and dinner was recommended but never ordered or provided to the resident). A review of the Dietary Progress Notes (DPN) completed by the dietician dated 04/30/25 reflected that the resident weight of 177.5 pounds on (04/09/25), 178 pounds on (03/11/25), 180.3 pounds on (02/18/25) and 201 pounds on (01/15/25) significant weight loss -11.7% x 3 months from admission weight. Presents with significant unplanned weight loss > 3 months. Physician order document in part as follows: No Salt Packet diet, Regular texture, thin liquids consistency Diet dated 01/22/25, Discontinued 07/15/25. 1:1 Feeder & give medication one at a time or if trouble swallowing can crush medications dated 05/22/25, Discontinued 07/03/25 swallow eval, noted cough with eating. ST (Speech Therapy) eval (evaluation) and treat 2-4x a week for 4 weeks for dysphagia follow up and safety dated 05/22/25. ST (Speech Therapy) eval (evaluation) and treat 2-3x a week for dysphagia management dated 07/15/25. No Salt Packet diet, Mechanical Soft texture, thin liquids consistency for diet dated 07/15/25 13:00, discontinued 07/23/2025. Exam and modified barium swallow study dx. (diagnosis) dysphagia 07/17/25. No Salt Packet diet, Mechanical Soft texture, Nectar Thick Liquids Consistency Diet

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F 0692 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Provide enough food/fluids to maintain a resident's health. (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to address a resident's significant weight loss for 1 (R1) of 4 residents reviewed for weight loss. This failure resulted in R1 having a 30-pound weight loss in 4 months, 34 pounds in 6 months and 44.5 pounds in 7 months.Findings Include:Findings Include:R1 was admitted to the facility on [DATE] with diagnoses not limited to Asthma, Hemiplegia and Hemiparesis Following Cerebral Infarction Affecting Left Non-Dominant Side, Intervertebral Disc Degeneration, Lumbar Region with Discogenic Back Pain Only, Cervical Disc Degeneration, Atherosclerotic Heart Disease, Low Back Pain, Essential (Primary) Hypertension, Idiopathic Gout, Gastro-Esophageal Reflux Disease, Depression, Obstructive Sleep Apnea, Cervicalgia, Mood Disorder due to known physiological condition with depressive features, symptoms and signs involving cognitive functions following unspecified Cerebrovascular Disease, Dementia and Dysphagia, Oropharyngeal Phase. R1 was unable to complete the Brief Interview for Mental Status. 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