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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING; \_ COMPLETED IL6001697 B. WING 10/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE SNF CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S 000! **Initial Comments** S 000 Probationary License/Change of Ownership S9999! Final Observations S9999 1 of 2. Statement of Licensure Findings: 300.610a) 300.650e) 300.650f)1) 300.1210b) 300.3240a) 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 300.650 Personnel Policies e) All personnel shall have either training or experience, or both, in the job assigned to them. f) Orientation and In-Service Training All new employees, including student Attachment A interns, shall complete an orientation program Statement of Licensure Violations covering, at a minimum, the following: general

Illinois Department of Public Health

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

TITLE

(X6) DATE

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

IL6001697  B. WING  10/25/2021  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  10602 SOUTHWEST HIGHWAY  CHICAGO RIDGE, IL 60415  (X4) ID  SUMMARY STATEMENT OF DEFICIENCIES  ID  PROVIDER'S PLAN OF CORRECTION  (X5)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			LE CONSTRUCTION	(X3) DATE	SURVEY
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emphasizing allowable duties of the new employee; resident safety, including fire and disaster, emergency care and basic resident safety, and understanding and communicating with the type of residents being cared for in the facility. In addition, all new direct care staff, including student interns, shall complete an orientation program covering the facility's policies and procedures for resident care services before being assigned to provide direct care to residents. This orientation program shall include information on the prevention and treatment of decubitus ulcers and the importance of nutrition in general health care.  Section 300.1210 General Requirements for Nursing and Personal Care  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 horizing and personal care shall be provided to each resident to meet the total nursing and personal care needs of the reside  Section 300.3240 Abuse and Neglect  a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)  These Requirements are not meet as evidenced by:  Based on interview and record review, the facility falled to ensure that agency staff were trained on	facility and resident emphasizing allow employee; resident disaster, emergent safety; and unders with the type of residentiality. In addition including student is orientation program and procedures for being assigned to This orientation proon the prevention a ulcers and the imphealth care.  Section 300.1210 Nursing and Person b) The facility care and services a practicable physical well-being of the releasth resident's complan. Adequate and care and personal resident to meet the care needs of the resident to meet the care needs of the resident are sident.  These Requirements by:  Based on interview.	y and resident orientation; job orientation, hasizing allowable duties of the new objec; resident safety, including fire and ter, emergency care and basic resident y; and understanding and communicating he type of residents being cared for in the y. In addition, all new direct care staff, ding student interns, shall complete an tation program covering the facility's policies procedures for resident care services before assigned to provide direct care to residents orientation program shall include information and treatment of decubitus and the importance of nutrition in general notate.  On 300.1210 General Requirements for any and Personal Care  The facility shall provide the necessary and services to attain or maintain the highest cable physical, mental, and psychological being of the resident, in accordance with resident's comprehensive resident care. Adequate and properly supervised nursing and personal care shall be provided to each ent to meet the total nursing and personal needs of the reside  On 300.3240 Abuse and Neglect  An owner, licensee, administrator, objec or agent of a facility shall not abuse or cot a resident. (Section 2-107 of the Act)  Requirements are not meet as evidenced and on interview and record review, the facility don interview and record review.	t	DEFICIENCY)		

PRINTED: 12/23/2021 **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: \_ IL6001697 B. WING 10/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY **CHICAGO RIDGE SNF** CHICAGO RIDGE, IL 60415 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 facility specific protocols related to abuse and misappropriation of resident property prior to working at the facility; facility staff admitted to accepting a resident's debit card to accommodate personal requests for the resident against facility protocol. This failure applied to one (R89) of one resident reviewed for abuse in a sample of 35. Findings include: R89 is a 70-year-old male admitted to the facility on 7/31/20 with diagnoses including: hemiplegia, COPD, and history of falling. Abuse risk assessment dated 10/8/21 documents as factors that increase resident's vulnerability (e.g., dementia, confusion, disorientation, poor insight/poor judgement, poor communication skills, poor ambulation or inability to ambulate/propel wheelchair, frailty/weakness. history of exploitation, heavy care needs, unable to make needs known, on psychotropic meds.) R89's current plan of care includes focus: (Date Initiated 6/21/2021) R89 is at risk for abuse; he may voice allegations of mistreatment or exploitation by caregivers - Interventions are dated (Initiated 10/20/2021) Assure resident that he is safe and secure. Assure him that needs will be addressed by trained caregivers. Facility reported incident dated 10/14/21

