

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Chicago Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  10300 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50469</p> <p>Based on observation, interview, and record review the facility failed to ensure that coordinated care services was provided to a resident who had a fractured hip from a fall at the facility. The facility failed to provide skilled therapy services as ordered by physician in a timely manner. This deficiency affects one (R74) of three residents in the sample of 32 reviewed for Quality of care.</p> <p>Findings include:</p> <p>On 1/10/25 at 11:05 AM, R74 in bed, alert and verbal with some confusion and forgetfulness. R74 bed in the lowest position, floor mats on both sides of bed, and call light within reach. R74 room is close to the nurse 's station. R74 stated he had a fall but does not remember when it happened.</p> <p>On 1/10/25 at 11:13 AM, V32 (Registered Nurse Agency) stated that R74 is alert and oriented to person, place and has some confusion. She knows R74 is a fall risk. She is not aware that R74 ' s fractured right hip was due to recent fall at the facility last 12/14/24.</p> <p>On 1/10/25 at 11:54 AM, V2 (Director of Nursing) stated she was aware of R74s fall on 12/14/24, she said he had no injuries and did not complain of pain, after that she said he was sent out to the hospital due to complaints of chest pain, R74 then was admitted to hospital on 12/14/24 with a diagnosis of NSTEMI (non-ST-elevation myocardial infarction). V2 stated she was unaware of any diagnosis of any fracture at that time. She stated that she was informed by V36 (Admission coordinator) that R74 will be readmitted on [DATE]. R74 was readmitted on [DATE] with admitting diagnoses of Intertrochanteric fracture of the right femur and Closed fractures of the right superior and inferior pubic ramus but was not aware not until V28 (MDS/Minimum Data Set Coordinator) informed her when he was reviewing R74 ' s admission medical records. R74 has right hip pinning on 12/23/24. V2 submitted initial fall incident with injury to IDPH on 12/30/24.</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:  145700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Chicago Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  10300 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/10/24 at 2:43 PM, V38 (Rehab Director) stated that she received a notification form V36 (Admissions coordinator) that R74 was coming back to the facility on [DATE]. V38 stated that she was unaware of any diagnosis of fracture for R74. V38 stated that they evaluate the resident within 48 hours upon admission. V38 stated she received a notification from Nurse Practitioner on 12/30/24 for R74 to receive PT (Physical therapy), OT (Occupational Therapy) and ST (Speech Therapy) due to his diagnoses of Right femur fracture and Dysphagia (difficulty in swallowing). V38 stated that R74 started PT on 1/02/25, ST on 1/02/25 and OT on 1/07/25 due to insurance approval. V38 mentioned that physical therapy is provided to increase movement and achieve maximal potential of resident for rehabilitation, if there is a delay in treatment the longer the resident stays in bed it will decrease the muscular strength, if there is a decline in function there is also a decline in muscular strength.</p> <p>On 1/10/25 at 3:15 PM, V1 (Administrator) stated that therapy must get a pre-approval for therapy. They do a prescreen of residents to get the insurance approval for care.</p> <p>On 1/10/25 at 3:21 PM, V2 stated that R74 should have been seen by Therapy on 12/30/24 and received skilled therapy services regardless of the insurance.</p> <p>R74 is readmitted on [DATE] with diagnoses listed in in part but not limited to Fracture of superior and inferior of right pubic ramus, displaced intertrochanter fracture of right femur, history of falling, Parkinson ' s disease, unsteadiness on feet, unspecified dementia, dysphagia, non-ST elevation myocardial infarction, Benign paroxysmal vertigo unspecified. R74 ' s admission and re-admission fall assessment indicated that she is at high risk for fall.</p> <p>R74 ' s hospital record dated 12/14/24 indicated: R74 presented to hospital emergency room with chest pain. He is a poor historian. He was subsequently found to have an NSTEMI (non-ST elevation myocardial infarction) which given his frailty and multiple medical comorbidities was medically managed. On admission patient had reported right thigh pain and x-rays were negative for signs of fracture. However, right thigh pain and difficulty with transfers continued during hospital stay and patient was incidentally noted to have an intertrochanteric fracture of the right femur and closed fractures of the right superior and inferior pubic ramus which on CT imaging. Suspect fractures were present on admission but not noted with initial x-ray. Procedures performed: Right Hip percutaneous pinning with cannulated screws on 12/23/24.