

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/31/2024
NAME OF PROVIDER OR SUPPLIER ENCORE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194	
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F 000	INITIAL COMMENTS	F 000		
F 677 SS=D	<p>Complaint Investigation 2418769/IL179924</p> <p>ADL Care Provided for Dependent Residents CFR(s): 483.24(a)(2)</p> <p>§483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility staff failed to ensure residents who required staff assistance with Activities of Daily Living (ADLs) received timely incontinence care for 2 of 4 residents (R2, R1) reviewed for ADLs in the sample of 9.</p> <p>The findings include:</p> <p>1. R2's care plan dated 9/23/24 showed R2 required staff assistance with toileting and transferring. R2's resident assessment dated 9/17/24 showed R2 was frequently incontinent of urine and stool.</p> <p>On 10/31/24 at 8:44 AM, R2 was asleep in bed. A strong odor of urine was noted in her room.</p> <p>On 10/31/24 at 9:15 AM, R2 was awake, lying in bed. R2 stated, "No one has come in yet this morning. I was last changed (provided incontinence care) late last night." The urine odor remained in R2's room.</p> <p>On 10/31/24 at 9:17 AM, V5 Certified Nursing Assistant (CNA) entered R2's room to provide cares. V5 (CNA) stated she had not toileted or</p>	F 677	<p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute any admission to guilt or liability by the facility and is submitted only in response to the regulatory requirements.</p> <p>The facility will ensure that residents who are unable to carry out activities of daily living receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>Corrective action for residents identified in the deficiency: "R1 care plan was reviewed by the Inter-Disciplinary Team (IDT) on 11/4/24 and will be revised as appropriate. "R2 care plan was reviewed by the IDT on 11/4/24 and will be revised as appropriate. "Incontinence care was provided to R1 & R2 immediately upon the surveyor's observations. "Staff responsible for providing care to</p>	11/25/24

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

TITLE

(X6) DATE

Electronically Signed

11/14/2024

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 677	<p>Continued From page 1</p> <p>provided incontinence care to R2 yet during her shift. As V5 (CNA) removed R2's incontinence brief, V5 stated, "She's pretty wet." R2's brief was saturated with urine. Urine had leaked out of R2's brief, onto her shirt, pants, and bedding.</p> <p>2. R1's care plan dated 10/22/24 showed R1 required staff assistant with toileting. The care plan showed R1 was frequently incontinent of urine and stool.</p> <p>On 10/31/24 at 8:40 AM, R1 was seated in a wheelchair in her room. R1 wore a gown. A urine odor was noted in her room. R1 stated staff got her up around 8 AM that morning, but did not toilet her or change her incontinence brief. R1 said, "I wear a diaper. I think I am wet right now." When R1 was asked why staff didn't change her brief when they got her out of bed, R1 stated, "I don't know." R1 denied refusing to be toileted that morning or refusing to have her incontinence brief changed.</p> <p>On 10/31/24 at 9:16 AM, R1 remained seated in her wheelchair, eating breakfast in her room.</p> <p>On 10/31/24 at 10:19 AM, R1 had finished eating breakfast. V6 (CNA) entered R1's room to provide cares. V6 (CNA) transferred R1 to the toilet. R1's incontinence brief was saturated with urine. R1's buttocks were bright pink. Urine had leaked out of R1's brief onto the pad on her wheelchair. V6 (CNA) was asked why R1 was not toileted upon getting her out of bed that morning. V6 stated, "She refused this morning." R1 immediately turned to V6 and stated, "I most certainly did not!"</p> <p>On 10/31/24 at 9:59 AM, V7 (Licensed Practical</p>	F 677	<p>R1& R2 were immediately re-educated by the Director of Nursing on 11/1/24 & 11/4/24 for providing proper and timely incontinence care according to the resident's care plan.</p> <p>Identify another resident with the potential for being affected and corrected action: "All other residents requiring assistance with Activities of Daily Living, specifically incontinence care, have the potential to be affected by this practice.</p> <p>"An audit was completed by the Director of Nursing identifying residents with incontinence care through MDS and care plan review. "Residents identified for requiring incontinence care will have a care plan review with revisions as appropriate.</p> <p>Systemic changes to reasonably assure deficiency does not occur: "All nursing staff were educated by the DON on providing proper and timely incontinence care according to the resident's care plan. "All residents needing assistance with incontinence care are being identified through MDS and care plan review, reviewed by the IDT and will have a revised care plan as appropriate.</p> <p>How corrective action will be monitored: "A Quality Assurance tool was developed and implemented to assure that nursing staff are providing proper</p>		

