

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145632	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/24/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr South Loop		STREET ADDRESS, CITY, STATE, ZIP CODE 1725 South Wabash Chicago, IL 60616	

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** 39779</p> <p>Based on observations, interviews, and record review, the facility failed to ensure residents who are unable to carry out ADLs (Activities of Daily Living) received the necessary services to maintain good grooming for 2 (R1, R6) of 6 (R1,R2, R3, R4, R5, R6) residents reviewed for ADL care. This failure resulted in the facility failing to comb and shampoo hair for Resident's (R1, R6).</p> <p>Findings Include:</p> <p>R1 has a readmitted to the facility on [DATE] with diagnosis not limited to Wheezing, Conversion Disorder with Seizures or Convulsions, Secondary Hypertension, Gastrostomy, Dysphagia, Oropharyngeal Phase, Tracheostomy, Psychoactive Substance Abuse, Pulmonary Embolism, Encounter for Surgical Aftercare Following Surgery on The Respiratory System, Essential (Primary) Hypertension, Major Depressive Disorder, Anxiety Disorder, Contracture, Left Hand, Resistance to other Specified Beta Lactam Antibiotics, Gastro-Esophageal Reflux Disease, Encephalopathy, Acute Respiratory Failure with Hypoxia, Pressure Ulcer of Left Heel, Unstageable and Stiffness of Right Hand. R1's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) indicates R1 is rarely/never understood.</p> <p>R1's Care Plan documents in part: Focus: Communication Deficits/Impairments: R1 is noted to have no speech and is rarely able to be understood when communicating information to others and rarely able to understand information presented as per section B of the MDS. Focus: R1 requires assistance with ADL's bed mobility, transfers, dressing, personal hygiene, eating and toileting. Interventions: Assist resident with shower/bathing per schedule; provide extensive to total assist. Focus: R1 has an ADL Self Care Performance Deficit related to: Defect in mobility. Interventions: 9. Provide assistance as needed.</p> <p>R1's MDS Section B - Hearing, Speech, and Vision document in part: Speech Clarity: 1. Unclear speech. Make self-understood: 3. Rarely/never understood. Ability to understand others: 3. Rarely/never understands. Cognitive Patterns Section C document in part: Cognitive Skills for Daily Decision Making: 3. Severely Impaired - never/rarely made decisions. Section GG Functional Abilities: 01. Dependent - Helper does all of the effort. Resident does none of the effort to complete the activity.</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 01/21/25 at 08:51 AM V4 (R1's Family Member) stated on 12/24/24, I reported my concerns to the administrator. I also let R1's nurse on duty know and she just sat there like there is nothing we can do. R1's mattress was not together, and I had to beg them to give R1 a bath. R1 has a tracheostomy but she can still take a bath. The incident was on day shift, and they had not done anything with R1's hair. R1 finally got her hair washed and her teeth was yellow. When they got R1 out of the bed and took R1 to the shower area you could see the imprint of her body. I smelled the mattress, and I can't describe the smell, it stunk. The mattress was supposed to be blue, but it was a different color. The certified nurse assistant striped the bed because they gave R1 a bath.</p> <p>On 01/21/25 at 12:26 PM R1 was observed in bed on a low air loss mattress dressed in a gown in a semi-Fowler position with enteral feeding infusing via a gastric tube. R1's tracheostomy tube was intact with oxygen in use per a humidity collar and connected to an oxygen concentrator. R1's hair was observed uncombed, tangled with matted hair in the back of the head.</p> <p>R6 has a readmitted to the facility on [DATE] with diagnosis not limited to Tracheostomy Status, Gastrostomy Status, Myoclonus, Asthma, Essential (Primary) Hypertension, Malignant Neoplasm of Unspecified Site of Unspecified Female Breast, Atrial Fibrillation, Non-St Elevation (Nstemi) Myocardial Infarction, Type 2 Diabetes Mellitus, Hyperlipidemia, Hypothyroidism, Anemia, Dysphagia, Chronic Obstructive Pulmonary Disease, Anoxic Brain Damage, Atherosclerotic Heart Disease of Native Coronary Artery, Abnormal Levels of other Serum Enzymes, Chronic Respiratory Failure, Cardiac Arrest, Acute Embolism and Thrombosis of Deep Veins of Right Upper Extremity, Vitamin D Deficiency, Heart Failure, Epilepsy, Dependence on Respirator [Ventilator] Status and Presence of Urogenital Implants. R6's MDS (Minimum Data Set) BIMS (Brief Interview for Mental Status) indicate R6 is rarely/never understood.</p> <p>R6's Care Plan documents in part: Focus: Communication: R6 is noted to have no speech and is rarely able to be understood when communicating information to others and rarely able to understand information presented as per section B of the MDS. Focus: R6 requires assistance with ADL's bed mobility, transfers, dressing, personal hygiene, eating and toileting. Interventions: Assist resident with shower/bathing per schedule. Focus: R6 has an ADL Self Care Performance Deficit and Impaired Mobility r/t (related/to) Activity intolerance, Limited mobility. Interventions: Personal Hygiene/Oral Care: R6 requires 1-2 staff participation with personal hygiene and oral care. Bathing: R6 is totally dependent on staff to provide a bath per facility shower schedule as necessary.