</p> <p>R74 ' s physician orders sheet dated 12/27/24 indicated: Occupational Therapy evaluate and treat, Physical Therapy evaluate and treat, and Speech Therapy evaluate and treat. 12/31/24 indicated refer to PT and OT for evaluation and treat due to decline in ADL ' s (activities of daily living) and mobility, ST for evaluation and treat due to recent down grade of diet from hospital. 1/02/25 indicated: ST clarification order: Speech Swallow Therapy 3-5x/week for 4 weeks evaluation of swallowing treatment of oropharyngeal dysphagia individual treatment. 1/02/25 indicated: 1:1 feed at all meals every shift, no straws. 1/02/25 indicated: PT clarification order: resident to be seen for skilled PT services 3-5 days/week x4 weeks which may include therapeutic exercises, therapeutic activities, gait training, Neuromuscular re-education, manual therapy, wheelchair assessment and management, resident/caregiver education. 1/07/25 indicated: OT evaluation and treatment: OT clarification order: OT 3-5 times a week for 4 weeks for ADL training, therapeutic exercises, therapeutic exercises, therapeutic activities, transfer training. No surgical wound treatment on right hip not until 1/8/25 after the survey started.</p> <p>On 1/10/25 at 2:30PM, Informed V1 Administrator and V2 DON of above concerns.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Chicago Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  10300 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility unable to provide policy on Therapy Services and Skilled rehabilitation services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Chicago Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  10300 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39781</p> <p>Based on interview and record review the facility failed to ensure safety interventions were in place for a resident who is at high risk and has history of falls. This deficiency affects two (R27 and R216) of three residents in the sample of 32 reviewed for fall prevention program.</p> <p>This failure resulted in R216 falling and sustaining a laceration to his right eyebrow that required a visit to the hospital for suturing.</p> <p>Findings include:</p> <p>On 1/7/25 at 10:30AM, V2 Director of Nursing (DON) stated that R216 was discharged home from the facility on 10/27/24. V2 stated that V29 Agency nurse who worked with R216 on the day of his unwitnessed fall was no longer working in the facility, she was terminated.</p> <p>Per R216's medical record R216 was admitted on [DATE] with diagnoses listed in part but not limited to Displaced fracture of shaft of humerus right arm, history of falling, Dementia with Anxiety, Cataract, Glaucoma, Abnormalities of gait and mobility, lack of coordination, Weakness, Malaise, Malignant neoplasm of prostate. Fall admission assessment done on 10/11/24 indicated at high risk for falls. R216s Admission/Baseline care plan dated 10/11/24 identified fall risk but no intervention indicated. R216's Admission functional mobility assessment dated [DATE] indicated that he needs partial/moderate assistance with roll left to right, sit to lying, lying to sitting on side of the bed, bed to chair transfer, toileting transfer.</p> <p>R216's unwitnessed fall incident documented by V29 Agency Nurse on 10/11/24 at 7:30PM indicated: V23 CNA notified writer that resident was noted sitting by edge of the bed and bleeding from his right eyebrow. Upon head-to-toe assessment resident was noted with laceration to right eyebrow. Resident denied Shortness of breathing or dizziness. Vitals: Blood pressure 134/72, Heart rate 90, Respiratory rate 18, Temperature 97.9F, 95% oxygen saturation on room air. Resident complained of pain at laceration site, right eyebrow. Per resident, he was trying to reach out to pick up his phone and he ended up on the floor. 911 was called and resident was transferred to the hospital for further evaluation.</p> <p>R216's unwitnessed fall incident initial report was sent to the State Agency on 10/13/24 at 10:00PM. Final report was submitted to the State Agency on 10/19/24 at 10:00PM indicated: At approximately 7:30PM on 10/11/24, R216 was observed by V23 CNA sitting on the floor at the right side of the bed with blood coming from his right eyebrow. R216 stated that he was trying to answer the phone on the nightstand next to his bed when he fell over hitting his head on the nightstand. R216 was sent to the hospital for evaluation. R216 returned to the facility with sutures to the right eyebrow.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Chicago Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  10300 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>R216's hospital emergency department records dated 10/11/24 to 10/12/24 (7 hours) discharged summary indicated: Injury of head, Multiple falls, laceration of scalp, rapidly progressive Dementia. Procedure: Laceration repair of 4cm oblique V shaped partially avulsed laceration through right eyebrow. 4cm length and 4cm depth. 