STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145867	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/16/2024
NAME OF PROVIDER OR SUPPLIER Alta Rehab at Fairmont		STREET ADDRESS, CITY, STATE, ZIP CODE 5061 North Pulaski Road Chicago, IL 60630	

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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819 Based upon observation, interview, and record review the facility failed to ensure that the staff are aware of resident equipment needs, failed to ensure that Kardex's include mobility devices, and failed to ensure that required devices were provided to two of three residents (R2, R5) reviewed for transfer assistance. These failures have the potential to affect 153 residents. Findings include: The (9/2/24) census includes 153 residents. R2's (6/24/24) functional assessment affirms resident is dependent on staff for chair/bed to chair transfer. Mobility device: wheelchair. R2's (7/2/24) care plan states resident has an ADL (Activities of Daily Living) self-care/mobility performance deficit. Intervention: Chair/bed to chair transfer: my usual performance is dependent. I use a mechanical lift for transfer assist. I use an assistive mobility device (wheelchair). R2's (9/4/24) Kardex (summary of resident information) includes transferring: (mechanical) lift x2 dependent [mobility devices are excluded]. R2's (6/24/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 9/4/24 at 11:26am, R2 was observed lying in bed. Surveyor inquired about transfer assistance, R2 stated They (staff) don't move me that much; they always say they're understaffed, or somebody didn't show up. Surveyor inquired if R2 has a wheelchair, R2 stated I've been here a little over 2 years, they never gave me one [R2 was admitted [DATE]]. On 9/4/24 at 11:37am, V6 (CNA/Certified Nursing Assistant) affirmed that she's assigned to R2. Surveyor inquired where R2's wheelchair was located, V6 stated She (R2) never gets up, sometimes she doesn't want to get up. R2 responded No, that's not true. I would get up if they would get me up. Surveyor inquired if R2 was provided a wheelchair so she can get out of bed, V6 replied No, I did not see a wheelchair and the Nurse never asks me to get her up. (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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 9/4/24 at 12:25pm, V7 (Restorative Nurse) stated When I get a new admission I look and see if therapy assessed the resident and I also assess the resident for transfer status. I will update the Kardex with the transfer status. Therapy will let me know if they are safe to have a wheelchair in the room or are able to tolerate a wheelchair. We also have the MDS (Minimum Data Set) which states if they use a wheelchair. Surveyor inquired how resident transfers, mobility status, and required devices are communicated to the staff, V7 responded We like to have it in their care plan, or they could ask the Nurse. If they look at their Kardex they may be able to see. Surveyor inquired how R2 transfers, V7 replied She's a (mechanical) lift. Surveyor inquired if R2 was evaluated for wheelchair use, V7 stated Yes, she's been here for a couple years. Surveyor inquired what type of wheelchair R2 is using, V7 responded Um, standard wheelchair like a manual one. Surveyor advised that there was not a wheelchair in R2's room during inspection and V6 (CNA) affirmed she doesn't have one, V7 replied We have plenty if she needs a wheelchair, we can bring one right away. R5's (6/28/24) functional assessment affirms resident is dependent on staff for chair/bed to chair transfers. Mobility Device: wheelchair. R5's (7/2/24) care plan states ADL self-care mobility performance deficit related to decreased mobility, decreased endurance, weakness and arthritis. Interventions: I use a mechanical lift for transfer assist. I use an assistive mobility device (wheelchair). R5's (9/4/24) Kardex includes transferring: dependent x 2 person stand pivot [mobility devices are excluded]. In addition, R5's Kardex is incongruent with the care plan. R5's (6/28/24) BIMS determined a score of 14 (cognition intact). On 9/4/24 at 11:41am, a wheelchair was not observed in R5's room, R5 advised that she doesn't have one. V6 (CNA) affirmed that she's assigned to R5. Surveyor inquired if R5 has a wheelchair so she can get out of bed V6 stated She doesn't have one. On 9/4/24 at 12:50pm, surveyor inquired how R5 transfers, V7 (Restorative Nurse) stated She's a (mechanical) lift. Surveyor inquired if R5 was evaluated for wheelchair use, V7 responded Yes she was. She's supposed to be using a manual wheelchair. Surveyor inquired if R5 was provided a wheelchair, so she's not confined to the bed, V7 replied Yes. Surveyor advised that there was not a wheelchair in R5's room during inspection and V6 (CNA) affirmed she doesn't have one. V7 stated If the room is small, we have them sometimes they're in storage. On 9/4/24 at 1:05pm, surveyor requested to see the wheelchairs in storage V7 inspected the storage closet (with Surveyor) and affirmed there were no wheelchairs present. Surveyor inquired if required devices were included on R2's Kardex, V7 reviewed R2's Kardex and stated, It excludes wheelchair use, I was looking but there was nothing about wheelchair use on the Kardex. Surveyor inquired if there was anything pertaining to wheelchair use on R5's Kardex, V7 responded, Not about the wheelchair. Surveyor inquired who's responsible for the Kardex, V7 replied For the Kardex I (V7) update them and the DON (Director of Nursing) and try to keep it up to date. On 9/4/24 at approximately 1:20pm, surveyor requested the facility policy for accommodation of needs and/or devices, at 3:16pm, V3 (Assistant Director of Nursing) stated We don't have a policy on wheelchair. Surveyor inquired about a policy regarding accommodation of needs V3 affirmed he would check into that one however the policy was never received.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0603 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from separation (from other residents, his/her room, or confinement to his/her room). **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 32819 Based upon observation, interview, and record review the facility failed to follow policy procedures and failed to ensure that two of three residents (R2, R5) reviewed for transfer assistance remain free from involuntary seclusion. Findings include: 1. R2's (6/24/24) functional assessment states resident is dependent on staff for chair/bed to chair transfer. Mobility device: wheelchair. R2's (7/2/24) care plan includes ADL (Activities of Daily Living) self-care/mobility performance deficit. Intervention: Chair/bed to chair transfer: my usual performance is dependent. I use a mechanical lift for transfer assist. I use an assistive mobility device (wheelchair). [potential for abuse, neglect mistreatment are excluded]. R2's (6/24/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 9/4/24 at 11:26am, R2 was observed lying in bed. Surveyor inquired about transfer assistance R2 stated They (staff) don't move me that much; they always say they're understaffed, or somebody didn't show up. They definitely have a staffing problem here. Surveyor inquired if R2 has a wheelchair, R2 stated I've been here a little over 2 years, they never gave me one [R2 was admitted [DATE]]. The ambulance had to take me on a stretcher yesterday when I went to the doctor. I would like to get up, not be confined to the bed. On 9/4/24 at 11:37am, V6 (CNA/Certified Nursing Assistant) affirmed that she's assigned to R2. Surveyor inquired where R2's wheelchair was located, V6 stated She (R2) never gets up, sometimes she doesn't want to get up. R2 responded No, that's not true. I would get up if they would get me up and affirmed that she would like to get out of bed right now. Surveyor inquired if R2 was provided a wheelchair so she can get out of bed V6 replied No, I did not see a wheelchair and the Nurse never asks me to get her up. On 9/4/24 at 12:25pm, surveyor inquired how R2 transfers, V7 (Restorative Nurse) replied She's a (mechanical) lift. Surveyor inquired if CNAs document resident transfers, V7 responded Yes. Surveyor inquired if R2's (bed to chair) transfers were documented, V7 replied It's documented the 1st, 2nd, 3rd and today as well. Surveyor inquired who documented that R2 was transferred this morning, V7 stated V8's (CNA) name and affirmed this was documented at 6:29am. [R2's 9/4/24 Documentation Survey Report affirms bed-chair transfer was marked N/A therefore not applicable at 6:29am]. Surveyor inquired if R2 was evaluated for wheelchair use, V7 replied Yes, she's been here for a couple years. Surveyor inquired what type of wheelchair R2 is using, V7 stated Um, standard wheelchair like a manual one. Surveyor advised that there was not a wheelchair in R2's room during inspection and V6 (CNA) affirmed she doesn't have one. V7 responded We have plenty if she needs a wheelchair, we can bring one right away. Surveyor inquired why R2 is not provided (bed to wheelchair) transfer assistance therefore secluded in the room, V7 replied Were not secluding her to the room, as you can see here (referring to the census) she's been transferred to other rooms. (continued on next page)

