

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
---	--

(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
S 000	Initial Comments Complaint Investigations Survey: #2094027/IL123213 #2094457/IL123684 #2099584/IL129313	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)2) 300.1220)b)2) 300.3240a) Section 300.610 Resident Care Policies 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. Section 300.1210 General Requirements for	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NS	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
--	--

(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 1</p> <p>Nursing and Personal Care</p> <p>b) 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 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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSI	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
---	--

(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 2</p> <p>agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirments were not met evidenced by:</p> <p>Based on interview, and record review, the facility neglected to have a system in place or implement actions to initiate ordered hemodialysis of a newly admitted resident with a history of end stage renal disease (R18) and by failing to in itiate hospital discharge orders to continue total parenteral nutrition (TPN) for one resident with a history of malabsorption (R3) for two residents (R3 and R18) residents out of six residents reviewed for improper nursing care in total sample of 20.</p> <p>As a result, (R18) missed a total of 6 dialysis session and became unresponsive and needed emergency services (cardiopulmonary resuscitation/CPR) and was hospitalized and received acute dialysis. R18 was diagnosed with diabetic ketoacidosis, acute respiratory failure and septic shock. R18 expired three days after his admission to the hospital.</p> <p>Findings Include:</p> <p>1. R18 an 85-year-old resident was admitted to the facility on 11/25/2020. R18 had the following diagnosis: end stage renal disease, dependence renal dialysis, type 2 diabetes, chronic respiratory failure, tracheostomy status, and traumatic subdural hemorrhage.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NS	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
--	--

(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 3</p> <p>R18's Physician Order Sheet (POS) dated 11/25/20 documents an order for hemodialysis three times a week on Mondays, Wednesdays, and Fridays.</p> <p>R18's transferred hospital records dated 11/24/20 documents R18 last known dialysis was 11/24/20. R18 tolerated dialysis well and had a total of 2 liters removed.</p> <p>R18's nursing note dated 11/25/20 documents R18 has a left arm fistula. Bruit and thrill present.</p> <p>R18's care plan dated 12/2/20 documents R18 receives dialysis Mondays, Wednesdays, and Fridays at the facility.</p> <p>No dialysis communication notes were available for R18.</p> <p>2. The facility's policy titled, "Policy and Procedure Community Hemodialysis," dated 01/12/2011 documents, "All residents that are admitted to the facility with needs for hemodialysis will have coordination of services between the facility and the hemodialysis unit prior to admission."</p> <p>The following interviews were conducted regarding facility's system for providing dialysis for a resident and R18's lack of dialysis services at the facility:</p> <p>On 12/16/20 at 1:19PM, V16 (Dialysis Director) stated, "Our corporate office sends a referral letting us know there will be a possible admission to one of our facilities and they will need dialysis. They are put on our pending list until they are admitted. Our staff calls the floors each day to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
---	--

(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 4</p> <p>keep checking to see if the resident is here yet or not. Once we confirm they are here they are automatically added to our schedule. The floors are sent schedules each week that are updated with new residents. If they are on the pending list, we are anticipating they will be coming to the facility. If someone is admitted that has an order, they should be receiving dialysis. No, R18 never received dialysis. He always remained in the pending section on the schedule. V17 (Dialysis Nurse) will be able to give you more information about what happened. She was the dialysis nurse that was calling up to the floors.</p> <p>If a resident miss's dialysis after they have been admitted they are at risk for fluid overload, electrolyte imbalance and even death. It is inexcusable to miss dialysis if there was an order for it. Our nurse will call the units, but the units will also call our departments to let them know when someone is admitted."</p> <p>On 12/16/20 at 2:07PM, V17 (Dialysis Nurse) stated, "I get the list from the admission director on who could be admitted to the facility. When I call up to the floor to have them send down the regularly scheduled patients, I also go over the list with the pending names on it to see if any of them were admitted. It's always a waiting process. No one will ever call down to tell us when a new dialysis admission is in the building. I'm always calling around the whole place to see if these people are coming in. I always call all the floors and check the whole list of the pending because I never know what room they are going to. I remember asking every floor about him (R18) every dialysis day which is every Monday, Wednesday, and Friday. I would always get from the nurses on the floor 'we don't have a resident</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
---	--

