(X6) DATE

Illinois Department of Public Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMPI	
		IL6008213	B. WING		01/2	5/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SANDWI	CH REHAB & HCC		ARNOLD ST H, IL 60548			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Annual Licensure S	urvey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	1of 2					
	300.686 e)					
	Section 300.686 Ur Antipsychotic Medic	nnecessary, Psychotropic, and cations				
	psychotropic medic administered without resident or the resident maker. (Section 2- informed consent is dosage level or dele- pursuant to subsect is required for a me- program of sequent combination of mediowest effective dos therapeutic outcom	at the informed consent of the dent's surrogate decision 106.1(b) of the Act) Additional a required for reductions in etion of a specific medication, tion (f)(9). Informed consent dication administration tially increased doses or a dications to establish the se that will achieve the desired e, pursuant to subsection (f) mon side effects of the				
	This REQUIREMEN by:	NT was not met as evidenced				
	failed to ensure con administration of a	and record review, the facility asent was obtained prior to psychotropic medication for 1 reviewed for unnecessary sample of 17.				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 02/15/24

TITLE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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SANDWI	CH REHAB & HCC		ARNOLD ST CH, IL 60548			
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S9999	Continued From pa	ge 1	S9999			
	The findings include	e:				
	admitted to the facil	nowed a 69-year-old male lity on 10/12/23 with diagnosis r disorder, psychotic disorder, iabetes.				
	(RN) looked through	AM, V5 Registered Nurse h R23's paper chart and did tropic consents and verbally e.				
	said all signed psyc	ensed Practical Nurse (LPN) hotropic consents would be in thart (not electronic) as they ning.				
	residents should hat all psychotropic medecisions but if a reattorney would need R23's medical reconsents. They should record. The facility Medication Policy semedication shall no administered without all psychotropic medication.	ut the informed consent of the nt's guardian, or other				
	Record (MAR) show (mg) one time daily date of 10/13/23. TI 7.5 mg tablet one ti with a start date of	Medication Administration wed aripiprazole 2 milligram for schizoaffective with a start his MAR showed mirtazapine me daily for antidepressant 1/5/24. The MAR showed 250 mg two times daily for date of 10/13/23.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMP		SURVEY LETED	
		IL6008213	B. WING		01/2	5/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SANDWICH REHAB & HCC			ARNOLD ST H, IL 60548			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
	(C)					
	2 of 2					
	a) The facility procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conforming and other policies shall compolicies the facility and shall	divisory physician or the ommittee, and representatives or services in the facility. The ly with the Act and this Part. It is shall be followed in operating I be reviewed at least annually documented by written, signed				
	Section 300.1010	Medical Care Policies				
	physician of any ac change in a resider health, safety or we but not limited to, th manifest decubitus of five percent or m The facility shall ob plan of care for the	shall notify the resident's cident, injury, or significant nt's condition that threatens the elfare of a resident, including, ne presence of incipient or ulcers or a weight loss or gain fore within a period of 30 days. Itain and record the physician's care or treatment of such change in condition at the time				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	IL6008213	B. WING		01/2	5/2024
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SANDWICH REHAB & HCC		ARNOLD ST			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES BY BE PRECEDED BY FULL SENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	D BE	(X5) COMPLETE DATE
Section 300.1210 Gene Nursing and Personal C b) The facility shall care and services to att practicable physical, me well-being of the resider each resident's compre plan. Adequate and procare and personal care resident to meet the tota care needs of the resider d) Pursuant to sub nursing care shall include following and shall be prevenday-a-week basis 2) All treatments a administered as ordered 3) Objective observed and care require further medical evaluation made by nursing staff a resident's medical recombination of the requirements are Based on observation, in review the facility failed interventions for a residenticant weight loss for the resident weight loss for the requirements are substitutions.	eral Requirements for Care I provide the necessary tain or maintain the highest ental, and psychological nt, in accordance with thensive resident care operly supervised nursing shall be provided to each all nursing and personal ent. Disection (a), general de, at a minimum, the practiced on a 24-hour, so a cluding mental and a means for analyzing and red and the need for ion and treatment shall be and recorded in the red. Interview, and record to implement lent experiencing or 1 of 4 residents (R8) in the sample of 17. This	TAG S9999	,		