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F 0603 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's (2024) Documentation Survey Report affirms on 8/4, 8/15, 8/17, 8/26, 8/27, 8/29, 9/1, and 9/4, N/A (Not Applicable) and/or blank entries were noted for bed to chair transfers. In addition, on 8/12, 8/19, 8/20, 8/21, and 8/22, 5 is documented for bed to chair transfers (indicating resident completed the activity with supervision or touching assistance) however R2 requires a mechanical lift (with 2 staff) for transfers. Considering reasonable person concept, functional assessment, and care plan, R2 is unable to transfer herself therefore the activity likely did not occur when 5 was marked and N/A (in addition to blank entries) affirms that she was confined to the bed for several days. 2. R5's (6/28/24) functional assessment states resident is dependent on staff for chair/bed to chair transfers. Mobility Device: wheelchair. R5's (7/2/24) care plan includes ADL self-care mobility performance deficit related to decreased mobility, decreased endurance, weakness and arthritis. Interventions: I use a mechanical lift for transfer assist. I use an assistive mobility device (wheelchair). [potential for abuse, neglect mistreatment are excluded]. R5's (6/28/24) BIMS determined a score of 14 (cognition intact). On 9/4/24 at 11:41am, a wheelchair was not observed in R5's room, R5 advised that she doesn't have one. V6 (CNA) affirmed that she's assigned to R5. Surveyor inquired if R5 has a wheelchair so she can get out of bed, V6 stated She doesn't have one. Surveyor inquired if R5 would like to get out of bed right now, R5 responded Sure. On 9/4/24 at approximately 11:50, V6 stated I'm going to lunch now however R2 and R5 remained in bed. On 9/4/24 at 12:50pm, surveyor inquired how R5 transfers, V7 (Restorative Nurse) stated She's a (mechanical) lift. Surveyor inquired if R5 was evaluated for wheelchair use, V7 responded Yes she was. She's supposed to be using a manual wheelchair. Surveyor inquired if R5 was provided a wheelchair, so she's not confined to the bed, V7 replied Yes. Surveyor advised that there was not a wheelchair in R5's room during inspection and V6 (CNA) affirmed she doesn't have one. V7 stated If the room is small, we have them sometimes they're in storage. On 9/4/24 at 1:05pm, surveyor requested to see the wheelchairs in storage. V7 inspected the storage closet (with Surveyor) and affirmed there were no wheelchairs present. On 9/4/24 at 1:17pm, surveyor inquired if R2 and/or R5 were currently out of bed (as requested) V7 stated No, they're in bed. R5's (2024) Documentation Survey Report affirms on 8/1, 8/2, 8/4, 8/6, 8/7, 8/9, 8/11, 8/13, 8/15, 8/16, 8/17, 8/23, 8/25, 8/26, 8/27, 8/29, 9/2 and 9/4, N/A (not applicable) is documented and/or blank spaces are present for chair/bed to chair transfers. In addition, on 8/12, 8/14, 8/19, 8/20, 8/21, and 8/22, 5 is documented for bed to chair transfers (indicating resident completed the activity with supervision or touching assistance) however R5 requires a mechanical lift (with 2 staff) for transfers. Considering reasonable person concept, functional assessment, and care plan, R5 is unable to transfer herself therefore the activity likely did not occur when 5 was marked and N/A (in addition to blank entries) affirms that she was confined to the bed for several days. (continued on next page)