(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 5</p> <p>by that name.' That is what they would always say to me. I never physically went to the floors myself to check because I can't leave the dialysis unit. I was here every Monday, Wednesday, and Friday so I called all those days and got the same answer every time. He stayed on the pending list the entire time.</p> <p>If a resident missed that amount of dialysis, they could get hyperkalemia which a high level of potassium can be very dangerous for you. You will also have fluid volume overload to remove the fluid because most of these people can't pee. You would just need to at least be hospitalized to the waste from your system. If I'm not the one calling to the floors the communication is nonexistent."</p> <p>On 12/17/20 at 12:52PM, V8 (Nurse) stated, "Admissions will let the nurse know when a resident comes in who needs dialysis. We call the dialysis unit to let them know a new admit is here. It is the nurse's responsibility to call the dialysis unit to let them know when a resident comes in. I don't know why dialysis was never called from him (R18)."</p> <p>On 12/18/20 at 12:09PM, V22 (Medical Director) stated, "When a new resident arrives the nurses need to review the records and call the doctor to go through the medications and orders. I tell them all the time that if there is any confusion in the orders from the hospital you need to call them back to clear up any discrepancies. That is the only way we know what is going on. Hemodialysis is used to remove toxins from the bod. That is the only way to remove the toxins because these residents don't produce urine. It means they are in end stage renal disease and</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
---	--

(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 6</p> <p>this is the only way to remove the waste. A normal hemodialysis schedule is 3 times a week. I don't think a person will be able to live if they miss 2 weeks' worth of dialysis. You will also experience fluid overload to where you will have difficulties breathing. I normally check the blood work for a resident if they miss one session to make sure none of their electrolytes are at a critical level."</p> <p>3. R18's nursing note dated 12/7/20 documents R18 was found unresponsive. A code blue was called, cardiopulmonary resuscitation (CPR) was started, and 911 was called. Paramedics transferred R18 to the hospital.</p> <p>On 12/17/20 at 2:18PM, V20 (Nurse) stated, "When I walked in his room, he wasn't responding to anything and we could not find a pulse. We started CPR and got a pulse back right around when the paramedics got there. They took him to the emergency room after that. When I saw him, he was like having a hard time breathing and gasping for air."</p> <p>The Hospital Records from hospital #1 dated 12/7/20 document R18's diagnosis as septic shock, diabetic ketoacidosis, respiratory failure, and a need for acute dialysis. CPR was in progress when R18 arrived to the emergency room for 7 minutes per the paramedics. R18's breath sounds were coarse and wet on both sides. R18 had uncompensated metabolic acidosis to facilitate respiratory compensation for the metabolic process and to help with the work of breathing. An insulin drip was started to help control R18's blood sugar. R18's kidney function labs (BUN and Creatinine) were severely</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	--	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
---	--

(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 7</p> <p>elevated. R18's blood urea nitrogen (BUN) was 374mg (normal is 7mg to 20mg) and the creatinine was 21.5mg/dL (normal is .84mg/dL to 1.2 mg/dL). R18 was transferred to another hospital late that day.</p> <p>The Hospital Records from hospital #2 dated 12/10/20 document R18 arrived from an outside hospital for higher level care. R18 was directly admitted to the intensive care unit where continuous renal replacement therapy (CRRT) was started. The social worker at the hospital called the facility to confirm when the last dialysis session was, and the facility reported the last dialysis session was 12/4/20.</p> <p>The Death Certificate dated 12/16/20 documents the cause of death as complications of blunt force injuries of the head and fall. Significant conditions contributing to death are hypertension and end stage renal disease.</p> <p>R3 is a 61 year old with the following diagnosis: malignant neoplasm of the uterus, cerebral infarction, adult failure to thrive, and postsurgical malabsorption. R3 admitted to the facility on 7/31/19. R3 discharged from the facility on 3/3/20.</p> <p>A note dated 1/29/20 documents R3 was sent to the hospital for a low hemoglobin level. The Hospital records dated 1/29/20 document an abdominal mass was noted on R3's abdominal CT scan. R3 was given 1 unit of packed red blood cells and transferred to another hospital for further care.</p> <p>A note dated 2/19/20 documents R3 returned from the hospital and the port-a-cath was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NS	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
--	--