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documents: R89 gave his debit card to (V39) (Agency CNA) on 9/2/2021 and asked her to withdraw 100.00 and purchase him some items. Resident claims more than 100.00 was withdrawn and money was kept by the CNA. Interview of (V39) was done with local Police Department and Assistant Administrator. (V39) stated that she was given the debit card by resident on three

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AND DUAN OF COORECTION IDENTIFICATION NUMBER		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP		
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(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 APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
S9999	different occasions resident cash which resident in exchang that the resident wa who was supposed the nursing home. It questioned, he den giving her the debit statements show m locations during the Police Department need to meet with a Police Department (Staffing Agency) re all of the above. A flocal Police Department to find out if (V39) dand see if anything was left to let us kn inconclusive, and in 10/20/2021 at 10:38 asked for status of misappropriation of (V39) (Agency CNA and not allowed to not something that accepting resident of the we can help the policy (to take the depurchases). V1 was made aware of facil related to abuse/mix V1 responded that at their agency unless day that they are do	to purchase items and to get a he was giving to another to for favors. (V39) also stated as giving money to his brother to be helping him to get out of When resident was ited all of the above except for card to get him things. Bank ultiple withdrawals at multiple month of September. Local informed (V39) that she would a detective from the local on Monday 10/11/2021. Expresentative was notified of collow up call to detective at ment was made on 10/13/2021 and to detective at ment was made on 10/13/2021 and to detective at ment was made on 10/13/2021 and to detective at ment was made on 10/13/2021 and to detective at ment was made on 10/13/2021 and to detective at ment was made on 10/13/2021 and the state of the work is investigation in the state of the work is investigation regarding property, and she stated that and it is no longer working here come back because "that is we do here" - referring to staff debit cards to purchase items. The resident needs something, em obtain it but that is not our ebit card and make a saked how are agency staff ity policies and policies sappropriation of property and agency staff get training from they are at the facility on a sing training. Per (staffing CNA should have known that	\$9999			

PRINTED: 12/23/2021 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6001697 10/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY **CHICAGO RIDGE SNF** 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** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 Review of employee file for V39 does not include any documentation that V39 was trained on what constitutes abuse and misappropriation of resident property by their respective staffing agency. There was no documentation in V39's employee file nor was it indicated by interview with V1 that V39 was ever oriented to facility specific policies, practices, and/or procedures. Facility abuse policy (revised 11/28/17) includes (but not limited to): Instances of abuse of all residents, irrespective of any mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse and mental abuse ...." III. Orientation and Training of Employees What constitutes abuse, neglect, exploitation. mistreatment and misappropriation of resident property ... Staff obligations to prevent and report abuse. neglect, exploitation, mistreatment and misappropriation of resident property ... On an annual basis, supervisory personnel will receive training on their obligations under law when receiving an allegation of abuse, neglect or misappropriation of resident property, and how to monitor and correct inappropriate or insensitive staff actions, words or body language. (B)

300.610a) 300.1210b) 300.1210b)4) 300.3240a)

2 of 2. Statement of Licensure Findings:

