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:** A. BUILDING: COMPLETED C B. WING IL6001176 09/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4538 NORTH BEACON BEACON CARE AND REHABILITATION** CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2287182/IL151010 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)2 300.1210d)3 300.1210d)5 300.1010h) 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

Ilinois Department of Public Health ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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

(X6) 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: B. WING IL6001176 09/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4538 NORTH BEACON** BEACON CARE AND REHABILITATION CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 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 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour. seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection. and prevent new pressure sores from developing. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not

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STATEMENT OF DEFICIENCIES AND PUN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001176		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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	decubitus ulcers or percent or more wit facility shall obtain a of care for the care injury or change in notification.	ence of inciplent or manifest a weight loss or gain of five thin a period of 30 days. The and record the physician's plare or treatment of such accident, condition at the time of			ă	
	Based on interview staff failed to ensure transportation to foll adequate post-oper the physician of rest the surgical wound. resident(R1), who is post-operative appoand it resulted in information surgical site on R1's above-the-knee-amplication in the s	rand record review, the facility re that a resident got timely allow up with the surgeon for rative care and failed to notify sident's change in condition of . These failures affected one missed two scheduled ointments with the surgeon, fection and dehiscence of the is left inputation (AKA) stump. At the agnosed with AKA Stump ne of the diagnoses.				
	following:	ords dated 9/5/22 show the ne Emergency Room was				
=	ED (Emergency De written by V11(Eme 9/5/22 at 1:21pm, u open wound with pu On 9/5/22 at 3:04pr Physician) that R1's that R1's left stump in the bone). The X	epartment) Provider Notes ergency Room Physician) on under "Musculoskeletal": Large urulent drainage, foul smelling.m, written by V12 (Hospital s X-Ray of left femur shows o has Osteomyelitis (Infection K-Ray Findings also states in are noted within the distal soft				

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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 IL6001176 09/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4538 NORTH BEACON BEACON CARE AND REHABILITATION CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 S9999 Continued From page 3 tissues. Under "Emergency Department Medical Decision Making" written by V11, R1's diagnoses include but are not limited to "LAKA Stump Infection (Left above Knee Amputation Stump Infection)." On 9/15/22 at 12:49pm, V8 (Hospital Registered Nurse/RN) who took care of R1 at the hospital on 9/5/22 stated "The patient's wound on the stump was looking horrible, sloughing-off, with stinking drainage that you can smell it in the hallway. I wonder how the nursing home was able to keep the patient in there without taking care of the infection. The odor was everywhere. Since the situation shows that the nursing home was obviously neglectful, I informed the Social Worker." On 9/15/22 at 1:38pm, V9(Hospital Social Worker) was interviewed regarding this. V9 stated "I actually got all the information about this nursing home resident from the RN, about the wound being neglected at the nursing home. The nurse can better describe the situation. The patient is still in the hospital, and you can speak to him at this phone number ..." On 9/15/22 at 3:14pm, the surveyor spoke with R1 in the hospital, R1 stated "I'm here in the hospital and they said I have to do another surgery on my leg. I would not have been in this situation if they would have got the transportation right. I told them they need to do a better job. The transportation they arranged was for someone in the wheelchair." During this investigation on 9/14/22 at 12:01pm, V3(Facility's Wound Care Director) was interviewed regarding R1's surgical wound on the left stump. V3 stated "(R1) was admitted here from the hospital after amputation of the left leg. I

