

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145881	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/20/2024
NAME OF PROVIDER OR SUPPLIER Uptown Care and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 4920 North Kenmore Chicago, IL 60640	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on observation, interview and record review, the facility failed to help a resident maintain their highest practical level by failing to a.) follow their restorative care policy b.) provide consistent restorative therapy for one (R10) resident out of three residents reviewed for quality of care. This failure places residents at risk to be provided with inappropriate care and services to meet the resident's physical, mental and/or psychosocial needs.</p> <p>Findings include:</p> <p>R10 is a [AGE] year-old individual with the following diagnoses but not limited to heart failure, unspecified, peripheral vascular disease, unspecified, acquired absence of right leg below knee, acquired absence of left leg below knee.</p> <p>R10's Minimum Data Set (MDS) Section C, dated [DATE], documents R10 has a Brief Interview for Mental Status (BIMS) of 14 out of 15, indicating R10 is cognitively intact.</p> <p>On [DATE], at 11:19 AM, R10 stated that he prefers to speak in Spanish. R10 sitting on his wheelchair. R10's prosthesis at the end of R10's bed, next to the wall. This surveyor was able to converse with R10 in Spanish. R10 reports that he is doing fine but he would be better if they would give him therapy. R10 reports he has asked staff to provide him with a walker so he can practice, but they don't let him have one. R10 stated that it was three months ago that they were giving him restorative therapy consistently. R10 stated it was in the summer but then the facility stopped. R10 reports in this past three months he has received only three therapies, each therapy lasted 15 minutes. R10 stated he clearly remembers returning from those three therapy sessions on separate occasions and his legs hurt because they are not used to it. R10 stated that he uses prosthesis. R10 stated when he does not perform any therapy, he loses his strength and when he goes back, it's like starting all over. R10 stated he is not getting better; in fact, he is getting worse. R10 stated he would like to be able to use his bilateral prosthesis and be able to utilize the walker instead of using a wheelchair.</p> <p>[DATE], 12:35 PM, therapy room in the basement, three paper signs posted on three different areas in front of the therapy room documents: Gym closed until Monday [DATE]. Lights were turned off and doors closed.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>[DATE], 12:07 PM, V13 (Licensed Practical Nurse) stated R10 is alert and oriented x3 (person, place, time) and able to make his needs known to staff. R10 has bilateral knee amputation, and he can do transfers himself very well from the bed to the wheelchair, and from the wheelchair to the toilet. V13 stated R10 needs minimal assist with ADL (activities of daily living). V13 stated R10 is very compliant with everything. V13 stated she cannot remember the last date when she saw R10 walking with restorative therapy.</p> <p>[DATE], 2:41 PM, V22 (Certified Nursing Assistant) stated she has been working for the facility for [AGE] years. V22 stated she is familiar with R10. V22 stated, I don't take care of him like I used to, He is very strong, he does transfers with sliding board, someone watching him. I never see him walk.</p> <p>[DATE], 11:07 AM, V23 (Restorative Nurse Assistant) stated she has been working for the facility as restorative aid since 2022. V23 reports she has worked with R10. V23 stated, Restorative isn't actual therapy, we just pick up where therapy leaves them, and we like continue care. It is just the continuing of care. V23 stated, We get pulled all the time. I was getting pulled this morning. I had scheduled to leave early. So, if the CNAs (certified nursing assistants) are short staffed, they pull from our department. V23 stated she cannot say how many times has it been that restorative gets pulled because she cannot remember. V23 stated if staff call in and restorative aids get pulled then the restorative therapy is not happening. V23 stated if residents don't receive consistent restorative therapy, it could affect them in losing strength. V23 stated restorative is all beneficial to them. V23 stated R10 does not have a specific walker in his room. R10 only walks in therapy.