Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: IL6012645 B. WING 03/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 255 WEST 69TH STREET PRINCETON REHAB & HCC CHICAGO, IL 60621 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) **Initial Comments** S 000 Annual Health Survey S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1210 b) 300:1210 c) 300.1210 d)2) Section 300.610 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal Attachment A care needs of the resident. Statement of Licensure Violations Each direct care-giving staff shall review

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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:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	respective resident d) Pursuant to nursing care shall following and shall seven-day-a-week 2) All treate administered as These requirement Based on observative review, the facility funtritional supplem Registered Dietitian resident's (R78) resignificant weight to residents. This fails continued weight lo	o subsection (a), general include, at a minimum, the be practiced on a 24-hour, basis: tments and procedures shall sordered by the physician. Its are not met as evidenced by: ion, interview, and record failed to provide ordered oral ents, and failed to follow n's recommendations for one viewed for nutrition and loss in the sample of 50 are resulted in R78 having loss including significant weight ge over 3 months and 18.50%					
	Finding include:  R78's Admission R R78's diagnoses in diabetes, and vitam R78's (1/5/23) Brief (BIMS) score is 13.  R78's Monthly Weig September 13, 202 2022 - 252.0 lbs., N lbs., December 07/2 specific date docum (no specific date do	ecord documents, in part, clude cirrhosis of liver,				27	

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meal ticket for R78.

On 3/7/23 at 3:45 pm, V1 presented an updated

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dietary supplement order for R78 should be given as ordered two times a day for lunch and dinner. Surveyor inquired if R78 was order dietary supplement, should it be on R78's tray whether he east or drinks it or not. V35 stated, "That's correct. (R78) should still get it on his tray whether he eat or drink it or not, absolutely."

On 3/8/23 at 12:45 pm, V39 (Nurse Practitioner)

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