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AND PLAN OF CORRECTION INTERCATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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\$9999	a) The facility of procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conformed and other policies shall complicate the facility and shall by this committee, conformed and dated minutes and dated minutes and dated minutes and services to practicable physical well-being of the research resident's complan. Adequate and care and personal coresident to meet the care needs of the research resident to meet the care needs of the research resident to meet the care needs of the research resident to meet the care needs of the research resident to meet the care needs of the research resident to meet the care needs of the research resident to meet the care needs of the research resident to meet the care needs of the research resident to meet the care needs of the research resident resident to meet the care needs of the research resident to meet the care needs of the research resident reside	esident Care Policies shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the ammittee, and representatives revices in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed of the meeting.  General Requirements for nal Care shall provide the necessary of attain or maintain the highest properly and psychological sident, in accordance with a prehensive resident care properly supervised nursing that are shall be provided to each a total nursing and personal	\$9999			
	encourage resident in activities of daily circumstances of the demonstrate that did this includes the redress, and groom; the eat; and use speech functional communities who is unable to call	s so that a resident's abilities living do not diminish unless e individual's clinical condition minution was unavoidable. sident's abilities to bathe, ransfer and ambulate; toilet; n, language, or other cation systems. A resident rry out activities of daily living rvices necessary to maintain				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6001697	B. WING		10/25/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	1 10/2	012021
CHICAG	O RIDGE SNF		UTHWEST RIDGE, IL			
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	good nutrition, groo	oming, and personal hygiene.				:
	Section 300.3240	Abuse and Neglect				+:
	employee or agent	icensee, administrator, of a facility shall not abuse or (Section 2-107 of the Act)		0,		
	These Requirement by:	its are not meet as evidenced				
	review, the facility from neglect by fail care and services t maintained a clean well as proper hygiwell-being. This fa one resident review R77 being neglecte	ion, interview, and record ailed to keep a resident free ing to provide the necessary o ensure that the resident and sanitary environment as ene to promote the resident's illure applied to one (R77) of yed for neglect and resulted in ed by being left to lie in her own d her bedroom to be in ns.				
	Findings include:					
		d with a diagnosis of chronic pertension, bipolar disorder				
	sheets covering he the room, you were odors of urine and were buzzing abou that covered R77's to see if R77 was a you want?" Surveyo okay, R77 respond	30 AM, R77 was in bed with rentire body. Upon entering met with sharp, pungent a lingering smell of feces. Flies the room with numerous flies body. Surveyor called to R77 wake, R77 stated, "What do or asked if everything was ed, "I'm asleep go away."		#		3

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND DI MI OF CORRECTION I IDENTIFICATION NUMBER		' '	E CONSTRUCTION	COMP	SURVEY LETED	
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NAME, OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, 8	STATE, ZIP CODE		
CHICAGO RIDGE SNF 10602 SOUTHWEST HIGHWAY CHICAGO RIDGE, IL 60415				HIGHWAY		
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<b>S99</b> 99	Continued From pa	ge 7	S9999	,,,		
	sheets appeared to brownish stains and were present the present the present the present the surveyor fan glimpse of R77, the quickly landed backmost of her back are apparently were drawnd fecal matter on V31 (RN) was asked an agency nurse. It has a people here, she was in bed. She with her. Is there a she was aware of the resident, V31 stobe left alone." Su could clean the rootents and server and server and server and server as a serv	and laying on her side. Her have dried yellowish, direcked of urine. Flies that revious day, appeared to differ the majority of R77's body. The majority of R77's body. The flies dispersed but then a atop R77's body and covered the differ to the accumulated urine her body.  The flies dispersed but then a tatop R77's body and covered the difference area. The flies awn to the accumulated urine her body.  The flies area area area area area area area ar				
	with another survey partially covered with winter coat. Urine of were more pungent previous day. Number and were on R77 at attracted to R77's bestained with urine, at the previous two cor R77 were laying on urine and tinged with blood-tinged stains.	M, surveyor entered the room or and observed R77 in bed th soiled linens and a black dors that pervaded the room and sharper smelling then the erous flies were buzzing about a dappeared to be feeding and ackside which appeared and fecal matter as observed ansecutive days. The sheets appeared to have dried up h dark brown and almost Surveyor asked if she was medical attention, R77 stated, eding, go away."	₹5 30			

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CTATCHENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	IL6001697		B. WING	IG		10/25/2021	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
\$9999	STREET ADDR  AGO RIDGE SNF  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)		S9999				

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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\_ IL6001697 10/25/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10602 SOUTHWEST HIGHWAY **CHICAGO RIDGE SNF** CHICAGO RIDGE, IL 60415 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD) BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 2) Encourage resident to participate as much as safely and able with ADL hygiene tasks." There was no other documentation provided during the course of the survey to show that facility was making attempts to meet the basic hygiene and care of the resident. (B)