

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2024
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NAME OF PROVIDER OR SUPPLIER PAVILION OF SOUTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7750 SOUTH SHORE DRIVE CHICAGO, IL 60649
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S 000	Initial Comments Annual Health Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3 300.615e) 300.615f) 300.615g) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. g) If the results of the background check are inconclusive, the facility shall initiate a fingerprint-based check, unless the fingerprint	S9999		

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

TITLE

(X6) DATE
05/06/24

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S9999	<p>Continued From page 1</p> <p>check is waived by the Director of Public Health based on verification by the facility that the resident is completely immobile or that the resident meets other criteria related to the resident's health or lack of potential risk, such as the existence of a severe, debilitating physical, medical, or mental condition that nullifies any potential risk presented by the resident. (Section 2-201.5(b) of the Act) The facility shall arrange for a fingerprint-based background check or request a waiver from the Department within 5 days after receiving inconclusive results of a name-based background check. The fingerprint-based background check shall be conducted within 25 days after receiving the inconclusive results of the name-based check.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on interviews and record reviews, the facility failed to initiate background checks within 24 hours after admission for seven (R2, R8, R35, R90, R100, R102, R160) out of ten residents reviewed for the Identified Offenders Program.</p> <p>The findings include:</p> <p>On 4/17/24 at 10:06am V12 (Social Service Director) said V13 is running resident's background check and if result indicated "HIT", she will be informed and request for fingerprinting. Stated she is keeping resident's CHIRP (Criminal History Information Response Process) with "HIT" result.</p> <p>At 1:05 pm V13 (Director of referral management) said background check should be run 24hours upon admission or can be earlier upon notification that resident is coming /</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 2</p> <p>admitting to the facility. He said if CHIRP with "HIT" result, social service director will be notified for fingerprint request.</p> <p>The following Identified Offender (IO) residents reviewed with V12 and V13:</p> <ol style="list-style-type: none"> R2's face sheet documented admission date on 2/5/16. CHIIRP was done on 2/10/16 with "HIT" result. Illinois Sex Offender, national sex offender registry and Illinois department of corrections was checked on 4/17/24. R8's face sheet documented admission date on 2/24/16. CHIIRP was done on 4/5/16 with "HIT" result. Illinois Sex Offender, national sex offender registry and Illinois department of corrections was checked on 4/17/24. R35 face sheet documented admission date on 10/7/22. CHIIRP was done on 11/10/22 with "HIT" result. R90's face sheet documented admission date on 5/17/23. CHIIRP was done on 6/21/23 with "HIT" result. R100's face sheet documented admission date on 2/8/24. CHIIRP was done on 3/26/24 with "HIT" result. R102's face sheet documented admission date on 2/16/24. CHIIRP was done on 4/9/24 with "HIT" result. R160's face sheet documented admission date on 4/8/24. CHIIRP was done on 4/11/24 with "HIT" result. <p>Facility's Identified Offender policy and procedure dated 2011 documented in part:</p> <ul style="list-style-type: none"> - Conduct a Criminal History background check within 24 hours of admission, <p>Licensure Violations 2 of 2</p> <p>300.625c)2</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>Section 300.625 Identified Offenders</p> <p>c) If the results of a resident's criminal history background check reveal that the resident is an identified offender as defined in Section 1-114.01 of the Act, the facility shall do the following:</p> <p>2) Within 72 hours, arrange for a fingerprint-based criminal history record inquiry to be requested on the identified offender resident. The inquiry shall be based on the subject's name, sex, race, date of birth, fingerprint images, and other identifiers required by the Department of State Police. The inquiry shall be processed through the files of the Department of State Police and the Federal Bureau of Investigation to locate any criminal history record information that may exist regarding the subject. The Federal Bureau of Investigation shall furnish to the Department of State Police, pursuant to an inquiry under this subsection (c)(2), any criminal history record information contained in its files.</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on interview and record review, the facility failed to arrange or order fingerprint within 72 hours for residents that criminal history background check revealed "HIT" result and immediately notified IDPH (Illinois Department of Public Health) for 10 (R1, R5, R8, R25, R35, R90, R95, R100, R102, R160) of 10 residents reviewed for Identified Offender Program.