

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 12/24/2024
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>34072</p> <p>Based on observation, interviews and record reviews, the facility failed to follow its care plan policy and initiate an individualized falls care plan with interventions, implement fall precautions immediately to prevent a fall, and adequately supervise a resident at moderate risk for falls. This failure affected one resident (R2) out of three reviewed for falls in a sample of 18.</p> <p>Findings include:</p> <p>On 12/17/24 at 11:15AM, R2 was observed laying in bed. R2's call light cord was observed on the floor under R2's bed and not within reach. R2's left eye was observed to have purple discoloration, left side of face swelling, and R2's left cheek had green-yellow discoloration.</p> <p>On 12/23/24 at 9:30AM, R2 was observed laying in bed. R2's call light cord was observed on the floor under R2's bed and not within reach.</p> <p>On 12/17/24 at 11:15AM, R2 stated that she was walking in her room and fell hitting left eye on her roommate's foot board of her bed.</p> <p>On 12/18/24, V6 (Restorative Nurse) stated that V6 is responsible for investigating resident falls and updating the residents' care plans. V6 stated that V6 did not investigate R2's fall on 12/11/24. V6 stated that R2's fall should have been investigated by a staff member. V6 stated that V6 was informed of the intervention to be put in place post fall. V6 stated that V6 educated R2 on seeking assistance with transfers and physical therapy evaluation. V6 stated that call light use, safe transfers, and locking wheelchair brakes were part of the post fall education but did not note these as interventions in R2's care plan.</p> <p>R2 transferred from another long term care facility to this facility on 12/10/24. R2's previous medical record, dated 12/10/24, notes R2 with diagnosis of history of falling and generalized weakness.</p> <p>R2's BIMS (brief interview of mental status) score, dated 12/11/24, notes R2's score is 15 out of 15. R2 is able to make needs known.</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
---	-------	-----------

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 12/24/2024
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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2's care plan does not note a falls care plan was initiated until 12/17/24 and back dated to 12/11/24. R2's post fall care plan notes R2 has had a fall related to unaware of safety as evidenced by falling out of chair after leaning forward. The only interventions identified to prevent further falls is R2 was educated on the importance of seeking staff assist for transfers and physical therapy evaluation.</p> <p>This facility's care plan policy, dated 04/2014, notes all residents will have comprehensive care plan initiated upon admission within 24 hours.</p>		

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 12/24/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for 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>34072</p> <p>Based on observations, interviews, and record reviews, the facility failed to follow its fall risk and post fall assessment policy and accurately assess the resident's fall risk upon admission, identify and implement fall prevention interventions immediately to prevent a fall. This failure affected one resident (R2) out of three reviewed for falls in a sample of 18.</p> <p>Findings include:</p> <p>On 12/17/24 at 11:15AM, R2 was observed lying in bed. R2's call light cord was observed on the floor under R2's bed and not within reach. R2's left eye was observed to have purple discoloration, left side of face swelling, and R2's left cheek had green-yellow discoloration.</p> <p>On 12/23/24 at 9:30AM, R2 was observed lying in bed. R2's call light cord was observed on the floor under R2's bed and not within reach.</p> <p>On 12/17/24 at 11:15AM, R2 stated that she was walking in her room and fell hitting left eye on her roommate's foot board of her bed.</p> <p>On 12/18/24, V6 (Restorative Nurse) stated that V6 is responsible for investigating resident falls and updating the residents' care plans. V6 stated that V6 did not investigate R2's fall on 12/11/24. V6 stated that R2's fall should have been investigated by a staff member. V6 stated that V6 was informed of the intervention to be put in place post fall. V6 stated that V6 educated R2 on seeking assistance with transfers and physical therapy evaluation. V6 stated that call light use, safe transfers, and locking wheelchair brakes were part of the post fall education but did not note these as interventions in R2's care plan.</p> <p>There is no documentation found in R2's medical records noting R2 was educated on call light use, safe transfers, and locking wheelchair brakes.</p> <p>On 12/19/24 at 11:30AM, V7 (Director of Rehabilitation) stated that R2 was screened because R2 was a new admission to this facility. V7 stated that R2 was screened on 12/11/24. V7 stated that R2 has Medicaid insurance and insurance approval is needed before R2 can be seen by skilled therapy. V7 stated that Medicaid residents are placed on a list and are seen based on priority. V7 stated that when R2 was screened, R2 was unable to recall how she had the fall. V7 stated that no further screening was done. V7 presented R2's skilled therapy screening form, dated 12/12, noting R2 unable to recall the fall event from 12/11. When questioned if V7 reads a resident's transfer paperwork, V7 responded that V7 does not read any resident's medical records from hospital or other long term care facility prior to admission. V7 acknowledged that R2's transfer paperwork noting a rehabilitation physician's note that R2 has had a decline in functional abilities and needs skilled therapy to prevent further decline and documentation noting two recent falls prior to R2's transfer to this facility would indicate R2 is a higher priority and should have been seen by skilled therapy. V7 stated that as of today, R2 has still not been evaluated by physical and occupational therapy.</p> <p>(continued on next page)</p>		