</p> <p>R6's MDS Section B - Hearing, Speech, and Vision document in part: Speech Clarity: 1. Unclear speech. Make self-understood: 3. Rarely/never understood. Ability to understand others: 3. Rarely/never understands. Cognitive Patterns Section C document in part: Cognitive Skills for Daily Decision Making: 3. Severely Impaired - never/rarely made decisions. Section GG Functional Abilities: 01. Dependent - Helper does all of the effort. Resident does none of the effort to complete the activity.</p> <p>On 01/21/25 at 12:44 PM R6 was observed in bed in a semi-Fowler position with a tracheostomy tube connected to a ventilator dressed in a gown with enteral feeding infusing via a gastric tube. R6's hair appeared uncombed, tangled, and matted with brown particles scattered throughout R6's hair. R6's scalp appeared dry with flakes of brown particles on the scalp.</p> <p>(continued on next page)</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>On 01/21/25 at 12:48 PM V7 (Certified Nurse Assistant) entered (R1, R6) room. Surveyor asked V7 was he assigned to provide care to R1 and R6. V7 responded yes. Surveyor asked what care he provides for R1 and R6. V7 responded I give bed baths, wash their face, clean their mouth with the mouth sponge and liquid mouth wash. I did nothing with R6's hair. I did not comb R1 or R6's hair. R1's hair is a little knotted up. R6's hair is wild and that looks like grease (referring to the brown particles).</p> <p>On 01/21/25 at 01:02 PM Surveyor asked V8 (Licensed Practical Nurse) what type of care that she provides R1. V8 responded I give medicine, nursing care, make sure R1 has her gastric feedings, make sure ADL's (Activities of Daily Living) are done, turn every 2 hours and let the doctor know if changes occur. If R1's hair is not combed, I instruct the certified nurse assistant to comb the hair. I will let V7 (Certified Nurse Assistant) know about R1's hair.</p> <p>On 01/21/25 at 01:06 PM Surveyor asked V9 (Certified Nurse Assistant) to enter R1's and R6's room. V9 stated I did not take care of R1 on 12/24/24. When we care for a resident we wash them, do hair, nails, and oral care. I make sure that I wash the hair with a towel and comb through R1's hair. Surveyor asked V9 how she would describe R6's hair. V9 put on a pair of gloves and began touching R6's hair then responded, scabs are coming up; it is dry and some of the hair is like matted. V9 removed the gloves, went in the bathroom, washed her hands, and applied a pair of gloves and walked over to R1's bed. Surveyor asked V6 to describe how she (V9) observed R1's hair. V9 responded, R1's hair is matted, dry and probably can get unmatted if you wet and soften it up.</p> <p>On 01/21/25 at 01:13 PM Surveyor asked V10 (Agency Licensed Practical Nurse) to enter R1 and R6 room. Surveyor asked how she (V10) observed and would describe R6's hair. V10 stated R6 skin is dry and looks like cradle cap, looks a little matted and needs to be washed. V10 walked over to R1's bed and was asked to describe how she (V10) observed R1's hair. V10 responded, in the back R1's hair is matted and looks like it needs to be washed.</p> <p>On 01/21/25 at 01:22 PM V11 (Licensed Practical Nurse) stated when doing resident care the certified nurse assistants comb hair, wash the face and do oral care.</p> <p>On 01/21/25 at 03:33 PM V13 (Agency Certified Nurse Assistant) stated I provide R1's ADL's. R1's hair is clustered together when I have seen her and taken that set. R1's hair is hard to comb and R1 makes faces when trying to change her or comb her hair.</p> <p>On 01/22/25 at 11:28 AM V15 (Agency Certified Nurse Assistant) stated I worked with R1 with another certified nurse assistant. When I first saw R1 I could tell the night shift did not do anything. R1 was wet from the night shift before. On 12/24/24 I went and washed R1, put grease on her hair because it was pushed up and I brushed it down. Before I combed R1's hair it was matted to her head, and I sprayed her hair with soap and water. R1's hair was so mated' it smelt. R1's hair is normally matted to her head. I don't know the words to describe it, but it was not a good smell. V4 (R1's Family Member) arrived right before lunch. R1 is alert to shake her head. I think that was R1's shower day and the mattress was not properly wiped down. R1 is bed bound and can't do anything. I stripped the bed, it smelt like R1 had not even been changed and the mattress smelt of urine and poop.</p> <p>On 01/22/25 at 09:23 AM R6 was observed in bed in a semi-Fowler position with a tracheostomy tube connected to a ventilator dressed in a gown with enteral feeding infusing via a gastric tube. R6 hair was combed and brushed back with no particles observed in R6's hair.</p> <p>(continued on next page)</p>		

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