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F 0603 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The abuse prevention policy (revised 10/24/22) states unreasonable confinement or involuntary seclusion means the separation of a resident from other residents or from her/his room or confinement to her/his room (with or without roommates) against the resident's will. As part of the resident's life history on the admission assessment, comprehensive care plan, and MDS assessments, staff will identify residents with increased vulnerability for abuse, neglect, exploitation, mistreatment, history of trauma or misappropriation of resident property who have needs, triggers and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals, and approaches, which would reduce the chances of abuse, neglect, exploitation, mistreatment, or misappropriation of resident property for these residents. Staff will continue to monitor the goals and approaches on a regular basis and update as necessary. Supervisors will monitor the ability of the staff to meet the needs of residents, including that assigned staff have knowledge of individual resident care needs

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F 0656

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 32819

Based upon record review and interview the facility failed to develop a comprehensive care plan including potential for abuse/neglect for four of five residents (R2, R3, R4, R5) in the sample. This failure has the potential to affect 153 residents.

Findings include:

The (9/2/24) census includes 153 residents.

R2 was admitted to the facility on [DATE] (7 months ago).

R3 was admitted to the facility on [DATE] (7 months ago).

R4 was admitted to the facility on [DATE] (23 months ago).

R5 was admitted to the facility on [DATE] (8 months ago).

R2, R3, R4, and R5's (2024) comprehensive care plans (received 9/4/24) exclude potential for abuse/neglect.

On 9/9/24 at 12:35pm, surveyor inquired about comprehensive care plan requirements, V9 (Care Plan Coordinator) stated We do comprehensive care plans for admissions, quarterly, annual, and significant changes. Surveyor inquired if R2's care plan includes potential for abuse or neglect, V9 reviewed the electronic medical records and responded I don't see any behavior, it would specify abuse care plan, but I don't see anything. Surveyor inquired if R2 should have an abuse/neglect care plan, V9 replied We should, if she verbalized it to some staff members. Surveyor inquired if residents must verbalize abuse for it to be care planned, V9 stated We don't have for all patients potentially abuse care plan, we don't have it to all of them. Surveyor responded aren't all residents at risk for abuse, V9 replied Yes, I totally agree with you. Surveyor inquired if R3's care plan includes potential for abuse or neglect, V9 stated No, nope. Surveyor inquired if R4's care plan includes potential for abuse or neglect, V9 responded I don't see anything. Surveyor inquired if R5' care plan includes potential for abuse or neglect, V9 replied No.