</p> <p>[DATE], 12:35 PM, V17 (Rehab Director) stated she has been working for the facility for two months. V17 stated she oversees the speech therapy, physical therapy, and occupational therapy. V17 stated her department they utilize point click care just for medical records, appointment. V17 stated the last time that he was followed by physical therapy (PT) was [DATE]rd, 2024, through [DATE]th, 2024. V17 stated R10's PT stopped due to accommodation of highest level achieved and expired benefits. V17 stated at the time of R10's physical therapy discharge, R10's functional status was the following: Ambulation- walk 10 feet supervision or touching assistance. walk 50 feet with two turns, supervision or touching assistance.</p> <p>[DATE], 11:51 AM, V24 (Restorative Director-LPN) stated R10's current restorative program includes active range of motion which his walking and bike usage falls under active range of motion. V24 stated if the restorative aids are not pulled to work the floor assignments, then the restorative aids usually talk to the residents to develop a schedule which includes time, and days they want to come downstairs to the therapy room. V24 stated the importance of consistent restorative therapy is for residents to get the exercise they need so they can reach or maintain their max capacity. V24 stated R10's restorative program is supposed to be done every day because he likes it that way. V24 stated R10 couldn't come down last week because we had the stomach virus outbreak, all the common areas were closed. V24 stated it is important for resident's assessments to be accurate to get a better picture of the resident without seeing the resident. V24 stated she made error when completing R10's Nursing Restorative Functional assessment dated [DATE], [DATE]. V24 stated she clicked 'no' when asked if R10 has a prosthesis.</p> <p>R10's CCARE - IL Nursing Restorative Functional Assessment - dated [DATE] documents in part, Does the resident wear orthotic device/splint/prosthesis/etc.? response is no.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R10's CCARE - IL Nursing Restorative Functional Assessment - dated [DATE] documents in part, Does the resident wear orthotic device/splint/prosthesis/etc.? response is no.</p> <p>R10's CCARE - IL Nursing Restorative Functional Assessment - dated [DATE] documents in part, Does the resident wear orthotic device/splint/prosthesis/etc.? response is yes.</p> <p>R10's MDS section O is in process and not complete yet.</p> <p>R10's MDS section O Special Treatments, procedures, and programs, dated [DATE] documents in part that R10 received 0 days of walking under restorative program.</p> <p>R10's PAST 90 DAYS task walking noted with several days not documented.</p> <p>R10's PAST 90 DAYS task NURSING REHAB: Active ROM documents several days not documented.</p> <p>R10's [DATE], 4:14 PM, Health Status Note documents in part, Resident (R10) is alert, awake and oriented x 3, respiration unlabored, both lungs clear upon auscultation, Incentive spirometer order in place r/t SOB (shortness of breath) d/t (due to) decreased mobility and obesity.</p> <p>R10's physical therapy discharge summary dated [DATE] documents in part, D/C (discontinue) reason: Highest Practical Level Achieved. Patient will improve ability to safely ambulate 50 feet using two-wheeled walker on level surfaces and under various sensory demand activities with supervision or touching assistance with ability to right self to achieve/maintain balance and with implementation of compensatory strategies in order to facilitate increased participation in functional activity. Patient will safely ambulate 75 feet using two-wheeled walker on level surfaces and under various sensory demand activities with setup or clean-up assistance with ability to right self to achieve/maintain balance and with implementation of compensatory strategies in order to facilitate increased participation in functional activity. Discharge recommendations: Restorative nursing program. Prognosis to maintain CLOF (current level of function) = good with consistent staff follow-through.</p> <p>R10's current care plan documents in part R10 has bilateral below the knee amputation. R10 will exhibit adequate coping skills dealing with loss of limb and rehabilitation through the review date. R10 uses prosthesis for him to ambulate with the use of walker. Extensive assist with 2 staff. Health teaching provided on how to use prosthesis.</p> <p>R10's physician order set does not document an order for restorative therapy.</p> <p>Facility document dated ,d+[DATE] titled Physical Therapy/Restorative documents in part, the facility will obtain initial physician order to evaluate and treat. Following the evaluation being conducted by the therapy company, the therapist will provide a therapy recommendation. The physician will then be called by the Restorative nurse and provided the therapy recommendation and obtain physician order. Physician order will then be placed on the POS (physician order set).