

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 02/11/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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** 40920</p> <p>Based on observation, interview, and record review, the facility failed to ensure that staff provide shower/bed bath and grooming as scheduled for residents who are dependent on staff for Activities of Daily Living (ADLs). This failure affected four (R1, R2, R3, and R4) of five residents reviewed for ADL care.</p> <p>Findings include:</p> <p>R1 is an [AGE] year-old female, face sheet listed the following past medical history: Parkinson's disease without dyskinesia, without mention of fluctuations, unspecified severe protein-calorie malnutrition, unspecified symptoms, and signs involving cognitive function and awareness, xerosis cutis, atrophic disorder of skin, other reduced mobility, history of falling, essential primary hypertension, major depressive disorder single episode.</p> <p>2/11/2025 at 10:20AM, R1 was observed in the dining room sitting in a wheelchair, alert, and oriented x(times) 1 to 2 and stated that she is doing okay, R1 was unable to answer other questions.</p> <p>2/10/2025 at 1:14PM, V6 (Family member / POA) stated that this has been an ongoing issue with the facility, 2 to 3 times in a week R1 has been left sitting in her urine and feces, she has a pressure ulcer to her bottom and though it is covered with dressing, she is not supposed to be left wet. V6 said that R1 is supposed to get her showers twice a week on Tuesdays and Fridays but that does not happen, family must complain before she gets a shower.</p> <p>2/11/2025 at 11:19AM, V10 (Family member) came to the facility and confirmed all the concerns shared by V6 to the surveyor.</p> <p>R1 is assessed with a BIMS score of 11(Minimum Date Set) MDS assessment dated [DATE] section C (cognitive pattern). Section GG of the same assessment documented that R1 requires substantial / maximal assistance to partial/moderate assistance from staff for all ADL need. Section H of the same assessment documented that R1 is always incontinent for bowel and bladder., Shower schedule for the second floor showed that R1 is scheduled to get a shower on Tuesday and Friday on first shift, surveyor requested for R1's shower sheet but the facility was able to provide six shower sheets for the year 2024 and one shower sheet dated 2/7/2025 for this year. There is no documentation in resident's medical record that she refused any shower.</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 - Some</p>	<p>2/10/2025 at 12:30AM, V2 (DON) said that residents are scheduled for showers two times a week, there should be two shower sheets per week for each resident, shower sheets are supposed to be completed and signed by the certified nurse assistant (CNA) the nurse and the resident if they are alert. Shower sheets are to be completed even if resident refuses a shower. V2 added that sometimes the facility has agency CNAs and they may forget to complete the shower sheet, nurses are also supposed to be documenting in progress note when residents refuse showers.</p> <p>Shower and hygiene policy revised 8/19/2024 presented by V1 (Administrator) states in part: it is the policy of this facility to ensure that resident shower/hygienic care is provided by the nursing staff to promote cleanliness, provide comfort to the resident, and observe the condition of the resident's skin. Under procedures, the document states 1. Administer resident shower once weekly and/or as often as necessary. Any resident who needs hygienic care will be provided care to promote hygiene. 3. Shower refusal by the resident shall be relayed by the assigned CNA to the charge nurse. 11. Documentation (shower log/CNA assignment sheet): A. Date and shift shower/bath was performed. B. The name/title of the nursing staff who assisted the resident with the shower/bath. D If the resident refused the shower and/or if shower was not administered and interventions taken e.g. bed bath/re-scheduling the shower schedule consistent to facility protocol.</p> <p>R3 is [AGE] years and have resided at the facility since 2021, with past medical history of Chronic obstructive pulmonary disease unspecified, morbid (sever) obesity due to excess, age related nuclear cataract bilateral, calories, type 2 diabetes, mixed hyperlipidemia, gastro esophageal reflux disease, anemia, vitamin D deficiency, pulmonary hypertension, etc.