The baseline care plan policy (revised 11/17/17) states upon admission, the admitting nurse will initiate the development of the baseline care plan as part of the admission assessment. The baseline care plan will continue to be developed by the interdisciplinary team and be completed within 48 hours of admission. The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan is developed within 48 hours. As a best practice, the interdisciplinary team should attempt to schedule an initial meeting with the resident and/or resident representative within 5 days of admission to review the baseline plan of care and make updates or revisions as indicated based on feedback and input of the resident and/or representative prior to the development of the comprehensive care plan.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 32819 Based upon record review and interview the facility failed to ensure that scheduling and/or colonoscopy policies/procedures are available, failed to follow physician orders, failed to ensure that transportation was arranged prior to colonoscopy, failed to ensure that scheduled appointments/transportation records are retained, failed to receive required bowel prep medication, NPO (Nothing by Mouth) and/or clear liquid diet orders prior to scheduled colonoscopy, failed to provide timely services, and failed to ensure that diagnostic results were received for one of three residents (R1) reviewed for significant weight loss. Findings include: R1's Physician Orders include (2/28/24) Need colonoscopy, abnormal weight loss, date: 7/5/24 [scheduled 4 months later]. (7/9/24) Need colonoscopy, abnormal weight loss, date: 8/5/24 [scheduled approximately 1 month later]. [Required bowel prep medication, NPO and/or clear liquid diet orders are excluded on or about both dates]. R1's (6/5/24) nutrition progress notes state significant weight loss 11.6% x 6 months. On 9/3/24 at 1:58pm, surveyor inquired what R1's weight loss was attributed to, V4 (Licensed Practical Nurse) stated The doctors are aware of this and affirmed a colonoscopy was ordered. On 9/5/24 at 1:44pm surveyor inquired about R1's colonoscopy results, V3 (ADON/Assistant Director of Nursing) stated She had a colonoscopy 8/5, we don't have the results so were following up on that right now [one month later]. On 9/9/24 at 9:40am, surveyor inquired if R1's colonoscopy results were received from the provider, V1 (Administrator) affirmed that the facility does not have R1's colonoscopy results. R1's progress notes state (7/5/24) resident not able to go to appointment due to transport issue. (8/21/24) Patient returned from colonoscopy appointment reschedule colonoscopy due to poor prep. [R1's 8/5/24 colonoscopy is excluded]. On 9/10/24 at 10:04am, V3 (Assistant Director of Nursing) stated (R1's) Colonoscopy was done on August 21, 2024 [not 7/5/24 and/or 8/5/24 as ordered], and due to inadequate bowel preparation, they wanted to reschedule it. We were able to get a schedule on September 27. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 9/11/24 at 11:30am, surveyor inquired about transportation arrangements for R1's colonoscopy (scheduled 7/5/24 & 8/5/24), V14 (Scheduler) stated I only have for this month the schedule. Surveyor inquired about the schedules prior to this month, V14 responded I do not have em. Surveyor inquired why V14 does not have a record of resident's scheduled appointments/ transportation needs (prior to September 2024), V11 replied Their all in the orders for each resident. Surveyor inquired how V14 is made aware of resident appointments, V14 stated The Nurses make an appointment slip with the doctor that they are going to see, and the transportation that they need. I have a binder on team one and check it every morning. Surveyor inquired if the binder includes appointments prior to this month, V14 responded After the month is over, I dispose of them. V14 presented a binder with appointment slips (for September 2024) and affirmed After a couple days after the month ends, I throw them out. Surveyor inquired if V14 has any documentation regarding R1's (7/5/24 and 8/5/24) transportation arrangements, V14 replied We do not, the only appointment that we have was for September 27 and two days ago they called us and said they want to reschedule for October 9th [R1's colonoscopy orders were initially received 2/28/24 -roughly 7 months prior]. V14 referred to a small notepad and stated It was on July 17th the first appointment for her (R1) and the transportation was late that's the appointment that we had in the beginning and it was rescheduled for August 21st [R1's colonoscopy was scheduled on 7/5/24 and 8/5/24 - not July 17th as stated]. On 9/11/24 at 12:05pm, surveyor inquired if NPO orders were received prior to the 7/5/24 and/or 8/5/24 scheduled colonoscopy, V2 (Director of Nursing) stated I don't know if we got NPO orders for her (R1). On 9/16/24 at 1:40pm, surveyor inquired if a colonoscopy was ordered what's a reasonable turnaround time, V15 (Medical Director) stated I can tell you when is the next appointment available, I would love to have that in a week but realistically that would be impossible. Surveyor inquired if a colonoscopy ordered in February should have been done before August, V15 responded Yes. Surveyor inquired what orders are required prior to colonoscopy, V15 replied NPO the night prior to that, and order bowel cleansing but that's usually ordered by the GI (Gastrointestinal) specialist. On 9/11/24 at 1:24pm, V2 stated We don't have a colonoscopy policy because we don't do them here. We don't have a scheduling and transportation policy either. Surveyor inquired if orders were received for R1 to be NPO or on clear liquid diet prior to 7/5/24 and/or 8/5/24 colonoscopy, V2 affirmed she would check however no additional information and/or documentation was received.

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(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 - 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** 32819 Based upon observation, interview, and record review the facility failed to follow policy procedures, failed to ensure that (R2's) monthly weights were documented, failed to ensure that resident dietary preferences are included on nutritional assessments and failed to ensure that two of five residents (R1, R2) in the sample remained free from significant weight loss. These failures resulted in R2 sustaining 7.1% weight loss in 1 month and R1 sustaining 11.6% weight loss within 6 months. Findings include: R2 is [AGE] years old with diagnoses which include end stage renal disease and protein-calorie malnutrition. R2's POS (Physician Order Sheets) include (1/25/24) general diet, whole milk with meals. House Nutrition Supplement 8 ounces TID (three times daily). (2/15/24) Multivitamin with minerals daily. (6/17/24) Prostat AWC (advanced wound care) 30 cc (cubic centimeters) TID for nutritional supplement. R2's (6/24/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 9/4/24 at 11:26am, surveyor inquired about dietary concerns, R2 stated We get 3 meals, but the portions have gotten really small since December when a new owner took over this place. Half of the time I'm ordering food out because I'm not full (a restaurant bag was observed in R2's trash can at this time). I've lost weight since then. Surveyor inquired if R2's weight loss was planned, R2 responded No. They used to give you menus and you could select what you want and even get double portions if you want. Now, we just get what they put in front of us. We don't get a choice of food or a choice of a size. Surveyor inquired if the facility offers alternate menu items, R2 replied No, they used to, but they don't anymore. R2's weights are as follows (8/7/23) 132.4# (pounds). (10/4/23) 133.6# (gain). (12/8/24) 133# (loss). (1/5/24) 122.9# (loss). (7/4/24) 117.8# (loss). (8/13/24) 109.4# (23# loss in 12 months). R2's required (monthly) weights (per facility policy) were not documented for September, November, February, March, April, May, and June (2024). [R2's weight loss started in December - as stated]. R2's (8/19/24) nutrition progress notes include general diet. PO (Oral) intakes 75-100% per nursing records occasionally less. House supplement 8 oz (ounces) TID, Prostate AWC 30ml (milliliters) TID. Multivitamin with minerals. Current body weight reflects significant weight loss 7.1% x 1month. Plan: whole milk with meals, staff to encourage compliance with supplement intake [food preferences and/or double portions are excluded]. R2's (August 2024) MAR (Medication Administration Record) affirms the house supplement was refused 37 times, Prostate AWC was refused 66 times and Multivitamin with minerals was refused 25 times. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Alta Rehab at Fairmont		STREET ADDRESS, CITY, STATE, ZIP CODE 5061 North Pulaski Road Chicago, IL 60630	