(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 8</p> <p>removed and the TPN was stopped.</p> <p>The Hospital After Visit Summary dated 2/19/20 documents R3 is ordered to start TPN and fat emulsion (lipids) every evening. No documentation in the hospital records documenting port-a-cath removal or discontinuation of TPN.</p> <p>A Dietary note dated 2/20/20 documents R3 returned to the facility and TPN has been stopped. R3 is on a general, regular diet. Monitor weight and oral intake. A nursing note dated 2/20/20 documents R3 has a poor appetite and complained of nausea. R3 ate 25% of lunch.</p> <p>A Nurse Practitioner note dated 2/21/20 documents R3 returned from the hospital and during hospital course the TPN and port-a-cath were discontinued. Staff to follow hospital discharge plan and scheduled appointments.</p> <p>A note 3/3/20 documents R3 left the facility for a scheduled doctor appointment in stable condition. No further notes are documented after this note.</p> <p>The Incident Report dated 3/4/20 documents the facility received a call from the hospital regarding the POS for R3. The investigation determined R3's POS and the discharge summary had irregularities. The facility educated nurses regarding this and the doctor was notified.</p> <p>On 12/17/20 at 1:04PM, V8 (Nurse) stated, "I got report from another nurse that admitted her and I never checked the hospital papers. I never knew she had a TPN order. It was my first time working on the floor. Usually we have a QA nurse check the hospital records to make sure everything is ok. I don't know if the QA nurse</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
---	--

(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 9</p> <p>checked her orders. She would eat like maybe 25% of breakfast and sometimes a couple bites of lunch. I never saw dinner. I sent her to the doctor that day and they called asking about the TPN. I just said it was discontinued from what I was told. I know she went to the hospital after that but I don't know why."</p> <p>On 12/17/20 at 2:28PM, V21 (Dietician) stated, "I never saw this resident. For someone on TPN I would expect to be notified. A person can be on TPN for a lot of reasons but if they don't take in enough nutrition orally then the TPN is their main source of nutrition. I can't say why she had TPN because I never saw her. It looks like her weights stayed around her baseline the entire time she was here. I don't know if she should have been getting the TPN or not because I never followed her. If it was ordered then yes she should have been getting it. I can't speculate and say what would happen if a resident wouldn't get their TPN. A lot of different things can occur when TPN isn't given. Weight loss and abnormal electrolytes would mostly likely happen if the resident mainly relied on TPN."</p> <p>On 12/18/20 at 11:12AM, V5 stated, "She was on weekly weights because she was on TPN. She ate a general diet too. She ate ok from what I can remember. I would say she ate better before she went out to the hospital than when she came back. When she came back her PO intake was varied. When a resident comes back, I look at the medical records as well as talk with the nurses. I remember being told her TPN was discontinued. I don't remember why but that is what I was told. I don't remember seeing an order for it in her record. She was on TPN because she had a history of cancer and</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/30/2020
NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC		STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(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 10</p> <p>malabsorption too. If someone that was on TPN and didn't get it for 2 weeks they would lose weight. I'm not sure what would happen besides that. She was a thin lady to begin with, so I don't know if she lost more weight. For any enteral feeds or weight loss the dietician gets involved. I don't know why the dietician never saw her."</p> <p>On 12/18/20 at 12:09PM, V22 (Medical Director) stated, "When a new resident arrives the nurses need to review the records and call the doctor to go through the medications and orders. We also had an NP in the building at that time that was also probably reviewing orders from admissions. I tell them all the time that if there is any confusion in the orders from the hospital you need to call them back to clear up any discrepancies. That is the only way we know what is going on. TPN is used when a resident is not able to eat, or their GI tract is not working all the way to get nutrition to the patient. If a resident has an order for TPN and its missed, then it should be started as soon as possible. If they miss, I would say more than a couple days then they are going to lose weight. They body is also going to start breaking down muscle mass to provide energy for the body so the patient will have muscle mass loss too."</p> <p>IDPH attempted to request hospital records approximately three times for the admission on 3/3/20. The hospital kept sending the documentation from the 3/20/20 admission. V8 (nurse) and R3's family member confirmed R3 was admitted to the hospital on 3/3/20. IDPH attempted to contact the oncology doctor at the hospital but the doctor nor anyone from the team would answer questions regarding R3.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6007918	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/30/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER LANDMARK OF RICHTON PARK REHAB & NSC	STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471
---	--

(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	Continued From page 11 " AA"	S9999		