

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHL0033	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER AUTUMN GREEN AT MIDWAY VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 6700 S KEATING CHICAGO, IL 60629		
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A 000	Initial Comment	A 000		
	Annual Licensure Survey			
A2000	Section 295.2000 Residency Requirements	A2000		
	<p>This Regulation is not met as evidenced by: Section 295.2000 Residency Requirements - Level 3 violation</p> <p>a) No individual shall be accepted for residency or remain in residence if the establishment cannot provide or secure appropriate services, if the individual requires a level of service or type of service for which the establishment is not licensed or which the establishment does not provide, or if the establishment does not have the staff appropriate in numbers and with appropriate skill to provide such services. (Section 75(a) of the Act)</p> <p>b) Only adults may be accepted for residency. (Section 75(b) of the Act)</p> <p>c) A person shall not be accepted for residency if:</p> <p>1) The person poses a serious threat to themselves or to others;</p> <p>2) The person is not able to communicate their needs in any manner and no resident representative residing in the establishment, and with a prior relationship to the person, has been appointed to direct the provision of services;</p> <p>3) The person requires total assistance with</p>			

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

TITLE

(X6) DATE

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A2000	Continued From page 1 2 or more activities of daily living; 4) The person requires the assistance of more than one paid caregiver at any given time with an activity of daily living; 5) The person requires more than minimal assistance in moving to a safe area in an emergency. For the purpose of this Section, minimal assistance means that the resident is able to respond, with or without assistance, in an emergency to protect themselves, given the staffing and construction of the building; 6) The person has a severe mental illness, which for the purposes of this Section means a condition that is characterized by the presence of a major mental disorder as classified in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision DSM-5-TR, where the individual is a person with a substantial disability due to mental illness in the areas of self-maintenance, social functioning, activities of community living and work skills, and the disability specified is expected to be present for a period of not less than one year, but does not mean Alzheimer's disease and other forms of dementia based on organic or physical disorders. Nothing in this Section is meant to prohibit an individual with a diagnosis of depression from living in an establishment so long as the resident is not substantially disabled in the areas of self-maintenance, social functioning, activities of community living, and work skills; 7) The person requires intravenous therapy or intravenous feedings unless self-administered or administered by a qualified, licensed health care professional;	A2000		

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A2000	Continued From page 2 8) The person requires gastrostomy feedings unless self-administered or administered by a licensed health care professional; 9) The person requires insertion, sterile irrigation, and replacement of catheter, except for routine maintenance of urinary catheters, unless the catheter care is self-administered or administered by a licensed health care professional; 10) The person requires sterile wound care unless care is self-administered or administered by a licensed health care professional; 11) The person is a diabetic requiring routine insulin injections unless the injections are self-administered or administered by a licensed health care professional; 12) The person requires treatment of stage 3 or stage 4 decubitus ulcers or exfoliative dermatitis; or 13) The person requires 5 or more skilled nursing visits per week for conditions other than those listed in subsection (c)(12) for a period of 3 consecutive weeks or more except when the course of treatment is expected to extend beyond a 3 week period for rehabilitative purposes and is certified as temporary by a physician. (Section 75(c) of the Act) d) A resident with a condition listed in subsection (c) shall have their residency terminated in accordance with Section 295.2010. (Section 75(d) of the Act) e) Residency shall be terminated in accordance with Section 295.2010 when services	A2000		

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A2000	<p>Continued From page 3</p> <p>available to the resident in the establishment are no longer adequate to meet the needs of the resident. This provision shall not be interpreted as limiting the authority of the Department to require the residency termination of individuals. (Section 75(e) of the Act)</p> <p>f) Subsection (d) of this Section shall not apply to terminally ill residents who receive or would qualify for hospice care and such care is coordinated by a hospice program licensed under the Hospice Program Licensing Act or other licensed health care professional employed by a licensed home health agency and the establishment and all parties agree to the continued residency. (Section 75(f) of the Act)</p> <p>g) Subsections (c)(3), (4), (5), and (9) shall not apply to individuals who are quadriplegic or paraplegic, or individuals with neuro-muscular diseases, such as muscular dystrophy and multiple sclerosis, or other chronic diseases and conditions if the individual is able to communicate their needs and does not require assistance with complex medical problems, and the establishment is able to accommodate the individual's needs. (Section 75(g) of the Act)</p> <p>h) For the purposes of subsections (c)(7) through (10), a licensed health care professional may not be employed by the owner or operator of the establishment, its parent entity, or any other entity with ownership common to either the owner or operator of the establishment or parent entity, including but not limited to an affiliate of the owner or operator of the establishment. Nothing in this Section is meant to limit a resident's right to choose their health care provider. (Section 75(h) of the Act)</p>	A2000		