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(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 - Actual harm Residents Affected - Few	On 9/12/24 at 1:49pm, surveyor inquired about R2's unplanned weight loss V16 (Registered Dietician) stated I know that I follow her (R2) for impaired skin (stage 4 sacral area). She (R2) did have significant weight loss. I (V16) did see her in August for the original weight loss. We had her on supplements already for weight management and wound healing, and I added whole milk with meals. Surveyor inquired what R2's weight loss is attributed to, V16 responded She does have CKD (Chronic Kidney Disease) and a wound. It is documented that she's eating 75-100% so were just monitoring her intakes and her weights. Surveyor inquired when resident's weights are supposed to be done, V16 replied They're done monthly [R2's weights were not documented monthly]. Surveyor inquired if R2's dietary preferences are included in the Nutrition progress notes and/or assessments, V16 stated The food service manager updates the resident food preferences. Surveyor inquired if double portions were recommended for R2, V16 responded Not by me, no. Surveyor inquired why whole milk was recommended for R2, V16 replied It's just to increase the calories with her meals and add protein. Surveyor inquired if V16 comes to the facility and/or speaks directly with the resident during Nutritional assessments, V16 stated Its' hybrid, so sometimes its remotely and just communicating with staff in the building. R1 is [AGE] years old with diagnoses which include hypertension secondary to other renal disorders. R1's POS includes (1/29/24) Nepro (Supplement) 8 ounces BID (two times daily) and (4/18/24) LCS (Low Concentrated Sweets), NAS (No Added Salt) diet, no orange juice, banana, potato, tomato. R1's (7/14/24) BIMS determined a score of 13 (cognition intact). On 9/3/24 at 1:42pm, surveyor inquired about dietary concerns, R1 stated They have me on a kidney diet which I don't need anymore. They feed me the regular stuff and I get sick for the past year. I get nauseous just looking at the stuff or smelling it. I asked them (staff) to just bring me cottage cheese because you can't screw that up but rarely, they give it to me. They have lemon pudding or soup I can eat; they're getting better with bringing me a small salad but that's not gonna do it long term. I just need more protein to increase my muscles and stamina. I've lost 112 pounds since last August. I depend on Ensure if I don't get anything to eat and sometimes, they run out. Surveyor inquired if R1 has orders for Ensure, R1 responded No. Surveyor inquired if R1 was seen by the Dietician, R1 replied I've asked to see a Dietician they have one, but she's just totally useless. The thing is, you ask for something, and they acknowledge the issue but there's no follow through. The attitude is, isn't it great she lost all that weight, and it is but I'm starving. Meals go by and I don't get anything I can eat. Surveyor inquired if R1's weight loss was planned, R1 stated No. R1's weights include but not limited to: (8/2/23) 262# (pounds). (11/9/23) 225# (37# loss in 3 months). (2/6/24) 203.5# (58.5# loss in 6 months). (8/7/24) 196# (66# loss in 12 months). On 9/3/24 at 1:58pm, surveyor inquired how much weight R1 lost in the past 12 months, V3 (Licensed Practical Nurse) stated About 60 pounds [R1 lost a total of 66 pounds]. Surveyor inquired what R1's weight loss was attributed to, V3 responded The doctors are aware of this; I think she wanted to lose weight [R1 affirmed that she did not want to lose weight]. Surveyor inquired if R1 was assessed by the dietician, V3 reviewed R1's electronic medical records, affirmed she was last seen on 7/9/24 and sustained significant weight loss of 7.9% in 3 months. Surveyor inquired about R1's current diet, V3 replied She has LCS/NAS diet no orange juice, potato, tomato [double portions and/or food preferences were excluded]. Surveyor inquired if R1 receives a supplement, V3 stated She's on Nepro 2 times a day but I don't think she likes this one. (continued on next page)