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 12/24/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R2 fall incident report for fall on 12/11/24 was requested from V2 DON (Director of Nursing) on 12/18/24 and 12/20/24. R2's fall incident report was requested from V1 (Administrator) on 12/18/24 and from V3 (Nurse Consultant) on 12/20/24. A copy of this incident report was not provided to this surveyor during this survey.</p> <p>R2's POS (physician order sheet), dated 12/11/24, notes an order for physical therapy and occupational therapy screen on admit, re-admit, and/or as needed. May evaluate and treat if appropriate.</p> <p>R2 transferred from another long-term care facility to this facility on 12/10/24 and notes R2 had falls on 10/29/24 and 10/31/24. R2's previous medical record, dated 12/10/24, notes R2 with diagnosis of history of falling and generalized weakness. It notes to assist R2 when ambulating, ensure R2 is wearing proper footwear when ambulating, maintain safety precautions when ambulating, and keep call light within reach. R2's gait was noted as unsteady and balance is poor.</p> <p>R2's BIMS (Brief Interview of Mental Status) score, dated 12/11/24, notes R2's score is 15 out of 15. R2 is able to make needs known.</p> <p>R2's fall risk review, dated 12/10/24 at 8:37PM, notes no history of falls within the last three months. No noted drop in R2's systolic blood pressure between lying and standing. It also notes R2 does not have any predisposing conditions/diseases.</p> <p>R2's post fall review, dated 12/12/24, notes no history of falls within the last three months. No noted drop in R2's systolic blood pressure between lying and standing. It notes R2 is not taking any medications currently or in the last 7 days. It also notes R2 does not have any predisposing conditions/diseases.</p> <p>R2's vital sign documentation, dated 12/10/24, does not note R2's blood pressure was obtained lying and standing to determine if there was a change in R2's systolic blood pressure.</p> <p>R2's diagnoses on admission include, but not limited to, seizure disorder, primary generalized osteoarthritis, and history of falling.</p> <p>R2's POS, dated 12/11/24, notes orders for: clonazepam 0.5mg (milligrams) oral every 12 hours for seizures, insulin subcutaneous injections per sliding scale for diabetes, Keppra 250mg oral give 5 tablets oral two times a day for seizures, lacosamide 100mg oral every 12 hours for seizures, and Seroquel 25mg oral three times a day for schizoaffective disorder.</p> <p>R2's functional score summary, dated 12/10/24, notes R2's energy level fluctuates throughout the day. R2 with fluctuating cognition/safety awareness. It notes supervision/touching assistance needed with ADL (Activities of Daily Living) tasks. There is no documentation noting R2's recent falls prior to admission.</p> <p>R2's care plan does not note a falls care plan was initiated until 12/17/24 and back dated to 12/11/24. R2's post fall care plan notes R2 has had a fall related to unaware of safety as evidenced by falling out of chair after leaning forward. The only interventions identified to prevent further falls is R2 was educated on the importance of seeking staff assist for transfers and physical therapy evaluation.</p> <p>(continued on next page)</p>		

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 12/24/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's fall risk and post fall assessment policy, dated 06/2014, notes a fall risk will be completed at the time of admission. A post fall assessment will be performed after each fall and additional interventions promptly initiated to prevent further falls. If the fall prevention plan failed initiate an immediate new intervention. Complete an incident report. Revise the care plan to include all new fall interventions</p>		

