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: B. WING IL6012967 06/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S 000 **Initial Comments** S 000 **Annual Licensure Survey** Final Observations S9999 Statement of Licensure Violations: 300.1210a) 300.1210b)4) 300.1210c) 300.1210d)4)A)B)C) Section 300.1210 General Requirements for Nursing and Personal Care Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological Attachment A well-being of the resident, in accordance with Statement of Licensure Violations each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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: __ B. WING IL6012967 06/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe. dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Personal care shall be provided on a 4) 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: Each resident shall have proper daily A) personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary

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for satisfactory personal hygiene.

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FORM APPROVED 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: __ B. WING_ IL6012967 06/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 scheduled for showers Tuesdays and Fridays. R8's point of care bathing/shower records from 05/22/23 - 06/05/23 documents she received a bath/shower on 05/25/23, 05/27/23, 05/31/23, and 06/01/23 and did not include documentation of nail care. There were no manual shower sheets available for May or June 2023 for R8. R8's progress notes from March - June 2023 does not document any reports of attempts to provide nail care. R9 is a 93-year-old female with diagnoses/history of Alzheimer's Disease, Dysphagia, Cachexia, Encounter for Palliative Care, Mild Protein Calorie Malnutrition, Spinal Stenosis, Psychotic Disorder with Delusions, Anxiety Disorder, and Recurrent Major Depressive Disorder who was admitted to the facility on 11/04/2015. On 06/05/23 at 12:22 PM R9's nails observed to be long and dirty. R9 noted to be difficult to understand and limited in communication. On 06/05/23 at 12:22 PM R9's nails observed to be long and dirty. R9 noted to be difficult to understand and limited in communication. On 06/05/23 at 12:55 PM V5 (Hospice Nurse) stated R9 has been on Hospice since 05/28/2022. V5 stated Hospice doesn't trim R9's nails because of the liability however they will file them. V5 stated either the facility or Podiatrist

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trims R9's nails.

R9's current care plan documents she resists some activities of daily living care like allowing 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: ___ B. WING IL6012967 06/08/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 staff to trim her nails. She was noted to dig into her skin and scratch her arm. R9 current care plan interventions including evaluate when the best time of day is to provide care. Provide care consistent with her "schedule", as possible, when R9 is most calm/relaxed The facility's shower schedule documents R9 is scheduled for showers Wednesdays and Saturdays. R9's point of care bathing/shower task records from 05/22/23 - 06/05/23 documents she received a bath/shower on 05/22/23, 05/23/23, 05/24/23, 05/25/23, 05/26/23, 05/28/23, 05/29/23, 05/31/23, 06/02/23, 06/03/23, 06/04/23, 06/05/23 and does not include documentation of nail care. R9's manual shower sheet dated 05/20/23 documents her fingernails were trimmed. There are no shower sheets available for R9 from 05/21/23 - 06/05/23. R9's progress notes from March - June 2023 does not document any reports attempts to provide nail care. R10 is an 83-year-old male with a diagnoses/history of Dementia, Stage 3 Chronic Kidney Disease, and Rheumatoid Arthritis who was admitted to the facility 04/06/23. On 06/05/23 at 10:30 AM R10's toenails observed to be long, thick, and yellow. On 06/05/23 at 11:53 AM V3 (Family Member) stated R10's finger and toenails are long and look horrible. V3 stated R10's nails are thick and long and need to be cut badly. V3 stated the Podiatrist hasn't seen R10 since he's been here. R10's

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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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AVANTARA CHICAGO RIDGE 10300 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415					
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	fingernails observe	d to be very long.			
S	assistance with AD personal hygiene, r diagnoses of Diabe Osteoarthritis, Dep Dementia, Decreas	plan documents he requires Ls including elated to cognitive deficit and ites Mellitus with Neuropathy, ression, Rheumatoid Arthritis, red Range of Motion, Restlessness, and Pain.			
		er schedule documents R10 is vers Mondays and Thursdays.			
	from 05/22/23 - 06/				200
	documents his fing	ver sheets dated 05/22/23 ernails were trimmed. On pernails were not trimmed and al noted.	<		
		es from March - June 2023 any attempts to provide nail		.0	
8	Tremors, Dysphagi	old female with a of Vascular Dementia, a, Schizoaffective Disorder, er who was admitted to the		#1 B)	
	nails observed to b Nursing Assistant) her face and feed I	12:26 PM - 12:35 PM R11's e long and dirty. V4 (Certified stated R11 is only able to wash nerself but is unable to perform hout assistance due to her			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A, BUILDING: ___ B. WING 06/08/2023 IL6012967 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE CHICAGO RIDGE, IL 60415** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 6 R11's current care plan documents she requires assistance with ADLs including personal hygiene, related to limited mobility, cognitive deficit, signs, and symptoms of depression, decreased range of motion, diagnoses of Dementia, Anxiety, Schizoaffective Disorder, and Tremors. R11 needs assistance with grooming daily. The facility's shower schedule documents R11 is scheduled for showers Mondays and Thursdays. R11's point of care bathing/shower task records from 05/22/23 - 06/05/23 documents she received a bath/shower on 05/22/23, 05/23/23, 05/24/23, 05/26/23, 05/28/23, 05/29/23, 05/31/23, 06/01/23, 06/02/23, 06/03/23, 06/04/23, 06/05/23 and does not include documentation of nail care. R11's manual shower sheets dated 05/18/23, 05/22/23, 06/01/23 and 06/05/23 documents her fingernails were not trimmed, and no refusals of nail trimming were noted. R11's progress notes from March - June 2023 do not document any attempts to provide nail care. R12 is an 85-year-old male with a diagnoses/history of Vascular Dementia, Chronic Kidney Disease, and Major Depressive Disorder who was admitted to the facility 08/16/2022. On 06/05/23 at 12:35 PM R12's fingernails observed to be long and slightly vellow. R12 stated he would like his nails to cut sometimes. R12's current care plan documents he requires assistance with activities of daily living including personal hygiene related to cognitive deficit, diagnosis of Dementia, Mood disorder,

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Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: __ B. WING IL6012967 06/08/2023 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10300 SOUTHWEST HIGHWAY **AVANTARA CHICAGO RIDGE** CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 On 06/07/23 at 12:50 PM V1 (Administrator) confirmed that R8, R9, R10, R11, and R12 all need assistance with ADLs including nail care. V1 stated attempts to provide nail care should be documented in the residents' medical records. V1 stated resident 's nails should be trimmed as needed and when showers are being provided. V1 stated nails should be observed and if needed, they should be trimmed. The facility's General Care Policy reviewed 06/06/23 states: "It is the facility's policy to provide care for every resident to meet their needs." "Physical needs would include but are not limited to activities of daily living." "The facility will assist the resident to meet these needs, unless it shows that the resident's needs cannot be met in the facility." (C)

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