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: _ **B. WING** IL6015382 05/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE ASSISTED LVG CTR LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG **DEFICIENCY**) S 000 Initial Comments \$ 000 Complaint Investigation #2313605/IL159339 S9999 Final Observations S9999 Statement of Licensure Violations 330.710a) 330.910b) 330.1520a)4) Section 330.710 Resident Care Policies The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.910 Personnel b) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least one staff member awake, dressed, and on duty at all times. Attachment A Section 330.1520 Administration of Medication Statement of Licensure Violations All medications taken by residents shall be self-administered, unless administered by

Illinois Department of Public Health

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

personnel who are licensed to administer

TITLE

(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 IL6015382 05/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE ASSISTED LVG CTR LINCOLNSHIRE, IL 60069 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 CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents. 4) If the facility elects to administer medications to some residents for control purposes, the medications shall be administered by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Medications shall not be recorded as having been administered prior to their actual administration to the resident. These REQUIREMENTS were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a staff member was in the facility qualified to care for R1's cardiac assistive device and licensed to pass medication to facility residents. This applies to twenty-six of twenty-six residents (R1-R26) in the facility reviewed for staffing in the sample of twenty-six. This failure resulted in R1 being transferred out of the facility to the hospital and R2-R26 not receiving their scheduled 9:00AM, medications until after 1:00PM. The findings include: On 05/01/23 at 2:10PM, R1 was not in his room located on the North-East unit of the facility. On 05/01/23 at 1:50PM, V3 CNA-Certified Nursing Assistant said, I arrived at the facility at

Illinois Department of Public Health

PRINTED: 07/18/2023 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 IL6015382 05/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE ASSISTED LVG CTR LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (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 2 S9999 10:00AM, there was no nurse or CNA on the unit. On 05/01/23 at 1:50PM, on the north-west unit, V4 LPN-Licensed Practical Nurse and V5 RN-Registered Nurse were passing 9:00AM. medication to the residents. On 05/01/23 at 1:51PM, V4 LPN said, I was called in to help V5 RN pass medication. I arrived at the facility at 1:00PM. On 05/01/23 at 1:52PM, V5 RN said, I am an agency nurse. I arrived at the facility at 12:00PM. I did not receive a report from a nurse about the residents. There was no nurse on the unit. I am passing 9:00AM, medications. On 05/01/23 at 1:55PM, V6 CNA said, Larrived at the facility at 4:00AM, the overnight CNA left at 7:00AM. I took over both units (North-West and North-East). There was no nurse after 8:00AM. V15 LPN-Licensed Practical Nurse left the facility at 8:00AM, he was the night shift nurse. I do not know who he reported off to. On 05/01/23 at 2:00PM, V7 LPN said, I came in between 12:30PM to 12:45PM. I am passing 9:00AM, medications. On 05/01/23 at 2:15PM, V8 Dietary Director said. I arrived at the facility at 5:00AM. The kitchen staff prepared breakfast for the residents. When we began taking the meal trays to the floor at 8:00AM, there were no nurses in the facility.

Illinois Department of Public Health

On 05/01/23 V7 LPN updated a census list to show all residents that were in the facility May 1, 2023, at 12:01AM. The list contained R1-R26.

On 05/03/23 at 9:55AM, V16 Advance Practice

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** IL6015382 05/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE ASSISTED LVG CTR LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) S9999 Continued From page 3 S9999 Nurse said, R1 has a LVAD-Left Ventricular Assistive Device. R1 has been a long-time resident of the facility. There was a changing of the guard on Monday (05/01/2023), no one showed up for work. The dangerous part is R1 having a stroke if he is improperly managed, R1's LVAD keeps him alive. R1 is not able to change the batteries on the device. If R1 went all day without someone trained to change his batteries he would have had problems. I was notified by another patient in the facility, they were concerned about the situation at the facility. I then contacted R1; to ensure his safety, R1 was transferred to the hospital. On 05/03/23 at 10:09AM, V6 CNA said, the nurse is responsible for changing the batteries in R1's LVAD device. Only the nurse can provide medication to the residents. All medication is kept it the medication cart. The medication cart is always locked. Only a nurse can access the medication. On 05/03/23 at 11:50AM, V15 LPN said, my shift ended May 1, 2023, at 8:00AM. The morning nurse did not show up at 7:00AM. There was no nurse in the facility to report off to when I left. The resident's medication is kept in a locked medication cart. The residents do not have access to their medications. The CNAs do not have access to the medication cart. On 05/03/23 at 12:47PM, V7 LPN said, the nurses are responsible for changing the batteries on R1's LVAD device. We have received specific training on the procedure. On 05/03/23 at 12:47PM, V7 LPN said, when I arrived at the facility on May 1, 2023 (12:30PM to 12:45PM), nursing staff was not able to log on to

