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 IL6014575 B. WING 05/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7370 WEST TALCOTT AVENUE **ASCENSION RESURRECTION LIFE** CHICAGO, IL 60631 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments \$ 000 Complaint Investigation: 2382730/IL158264 S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210d)1)2) 300.1630d) 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 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 Attachment A Statement of Licensure Violations care needs of the resident. d) Pursuant to subsection (a), general nursing

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

**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 IL6014575 05/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7370 WEST TALCOTT AVENUE **ASCENSION RESURRECTION LIFE** CHICAGO, IL 60631 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 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 administered. 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.1630 Administration of Medication d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to obtain medications and insulin from the facility's emergency dispensary machine and failed to administer medications as prescribed for 2 (R1, R2) of 4 newly admitted residents reviewed for improper nursing care. This failure resulted in R1 not receiving ordered pain medication on admission and experiencing pain level of 10 on a pain scale of 0 to 10. Findings include:

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back Pain.

R1's diagnosis include but are not limited to Diabetes, Disease of the Spinal Cord and Low

1. On 4/22/23 at 8:40 AM, R1 stated, "I was admitted on 1/5 at 6PM. I was discharged on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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ASCENS	ION RESURRECTION	N LIFE 7370 WE	ST TALCOTT				
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S9999	Continued From pa	age 2	S9999				
	major surgery on n	e with my husband. I had ny spine, needed therapy at the n my admission, I did not	•	# & a			
9	receive my pain me diabetes insulin me	edication [hydrocodone], edication, or heart medications Throughout my stay, I did not		T 120	5.		
(e)	receive my heart mas well."	nedication or pain meds daily	25	e.	## E*	1.	
15	hospital for spine s rehab services. W was in a lot of pain the hospital. The r mediation was una	AM, R1 stated, "I was in the urgery. I went to the facility for hen I arrived at the facility, I due to the bumpy ride from ourse told me that my pain vailable. I explained to the				2.0	
3 3 <sup>21</sup> X	nurse that my pain 0-10. My pain was mind." R1's medica documents R1 rece	was a ten on a pain scale so bad that I felt out of my ation administration record eived pain medication on , 9 days after admission.	55			60 10	
	R1's medical recording sheet: admitted on orders:	rd documents in part, face 1/5/23 at 6:41 PM. Physician			**************************************		
	(subcutaneous) dai	l inject 32 units into skin SQ ily at bedtime, order date /5/23, end date 1/7/23.	11	3 / A			
-	Electronic Medicati (EMAR) documents 1/5/23.	on Administration Record s medication was not given on	i V E	* 8	1		
2	SQ daily at bedtime 1/7/23. EMAR doc	nl vial inject 32 units into skin e, order date 1/5/23, start date uments medication was not		0.		73	
	bedtime, order date 1/5/23.EMAR documents given on 1/5/23, 1/7	take by mouth daily at	#I)	⊕ Vi >			
8.9	date 1/5/23, start da	ate 1/5/23. EMAR documents		25 ==			

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 IL6014575 05/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7370 WEST TALCOTT AVENUE **ASCENSION RESURRECTION LIFE** CHICAGO, IL 60631 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 TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 3 S9999 medication was not given on 1/7/23, 1/8/23, 1/11/23, and 1/17/23. -Lisinopril 40mg take one tablet by mouth daily, order date 1/5/23, start date 1/5/23. EMAR documents medication was not given on 1/7/23, 1/8/23, 1/11/23, and 1/17/23. -Norco (Hydrocodone) 7.5mg/325mg [milligrams] take one tablet by mouth twice a day at 6AM, and 2PM scheduled with no stop date, order date 1/13/23. EMAR documents medication was not given on 1/14/23 at 6AM, 1/17/23 at 6AM, 1/19/23 at 2PM, 1/23/23 at 2PM. -Norco (Hydrocodone) 7.5mg/325mg [milligrams] take one tablet every four hours as needed for pain, order date 1/5/23. EMAR R1 received documents the medication on 1/14/23 at 1:30 am. R1 Progress notes dated 1/5/23 through 1/25/23, no nursing documentation that medication was not given. Minimum data set-brief mental interview documents score is 15, indicates R1 is cognitively intact. Care plan dated 1/5/23 R1 has the following: potential for alteration in blood pressure; give medication as ordered, potential for hypo/hyperglycemia related to diabetes: medication as ordered and monitor blood glucose levels, impaired mobility related to cervical radiculopathy, myelopathy, status post cervical spinal surgery-chronic back pain; offer/provide pain medications. On 4/22/23 at 3:14 PM, V2 (Director of Nursing)