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Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ B. WING 09/20/2022 IL6001176 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **4538 NORTH BEACON BEACON CARE AND REHABILITATION** CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 4 did majority of the wound treatment on Mondays through Fridays. But I had a family emergency, and during the one week off, the other wound nurse(V4) was doing the treatment. (V4) reported to me that the wound started dehiscing." On 9/14/22 at 12:50pm, V3 told the surveyor "Please, I need to bring in my lap-top to answer the questions." V3 brought a lap-top computer to the conference room and was reading through R1's records and stated "He (R1) was admitted with a wound V.A.C. (Vacuum Assisted Closure) to the left A.K.A. stump on 8/10/22. He (R1) had an appointment with the surgeon on the 14th (8/14/22), but the transportation arrived too late to take him to the appointment, and the clinic told them he had to re-schedule. So, they re-scheduled for 9/7/22, which I considered too late, because I know the surgeon needed to see the stump. So, I rescheduled it to a sooner appointment for 8/31/22." V3 told the surveyor that the surgeon who did the amoutation wanted the wound V.A.C. in place until he sees the patient at the appointment. V3 added. unfortunately, there was another issue with transportation on August 31st (8/31/22)." At this time, V3 stated that he(V3) would call (V5), the lady that is in charge of transportation and V5 can explain better." On 9/14/22 at 1:25pm, V5(Transportation and Guest Relations Staff) was interviewed regarding the reasons why R1 missed the surgeon's appointment on both 8/14/22 and 8/31/22. V5 stated "I just started in this position less than a month ago. The person that was responsible for the appointment of 8/14/22 no longer works here, and I'm not sure of the reason he missed the appointment. For the appointment of 8/31/22, I called to schedule the appointment 2 days ahead.

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The (Transporting Company) came that day with

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- <u> </u>		said they did not known amputee. I asked the ambulance with a base	sed to take him because they now the patient was a double hem if they can send an pariatric stretcher, but they was how this appointment was				
		presence of V3, V4 interviewed regardir "I work weekends a encounter with him a portable wound V drainage. On Septe the staples because the skin and not holding anything tog staples except one. they were closed at treatment plan in pla (Nurse Practitioner) patients unless the instructions. So, I ju Solution for the wou (9/3/22). I was notifi Nursing) that he (Rappointment on Sep V3(Wound Care Dir room with the surve from V4 who "put a considering the fact follow-up appointment the surgery. V4 resp Wound Care Direct in place. However, that V4 only notified Solution Treatment	pm over the phone and in the (Wound Nurse) was ng R1's left stump. V4 stated and some Thursdays. My first (R1) was when he came with Y.A.C. that was quite small for ember 3rd (9/3/22), I removed the staples were clinging to liding. The staples were not gether. So, I removed all the . I tried to call the clinic, but that time. So, we put a lace because the Wound NP here does not treat surgical surgeon gives her just started using the Dakin's und since September 3rd fied by the D.O.N. (Director of 1) was scheduled for ptember 7th." While rector) was in the conference eyor, the surveyor inquired treatment plan in place", that the resident missed ents with the surgeon that did ponded she (V4) and the tor(V3) put the treatment plan V3 immediately responded thim (V3) of the Dakin's Plan for the wound, and that volved in the plan for Dakin's			***	

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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: С B. WING IL6001176 09/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4538 NORTH BEACON** BEACON CARE AND REHABILITATION CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 R1's Wound/Skin Assessment notes dated 9/3/22 written by V4 states: Wound V.A.C. discontinued due to dehiscence. 49 staples removed with one staple remaining because difficult to remove at this time. Attempted to notify Vascular Surgeon, however, clinic was closed at this time. Treatment started with Dakin's Moistened Gauze Dressing. R1's Care plan dated 8/12/22 with revision on 8/22/22 states: The resident was admitted with a surgical wound to left lower abdomen and left AKA stump. Intervention states: Monitor surgical sites for signs and symptoms of infection. Notify MD (Medical Doctor) if any is noted. There is no record to show that R1's primary physician (V10) was notified of the issues with R1's stump. R1's progress notes dated 8/31/22 written by V3 states: Weekly wound assessment done. Resident aware of wound progression. Resident missed his appointment with Surgeon. New appointment scheduled. R1's progress notes dated 9/5/22 at 11:09am shows that R1's blood potassium level was high. and the Nurse Practitioner ordered to send R1 to the Emergency Room. R1's discharge instructions from the hospital after the left leg amputation surgery shows that R1 was scheduled for surgeon's appointment for 8/17/22. This appointment was supposed to be replaced by the appointment of 8/14/22 that was missed due to transportation issues. On 9/14/22 at 1:39pm, V2 (Director of Nursing) stated "I've only been here for six months, and (Transportation Company) is always late. I helped the wound nurse on that day when he (R1) was getting ready to go to the hospital, and the wound