</p> <p>The findings include:</p> <p>On 4/17/24 at 10:06am V12 (Social Service</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Director) said request for fingerprinting should be done within 72 hours of CHIIRP (Criminal History Information Response Process) "HIT" result and IDPH should be informed immediately.</p> <p>The following identified Offender (IO) residents reviewed with V12:</p> <ol style="list-style-type: none"> 1. R2's CHIIRP was done on 2/10/16 showed "HIT" result. Fingerprint was requested on 2/22/16. Was reported to IDPH IO program on 2/24/16. 2. R5's CHIIRP was done on 6/14/23 showed "HIT" result. Fingerprint was requested on 6/16/23. Was not reported to IDPH IO program. 3. R8's CHIIRP was done on 4/5/16 showed "HIT" result. Fingerprint was requested on 4/9/16. Was not reported to IDPH IO program. 4. R25's CHIIRP was done on 2/2/24 showed "HIT" result. Fingerprint was requested on 2/12/24. Was not reported to IO program. 5. R35's CHIIRP was done on 11/10/22 showed "HIT" result. Fingerprint was requested on 11/28/24. Was not reported to IDPH IO program. 6. R90's CHIIRP was done on 6/21/23 showed "HIT" result. Fingerprint was requested on 6/27/23. Was not reported to IDPH IO program. 7. R95's CHIIRP was done on 11/3/16 showed "HIT" result. Fingerprint was requested on 11/9/23. Was not reported to IDPH IO program. 8. R100's CHIIRP was done on 3/26/24 showed "HIT" result. Fingerprint was requested on 4/15/24. 9. R102's CHIIRP was done on 4/9/24 showed "HIT" result. Fingerprint was requested on 4/15/24. 10. R160's CHIIRP was done on 4/11/24 showed "HIT" result. Fingerprint was requested on 4/15/24. <p>Facility's identified offender policy and procedure</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>documented in part:</p> <ul style="list-style-type: none"> - Once the facility determines the resident is an identified offender, the facility must request in 72 hours for the resident to undergo a live scan state and federal bureau of investigation (FBI) fingerprint check on the premises within five business days. - Immediately complete and submit the IDPH IO information (IOI) form and fax it to the IDPH IO program. <p>(B)</p> <p>Licensure Violations 3 of 3</p> <p>300.610a) 300.1210b) 300.1210d)3</p> <p>Section 300.610 Resident Care Policies</p> <p>a) 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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>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 care needs of the resident.</p> <p>d) 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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These Requirements were NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow their policy to maintain acceptable parameters of nutritional status as evidenced by an unrecognized significant weight loss, failed to serve food desired by a resident and failed to care plan weight loss for one resident (R57) in a sample of 26 total residents. This failure resulted in R57 experiencing a 17% weight loss that was not recognized and addressed by the facility.</p> <p>Findings:</p> <p>On 04/16/24 at 12:30 PM, R57 was observed in</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>his wheelchair in dining room. V16 (CNA) presented lunch and said that it was a cheeseburger. R57 looked at the meal and said "I want a cheeseburger. Not this." V17 (CNA) stated "It is a chicken patty. He wants two peanut butter and jelly sandwiches. That is what he likes." On 04/16/24 at 12:50 PM, R57 was observed in the dining room eating a sandwich with a second sandwich wrapped on the plate.</p> <p>On 04/17/24 at 8:46 AM R57 was observed in his wheelchair in the hallway. When asked if he had eaten breakfast, he responded "No. I'm hungry." V29 (CNA) was asked if R57 had eaten breakfast. V29 responded that she was getting ready to feed him. On 04/17/24 at 8:54 AM V29 was observed returning R57 to his room where she fed him breakfast. R57 stated that he did not like eggs and hot cereal. V29 stated that never eats his eggs and that she would ask the nurse to ask the kitchen for cold cereal.</p> <p>On 4/18/2024 at 9:52 AM, V29 (CNA) and V34 (LPN) were asked if R57 ate breakfast. V29 stated "Yes. He ate 75-100% of his breakfast. When R57 was asked by surveyor if he ate breakfast, he stated "I want water." V34 stated that she would get him water.</p> <p>On 04/17/24 at 11:05 AM the weight record of R57 was reviewed in the electronic health record: Weight 4/12/2024 - 145.6 pounds Weight 3/20/2024 - 143 pounds (20.73% decrease since 11/7/2023 and a 10.18% decrease since 2/9/2024) Weight 3/13/2024 - 140.2 pounds (22.28% decrease since 11/7/2023 and an 11.93% decrease since 2/9/2024) Weight 3/7/2024 - 149 pounds (17.41% decrease since 11/7/2024 and a 6.71% decrease since</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>2/9/2024) Weight 2/28/2024 - 148.6 pounds Weight 2/9/2024 - 159.2 pounds (11.75% decrease since 11/7/2023) Weight 1/4/2024 - 157.6 pounds Weight 12/28/2023 - 155.2 pounds Weight 12/21/2023- 158.6 pounds Weight 12/14/2024 - 160.7 pounds Weight 12/7/2023 - 163.5 pounds (9.37% decrease since 11/7/2023) Weight 11/23/2023-166.2 pounds (7.87% decrease since 11/7/2023) Weight 11/23/2023-162.8 pounds (9.76% decrease since 11/7/2023) Weight 11/16/2023 - 171.6 pounds Weight 11/7/2023 - 180.4 pounds</p> <p>On 04/17/24 at 11:39 AM V26 (Registered Dietician) was interviewed. V26 stated that she has worked at the facility for 6 years. V26 works once a week / thirty-two hours a month. V26's process for evaluating residents includes