

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145639	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Chicago Ridge Snf		STREET ADDRESS, CITY, STATE, ZIP CODE  10602 Southwest Highway Chicago Ridge, IL 60415	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38796</p> <p>Based on interview and record review the facility failed to follow the plan of care and provide Activity of Daily Living to a resident dependent on staff for incontinent care. This affects one of 3 residents (R4) reviewed for activities of daily living care.</p> <p>Findings include:</p> <p>R4 MDS (Minimum Data Set) dated 5/18/24 for functional abilities denotes R4 is dependent for toileting. Most recent discharge MDS dated [DATE] for functional abilities denotes R4 is dependent for toileting.</p> <p>R4 most recent care plan denotes R4 has a self care deficit (ADLs/Mobility) R/T (related /to) generalized weakness and shortness of breath. Resident will improve/maintain highest level of function with participation in therapies and/or restorative programs through next review. One assist with dressing / hygiene tasks; encourage as much self-performance as safely able. Resident is dependent with ADL care; provide total assistance in all aspects of hygiene/dressing. Toilet with two assists.</p> <p>On 7/30/24 at 10:49am V29 (LPN-Licensed Practical Nurses) said she was the nurse responsible for R4 care on 7/15/24 when R4 was sent to the hospital for change in condition in mental status. V29 said R4 was sent to the hospital for further care on 7/15/24. V29 said she informed the aide that R4 was going out and to clean and change R4. V29 said the next day when she returned to duty, she was informed that R4 was sent to the hospital soiled in urine and was not changed prior to being transferred to the hospital. V29 said the aide should have provided care as directed. V29 said R4 needs assistance with incontinent care.</p> <p>On 7/30/24 at 12:00pm V26 (CNA) said she did not provide incontinent care to R4 prior to R4 going out to the hospital for a change in condition of mental status on 7/15/24, V26 said she kind of mentioned that she needed help to another aide. V26 said she did not notify the nurse that she needed help with R4 care needs. V26 said she was R4 aide on 7/15/24.</p> <p>On 7/30/24 at 12:25pm V9 (Director of Nursing) said R4 should have been provided incontinence care prior to being sent to the hospital. V9 said sending a resident out soiled in urine is a dignity issue. V9 said she made aware that R4 was sent to hospital soiled in urine.</p> <p>On 7/30/24 at 12:33pm V25 (Restorative Nurse) said R4 is dependent of staff for toileting needs (incontinence care).</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>Facility policy titled activities of daily living dated 9/2023 denotes in-part to preserve ADL function, promote independence, and increase self-esteem and dignity.</p> <p>Facility incontinence care policy dated 9/22 denotes in-part incontinent resident will be checked periodically every two hours and provided perineal and genital care after each episode.</p>		