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stated, "Newly admitted residents to the facility after 3:00PM, sometimes their medications may not have been delivered from pharmacy by the due time. My expectation for the nurses, if the medications are scheduled while the resident is in

the building, they should receive their

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 IL6014575 B. WING 05/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7370 WEST TALCOTT AVENUE **ASCENSION RESURRECTION LIFE** CHICAGO, IL 60631 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 medications. By accessing the emergency medication machine or the emergency insulin box. If the needed medication is not available in the emergency medication machine, the nurse should call and notify the pharmacy, and the physician to see if there is a substitute available or received a new order. The new orders and the reason why the medication was not given should be documented in the resident's progress notes. According to R1's face sheet, R1 was admitted to this facility on 1/5/23 at 6:41 PM, R1's EMAR for January 2023 the following medications: Dated 1/5/23- atorvastatin 20mg, to take by mouth at bedtime (8PM) V8 (Registered Nurse) documented "N" which means the medication was not given, and 1/5/23, -Lantus 100unit/ml. inject 32 units subcutaneous at bedtime, V8 documented "N" which means the insulin was not given. I am not sure why V8 did not administer R1 medication or insulin. On 1/6/23, I went in to meet with R1, and introduced myself, R1 did not express any concerns regarding not receiving her evening insulin or medication on 1/5/23." 2. On 4/22/23 at 10:41 AM, R2 stated, "I cannot remember when a was admitted, if I received all my medications. My admission process went smoothly, I arrived at the facility around 6PM." R2's medical record documents in part: face sheet, admitted on 2/16/23 at 7:39 PM. Physician orders: -Levemir 100 unit/ml vial inject 28 units into skin SQ daily at bedtime, order date 2/16/23, start date 2/17/23. Hospital medication form dated 2/16/23, documents to give Levemir on 2/16/23 at 9PM, EMAR documents medication was not

given on 2/16/23.

-Morphine (MS Contin) 12hour tablet 30mg every 12 hours scheduled (9AM, 9PM), documented on Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6014575 05/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7370 WEST TALCOTT AVENUE ASCENSION RESURRECTION LIFE CHICAGO, IL 60631 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 TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 Hospital medication form dated 2/16/23, EMAR documents medication was not given on 2/16/23 at 9PM, 2/18/23 at 9AM, and 2/22/23 at 9PM. -Gabapentin 300mg capsule one cap by mouth at bedtime order date 2/16/23, start date 2/17/23. Hospital medication form dated 2/16/23, documents to give Gabapentin on 2/16/23 at 8:00 PM, EMAR documents medication was not given on 2/16/23. R2 Progress notes dated 2/16/23 through 2/28/23, no nursing documentation that medication was not given. Minimum data set-brief mental interview documents score is 15, indicates R2 is cognitively intact. Care plan dated 2/16/23, R2 has the following: Alteration in cardiovascular related to atrial fibrillation; give medications as ordered. Potential for alteration in blood pressure related to diagnosis of hypertension; give medications as ordered. Potential for hypo/hyperglycemia related to diabetes; give medications as ordered, monitor blood glucose as ordered. Alteration in comfort related to right hip pain, adenocarcinoma of lungs, rheumatoid arthritis; administer pain medication as ordered. 3. On 4/22/23 at 11:06 AM the surveyor, V3 (Agency Registered Nurse) and V4 (Registered Nurse) entered a locked clean utility room. V4 accessed the emergency medication machine and retrieved R4's hydrocodone 5/325mg (1-tablet) using a code from pharmacy.