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 12/24/2024
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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>34072</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure that there were plates, cups, eating utensils, and napkins available for each resident during the lunch meal service. This failure has the potential to affect all 75 residents residing on the third floor nursing unit.</p> <p>Findings include:</p> <p>On 12/18/24 at 12:36PM, this surveyor observed the lunch meal service on the third floor nursing unit. There was one member from the kitchen plating the residents' food. There were two staff members handing the meal tray and drinks to residents. Residents were served canned fruit in a Styrofoam bowl. The first forty-five residents received lunch served on a plastic plate.</p> <p>On 12/18/24 at 12:50PM, the food server ran out of plates. The following thirty residents received lunch on a Styrofoam plate. At the same time, the servers ran out of plastic cups with handles for coffee. Ten residents that were offered coffee, received it in a Styrofoam cup without a handle.</p> <p>On 12/18/24 at 12:53PM, the food servers ran out of napkins, twenty-five residents were not given a napkin. The staff in the dining room did not notify the kitchen staff to bring more plates, napkins, and coffee cups.</p> <p>On 12/19/24 at 9:50AM, this surveyor toured the kitchen with V8 (Dietary Manager). In the kitchen storage room, there were two boxes with 48 plates in each. There was a box with 48 plastic cups with handles, and eleven packages of napkins. V8 stated that the number of plastic plates, cups, eating utensils, and napkins sent up to each nursing unit should equal the number of residents residing on that unit. V8 stated that no staff called down to the kitchen to request additional items for the residents.</p> <p>The resident roster notes there were 75 residents residing on the third floor nursing unit during the lunch meal service.</p>		

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 12/24/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>34072</p> <p>Based on observation, interview, and record review the facility failed to follow the menu and ensure residents received garlic Texas toast with the lunch meal on 12/18/24 and oatmeal and scrambled eggs with cheese with the breakfast meal on 12/20/24 for all 211 residents who receive meals in the facility.</p> <p>Findings include:</p> <p>The lunch menu for 12/18/24 lunch noted 1/2 slice of garlic Texas toast was to be served.</p> <p>On 12/18/24 at 12:45PM, lunch service on the first floor nursing unit was observed. All residents were served one slice of white bread with meal.</p> <p>On 12/18/24 at 1:10PM, lunch trays on the second floor nursing unit was observed. All residents were served one slice of white bread with meal.</p> <p>On 12/18/24 at 1:20PM, lunch trays on the third floor nursing unit was observed. All residents were served one slice of white bread with meal.</p> <p>On 12/20/24 at 8:55AM, breakfast meal service for the third floor nursing unit residents was observed. Residents that use a wheelchair were observed sitting at the dining room tables waiting for breakfast to be served. There were 8 plastic bowls filled with fruit rounds cereal. There were 9 plastic bowls and 6 Styrofoam bowls filled with frosted flakes cereal. There were metal containers with scrambled eggs, cream of wheat hot cereal, and unbuttered toast on the steam table.</p> <p>On 12/20/24 at 9:16AM, during observation of breakfast meal service, there was no more fruit rounds cereal available for residents. At 9:26AM, there was no more frosted flakes cereal available for residents. R13 requested cold cereal. R13 was informed there was no more cold cereal and R13 would have to have hot cereal. R13 left the dining room without eating breakfast. At 9:32AM, there was no packets of regular sugar available for residents. At 9:34AM, there was no toast available for residents. At 9:45AM, one resident asked for toast and was informed there was none left for him.</p> <p>The breakfast menu for 12/20/24 notes oatmeal (#8 scoop = 1/2 cup) and scrambled eggs with cheese (#8 scoop = 2 ounces of protein).</p> <p>On 12/20/24 at 9:45AM, V13 (Kitchen Staff) stated that a six ounce ladle was used to serve the cream of wheat hot cereal and a two ounce ladle was used to serve the scrambled eggs. V13 denied any cheese in the eggs.</p> <p>On 12/20/24 at 9:50AM, the breakfast trays on the second floor nursing unit was observed. All residents were served cream of wheat hot cereal and scrambled eggs without cheese.</p> <p>On 12/20/24 at 9:55AM, the breakfast trays on the first floor nursing unit was observed. All residents were served cream of wheat and scrambled eggs without cheese.</p> <p>(continued on next page)</p>		

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 12/24/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 12/20/24 at 10:15AM, V8 (Dietary Manager) stated that there was additional cold cereal available in the kitchen. V8 stated that staff should have called to have more cold cereal brought up. V8 acknowledged that the residents did not receive garlic toast with their lunch on 12/18/24. When questioned reason residents were not served breakfast per the menu, V8 did not respond.</p> <p>The resident roster for 12/18/24 notes there are 211 residents currently residing in this facility.</p>		