STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145839	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Ridge Healthcare Center	665 Busse Highway Park Ridge, IL 60068

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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46066 Based on interviews and record review, the facility failed to provide sufficient fluid intake to maintain proper hydration for one of four (R1) residents reviewed for therapeutic diets in the sample of four. Findings include: R1 was admitted to the facility with diagnoses including but not limited to Anemia; Hyperkalemia; Pressure Ulcer of Sacral Region, stage 4; Personal History of Immunosuppression Therapy; Other Reduction Deformities of Brain; Kidney Transplant Status; Gastrostomy Status; Severe Intellectual Disabilities; Hyperosmolality and Hypernatremia; Unspecified Severe Protein-Calorie Malnutrition; and Chronic Kidney Disease, stage 3a. On 2/10/2025 at 10:02 AM, R1 was sitting in the specialty chair in her room. R1 had a calm disposition, was clean, appropriately dressed, and well-groomed. Non-interviewable. R1 does not appear neglected. R1 appears thin. R1 observed wearing a left leg stabilizing boot. No tube feeding set up observed at this time. R1's gastrostomy tube site clean, dressing changed with date 02/10/2025. On 2/10/2025 at 11:21 AM V4 (Family Member) said, From what I heard, it seemed like after one of R1's hospitalization s, the tube feed water flush order was entered wrong. I brought it up to the nurse's attention, don't remember the name, during one of the feedings, and the facility took care of it. (continued on next page)

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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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/10/2025 at 11:43 AM V2 (Director of Nursing) said, R1 was hospitalized on [DATE] for anemia and discharged the next day (12/31/2024). First page of the hospital record (provided to the surveyor by V2) is a form that the facility nurse uses to take verbal hand-of-report, before resident is readmitted to the facility. V5 (Licensed Practical Nurse/LPN) wrote on R1's hand-off-report form that R1 should receive 200 ml (milliliters) water flush QID (four times a day). V5 (LPN) did not include that water flushes are to be done four times a day before and after each meal. The report is verbal, not always detailed, and not final. The actual discharge hospital record was supposed to be reviewed thoroughly after R1 was readmitted to the facility. R1's discharge hospital record showed that R1 is to receive increased free water flush to 200 ml QID before and after meals. The nurse on duty transcribes all new orders to electronic medical record upon residents' return to the facility. V6 (LPN) was the one who put in all new orders upon R1's readmission on 12/31/2024. V6 (LPN) transcribed inaccurate order. V6 (LPN) put it in an order as: water flush 200 ml/four times a day instead of 200 ml four times a day before and after meal. Nurses' assumption was to flush feeding tube with 100 ml of water before and 100 ml of water after each of R1's four meals. When in fact, it was supposed to be 200 ml water flush before and after meals four times a day. R1 was hospitalized again on 1/2/2025, and that's when the hospital called me and asked how many flushes R1 is getting. We told the hospital staff the mistake was on our part. On 2/10/2025 at 12:27 PM V7 (Medical Director) said, R1 has a history of kidney transplant from 2010. Nephrology manages R1 for the most part, but dialysis is no longer an option. R1 has not been able to manage electrolyte balance since she was admitted to the facility (11/27/2024). It seems like R1's kidney started to fail before she was admitted to the facility; however, we were not aware of that. There was no long term negative outcome from the inaccuracy of the water flush order. On 2/10/2025 at 9:33 PM V6 (LPN) said, I readmitted R1 on 12/31/2024. I entered water flush order as 200 ml (milliliters) QID (four times a day) based on what V5 (LPN) told me, but I might have not caught it correctly. I misinterpreted it. I don't remember now what the correct order was. It's important to transcribe physician orders accurately to ensure the order corresponds with physician's ordered treatment for residents' ongoing condition. R1's physician order dated 12/31/2024 11:07 PM reads in part, Enteral Feed Order four times a day Enteral - Flush Tubing with 200 ml water QID. Discontinued on 01/04/2025 at 12:13 AM. R1's January 2025 Medication Administration Record shows that R1 received two 200 ml and one 150 ml water flushes on 01/01/2025, two 200 ml water flushes on 01/02/2025, and one 200 ml water flush on 01/03/2025. R1 was hospitalized from 01/02/2025 05:20 PM to 01/03/2025 10:00 PM. Hospital record 12/31/2024 reads in part, Discharge Instructions: increase FWF (free water flushes) to 200 ml (milliliters) before and after meals. Hospital record 01/03/2025 reads in part, Admitting diagnosis: Hypernatremia. Hospital course: It was discovered that (R1) was only receiving 200 ml (milliliters) FWF (free water flush) with meals (not BOTH before & after meals). Absent are any care plans related to R1's fluid imbalance dated prior to 01/04/2025. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility Enteral Nutrition policy (no date) reads in part, Enteral feedings provide nutrients and fluids using the gastrointestinal tract. The choice of enteral feeding depends on the medical and nutritional needs of the individual as assessed by the Registered Dietitian and physician. Enteral Nutrition Feeding Orders should include: [a., b., c., d., e.] f. The amount of water flushes per 24 hours. The facility Admission of Resident policy (no date) reads in part, Purpose: To facilitate smooth transition into a health care environment. To gather comprehensive information as a basis for planning individualized therapeutic care. [.] Complete and submit diet orders.