4 sutures. Patient states he was in bed reaching for a phone over his head and rolled out of bed. Patient had fell at home sustaining fracture humerus status post humeral fixation on 10/5/24. Patient was discharged to nursing home facility on 10/11/24 for rehabilitation where he fell . Patient has baseline confusion.</p> <p>On 1/9/25 at 9:52AM, Review of R216's medical records with V2 DON. V2 stated she (V2) is aware that R216 was at high risk for falls prior to admission due to clinical intake that she (V2) received from the hospital. V2 stated that R216 had an unwitnessed fall at home and sustained a right arm fracture. V2 stated that R216 was admitted to the nursing home facility for rehabilitation on 10/11/24 at 2:43PM. V2 stated R216 had an unwitnessed fall on the same day of admission at 7:30PM and sustained a laceration on his right eyebrow. V2 stated R216 was reaching out for his cell phone and fell from bed and hit his head on the nightstand. V2 stated R216 was sent to the hospital for evaluation. V2 stated that she (V2) was notified of R216's fall incident with laceration around 8:00PM. V2 stated she (V2) called the facility around 7:00AM on 10/12/24 regarding the status of R216. V2 stated she was told that R216 returned on 10/12/24 at 3:59AM with sutures to his right eyebrow. V2 stated she submitted the initial report on 10/13/24 at 10:00PM. V2 stated that she (V2) is still in compliance of submission because it is within the 24-hour period from the time the resident came back to the facility. Surveyor informed V2 that R216 fall admission assessment dated [DATE] indicated at high risk. R216 admission baseline care plan identified him as fall risk, but no care plan intervention indicated. V2 stated that the admission nurse should indicate baseline fall interventions.</p> <p>On 1/9/25 at 11:59AM, V23 CNA stated that she was the CNA assigned to R216 on 10/14/24 3-11 shift on the day R216 had the unwitnessed fall. V23 stated that she was aware that R216 is at high risk for falls as endorsed to her. V23 stated R216 has fracture of right arm and had bandage/dressing. V23 stated R216 is confused. V23 stated around 7:30pm after dinner, she (V23) observed R216 sitting on the edge of the bed with blood coming from is eyebrow. V23 stated she told R216 that he should not get up. V23 stated R216 stated that he was trying to answer his phone and fell when trying to reach the nightstand/bedside dresser. V23 stated that personal belongings such as cellphone should be placed within resident's reach.</p> <p>Facility's fall prevention program guidelines revised 12/5/21 indicates:</p> <p>Policy statement: Fall prevention program guidelines shall be implemented to promote safety of all residents in the facility. This program shall include measures to determine the individual needs of each resident by assessing the risks for fall and the implementation of evidence-based prevention interventions.</p> <p>Procedures:</p> <p>2. Safety interventions shall be initiated and implemented for each resident identified at risk for fall.</p> <p>3. All assigned nursing personnel and facility staff shall be responsible for ensuring ongoing precautions are put into place and consistently maintained.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145700	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/10/2025
NAME OF PROVIDER OR SUPPLIER  Avantara Chicago Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  10300 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>40001</p> <p>On 1/10/2025 at 1:00pm V2 (Director of Nursing-DON) stated that R27 is alert to name only is able to assist with turning and repositioning and needs one assist with bed activity of daily living-ADL'S. R27 did have a fall from the bed on 1/6/2025. V35 (certified nursing assistant-CNA) stated that R27 was too close to the edge of the bed when R27 was turned and R27's legs went out the bed and V35 slid R27 to the floor. V2 stated I asked V35 why she didn't reposition R27 before turning R27 and V35 stated I did not realize she was that close to the edge.</p> <p>On 1/13/2025 at 12:30pm V35 (Certified Nursing Assistant-CNA) stated that R27 is alert but confused, can assist very minimal with turning and repositioning and that she (V35) considers R27 a total assist. V35 stated that she turned R27 to her stomach to clean her and R27 legs went out the bed and she lowered her to the floor. V35 stated I (V35) did not think R27 was that close to the edge to the bed that she needed to be repositioned. V35 stated she did not hurt herself she was sent out to the hospital to make sure she had no injury.</p> <p>A care plan dated 12/13/2024 indicated that R27 has an history of Hemiplegia and Hemiparesis following a Cerebral Infarction affecting the left non-dominant side and a history of falls. A post fall investigation with an root cause analysis dated 1/9/2025 indicated that R27 was too close to the edge of the bed and that staff must ensure that R27 is in the center of the bed prior to starting activity of daily living -ADL care.</p>