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6008213	B. WING		01/2	25/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SANDWICH REHAB & HCC			ARNOLD ST	··		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
\$9999	The findings included R8's face sheet shot facility on 7/6/23 with abnormal posture, of Gastro-Esophageal depressive disorder weakness. R8's facility assessing she has no cognitive substantial to maximal substantial to maximal resident weight was recast follows: 11/23/23/12/4/23 she weighes she weighs 91 lbs (months). R8's January 2024 showed nutritional standard resident weight loss. Related Additional Risk Face Resident will gain 190 days. Assist/feed complete meal. Edunot to provide food without checking with the resident. Encouraresident to complete possible"	e: bywed she was admitted to the th diagnoses to include cerebral infarction, dysphagia, Reflux Disease, major r, Type 2 Diabetes, and the ment dated 1/1/24 showed e impairment and requires mum assistance with eating. corded in her medical record is she weighed 113 lbs, on ad 89 lbs, and as of 1/24/24 19.47% weight loss over 2 Physician Order sheet supplements including "2.0 t, Magic Cup, and Mighty 1/13/24 (over 1 month after the	S9999			
		ned/unexpected weight loss				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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SANDW	CH REHAB & HCC		ARNOLD ST H, IL 60548	FREET		
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S9999	related to poor intal 75-100% two of thre consumption is poor Give the resident surprise for the	ke The resident will consume ee meals/day Alert dietitian if or for more than 48 hours applements as ordered. Alert to consuming on a routine line persists, contact physician on as practical Monitor and toless. Determine percentage ity protocol for weight loss. food intake at each meal. arequested or indicated. The (no preferences) O PM, R8 was sitting in the wheelchair at the table. A tray was given to R8 and placed 25 PM, there was a CNA bund table from R8 and she other residents with their lunch. Inutes after R8's lunch was (no preferences), V11 CNA (Certified Nursing on next to R8. V11 placed R8's tloaf and moved it in front of mpt to eat the meatloaf. V11 into R8's dessert and moved R8 did not eat the dessert. At the dining room without eating aff did not offer assistance at meal. There was no Magic	\$9999			

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SANDWICH REHAB & HCC		ARNOLD \$1 H, IL 60548	REET		
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Cream, but they don't give On 1/25/24 at 11:04 AM Nursing Assistant) said, good, and she refuses a to encourage her, but she just says she isn't he meal. If she does not the substitute, we can or and jelly or a deli sandwhins that have chips, pur I would say it is very rare sandwich. I know she like cheese, canned ravioli, likes those. I haven't sea supplements. I haven't sanything. I don't recall enher tray either." On 1/24/24 at 12:45 PM said R8 always refuses family bring in canned Sand she will eat that, app will not eat pureed food, On 1/25/24 at 1:25 PM, said the Registered Diet a month to review reside comes into the kitchen a She talks about the mer problems. I am learning loss, but it's been a little November, and we were the kitchen. Dietary asse by me but I'm still learning doing the assessments am trying to talk to the residence of the problems.	like Spaghetti-O's and ice we me that very often." I, V10 CNA (Certified "[R8's] appetite is not a lot of her meals. We try he tends to refuse a lot. nungry, or she doesn't like of like the main meal or offer her a peanut butter wich. We also have snack adding, jello, and crackers. He that she does request a kes pop, chips, mac and and spaghetti. She really en her get any seen a magic cup or ever seeing ice cream on the pureed diet. V14 said spaghetti-Os and raviolis applesauce or pudding. She always refuses it. V14 (Dietary Manager) titian (RD) comes in once ents. V14 said, "The RD and looks at everybody. The residents about their is any the dome ing so the floor nurse is while I am being trained. I residents about their is had much of a chance to	\$9999			

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SANDWI	CH REHAB & HCC		ARNOLD ST			
040.15	CLIMMA DV CTA		H, IL 60548		DNI DNI	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	ask how things are dislikes. If a resider are serving, we also don't like the substi sandwich or a pear We have a weight r in on and they talk a we work out a game I have written down weight meeting, but put in their chart. For her ice cream at evare doing chocolate soup, so we try and Anything she wants because we are try We have not given Spaghetti-O's because	use her husband brings some my notes to see if that is				
	Director) said, the rassessments right is trained. They are diagnoses, hydratic swallowing, any iss whatever she wants nurse's has brough because she does can't have a substit have been in the kir. The facility's policy showed, "Resident an actual significan family/guardian, physical significant is seen to see the seen in the kir.	PM, V2 (Regional Clinical nurses are doing the dietary now until the Dietary Manager assessing weight, diet, their on needs, chewing ability, uses like that. R8 can have s, and I know one of the t a can of ravioli in at times eat that. If they told her she ute, I know who that would tchen. and procedure revised 9/2008 Weight Monitoring If there is t weight change, the resident, ysician and dietitian are f notification for the physician				

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and family/guardian is documented on the Report

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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S9999	Continued From pa	ge 8	S9999			
	manager and/or die nutritional status an interventions in the	orm The food service stitian reviews the resident's d makes recommendation for nutrition progress note.				
	(B)					

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