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A2000	<p>Continued From page 4</p> <p>i) Before a prospective resident's admission to an assisted living establishment or a shared housing establishment that does not provide medication administration as an optional service, the establishment shall advise the prospective resident to consult a physician to determine whether the prospective resident should obtain a vaccination against pneumococcal pneumonia or influenza, or both. (Section 76 of the Act)</p> <p>This requirement was not met as evidence by:</p> <p>Based on record review and interview, the establishment accepted for residency one resident (R2) out of 3 sampled residents reviewed for residency requirements who requires extensive assistance with ADLs (activities of daily living) including bathing, toileting, oral hygiene/personal hygiene and dressing. R2 moved into the establishment on hospice care</p> <p>Findings include:</p> <p>1. R2 is a 88 year old resident who moved into the establishment 4/29/24. R2 has diagnoses including Legally blind, Type 2 Diabetes Mellitus, Cancer of large intestine, CKD (chronic kidney disease), Dysphagia and Cognitive communication deficit.</p> <p>The Hospice Informed Consents and Services agreement dated 4/24/24 shows the effective start date of hospice services is 4/29/24. Under frequency of visit, the HA (health aide) is to see R2 three times per week. Skilled nursing is to visit 2 times a week plus 3 times as needed visits.</p> <p>The service plan dated 5/10/24 shows R2 requires extensive assistance with bathing, personal hygiene, dressing, toileting and</p>	A2000		

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A2000	Continued From page 5 evacuation in case of emergency. On 9/6/24 at 1:45pm, this concern was shared with E10 (health and wellness director). E10 said he was unaware of the residency requirements pertaining to hospice and ADLs.	A2000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Section 295.4010 Service Plan - Level 2 violation i) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: i) The resident, resident's representative or any individual requested by the resident; 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration, or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development.	A4010		

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A4010	Continued From page 6 d) The service plan, which shall be reviewed annually, or more often as the resident's condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) e) The service plan shall be reviewed and revised if necessary immediately after a significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000). g) Service plans shall address: i) The level of service the resident is receiving, including: i) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; 4) Any risk being negotiated; and 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. h) The service plan shall include all support services provided or arranged for by the establishment.	A4010		

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A4010	<p>Continued From page 7</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, the establishment failed to:</p> <ul style="list-style-type: none"> -revise the service plan with interventions to address an unwitnessed fall for one out of 3 residents (R2) reviewed for falls. R2 has a diagnosis of Legally Blind; -address the use of oxygen therapy for one resident (R2); -address who is responsible for care and monitoring of a subclavian catheter between dialysis treatments for one resident (R1). The subclavian catheter is used for dialysis 3 times a week; -who is responsible for care and maintenance of a foley (indwelling urinary catheter) for one resident (R1). <p>These failures have the probability to affect all newly moved in residents with similar health care concerns.</p> <p>Findings include:</p> <p>1. R1 is a 88 year old resident who moved int the establishment 7/30/24. R1 has diagnoses including ESRD (end stage renal disease), CHF (congestive heart disease), COPD (chronic obstructive pulmonary disease) Spinal stenosis, Gout and GERD (gastroesophageal reflux disease).</p> <p>The progress note dated 8/2/24 shows R1 moved in with a foley catheter, receives dialysis 3 times a</p>	A4010		

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A4010	<p>Continued From page 8</p> <p>week (Monday, Wednesday, Friday) and has a right subclavian catheter for dialysis.</p> <p>The service plan dated 9/24/24 do not address who is responsible monitoring subclavian catheter in between dialysis visits. The service plan does not address who is responsible for the care and maintenance of the foley.</p> <p>On 9/6/24 during the exit conference, these concerns were shared with E10 (health and wellness director). E10 said R1 has a foley catheter in due to issues going on with R1's prostate. E10 could not explain why the subclavian catheter and the foley catheter care as well as which staff is responsible for care and maintenance were not addressed in the service plan.</p> <p>2. R2 is a 88 year old resident who moved into the establishment 4/29/24. R2 has diagnoses including Legally blind, Type 2 Diabetes Mellitus, Cancer of large intestine, CKD (chronic kidney disease), Dysphagia and Cognitive communication deficit. The face sheet for R2 has a picture of R2 wearing a nasal cannula.</p> <p>The Post Fall Investigation Tool dated 5/8/24 shows R2 experienced an unwitnessed fall at 4:45pm in her bathroom. R2 fell/slid from her wheelchair. This fall investigation tool was not signed or dated by the nurse who wrote out the form, no interventions were written and was not signed and dated by the DON (director of nursing).</p> <p>The service plan dated 5/10/24 shows fall potential listed, but was not revised with interventions to address the fall on 5/8/24. The</p>	A4010		

