

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER Ascension Resurrection Life		STREET ADDRESS, CITY, STATE, ZIP CODE 7370 West Talcott Avenue Chicago, IL 60631	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356</p> <p>Based on interview and record review, the facility failed to provide person-centered discharge plan of care for 5 out 5 residents (R1, R2, R3, R4 and R5) reviewed for care plan.</p> <p>Finding includes:</p> <p>R1 is [AGE] years old, initially admitted in the facility on 02/27/2025. R1 medical diagnosis includes atrial fibrillation, deep vein thrombosis on the right leg, spinal stenosis, radiculopathy lumbosacral region and malaise. R1's cognition based on her BIMS score of 15 dated 03/05/2025.</p> <p>On 04/01/2025 at 10:32 PM, V3 (Ombudsman) stated that R1 and her daughter (V6) had concern about being discharge prematurely.</p> <p>Care plan of R1 was reviewed in relation to discharge planning. Per R1's care plan R1 does not plan to make the community/facility a long-term home that was dated on 02/27/2025. Goal is for R1 to be assisted with plan of stay in the community/facility until discharge is practicable, through the next review period. Interventions includes associates/facility staff will support R1 plan to stay short term. And assist with referrals, as needed, to meet the goals for discharge. It does not have specific information about R1 plan of discharge.</p> <p>Random residents care plan was reviewed including R2, R3, R4 and R5 related to discharge planning: All return to community referral or discharge care planning of R2, R3, R4 and R5 are almost identical, except that residents are categorized as short or long term.</p> <p>On 04/01/2025 at 12:35 PM, V13 (Daughter of R2) said, I do not know any discharge plan. We don't get it straight anywhere here. It is a problem. No social worker talked to me about plan for discharge. There is a lot of issue here.</p> <p>On 04/01/2025 at 12:49 PM, R3 when asked about her discharge plan. R3 said, I am hoping and praying to let me go home this week. I don't want to say anything to make it unfavorable for me. R3 stated that she currently on therapy (physical and occupational therapy). R3 said, I have no idea what the plan for my discharge.</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: 145960	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/04/2025
NAME OF PROVIDER OR SUPPLIER Ascension Resurrection Life		STREET ADDRESS, CITY, STATE, ZIP CODE 7370 West Talcott Avenue Chicago, IL 60631	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/02/2025 at 10:15 AM, V4 (Social Worker) stated that facility use template to all residents on discharge care planning. And each resident's care plan will not show any difference. Notes will show difference in resident's situation but not care plan. R1, R2, R3, R4 and R5 care plan were reviewed with V4. V4 said, You cannot see anything difference there. V4 reviewed discharge summary and plan policy of the facility. After review V4, I see what you mean. I thought it was for the meeting of the IDT not the actual care plan.</p> <p>On 04/03/2025 at 12:25 PM V1 (Administrator) stated that she was not able to review care plan of residents that were reviewed. Moving forward, facility will identify care plan improvement to make it person-centered.</p> <p>Discharge Summary and Plan Policy dated 01/2024, reads:</p> <p>Policy statement, when a resident's discharge plan is anticipated, a discharge summary and post-discharge plan will be developed to assist the resident to adjust to his/her new living environment. Pre-discharge plan will be developed by the Care Planning/Interdisciplinary Team (IDT) with the assistance of the resident and his or her representative.</p> <p>Care Plans - Comprehensive Person-Centered policy dated 09/2023, reads:</p> <p>A comprehensive, person-centered care plan that includes measurable objectives and timetables to meet resident's physical, psychosocial and functional needs, that are identified through evaluation and assessment, is developed, and implemented for each resident. The comprehensive, person-centered care plan will include the resident's stated preference and potential for future discharge, including his or her desire to return to the community and any referrals made to local agencies or other entities to support such desire. It will also include discharge plans.</p>