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F 0692 Level of Harm - Actual harm Residents Affected - Few	R1's (August 2024) MAR affirms Nepro was refused 3 times and not documented 1 time. R1's nutrition progress notes include (6/5/24) Significant weight loss 11.6% x 6 months. Intakes typically, 50-100% per nursing records, varies occasionally. Goal to maintain current body weight. Diet; NAS/LCS, no banana, tomato, potato. Nepro 8 oz BID. No recommendation [food preferences and/or double portions are excluded]. (7/9/24) Significant weight loss 7.9% x 3 months. Diet; NAS/LCS, no banana, tomato, potato. Nepro 8 oz BID, Proteinex. No recommendation [food preferences and/or double portions are again excluded]. On 9/12/24 at 1:56pm, surveyor inquired about R1's unplanned weight loss, V16 stated She has been stable since I've been seeing her in April. Surveyor inquired if R1 sustained significant weight loss, V16 responded She did but she's stabilizing. She's also on a diuretic which causes weight fluctuations. Surveyor inquired what R1's significant weight loss is attributed to, V16 replied I didn't know her that long ago. She's been in the 190s since I'm working with her, and the diuretic will cause weight fluctuations. We have her on Nepro and been maintaining her weight. Surveyor inquired if R1's dietary preferences are included in the Nutrition progress notes and/or assessments for R1, V16 stated Those will be updated by the food service manager and on her meal ticket. Surveyor inquired if resident food preferences are recommended by the Dietician so physician orders can be obtained and followed, V16 responded Not for food preferences, those just go on their meal ticket. Surveyor inquired if V16 recommended double portions for R1, V16 replied I did not, sometimes Nursing or the Doctor can do that, but I haven't. On 9/16/24 at 1:34pm, surveyor inquired if a resident is eating meals but however refusing nutritional supplements, what should be implemented to increase caloric intake, V15 (Medical Director) stated Appetite stimulant sometimes help, we can also offer different meal options. We also go over all the patients with weight loss at the monthly meetings and look at individual approach how to solve the issue. Surveyor inquired about potential harm if a resident sustains significant weight loss, V15 responded Malnutrition can worsen the patient's chronic medical condition and increase wounds. The weights policy (revised 10/17/24) states each resident shall be weighed on admission and at least monthly thereafter, or in accordance with Physician orders or plan of care. Residents identified at nutritional risk may be weighted weekly or bi-weekly as per physician order or Interdisciplinary Team recommendation. Undesired or unanticipated weight gains/loss of 5% in 30 days, 7.5% in 3 months, or 10% in 6 months shall be reported to the Physician, Dietician and/or Dietary Manager as appropriate.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 32819 Based upon observation, interview, and record review the facility failed to follow policy procedures and failed to ensure that the menu was followed. These failures affected 155 residents. Findings include: The (9/5/24) FRI (Facility Reported Incident) states the Health Department issued a non-serve citation, resulting in the facility enacting the Emergency Management Plan. On 9/10/24 at 9:46am, surveyor inquired about the (9/5/24) FRI, V1 (Administrator) stated The Health Department came to the facility due to a new license. Upon inspection, mouse droppings were found in the employee dining room, so they closed our kitchen due to that matter. Right now, the kitchen is completely closed were transporting food from our sister facility. On 9/10/24 at 12:23pm, surveyor inquired if the facility kitchen was closed, V11 (Assistant Dietary Manager) stated They found some roaches and mice drop and they closed it last Thursday (9/5/24) after lunch. Surveyor inquired what foods are being served since the kitchen is currently closed, V11 responded The menu of, follow what the menu says. Surveyor inquired if the menu is being followed (since the kitchen was closed), V11 replied Whatever their (sister facility) manager make for them we give to them. Lunch is sandwich, chips, and some cookies. Dinner yesterday was chicken with potato, vegetables, dessert, and salad. Surveyor inquired what's being served for lunch today, V11 stated They have a beef, rice, broccoli and egg roll. On 9/10/24 at 12:33pm, surveyor requested to see the (posted) facility menus, V11 proceeded to her office, presented the menu, and affirmed today's lunch should have been soup or side salad, smothered pork chop, buttered egg noodles, vegetable, bread, and rosy pineapple (as stated on the menu week 2/day 10 lunch). V11 also affirmed that yesterday's dinner should have been soup or salad, beef soft taco, fajita corn, refried beans, and fruited pudding parfait (as stated on the menu week 2/day 9 supper). Surveyor inquired if a revised menu was posted when the kitchen was closed, V11 replied I really, no. We have to follow whatever we received of the sister home food. I will figure out what they getting for dinner tonight. I will post as soon as I find out, I will post it. On 9/10/24 at approximately 12:37am, R2 was served an egg roll, broccoli, rice, and beef therefore the (week 2/day10 lunch) menu was not followed. On 9/10/24 at 12:39pm, surveyor inquired if the menu is posted in the facility, V6 (Certified Nursing Assistant) stated We don't have the menu posted, it's never been posted in any place here. We only have the diet card; we actually don't get to see the menu for each day. On 9/10/24 at approximately 3:00pm, surveyor requested from V1 (Administrator) the Emergency Management Plan and policy regarding following the menu. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 9/11/24 at 1:05pm, V2 (Director of Nursing) presented documentation which states total number of residents getting food in the kitchen: 155. V2 also presented the Emergency Preparedness and Training Policy which states emergency preparedness competencies for Food Service employees may include but are not limited to emergency menu and food preparation plans however actual plans are excluded. Surveyor inquired about the Emergency Management Plan due to kitchen closure (requested yesterday) V2 stated We don't have a specific emergency plan policy for the kitchen. Surveyor requested a policy regarding following the menu (again) however it was not received during this survey. The (2020) menu posting policy states the dated menu for the current week is posted in areas easily accessible to residents and families.