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F 677	Continued From page 2 Nurse) stated toileting and/or incontinence care should be provided to residents every two hours and as needed. The facility's Urinary Continence and Incontinence-Assessment and Management policy dated 8/2022 showed, "The staff and practitioner will appropriately screen for, and manage, individuals with urinary incontinence...	F 677	and timely incontinence care according to the resident's care plan. "DON or Designee will monitor compliance through observation, medical record review, and completing random audits for a total of 10 residents, 3x/weekly for 4 weeks on residents who require assistance with incontinence care. The following audit tools will be used: Incontinence Care/Brief was provided for the resident. The resident was transferred for toileting in a timely manner according to the resident's care plan. Barrier cream applied after an incontinence episode and Q shift. Resident turned and positioned Q 2-3 hours/PRN. Revising the care plan as necessary. CNA documentation to coincide with care provided. "Any discrepancies will be corrected immediately and re-education of staff if needed. "Findings will be discussed in the Quality Assurance meeting until substantial compliance. "The DON will be responsible for overall compliance.		
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration.	F 692		11/25/24	

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F 692	<p>Continued From page 3</p> <p>(Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident-</p> <p>§483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise;</p> <p>§483.25(g)(2) Is offered sufficient fluid intake to maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to assist a resident with eating and failed to ensure a nutritional intervention was implemented for a resident with significant weight loss. This failure resulted in R4 sustaining significant weight loss. These failures apply to 1 of 4 residents (R4) reviewed for weight loss in the sample of 9.</p> <p>The findings include:</p> <p>R4's Physician Order Sheet (POS) showed R4 had diagnoses of Alzheimer's Disease (AD), dementia and diabetes.</p> <p>R4's careplan initiated on 11/22/23 showed "(R4) is at nutritional risk related to score of 5</p>	F 692	<p>Please accept the following as the facility's credible allegation of compliance. This plan of correction does not constitute any admission to guilt or liability by the facility and is submitted only in response to the regulatory requirements.</p> <p>The facility will ensure, based on a resident's comprehensive assessment, that residents maintain acceptable parameters of nutritional status, are offered sufficient fluid intake to maintain proper hydration and health, and are offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet.</p>		

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F 692	<p>Continued From page 4</p> <p>(malnourished), inadequate oral intake, significant weight loss, low BMI...confusion, delusions, AD, dementia... With intervention to include: provide nourishments: house shake 8 ounces (oz) BID (Twice a Day) with lunch and dinner. Provide supervision, encouragement/cueing, and necessary assistance at meal time and between meals with food and fluids."</p> <p>R4's weight report showed:</p> <p>10/2/24-115.8 lbs, 6.2 % weight loss from 9/3/24 123.5 (1 month 6.2% weight loss) 10/17/24- 118 lbs, 13.3% weight loss from 135.9 lbs last 5/2/24. (6 months 13.3% weight loss) 10/10/24-115.8 lbs, 14.8% weight loss from 135.9 lbs last 5/2/24.</p> <p>R4's Nutritional Risk Assessment dated 10/18/24 showed, " most recent weight 118.0 pounds (lbs). Weight trend for the last 6 months-weight loss. Significant weight loss x 1/3/6 months. That is most likely related to decreased oral intake past month. Goal for weight maintenance or gradual regain. Added house shake 8 oz to lunch/dinner to increase kcal/proteins intake and prevent further weight loss and promote weight re-gain."</p> <p>On 10/31/24 at 8:30 AM, R4 was in the dining room with her eyes closed. Her breakfast food was in front of her untouched. R4's breakfast consisted of scrambled eggs, pancakes and sausage. Staff were in and out in the dining room. There was no staff assisting or giving cues for R4 to eat. At 8:55 AM, R4 was wheeled out from the dining room and was placed in a table by the nurses station. V9 (Certified Nursing Assistant/CNA) said R4 did not eat her breakfast. R4 only eats a PBJ sandwich which will be served</p>	F 692	<p>Corrective action for resident identified in the deficiency:</p> <ol style="list-style-type: none"> R4 care plan was reviewed by the Inter-Disciplinary Team (IDT) on 11/4/24 and updated as appropriate R4 was assessed by the Registered Dietitian for food preferences, meal-time preferences and supplemental intake on 11/4/24. R4 is being evaluated by Speech Therapy to evaluate eating and swallowing. Based on the results of the evaluation, the care plan will be revised as appropriate. Staff responsible for caring for R4 were re-educated by the Director of Nursing on 11/4/24 on continuing to provide assistance when needed for dining. Dietary staff responsible for placing all food items and supplements as ordered on R4 meal ticket were re-educated by the Dietary Manager on 11/12/24 on ensuring accuracy of orders. <p>Identify another resident with the potential for being affected and corrected action: All residents identified to be at risk of weight loss have the potential to be affected by this practice.</p> <ol style="list-style-type: none"> An audit was completed by the Director of Nursing, identifying at risk residents for the following: Residents with poor appetite and/or eating less than 50% of their meals in the past 3 days. Residents with a 5% or greater weight loss within the last 30 days. 		