</p> <p>2/10/2025 at 10:21AM, R3 was observed in her room in bed, alert and oriented and said that things are going okay sometimes. R3 added that she has never gotten a shower since she came to the facility, only gets a bed bath sometimes, the last time she was washed up in bed was last Friday, she has not been washed up this morning, not sure when the CNA will come.</p> <p>R3 is scored with a BIMs (Brief Interview of Mental Status) of 15 (indicating intact cognition), MDS dated [DATE] documented that R3 requires staff assistance for most ADL care needs, section H of the same assessment documented that R3 is always incontinent of bowel and bladder.</p> <p>2/10/2025 at 11:20AM, observed ADL care for R3 with V4 (CNA) and noted resident to be wearing two incontinence briefs, one was saturated with urine and feces. V4 stated that R3 always ask for two incontinence briefs but V4 never put two briefs on R3.</p> <p>R3 stated that she requests the 2 incontinence briefs at night, she has had these two from last night, she urinates frequently and does not want to lie on a wet bed because on body comes to change her during the night. Surveyor asked V4 if she has ever given R3 a shower and she said that she has never given R3 a shower, just bed bath and has not seen any other CNA give her a shower. Surveyor requested for R3's shower sheets and the facility provided one dated 2/3/2025 that did not indicate if resident received a shower or bed bath. R3 is scheduled for showers on Monday and Thursday, there is no documentation in medical record that resident have been refusing showers.</p> <p>2/10/2025 at 2:40PM, V2 (DON) said that no resident is supposed to wear two adult incontinence briefs at a time even if they request for it. They can use one incontinence brief and a chuck or bed pad.</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 - Some</p>	<p>R2 is [AGE] years old, past medical history includes malignant neoplasm of head and neck, encounter for antineoplastic chemotherapy, malignant neoplasm of oropharynx, chronic kidney disease, malignant neoplasm of prostate, polyneuropathy, personal history of radiation, history of falling, bipolar disorder, major depressive disorder, etc.</p> <p>2/10/2025 at 10:50AM, R2 was observed in his room in bed, awake and alert and stated that he has been at the facility for a while. G-tube observed at bedside infusing via gravity, resident stated that he also eats by mouth too. R2 looked very unclean with lots of facial and overgrown hair wearing a hospital gown. R2 stated that he has not been washed up, he does not get any showers, just bed baths. R2 added that he would like to get showers sometimes.</p> <p>MDS dated [DATE] scored R2 with a BIMs score of 13, section GG of the same assessment documented that</p> <p>R2 requires set up/ clean up assistance to supervision or touching assistance for ass ADL care needs. R2 is scheduled to receive showers on Wednesday and Saturday on second shift, facility provided three shower sheets for R2 from January to February 7th, 2025, there is no documentation that resident refused any of his scheduled showers.</p> <p>R4 is [AGE] years old. Past medical history includes, but not limited to hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, chronic systolic congestive heart failure, hepatomegaly, aphasia following cerebral infarction, epilepsy, type 2 diabetes, etc.</p> <p>2/10/2025 at 11:00AM, R4 was observed in her room, awake, alert and oriented but non-verbal, just nods yes or no to questions. 2 family members were at the bedside and expressed concerns regarding R4's ADL care. Surveyor asked resident if she has been washed up today and she nodded no, she was asked if she ever get a shower, she nodded no.</p> <p>2/10/2025 at 11:23AM V 5 (CNA) said that she is assigned to R2 and R4, she has not washed them up yet, still working her way down, both residents have been served breakfast.</p> <p>R4 is scored with a BIMs of 10 on the MDS assessment dated [DATE], section GG of the same assessment documented that R4 as requiring staff assistance for all ADL care, R4 is also care planned as such.</p> <p>Facility provided one shower sheet dated 2/4/2025 for R4 that does not indicate if resident received a shower or bed bath. R4 is scheduled for shower on Monday and Wednesday on day shift. There is no documentation in medical record that R4 refuses showers.</p>		