seeing any high risk residents which V26 described as residents with tube feedings, TPN, bed sores and anyone that the staff ask V26 to see. V26 runs reports out of the electronic health record such as the diet report, enteral feeding report and wound rounding report. V26 meets weekly with the multidisciplinary team which V26 described as the restorative nurse, administrator, director of nursing, corporate nurse, corporate lawyer and corporate wound nurse. The multidisciplinary team meets virtually and usually on Friday of each week. V26 stated that nurses do not have specific criteria which would require a consult to V26. The dietary manager reviews weight loss and communicates to V26 any residents who triggered concern about weight loss. V26 described a weight loss concern as a five percent weight loss within one month or a ten percent</p>	S9999		

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S9999	<p>Continued From page 9</p> <p>weight loss within six months. V26 stated that if there was a weight loss, the actions would include an assessment and documentation in the electronic health record, discussion with the resident or resident representative to understand possible causes or concerns, and that the issue would be addressed at the multidisciplinary meeting on Friday. V26 would also speak with staff to understand the cause of the weight loss. V26 stated that V26 relies on staff to understand what is going on with the resident and what is triggering the weight loss. V26 reviewed the list of residents on the third floor who V26 had concerns about relative to weight loss. R57 was not on that list. When asked if each resident with weight loss would have a care plan specific to the weight loss, V26 stated that V26 is not involved in minimum data set documentation or care planning. When V26 was asked about R57, V26 stated that "He pulled up on my report for this month. I had not seen him previously ... Yes, he has a loss." She described R57's weight loss as 17% loss between November 2023 and March 2024. V26 stated "Actions should have been taken." V26 reviewed the care plan and stated "I see a care plan, but it has nothing to do anything ...The dietary care plan only says his diet and that he has cardiovascular disease ...When there was a 17% weight loss in March, he should have been seen by me to figure out what is going on."</p> <p>During Interview with V3 (Director of Nursing) on 4/18/2024 at 8:57 AM, V3 stated that the restorative team takes residents' weights every month. The Restorative Nurse, Director of Nursing, Dietician, Wound Care Nurse, nurse consultant, corporate lawyer and wound care consultant meet weekly on Friday at 12:30 PM to discuss wounds and any resident changes, resident weights, or whether a resident would</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>benefit from supplements. "It is everyone's responsibility to identify a weight change." That means that the floor nurse will raise a concern if there is a change in a resident's eating. The restorative nurse will raise any concern about weight loss. V26 (Dietician) will then evaluate the situation and chart about any changes. If a weight changes, the physician is notified because the doctor may want to change something in the orders. The initial care plan begins upon admission. The Nurse doing the admission starts the care plan. The MDS Coordinator will then go an "fix it, personalize it." Each department does their own care plan. MDS Coordinator does the nursing care plans. During a clinical meeting each morning care plans are discussed. If V3 does not see something in the care plan, she will notify the MDS coordinator. Social Services Department conducts a care plan meeting with the resident and family.</p> <p>During interview with V33 (Minimum Data Set (MDS) coordinator) on 4/18/2024 at 9:36 AM, V33 described the process of care planning and MDS documentation. When the resident is admitted, V33 looks at the paperwork from the transferring facility and puts the diagnoses into PCC. V33 introduces herself to the resident within 24-48 hours. V33 uses day eight as the admission assessment date and alerts all departments of the assessment reference date. V33 then starts the care plan process based on the diagnoses and documents from the sending facility. V33 develops the care plans, and the Social Services Department notifies the family to schedule a care plan meeting. All departments are involved in the care plan process including restorative, therapy, nursing, dietary, social services. V33 stated that she reviews information in PCC every day. V33 looks at every resident's twenty-four-hour report</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>from nursing which includes any admissions, discharges, any changes in provider orders, antibiotic initiation, room changes or any change in condition. Weight change is not included in that report. V33 stated that she would be aware of a change in resident weight by getting ready for quarterly. V33 stated that she bases her MDS coding on progress notes or assessments. V33 would not code a weight change in MDS if the only documentation was the documented weight and there was no nursing note or dietician note in the electronic health record. V33 reviewed the MDS of R57 dated 3/5/2024. Section K stated no weight loss. V33 stated that if she had looked at R57's weight, she would have used the 2/28/2024 weight of 149.6 pounds to determine weight loss, but V33 would still have wanted to see a note from the Dietician or Dietary Manager before documenting a weight change in MDS. V33 stated that if she is not sure about coding, V33 can reach out to the Restorative Nurse. If V33 sees a weight that V33 is concerned about, V33 reaches out to the restorative nurse and asks for a reweight. If it is a big change in weight, V33 would suggest doing weekly weights. V33 stated that the Restorative Nurse is out sick and V33 is not sure who is covering for her while she is out.