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F 692	<p>Continued From page 5 to R4 at lunch.</p> <p>On 10/31/24 at 12:45 PM, R4 was in the dining room for lunch eating her PBJ. There was a cup half full with water. There was no house shake noted with R4's lunch meal. R4's meal card showed- "8 ounces of mighty shake to be provided for lunch and dinner." There was no mighty shake provided to R4.</p> <p>On 10/31/24 at 1 PM, this surveyor clarified with V8 (R4's Nurse-Registered Nurse/RN) if R4 was to receive a mighty shake. V8 said R4 was supposed to get a house shake (mighty shake) provided by the kitchen at lunch due to R4's weight loss.</p> <p>On 10/31/24, V12, V17 and V18 (all Dining room servers) said they were not aware that R4 was supposed to receive shakes from the kitchen for lunch and confirmed none of them served R4's mighty shake for lunch.</p> <p>On 10/31/24 at 1:16 PM, V16 (Dietary Director) said R4's house shakes (mighty shake) was supposed to be provided by the kitchen and nursing documents when the resident takes the house shakes. V16 said the dietary servers did not give R4's shake at lunch. V16 said supplements (house shakes) are important for R4 since R4 already had lost a significant amount of weight.</p> <p>On 10/31/24 at 2:50 PM, V4 (Assistant Director of Nursing) said R4 was just reweighed and R4 continues to loss weight. R4's latest weight was 115 lbs which showed an additional 3 lb weight loss for R4, from 118 lbs (10/17/24) to today (10/31/24.)</p>	F 692	<p>Residents with a supplement in place.</p> <p>2. Identified residents will have an assessment by the Registered Dietitian with a care plan review. They will also be observed during meals for any assistance needed from staff.</p> <p>3. A new intervention may be put in place for residents under these identifiers,if needed, to ensure resident care is met for nutrition and hydration, by both nursing and dietary staff.</p> <p>Systemic changes to reasonably assure deficiency does not occur:</p> <p>1. All nursing staff were educated by the DON on assisting residents with nutrition and hydration when necessary and indicated by the care plan.</p> <p>2. All dietary staff were educated by the Dietary Manager to ensure the dietary ticket is followed, specifically to supplements.</p> <p>3. The Registered Dietitian will perform assessments as necessary based off any findings from the following identifiers: All residents with a weight loss of 5% or more in the previous 30 days. All residents with a trending weight loss. All residents who refuse supplementation within their diet. All residents with poor appetite and eating 50% or less of their meals in the past 3 days.</p> <p>4. New admissions will continue to be assessed by the Registered Dietitian and</p>		

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F 692	Continued From page 6	F 692	<p>discussed during the IDT meeting.</p> <p>How corrective action will be monitored:</p> <ol style="list-style-type: none"> 1. A Quality Assurance tool was developed and implemented to assure that residents who have a nutrition and/or hydration status that is at-risk are properly identified, monitored, and assisted by nursing staff. 2. DON or Designee will monitor compliance by completing observation, medical record review, and random audits 3x/weekly for 4 weeks, then 1x/weekly for 12 weeks, then 1/monthly for 2 months, on residents who have a nutrition and/or hydration status that is at risk by meeting the following criteria: <ul style="list-style-type: none"> Residents with poor appetite. Residents who consume less than 50% of their meals. Residents who have a supplement in place. <p>Audits will then be completed to verify the following:</p> <ol style="list-style-type: none"> a. Is an assessment by the Registered Dietitian needed for the resident. b. Is a new intervention needed for the resident's care plan. <p>Any discrepancies will be immediately corrected and staff re-educated as needed.</p> <p>Findings will be discussed in the Quality Assurance meeting until substantial compliance.</p> <p>The DON will be responsible for overall compliance.</p>		