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on the stump was not looking good."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
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İ		om, V1(Administrator) stated "!					
		re today that there were ortation Company). I would					
	assume that the nu	rse would inform the D.O.N.					
) and the Medical Director that been seen since after surgery,					
	because this situati	on is considered a change in nortant for the doctor to				٠٠.	
	know."	aportant for the doctor to					
	On 9/14/22 at 4:10p	om. V10/R1's					
	Physician/Facility's Medical Director) was						
		ng R1's situation. V10 was as notified that R1 missed his		,	ļ		
	appointments to see the Surgeon after the surgery. V10 responded in part: I don't remember if they told me. I don't see any notation here that						
,				1 helps	}		
		Maybe they did, but I'm not at R1's left stump needs a					
	revision surgery, and that the main reason R1 was sent to the hospital was not because of the left stump, it was because of anemia and other						
				7.0		i	
	issues.						
		am, V2(Director of Nursing)					
		al question about how soon sidents at the facility usually					
	go back on appoint	ment to see the surgeon who					
		responded that it's usually , depending on the surgeon,	151				
		and the kind of staples on the plained that the wound nurse					
	scheduled the appo	intment earlier, but the					
	resident missed the transportation issue	appointment due to		. 50			
114	• .	· ·					
		am, V2 was asked about the otic Cephalexin 500 mg tablet					
		nours that R1 was given from					

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 IL6001176 09/20/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4538 NORTH BEACON BEACON CARE AND REHABILITATION** CHICAGO, IL 60640 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE **TAG** TAG **DEFICIENCY**) S9999 Continued From page 8 S9999 8/13/22 through 8/19/22. V2 stated that she(V2) was not sure, but that V3, the Wound Care Director would know. V3 came on the phone and stated that the records he has shows that R1 had Leukocytosis (Elevated White Blood Cells) and the Infectious Disease Doctor ordered Cephalexin. V3 explained that he (V3) did not believe that the antibiotic use was for the wound because the wound was okay at that time. Regarding notification of the physician about R1's stump situation. V3 stated that he (V3) was not sure if the primary physician was notified and V3 referred to the notes written by V4 on 9/3/22 that states that the Surgeon's Office was closed on 9/3/22 when V4 attempted to notify the Surgeon. R1's progress notes with "Effective Date" 8/12/22 at 8:47pm and "Created Date" 8/27/22 at 8:47pm shows that R1 was ordered Cephalexin oral antibiotics for elevated white blood cells as stated by V3. Facility's policy titled "Transportation, social Service" with revision date 9/1/22 states "Our facility shall help arrange transportation for residents as needed." #2 states: If the resident needs an ambulance or medicar, the facility will contact an ambulance company and order for one for the resident. #3 states: Social Services and or designee in the facility will help the resident as needed to obtain transportation. Facility's policy titled "Surgery-Related (Pre- and Post-Operative) Management-Clinical Protocol" states (under "Monitoring") with revision date 6/13/22 states: #1: After readmission to the facility post-operatively, the physician and staff

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will maintain appropriate communication with the referring surgeon to ensure that the resident receives adequate post-operative care and that the staff and Attending Physician receive relevant

(X3) DATE SURVEY

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 9 medical information. #4 states: The staff and physician will monitor for, and address post-operative risks and complications such as infection, deep vein thrombosis, cardiac arrhythmla, bleeding, failure of surgical wounds to heal, urosepsis from indwelling catheters inserted in the hospital, delirium, depression, etc. Facility's policy titled "Physician Services" with revision date 2/1/22 states: The medical care of each resident is supervised by a licensed physician. #3 states: Supervising the medical care of residents includes (but is not limited to) #b: Monitoring changes in resident's medical status.			LITATION 4538 NOF	RTH BEACON				
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