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: _ IL6012827 05/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1950 LARKIN AVENUE AVANTARA OF ELGIN ELGIN, IL 60123** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Survey: 2373347/IL159020 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d) 300.1210d)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

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

each resident's comprehensive resident care

plan. Adequate and properly supervised nursing care and personal care shall be provided to each

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

TITLE

Attachment A

Statement of Licensure Violations

(X8) DATE

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 IL6012827 05/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1950 LARKIN AVENUE AVANTARA OF ELGIN ELGIN, IL 60123** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 resident to meet the total nursing and personal care needs of the resident. 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: 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. These Requirements were not met as evidenced Based on observation, interview, and record review, the facility failed to follow their policy to assess and address significant weight losses in residents, failed to notify the physician and resident representative of significant weight loss, and failed to implement interventions to prevent future weight loss. This failure resulted in R1 and R4 experiencing significant weight loss. This applies to 2 of 3 residents (R1, R3) reviewed for improper nursing in the area of weight loss in the sample of 5. The findings include: 1. On April 26, 2023 at 3:44 PM, R1 was lying in bed. R1 was not able to answer questions due to

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her cognitive status.

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING IL6012827 05/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1950 LARKIN AVENUE **AVANTARA OF ELGIN ELGIN. IL. 60123** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 2 On April 27, 2023 at 9:15 AM, R1 was sitting up in her bed. Her breakfast tray was sitting on top of her bedside table. A hard-boiled egg, toast, and oatmeal was on the plate and appeared untouched. V15 (CNA-Certified Nursing Assistant) said R1 had not eaten any breakfast. V15 attempted to feed R1 food off of her breakfast tray. R1 refused to eat anything and V15 removed the tray from the room. The EMR (Electronic Medical Record) shows R1 was admitted to the facility on October 19, 2022 and transferred to the local hospital on April 18. 2023. R1 returned to the facility on April 27, 2023. The EMR continues to show R1 has multiple diagnoses including, cerebral infarction, myocardial infarction, heart disease, occlusion and stenosis of the right carotid artery, chronic congestive heart failure, PVD (Peripheral Vascular Disease), anxiety disorder, diabetes, bradycardia, dementia, and aphasia. R1's MDS (Minimum Data Set) dated January 17, 2023 shows R1 has severe cognitive impairment, requires supervision with bed mobility, transfers between surfaces, locomotion on the unit, eating and personal hygiene, limited assistance with walking in the room and corridor, locomotion off of the unit, and dressing, and extensive assistance with toilet use and bathing. R1 is frequently incontinent of urine, and occasionally incontinent of stool. Facility documentation shows R1 had a significant weight loss of 7.86 percent between October 24, 2022 and January 13, 2023, when R1's weight declined from 136.2 pounds on October 24, 2022 to 125.5 pounds on January 13, 2023. The facility does not have documentation

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to show care plan interventions were initiated to

PRINTED: 05/16/2023 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 IL6012827 05/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1950 LARKIN AVENUE **AVANTARA OF ELGIN ELGIN. IL 60123** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 address R1's significant weight loss on January 13, 2023. The facility's records show R1 continued to experience monthly weight loss. On April 14, 2023, R1 weighed 112.9 pounds, a 17.11 percent weight loss between October 24, 2022 and April 14, 2023. The facility does not have documentation to show care plan interventions were initiated to address R1's ongoing, significant weight loss. The facility does not have documentation to show R1's physician or family member were notified of R1's significant weight losses. On April 26, 2023 at 9:05 AM, V10 (Sister of R1) said, "No one notified me about her significant weight loss. I only found out when she was hospitalized on April 18, 2023." The EMR shows the following order for R1 dated March 22, 2023: "Fortified cereal daily for supplement." The March 2023 and April 2023 MARs (Medication Administration Records) show the following intake documentation for R1's fortified cereal: March 31, 2023 - Ate 0 percent

