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: _ C B. WING IL6004667 08/17/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE CHICAGO, IL 60853 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) \$ 000 Initial Comments S 000 Complaint Investigation: 2385137/IL161192 2385783/IL161998 \$9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b)4) 300.1210d)1)2)3) 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 **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 Attachment A each resident's comprehensive resident care Statement of Licensure Violettena plan. Adequate and properly supervised nursing care and personal care shall be provided to each Illinois Department of Public Health

STATE FORM

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

(X6) DATE

TITLE

Illinois Department of Public Health									
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY			
		IDENTIFICATION NUMBER:	8. WING		COMI	C 08/17/2023			
		IL6004667							
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULDBE	(X5) COMPLETE DATE			
S9999	Continued From pa	age 1	S9999			1			
	resident to meet the total nursing and personal								
	care needs of the r	esident.	1						
	4) All nursing	personnel shall assist and							
		ts so that a resident's abilities	1			1.1			
		living do not diminish unless he individual's clinical condition							
		iminution was unavoidable.							
	This includes the re	esident's abilities to bathe,							
	dress, and groom; transfer and ambulate; toilet;								
45	eat; and use speed	th, 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								
8		oming, and personal hygiene.							
==	d) Pursuant to subs	section (a), general nursing							
	care shall include, at a minimum, the following								
	and shall be practiced on a 24-hour,								
	seven-day-a-week basis: 1) Medications, including oral, rectal,								
	hypodermic, intravenous and intramuscular, shall								
	be properly adminis	stered.							
Ī	2) All treatment	ts and procedures shall be							
	administered as ord	dered by the physician. Diservations of changes in a							
		, including mental and							
		, as a means for analyzing and							
	determining care re	equired and the need for				jů.			
ĺ	further medical eva	luation and treatment shall be							
	made by nursing st resident's medical i	aff and recorded in the							
	residents medical i	eculă.							
	This REQUIREMEN	NT is not met as evidenced by:							
	A. Based on observ	ration, interview and record							
	review, the facility fa	alled to provide the necessary							
	care to prevent freq	uent multiple hospitalizations							
	of a resident. This	failure affected one resident							

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: IL6004667 B. WING 08/17/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE CHICAGO, IL 60653** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY) S9999 Continued From page 2 S9999 (R1), reviewed for quality of care. The facility also failed to follow physician orders for the administration of resident's medications, failed to administer the gastrostomy tube (G-Tube) water flush as ordered, and failed to provide care of a G-Tube. This failure has the potential to affect three residents (R3, R4 and R5) reviewed for gastrostomy tube care. R1 was hospitalized eleven times in the past 8 months with diagnoses which included but were not limited to Hypernatremia, Dehydration, G-Tube malfunction, and Sepsis related to bleeding from G-tube site. B. Based on interview and record review, the facility failed to provide adequate nutrition and hydration to a resident with gastrostomy tube (G-Tube) feeding. This failure affected one resident (R1), reviewed for weight loss and dehydration. As a result, R1 consistently had significant weight loss since initial admission to the facility and was hospitalized for dehydration and Hypernatremia. Findings include: 1.) R1 has diagnoses which include but are not limited to: Dementia, Cerebral Infarction. Pressure Ulcers, Aphasia, Dysphagia, Protein calorie malnutrition, and gastrostomy tube. On 8/7/23 at 11am, V2(Director of Nursing) presented the weight records of R1 in pounds as dated below: 1/9/23 - 115.8; 2/15/23 - 113.8; 2; 2/27/23 - 106.2; 3/4/23 - 106.2; 5/3/23 - 96.3; May and June records showed 96.6 pounds while 7/11/23 weight was 86.2 pounds. R1 weighed 115.8 pounds on 1/9/23 and weighed 86.2 pounds on 7/11/23, which means that R1 lost an

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Illinois Department of Public Health