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. 32819 Based upon observation, interview, and record review the facility failed to follow policy procedures, failed to ensure that required infection control signs are posted, failed to ensure that the infection log includes required symptom, the date of onset and/or date of prophylactic treatment, failed to follow physician orders, failed to ensure that skin integrity impairments are documented, failed to report ongoing rash/itching to the Physician/Nurse Practitioner, failed to provide treatment timely, and/or failed to ensure that skin scrapings were obtained for two of four residents (R3, R5) reviewed for scabies. These failures have the potential to affect 153 residents. Findings include: On 8/27/24, IDPH (Illinois Department of Public Health) received allegations that the facility has an ongoing scabies outbreak for at least a month. Scrapings are not being done on residents complaining of itching and other residents are affected each day. The (9/2/24) census includes 153 residents. The (August 2024) Infection Log includes but not limited to: (R5) symptom pruritic rash onset date: 8/12/24, treatment ordered Permethin (Antiparasitic). (R2) symptom pruritic rash onset date: (Blank) treatment ordered Permethrin. (R3) symptom pruritic rash onset date: 8/19/24, treatment ordered Permethrin. (R4) symptom (blank) onset date: (Blank) treatment ordered prophylaxis permethrin. [2 additional residents incurred a pruritic rash, a total of 8 residents were prescribed Permethrin treatment]. On 9/3/24 at 12:45pm, surveyor inquired about scabies in the facility, V3 (Assistant Director of Nursing) stated There was no confirmed diagnosis of scabies here. There was some prophylaxis given like Permethrin cream (and a couple of other creams) for pruritus (itching) type symptoms given to a couple residents. Surveyor inquired how many facility residents developed a rash, V3 responded I think around 10. Surveyor inquired if more than one team of residents (residing in the same area) developed a rash, V3 replied There's team 2b, team 2a, and team 5. On team 5 there was only one (resident) that was complaining about rashes. Surveyor inquired what the facility implemented when residents reported itching and/or rashes while in the facility, V3 stated What we did was try to isolate them (residents) until the Permethrin was applied to them and it will be left there for 8 to 12 hours and then they will have a shower the day after. [bag linen/clothing - per facility policy was excluded]. Surveyor inquired if skin tests for each resident were performed, V3 responded There was one that was done for a slide for scabies test, and it was negative. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Surveyor inquired why only 1 resident was tested for scabies, V3 replied There was no order from the doctor because they didn't see some burrows in it, they just applied it (cream) for prophylaxis. Surveyor inquired which resident was tested for scabies, V2 affirmed that (R2) was tested . Surveyor inquired about the requirements for Permethrin cream, V3 stated It has to be applied by the nurse all over the body from the neck down, you have to leave it for 8 to 12 hours and shower the residents after. You got to repeat it a week after. Surveyor inquired when the pruritic rashes/Permethrin treatments started, V3 responded May 2 followed by July 10 and then August 12. Most of them are in August. Surveyor inquired if residents were treated with Permethrin once or twice, V3 replied Some are one some are twice. R2 and R5 are roommates. R2's care plan includes (4/11/24) Enhanced Barrier Precautions related to indwelling urinary catheter and chronic (stage 4) wounds. (8/12/24) On Contact Isolation for pruritic rashes. R2's (August 2024) POS (Physician Order Sheets) include (8/13/24) scabies scraping one time only. (8/12/24) Permethrin External Cream 5% apply all over the body for prophylaxis for rash on 8/12/24 and 8/19/24. On 9/3/24 at 2:29pm, surveyor inquired if R2 recently had scabies, V5 (LPN/Licensed Practical Nurse) stated Yes she (R2) has but she's refused all the medication, she never tooked any medications. She doesn't like anything. Surveyor inquired if R2 has a roommate, V5 responded yes its (R5's name). Surveyor inquired if R2 was isolated due scabies, V5 replied No. Surveyor inquired if R2 developed a rash, V5 replied Both of them (R2, R5) have rashes. R2's MAR (Medication Administration Record) affirms the (8/12/24) Permethrin Cream was not documented (the entry is blank). R2's (8/19/24) Permethrin Cream was refused [treatments were likely not administered - as stated]. R5's (4/19/24) care plan includes Enhanced Barrier Precautions related to chronic wounds. (8/12/24) On Contact Isolation for pruritic rashes. R5's POS includes (8/12/24) contact precautions for pruritic rashes. Permethrin External Cream 5% apply all over the body (Start date: 8/12/24 & 8/19/24). [scabies scraping orders are excluded]. R5's MAR affirms Permethrin was administered as ordered [however R2 refused Permethrin treatment and they reside in the same room]. R5's (6/28/24) BIMS (Brief Interview Mental Status) determined a score of 14 (cognition intact). On 9/3/24 at 2:33pm, prior to entering R2 & R5's room surveyor inquired if there was an isolation sign posted outside the door, V5 (LPN) stated No. R5 was observed scratching her right forearm surveyor inquired if R5 received any treatments for the rash and/or itching, R5 stated They (staff) came here and gave me a shower and everything but if I get cream it would go away. The cream that was what had helped me. Surveyor inquired if staff wear gloves and a gown when entering the room, R5 responded They put gloves on [gown was excluded]. R3 and R4 are roommates. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 9/3/24 at 2:05pm, surveyor inquired about scabies in the facility V3 (LPN) stated I have one patient (R3's name) with like itchiness that was treated already. V3 reviewed R3's progress notes which include (8/13/24) Rash, itching began 10 days ago. Surveyor inquired if R3's rash and/or itching was documented on or about 8/3/24 (10 days prior), V3 affirmed it was not. Surveyor inquired if R3 had a scabies skin test, V5 responded I have to ask the wound care, usually they do that thing however no additional information/documentation was provided regarding R3's scabies skin test. R3's POS includes (8/13/24) contact precaution for pruritic rashes. Triamcinolone cream 0.1% apply to rash every shift x14 days. Permethrin External Cream 5% apply to whole body 1x (start date: 8/14/24 & 8/21/24). (8/19/24) Permethrin External Cream 5% apply to whole body one time (start date: 8/19/24). [Scabies scraping orders are excluded]. R3's (8/7/24) BIMS (Brief Interview Mental Status) determined a score of 15 (cognition intact). On 9/3/24 at 2:12pm, R3's arms and hands were covered with scattered red, raised rash areas which appeared to be scratched, some of which were scabbed. Surveyor inquired if R3 received treatments for the rash, R3 stated I did and I showered more often. They rubbed some cream on my skin I think twice, and the itching stopped but there's still rashes. Surveyor inquired if R3's skin was scraped for testing, R3 responded No. Surveyor inquired how many days transpired before a treatment was prescribed for the itching rash, R3 replied Four (4) days I think. R3's POS includes (8/13/24) contact precaution for pruritic rashes. Permethrin External Cream 5% apply to whole body 1x (start date: 8/14/24 & 8/21/24). (8/19/24) Permethrin External Cream 5% apply to whole body one time (start date: 8/19/24). [scabies scraping orders are excluded}. R3's MAR affirms Permethrin cream was administered 8/15/24 (not 8/14) and 8/19/24 (4 days later). R1's (8/21/24) Permethrin cream was not administered. R4's (8/14/24) care plan includes need for contact isolation for precautionary measures. R4's POS includes (8/14/24) Permethrin External Cream 5% apply to whole body one time only (start date: 8/14/24). R4's MAR affirms that Permethrin Cream was administered 8/15/24 (not 8/14/24 as ordered). R4's (8/14/24) progress notes exclude a skin assessment or Permethrin Cream administration. On 9/9/24 surveyor requested R4's progress notes regarding itching, rash and/or Permethrin treatment. At approximately 11:30am, V3 (Assistant Director of Nursing) affirmed that there was nothing documented in the progress notes. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 9/9/24 at 2:38pm, surveyor inquired about resident pruritic rashes which were identified in the facility, V10 (Nurse Practitioner) stated There were a few rashes. I felt like it was safer because there was more than one rash to treat prophylactically with Permethrin and steroid cream. Surveyor inquired how many residents developed pruritic rashes in the facility, V10 responded I know about two (2) residents (R3 & R5) that I prescribed for. Surveyor inquired if scabies was suspected due to outbreak in the facility, V10 replied A dermatitis of some sort maybe but if I don't have a known cause of something like a new hygiene product or something than its hard to say for sure. Surveyor inquired if scabies skin tests were performed on R3 and R5, V10 stated No, I did not do any skin tests. Surveyor inquired about the location of R3's rash, V10 responded Arms, trunk, back, abdomen and I believe legs. Surveyor inquired about R3's prescribed treatment orders, V10 replied I gave permethrin once and repeat in 1 week. I gave the order on the 13th (8/13/24) so I think the 14th is maybe when he got it. Surveyor inquired why R3's Permethrin was administered 8/15 (not as ordered), V10 stated I don't know if it was delayed in getting it from the pharmacy. Surveyor inquired if R3's permethrin treatment was administered on 8/15/24 when should the second treatment have been administered, V10 responded A week later [R3's second treatment was administered 4 days later]. Surveyor inquired if V10 was made aware the R3 still has a rash on both arms, V10 replied No. On 9/16/24 at 1:48pm, surveyor inquired if several residents in the facility developed a pruritic rash what could be the cause, V15 (Medical Director) stated Many, scabies one of them, and we did address that. I think we (facility) had eight (8) patients that we treated, it was my understanding that they were treated. Surveyor inquired if isolation precautions should be implemented if a resident develops a pruritic rash of unknown origin, V15 responded Yeah absolutely, even the patients in the same room were treated as well. Surveyor inquired if scabies was suspected how is it identified, V15 replied There's a certain signs of a rash with itching, hot temperature and specific appearance of burr holes. If it's a large group of patients have the same symptoms that would be also. Surveyor inquired if skin scrapings should be done, V15 stated We do the skin scraping, yes. Surveyor inquired if Permethrin cream should be administered once or twice for suspected scabies, V15 responded Two times. Surveyor inquired if a resident develops a pruritic rash, refuses treatment, and resides with another resident what should be implemented, V15 replied Isolate to the separate room. The infection precaution guidelines (revised 5/15/23) states in part it is the policy of this facility to, when necessary, prevent the transmission of infections within the facility through the use of Isolation Precautions. Transmission-Based Precautions will be employed for known or suspected infections for which the route of transmission/prevention is known. When a private room is not available, place the resident in a room with another resident with the same infection, but with no other infection (cohorting). In addition to Standard Precautions, use Contact Precautions for residents known or suspected to be infected with microorganisms that can be easily transmitted by direct or indirect contact. The above includes other highly transmissible infections such as scabies and conditions such as a rash of unknown origin. The Scabies Control policy (revised 2/15/18) includes definition: a highly communicable disease of the skin caused by the itch mite. Diagnosis is usually confirmed through microscopic evaluation of a skin scraping or punch biopsy. Procedure: cover entire affected area with prescribed scabicide agent, as prescribed by physician. One application is usually sufficient however in some cases the treatment may need be repeated in seven to ten days. Observe the resident frequently for secondary infection of the skin and eyes. Bag linen and clothing and send to laundry. Wash, using detergent and dry in a dryer which is at least 160 degrees Fahrenheit. Pruritis may persist after the infection is gone. Skin scrapings may be used to determined if additional treatment is needed.