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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145986 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/08/2024 |
| NAME OF PROVIDER OR SUPPLIER Lake Forest Place | | STREET ADDRESS, CITY, STATE, ZIP CODE 1100 Pembridge Drive Lake Forest, IL 60045 | |

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) |
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| <p>F 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised.</p> <p>35178</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident with a complicated feeding problem was assisted to eat by a qualified staff member for 1 of 3 residents (R3) reviewed for safe dining in the sample of 3.</p> <p>The findings include:</p> <p>On 05/08/24 at 11:35AM, V6 Resident Assistant was providing R3 bites of pureed food with a spoon.</p> <p>On 05/08/24 at 11:35AM, V6 said, this is R3. I am an Activity Specialist; I am not a CNA-Certified Nursing Assistant. I am trained to feed residents as a Resident Assistant.</p> <p>On 5/08/24 at 1:13PM, V7 Speech Therapist said, R3 has a treatment diagnosis of dysphagia related to age, Alzheimer's (disease), and dementia. Because of his Alzheimer's (disease) he is at risk for choking if he is not fed appropriately. The problem I was treating R3 for is an oropharyngeal dysphagia (difficulty moving food in the mouth in preparation to be swallowed and moving the food safely past the trachea without aspiration into the lungs).</p> <p>R3's current Physicians Orders dated May 2024 shows, multiple diagnoses including dysphagia. Diet Orders: Pureed Diet, Nectar thick liquids. Clear mouth before each bite/sip: watch neck for swallow.</p> <p>R3's Speech Therapy Evaluation dated 01/24/24-02/19/24 shows, Diagnoses: Dysphagia, oropharyngeal phase. Reason for Referral: resident with decreased mobility with a decline in function as well as decline in swallowing ability with recent diet downgrade to puree consistency.</p> <p>The facility's Resident Attendants policy dated 05/01/24 did not show, Feeding Assistants/Resident Attendants should not provide dining assistance to residents with complicated feeding problems.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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