V12(Hospital Attending Physician)-

Principal/Secondary Diagnosis includes Lactic

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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:** COMPLETED A. BUILDING: B. WING IL6004667 08/17/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4505 SOUTH DREXEL ESTATES OF HYDE PARK, THE** CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(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) DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 R1 to the Emergency Room for Hypernatremia (Elevated Sodium levels). V34 added that R1's G-Tube was clogged and kinked and was likely not flushed for approximately one week. contributing to malnourishment. On 7/17/23 at 12:22pm, V35(Hospital Care Coordinator) documented that the nursing home neglected to provide care for R1. R1's Nutrition Care Plan dated 7/13/23 states that R1 is dependent on tube feeding due to dysphagia and CVA (Cerebrovascular Accident) and R1 is at risk for malnutrition. Goal states that R1 will receive adequate nutrition and hydration as evidenced by stable weight and absence of signs and symptoms of dehydration. R1's progress notes dated 7/14/23 at 6:25pm written by V23 (Licensed Practical Nurse/LPN) states that R1's sodium level was 162 (normal range is 135-145). Progress notes dated 1/9/23 at 7:30pm written by V30(LPN) states that R1 was sent to the hospital for "G-Tube Malfunction". Progress notes dated 3/28/23 at 8:07am written by V10(RN) states: Resident admitted to the (hospital), Admitting Diagnosis: Sepsis related to Bleeding from G-tube site. On 8/9/23 at 11:48am, V20(Nurse Practitioner) was interviewed regarding the possible cause of Dehydration for R1. V20 stated that if a resident who is dependent on G-Tube does not get enough water flush, it could cause dehydration. V20 added that the nurses should follow the facility's policy on how to administer water flushes into resident's G-Tube.

<u>Illinois Department of Public Health</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6004667" 08/17/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4505 SOUTH DREXEL **ESTATES OF HYDE PARK, THE** CHICAGO, IL 60653 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID. (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 On 8/9/23 at 1:18pm, V24(Registered Dietitian) was interviewed regarding R1's diagnosis of Hypernatremia and Dehydration. V24 stated "It's hard for me to say why the resident is dehydrated without observing staff there every shift. The water flush was previously 150 ml every 8 hours. Now, I increased the water flush to 150 ml five times a day. The previous feeding recommendation and water flush recommended were supposed to meet her estimated nutrient needs." V24 also stated that R1 has been having significant weight loss. On 8/10/23 at 12:10pm, V22(LPN) was interviewed regarding R1's last hospital visit of 8/6/23. V22 stated "I sent her(R1) to the hospital because the G-Tube got disconnected." On 8/16/23 at 8:58am, V34(Hospital Social Worker) was interviewed. V34 stated in part: I've had (R1) as a patient 3-4 times in the past few months. She's had up to 15 admissions in this hospital since January of this year. Several doctors have documented that the admissions were due to neglect at the nursing home because the reason for admission were issues like the G-Tube is kinked. G-Tube is coming out. Dehydration, Hypernatremia, and other issues that are due to neglect. In the last 2 admissions, there was Hypernatremia and dehydration. I don't know what's going on at the nursing home, but it doesn't sound good to me. 2.) R3 has diagnosis which include but are not limited to: Gastrostomy Status, Vascular Dementia, Cerebral Infarction, and Protein calorie malnutrition. On 8/7/23 at 12:12pm with V11(LPN), R3 was

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ESTATE	S OF HYDE PARK, TH	16	JTH DREXEL), IL 60653			
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\$9999	9999 Continued From page 9		S9999			
	flush should be by a not push the water that if the nurse put G-tube, that there was the resident's G-tub discomfort. V2 state about G-Tube."	dents; V2 stated that water gravity, and the nurse should into the G-Tube. V2 explained shes the water through the will be too much gas going into be which will cause abdominal ted "I will in-service the nurses				
	Administration with states in part: #11: ML catheter tipped clamped tubing. #1 syringe and flush tu Pour dissolved dilutural unclamp tubing, allogravity. #14: Flush between each med the syringe tip when the syringe to avoid the stomach. This emesis. #Hc: Do no rigid object in an attention and the stomach.	Enteral Tube Medication effective date of 10/25/2014 Remove plunger from the 60 syringe and connect syringe to 12: Put 15-30 ml off water and ubing using gravity flow. #13: te medication in syringe and owing medication to flow by with 5-10ml warm water lication. Pinch tubing below n each volume of liquid clears d excessive air from entering can cause discomfort or not force-flush the tube or use a tempt to clear the tube. If clog ct the MD (Medical Doctor) if the fails.				
	latest revision date When apparently w develop in adequate calories, offer suppr interventions to pre- compatible with the	nutrition and hydration with of August 2008, states in part: vell-nourished individuals e dietary intake of protein or ort with eating. Ensure that event malnutrition are individuals wishes and Ensure that the resident's efficient.				
	states: Medications	d Medication Administration administered as prescribed in add nursing principles and				

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