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On 4/22/23 at 11:10 AM V4 stated, "I been working here for 20 years. If a diabetic 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: C B. WING IL6014575 05/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7370 WEST TALCOTT AVENUE **ASCENSION RESURRECTION LIFE** CHICAGO, IL 60631 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 does not have their insulin available, I would call pharmacy for the insulin to be placed on the next delivery. However, if the resident blood glucose is high, I would borrow from another resident to save their life. The facility does not have any house stock or emergency stock of insulin available to use. In the medication med room, we have apple juice, orange juice and milk available to give to the residents that blood glucose level is slightly low." On 4/22/23 at 12:30 PM, V5 (Registered nurse) stated, "There is always medication available, for heart medication, pain, or insulin. The heart medications and pain meds are stored in the facility's emergency medication machine. The insulin is stored on the first-floor medication room locked refrigerator." Surveyor and V5 entered the first-floor medication room. In the locked refrigerator, observed a clear locked container with Lantus, NovoLog, Levemir, Humalog, Novolin -R. Novolin -N. Novolin 70/30 insulins available. On 4/23/23 at 12:08 AM, V8 (Registered Nurse) stated, "I work the night shift. I signed out R1's dated 1/5/23- atorvastatin 20mg, to take by mouth at bedtime and documented "N" which means the medication was not given, and 1/5/23, -Lantus 100unit/ml, inject 32 units subcutaneous at bedtime and I documented "N" which means the medication was not given. I only signed out the medication, because there was an agency nurse working and completed a paper documentation that V2 (Director of Nursing) keeps record of the papers. The paper EMARs V2 has, it will show that those medications were not given by the agency nurse. The agency nurse had to tell me that the medication was not administered in order for me to document that on the EMAR. The

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED C 05/02/2023	
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S9999	Continued From page 7		S9999				
×	and available emer	gency medication machine gency insulin. However, it was to give on the shift ahead of	=	N.			
V.	stated, "I found the administration reco 1/7/23 R1 did recei	A, V2 (Director of Nursing) paper medication rd (MAR) for R1 that shows on ve Levemir insulin from an description column does		V :			
2 28	document Lantus 1 bedtime. However are the same. The discontinue the Lar new order for the L	00unit/ml to give 32 units at Levemir and Lantus insulin agency nurse was unable to a study insulin order and write a evemir insulin. R1's original 2023, documents R1 did not	9 6	Ş		48	
iig o	receive Lantus insuunits at bedtime (or date 1/7/23), on 1/5 is not in the system documentation for	ilin 100 unit/ml dose to give 32 der start dated 1/5/23, end 5/23, and 1/7/23. Agency staff to complete admission a new resident. Only the staff te new or re-admissions	es m	82	20%		
D (6	orders. There were completing R1, and documentation incl	e multiple staff nurses		ni S			
	the staff nurses that and the agency nur and R2's care. The	t completed the admissions rses who was overseeing R1 perefore, the agency nurses did		A C	a 51 g		
	on those evenings. with a diagnosis of	ertain medications that was due A newly admitted resident diabetes, staff should take and s blood glucose level and		et			
40 E_	administer insulin if the resident blood of above the normal li- receive prescribed potentially cause ac- resident, such as in	not, it could potentially cause glucose levels to be low or high mits. If a resident does not medications, it could dverse symptoms to the acrease in blood pressure, or	<u>.</u>		X		
	pain."		1				

Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6014575 B. WING 05/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7370 WEST TALCOTT AVENUE **ASCENSION RESURRECTION LIFE** CHICAGO, IL 60631 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 8 S9999 On 4/22/23 at 10:00 AM requested full list of the emergency medication machine inventory list from V2. Received pages 20, 21, and 22 dated 6/21/2019. On 4/23/23 at 9:00 AM requested a full list of the emergency medication machine inventory list from V2. Received pages 8-14 dated 4/13/23. Surveyor did not receive the completed inventory list. Policies Reviewed: Documents in part Documentation of Medication Administration dated 1/22: Nurses shall document the medications administered to each resident on the resident's medication administration record. Follow physician orders as prescribed. Nursing Care of the Resident with Diabetes: Monitor and record blood glucose levels as prescribed and document the level. The physician will order the frequency of glucose monitoring. The management of individuals with diabetes should follow relevant protocols and guidelines. "B"

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