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April 1, 2023 - Ate 0 percent April 2, 2023 - Ate 0 percent April 3, 2023 - Ate 0 percent April 4, 2023 - Refused April 5, 2023 - Ate 0 percent April 6, 2023 - Refused April 7, 2023 - Refused April 8, 2023 - Ate 10 percent April 9, 2023 - Ate 0 percent April 10, 2023 - Refused April 11, 2023 - Refused April 12, 2023 - Ate 0 percent Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С **B. WING** IL6012827 05/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1950 LARKIN AVENUE AVANTARA OF ELGIN ELGIN, IL 60123** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) S9999 S9999 Continued From page 4 April 13, 2023 - Ate 0 percent April 14, 2023 - Sleeping April 16, 2023 - Ate 0 percent April 17/2023 - Ate 0 percent The EMR shows the following order for R1 dated March 22, 2023: "Sugar Free Health Shake two times a day for supplement, 4 ounces BID (Twice Daily), or Glucerna 8 ounces BID." The April 2023 MAR shows the following intake for R1's health shake: April 2, 2023 at 9:00 AM - Drank 50 percent April 5, 2023 at 9:00 AM - Drank 40 percent April 5, 2023 at 5:00 PM - Drank 10 percent April 6, 2023 at 9:00 AM - Drank 40 percent April 7, 2023 at 9:00 AM and 5:00 PM - Refused April 8, 2023 at 9:00 AM - Drank 0 percent April 10, 2023 at 9:00 AM - Refused April 11, 2023 at 9:00 AM - Drank 50 percent April 11, 2023 at 5:00 PM - Refused April 12, 2023 at 9:00 AM - Drank 50 percent April 12, 2023 at 5:00 PM - No administration documentation present April 13, 2023 at 9:00 AM - Drank 50 percent April 14, 2023 at 9:00 AM - Drank 80 percent April 14, 2023 at 5:00 PM - Drank 50 percent April 15, 2023 at 5:00 PM - Drank 40 percent April 17, 2023 at 5:00 PM - Drank 50 percent April 18, 2023 at 9:00 AM - Drank 50 percent On April 26, 2023 at 1:45 PM, V7 (Dietitian) said, "I have not gotten to see [R1] yet this month. When I saw her a month or so ago, she was very happy. Her meal intake is not as good. She feeds herself but needs encouragement to eat. I am not sure how my dietary recommendations from my notes get to the staff, so they know what

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needs to be done for her. I did not see the documentation in the medical record about her

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 IL6012827 05/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1950 LARKIN AVENUE **AVANTARA OF ELGIN ELGIN, IL 60123** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 S9999 Continued From page 5 not eating the fortified cereal or health shake. I have not contacted the family regarding the resident's weight loss. That is nursing's job. I did not update [R1's] care plan. That is my job, but I have not done it." On May 1, 2023 at 12:30 PM, V16 (Physician) said, "I was never notified of [R1's] significant weight loss. With her dementia, there needed to be more close oversight. She needs one-to-one assistance with feeding. Had I been notified of her weight loss; I would have been more hands on in the oversight of her care. The facility has to ensure the person who is not eating is assisted in order to restore weight gain. I am the Medical Director of the facility, and it is the facility's responsibility to notify the physicians of their resident's significant weight loss. They must do that." On April 26, 2023 at 3:58 PM, R3 was lying in bed sleeping. R3 appeared very thin, with protruding cheek bones and collar bones. An open nutritional shake bottle was sitting on R3's bedside table, next to R3. The bottle was open, and a straw was in the bottle. The liquid contents of the shake were visible up to the top of the bottle opening and it did not appear any of the shake had been consumed by R3. On April 27, 2023 at 12:35 PM, R3 was lying in bed. R3 was not able to be interviewed due to his cognitive status. V11 (Spouse of R3) said she was concerned because R3 appeared to have lost a lot of weight and no one had contacted her regarding his weight loss or possible interventions to prevent further weight loss. "He was eating pureed food for a while, and he did not like that. I brought in my own diet supplement drinks and

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meal bars for him because those are his favorite.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _ B. WING IL6012827 05/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1950 LARKIN AVENUE **AVANTARA OF ELGIN** ELGIN, IL 60123 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID PREFIX COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 6 S9999 I did tell someone that he really likes ice cream. but they don't always bring it to him." The EMR shows R3 was admitted to the facility on March 15, 2023. R3 has multiple diagnoses including, non-traumatic subdural hemorrhage, depression, altered mental status, dysphagia, unsteadiness on feet, abnormal gait, lack of coordination, abnormal posture, cognitive communication deficit, aphasia, falls, atrial fibrillation, dementia, and elevated white blood cell count. R3's MDS (Minimum Data Set) dated March 21, 2023 shows R3 has severe cognitive impairment, is totally dependent on facility staff for dressing and personal hygiene and requires extensive assistance with all other ADLs (Activities of Daily Living). R3 is always incontinent of bowel and bladder. On March 17, 2023 at 10:58 AM, V7 (Dietitian) documented R3's admission weight of 124.7 pounds, classified R3 as underweight, and recommended a house supplement twice a day. Facility documentation shows the following weights for R3: 124.7 pounds - March 13, 2023 107.2 pounds - March 22, 2023 111.4 pounds - March 29, 2023 106.4 pounds - April 12, 2023 The facility's documented weights reflect a 14.68 percent weight loss between March 13, 2023 and April 12, 2023. The facility does not have documentation to show R3's physician or family