</p> <p>On 4/17/2024 at 3:27 PM, record review included a note from V26 dated 4/17/2024 at 14:11 which stated in part: Resident needs assistance from staff to complete meals. Resident often eats fifty percent or more of meals. Current weight on 4/12/2024 is recorded as 145.6 pounds. Weight at one month is 140.2 pounds (3.85% decrease) on 3/13/2024. Weight at three months is 157.6 pounds (7.6% decrease) on 1/4/2024. Significant weight loss over 3 months. Resident went to the hospital in February and there is a question if hospitalization</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2024
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NAME OF PROVIDER OR SUPPLIER PAVILION OF SOUTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7750 SOUTH SHORE DRIVE CHICAGO, IL 60649
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 12</p> <p>is related to some of the weight loss. BMI is 25.0 and considered overweight. Goal is for weight maintenance. No edema noted. Skin intact. No new labs to report on. Medications were reviewed. Secondary to weight loss, will recommend to add HiCal 60ml 1x/day for additional kcals and protein. Goal at present time is for weight maintenance. Will follow as needed.</p> <p>On 4/18/2024 at 10 AM, the electronic medical record contained an order dated 4/18/2024 at 9 AM for house supplement H.Cal 60 ml once a day ordered by V26 (Dietician).</p> <p>On 4/18/2025 at 10 AM, review of R57's dietary care plan dated 11/7/2024 and revised on 2/28/2024 states in part: Goals (Date initiated: 11/7/2024, revised on 3/12/2024, target date 6/5/2024): The resident will maintain adequate nutritional and hydration status as evidenced by maintaining stable weight, no signs/symptoms of malnutrition, and consuming at least 75% of meals daily throughout the review date.</p> <p>Review of policy titled Weight Assessment and Intervention dated March 2014 and revised October 2020 stated in part: Policy Statement: The multidisciplinary team will strive to prevent, monitor, and intervene for undesirable weight loss for our residents. Policy Interpretation and Implementation 3. Any weight change of 5% or more since the last weight assessment will be retaken for confirmation. If the weight is verified, nursing staff will immediately notify the Dietician. Verbal notification must be confirmed in writing. 4. The Dietician will response within 24 hours of receipt of written notification. 5. The Dietician will review the unit weight record</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2024
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NAME OF PROVIDER OR SUPPLIER PAVILION OF SOUTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 7750 SOUTH SHORE DRIVE CHICAGO, IL 60649
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S9999	<p>Continued From page 13</p> <p>monthly to follow individual weight trends over time. Negative trends will be evaluated by the treatment team whether or not the criteria for "significant" weight change has been met.</p> <p>6. The threshold for significant unplanned and undesired weight loss will be based on the following criteria (where percentage of body weight loss equals usual weight minus actual weight divided by usual weight times one hundred):</p> <p>a. One month - 5% weight loss is significant; greater than five percent is severe.</p> <p>b. Three months - 7.5% weight loss is significant; greater than 7.5% is severe.</p> <p>c. Six months - 10% weight loss is significant; greater than 10% is severe.</p> <p>Care Planning</p> <p>1. Care planning for weight loss or impaired nutrition will be a multidisciplinary effort and will include the physician or licensed independent practitioner, nursing staff, the Dietician, the consultant Pharmacist, and the resident or resident's representative.</p> <p>Review of policy titled Care Plan, Comprehensive Person-Centered dated 11/2013 and revised 4/2017 stated in part: Policy statement: A comprehensive, person-centered care plan that includes measurable objectives and timelines to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident.</p> <p>Policy Interpretation and Implementation:</p> <p>2. Care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.</p> <p>8. The comprehensive, person-centered care plan will:</p> <p>b. Describe the services that are to be furnished</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009757	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/19/2024
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S9999	Continued From page 14 to attain or maintain the resident's highest practicable physical, mental and psychosocial well-being. g. Incorporate identified problem areas 9. Areas of concern that are identified during resident assessment will be evaluated before interventions are added to the care plan. (B)	S9999		