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A4010	Continued From page 9 service plan does not address the use of oxygen per nasal cannula either continuously or as needed. The service plan does include interventions to address R2's diagnosis of legal blindness. On 9/6/24 during the exit conference, E10 said R2 doesn't use the oxygen, although R2 moved it with it. E10 could not present documentation with a date showing when E10 stopped using the oxygen. E10 could not explain why the service plan did not include interventions to address the diagnosis of legal blindness.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Section 295.4060 Alzheimer's and Dementia Programs - Level 3 violation a) In addition to this Section, Alzheimer and dementia programs shall comply with all of the other provisions of the Act. (Section 150(a) of the Act) 2) Staff training: A) All staff members must receive, in addition to the training required in Section 295.3020, four hours of dementia-specific orientation prior to assuming job responsibilities without direct supervision within the Alzheimer's/dementia program. Training must cover, at a minimum, the	A4060		

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A4060	<p>Continued From page 10</p> <p>following topics:</p> <ul style="list-style-type: none"> i) basic information about the causes, progression, and management of Alzheimer's disease and other related dementia disorders; ii) techniques for creating an environment that minimizes challenging behavior; iii) identifying and alleviating safety risks to residents with Alzheimer's disease; iv) techniques for successful communication with individuals with dementia; and v) residents' rights. <p>B) Direct care staff must receive 16 hours of on-the-job supervision and training within the first 16 hours of employment following orientation. Training must cover:</p> <ul style="list-style-type: none"> i) encouraging independence in and providing assistance with the activities of daily living; ii) emergency and evacuation procedures specific to the dementia population; iii) techniques for creating an environment that minimizes challenging behaviors; 	A4060		

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A4060	Continued From page 11 iv) resident rights and choice for persons with dementia, working with families, caregiver stress; and v) techniques for successful communication. C) Direct care staff must annually complete 12 hours of in-service education regarding Alzheimer's disease and other related dementia disorders. Topics may include: i) assessing resident capabilities and developing and implementing service plans; ii) promoting resident dignity, independence, individuality, privacy and choice; iii) planning and facilitating activities appropriate for the dementia resident; iv) communicating with families and other persons interested in the resident; v) resident rights and principles of self-determination; vi) care of elderly persons with physical, cognitive, behavioral and social disabilities;	A4060		

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A4060	<p>Continued From page 12</p> <p>vii) medical and social needs of the resident;</p> <p>viii) common psychotropics and side effects;</p> <p>ix) local community resources; and</p> <p>x) other related issues.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on record review and interview, the establishment failed to ensure:</p> <p>-3 out of 8 newly hired employees received the required 4 hours of dementia specific training;</p> <p>-3 newly hired direct care employees received 16 hours of on-the-job supervision and training the first 16 hours of employment following orientation.</p> <p>-2 employees who have been employed over 12 months completed the required 12 hours of annual dementia specific training.</p> <p>This failure has the probability to affect future newly hired employees.</p> <p>Findings include:</p> <p>On 9/5/24 at 2:45pm, personnel files of 6 newly hired employees and 2 hired over a year ago were reviewed with E9 (business office manager).</p>	A4060		

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A4060	<p>Continued From page 13</p> <p>The personnel file for E1 (concierge) hired 6/20/24, E2 (director of maintenance) hired 3/11/24 and E3 (housekeeper) hired 7/30/24 did not show they completed 4 hours of dementia specific training.</p> <p>The personnel file for E7 (cook) hired 5/15/23 and E8 (server) hired 2/6/23 did not include the required for 12 hours of annual dementia specific training.</p> <p>The personnel file for E4 (LPN/licensed practical nurse) hired 7/9/24, E5 (care giver) hired 3/29/24 and E6 (caregiver) hired 4/16/24 did not include the required 16 hours of on-the-job supervision and training the first 16 hours of employment following their orientation.</p> <p>After the review of the 8 personnel files, E10 was not able to present training documentation or able to explain why all 8 employee files did not include the required dementia specific training.</p>	A4060		