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were notified of R3's significant weight loss.

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ C B. WING 05/03/2023 IL6012827 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1950 LARKIN AVENUE AVANTARA OF ELGIN **ELGIN. IL 60123** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5). (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 7 The EMR shows the following order for R3 dated March 17, 2023: "House supplement, two times a day, 4 ounces BID, may have Ensure, MedPass, or Two Cal." The April 2023 MAR (Medication Administration Record) shows the following amounts consumed of the supplement by R3: March 17, 2023 9:00 PM - Drank 50 percent March 18, 2023 9:00 AM - Drank 40 percent March 18, 2023 at 9:00 PM - Drank 25 percent March 19, 2023 at 9:00 AM - Drank 30 percent March 19, 2023 at 9:00 PM - Drank 15 percent March 20, 2023 at 9:00 AM - Drank 30 percent March 20, 2023 at 9:00 PM - Drank 0 percent March 21, 2023 at 9:00 AM - Drank 50 percent March 22, 2023 at 9:00 PM - Drank 0 percent March 26, 2023 at 9:00 PM - Drank 50 percent March 27, 2023 at 9:00 PM - Drank 40 percent March 28, 2023 at 9:00 PM - Drank 30 percent April 5, 2023 9:00 PM - Drank 50 percent April 14, 2023 9:00 AM - Drank 50 percent April 15, 2023 9:00 AM and 9:00 PM - Drank 0 percent April 17, 2023 9:00 PM - Drank 50 percent April 18, 2023 900 PM - Drank 50 percent April 19, 2023 9:00 PM - Drank 0 percent April 21, 2023 at 9:00 PM - Drank 25 percent April 23, 2023 at 9:00 AM - Drank 0 percent April 23, 2023 at 9:00 PM - Drank 50 percent April 24, 2023 at 9:00 AM - Drank 50 percent April 29, 2023 at 9:00 AM and 9:00 PM - Drank 50 percent April 30, 2023 at 9:00 PM - Drank 25 percent R3's care plan initiated on March 17, 2023 shows,

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"Resident is at risk for alteration in nutritional status." R3's care plan has multiple interventions

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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: C B. WING IL6012827 05/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1950 LARKIN AVENUE **AVANTARA OF ELGIN ELGIN. IL 60123** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 8 S9999 initiated March 17, 2023, including consider finger foods, elevate head of bed during feeding or meals if indicated, monitor for signs and symptoms of dehydration and weight loss. monitor resident with difficulty of chewing or swallowing, assess for signs of choking and/or aspiration, obtain labs as ordered, obtain weight as ordered, offer extra fluids if not contraindicated, provide assistance for meals if indicated, provide diet and supplements as ordered, and provide good oral hygiene. As of April 26, 2023 at 3:37 PM, the facility did not have documentation to show new care plan interventions were initiated following R3's significant weight loss. On April 26, 2023 at 1:45 PM, V7 (Dietitian) said, she was not aware R3 was not drinking his nutritional shake as ordered and she does not review the MAR to check for the resident's amount consumed of the nutritional shakes. V7 continued to say she has not attended any meetings at the facility regarding resident's significant weight loss. The facility's Weights Policy revised "5/19/2022" shows: "Policy Statement: It is the facility's policy to obtain resident's monthly weight unless otherwise ordered differently by the physician. For a resident who is on dialysis, the resident's dry weight will be also obtained monthly. Procedures: ...3. The significant weight changes (monthly 5%, quarterly 7.5%, and every 6 months 10%) will be assessed and addressed by the IDT (Interdisciplinary Team) which includes but not limited to the Dietitian, Physician, Medical Specialist, Speech Therapist, Nutritionist, and

(B) Illinois Department of Public Health

Nurses."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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