</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>49666</p> <p>Based on observation, interview, and record review the facility failed to ensure there are enough restorative nurse aides to provide restorative care and respond to each individual needs as required by the resident's plan of care. This failure resulted in the resident (R10) missing restorative therapy several times in the past 90 days.</p> <p>Findings include:</p> <p>12/17/24, 11:19 AM, R10 stated he uses prosthesis. R10 stated when he does not perform any therapy, he loses his strength. R10 stated when he goes back it's like starting all over. R10 stated he is not getting better; in fact, he is getting worse. R10 stated if the other CNAs (certified nursing assistants) call off or they are short, the restorative therapy work on the floor. R10 stated right now the therapy room is closed for the patients to go there. R10 stated someone told him because there is an outbreak. R10 stated he does not recall the name of the person told him.</p> <p>2/19/24, 1:14 PM, V20 (Lead CNA (Certified Nursing Assistant)/Staffing Coordinator) stated she will ask V24 (Restorative Director/Licensed Practical Nurse) if they (restorative aids) are available if V20 can't get anyone to work. V20 stated if the restorative aids get pulled to the floor, they will get assignment. V20 stated the union stated they cannot do two jobs at once. V20 stated the resident's patient care is priority. V20 stated if she can't find anyone, then pulling restorative to the floor will be her last resort. V20 stated she does not over schedule or under schedule. V20 stated when the restorative aids are pulled to the floor, they cannot do their job and it can affect the residents' range of motion. V20 stated that is because the residents can get contracted. Surveyor questioned V20 when the last time restorative aid was pulled to the floor. V20 stated. Today is when I asked them, I needed help. I had three call ins this morning. I had gotten someone to come in, two people stayed from night shift. Yesterday too. because the CNA got sick and she went home early, around 11am.</p> <p>12/19/2024, 11:51 AM, V24 (Restorative Director-LPN) stated she has been working as the restorative director since 2016. V24 stated R10's current restorative program includes active range of motion which his walking and bike usage falls under active range of motion. V24 stated if the restorative aids are not pulled to work the floor assignments, then the restorative aids usually talk to the residents to develop a schedule which includes time, days they want to come downstairs to the therapy room. V24 stated the importance of consistent restorative therapy is for residents to get the exercise they need so they can reach or maintain their max capacity. V24 stated, As of last month, they are on the floor helping the CNAs pass trays, monitoring, they get about 4 hours a day for programming. If they get pulled fully, there is no program for day. My one just got pulled this week. The one had to be on restorative could only do so much.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>12/19/2024, 11:07 AM, V23 (Restorative Nurse Assistant) stated she was off all last week because she was sick from a stomach bug. V23 stated when she returned, restorative department had weights for the first of the month still to do. V23 stated. We are behind because of the stomach bug. The facility's gym is still closed because a lot of the PTs (physical therapists) got sick. We get pulled all the time. I was getting pulled this morning. I had scheduled to leave early. So, if the CNAs are short staffed, they pull from our department. V23 stated she cannot say how many times has it been restorative gets pulled because she cannot remember. V23 stated each floor is supposed to have one restorative aid. V23 stated if staff call in and restorative aids get pulled then the restorative therapy is not happening. V23 stated if residents don't receive consistent restorative therapy, it could affect them in loosing strength.</p> <p>Facility's nursing schedule dated 12/1/2024, 12/2/24 only has one restorative aid working.</p> <p>Facility's restorative staff time sheet dated 12/01/2024 and 12/02/24 documents in part there were only one restorative staff working for those dates.</p> <p>R10's Minimum Data Set (MDS) Section C, dated 9/27/2024, documents R10 has a Brief Interview for Mental Status (BIMS) of 14 out of 15, indicating R10 is cognitively intact.</p> <p>R10's PAST 90 DAYS task walking noted with several days not documented.</p> <p>R10's PAST 90 DAYS task NURSING REHAB: Active ROM documents several days not documented.</p>		