Illinois Department of Public Health

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FORM APPROVED 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: B. WING IL6015382 05/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE ASSISTED LVG CTR LINCOLNSHIRE, IL 60069 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) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 4 S9999 the electronic MAR-Medication Administration Record. I began preparation to document the medication pass on paper. Just before I started medication pass, we were given access to the electronic medical record and the electronic MAR. The MAR does not show the time the medication. was given; it shows when the medication is scheduled to be provided to the resident and the staff that administered it. I do not know the exact time I provided the residents with their medication. I did tell you what time I arrived at the facility. (12:30PM-12:45PM). On 05/04/23 at 9:54AM, R1 said, it was a situation on that day (05/01/23). I have a LVAD. The staff that assist me need to have training, not only to handle the machine but to provide medication and obtain laboratory blood test results. The hospital team that handles the LVAD called 911 because there was no nurse to provide assistance with my cardiac device or provide my medication. On 5/04/23 at 12:45PM, V17 RN said, on May 1, 2023. I arrived at the facility at 11:35AM, I was told the paramedics were with R1. I went to R1's room. The paramedic told me the LVAD Clinical Team had called them. The paramedics asked if R1 had received his medication. R1 did not get the (9:00AM) after breakfast medications. The paramedic asked if someone would be available to assist R1 throughout the day; the paramedics asked, what should we do? I said, in my opinion, R1 would be better off going to the hospital. R1 agreed. At 11:53AM, I sent R1 out to the hospital. On 05/08/2023 at 12:40PM, V18 MD-Medical Doctor said, R1 has a ventricular assistive device

Illinois Department of Public Health

implanted in his chest. It assists the heart in moving blood throughout the body. If the batteries

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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: B. WING IL6015382 05/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE ASSISTED LVG CTR LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 are not changed, he could die. R1's Medication Administration Record dated 05/01/23 at 9:00AM, shows, torsemide oral tablet 20 milligrams, give one tablet by mouth one time a day for EDEMA (a sign & symptom of cardiac overload). Sulfamethoxazole-trimethoprim tablet 800-160 milligrams (anti-biotic) give one tablet by mouth two times a day for prophylaxis (Infection Prevention). R1's Service Plan updated 08/08/2022 shows, Focus: R1 is at risk for altered cardiovascular functioning related to presence of ventricular assistive device. Goal: Resident will be free from cardiac overload. Intervention: administer medications as ordered. Focus: Resident has potential for infection related to ventricular assistive device. Goal: Resident will not develop signs and symptoms of infection. Intervention: Assess for signs and symptoms of infection. Give medications and treatments as ordered. The facility's Staffing Policy revised 10/22/22 shows, sufficient staff in numbers and QUALIFICATIONS shall be on duty all hours of each day to provide services that meet the total needs of the residents. R2's Blood Glucose Record dated May 1, 2023 shows, R2's 11:00AM, blood glucose check was performed at 1:34PM, showing 254 milligrams per deciliter (Normal Blood Glucose 70-100mg/dl). R2's Medication Administration Record dated May 1, 2023 shows, 17 units of insulin scheduled for

Illinois Department of Public Health

11:00AM, was provided at 1:34PM, R2's 9:00AM,

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 IL6015382 05/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 170 JAMESTOWN LANE LINCOLNSHIRE ASSISTED LVG CTR LINCOLNSHIRE, IL 60069 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 6 S9999 including, acetaminophen 500mg-milligrams 2 tablets for pain, amlodipine besylate 5mg for hypertension, ascorbic acid 500mg, aspirin 81mg reduce risk of blood clots, ferrous sulfate 325mg, finasteride 5mg, Flomax 0.4mg 2 cap for urinary retention, fluoxetine hydrochloride 20mg for depression, metoprolol succinate extended release 24h 50mg for hypertension, multivitamin 1 tablet, potassium chloride 20meg, florastor 250mg, furosemide 40mg for edema, hydralazine 25mg, quetiapine fumarate 25mg every 12 hours antipsychotic. Medication Administration Records dated May 1, 2023 for R1, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25 and R26 shows, they all had medications scheduled for administration at 9:00AM. The facility's Medication Pass policy revised 03/28/23 shows, it is the policy of the facility to adhere to all Federal and State regulations with medication pass procedures. (Illinois Title 77: Section 330.1520 Administration of Medication a) All medications taken by residents shall be self-administered, unless administered by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to Pesidents.) (A)