STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TTY, STATE, ZIP CODE  TH AVENUE  302  PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE	
10	14	· ·	A. BOILDING		
(P)	Ø 8	IL6010110	B. WING	<u> </u>	05/26/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY,	STATE, ZIP CODE	9 5
BERKEL	EY NURSING & REH	AR CENTER	EST NORTH		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID		ON (YE)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COMPLETE
\$ 000	Initial Comments	### ### ##############################	S 000	2 >	13
	Annual Licensure a	and Certification Survey	¥	* .	
S9999	Final Observations		S9999		12 (0)
9 .		37			> 5*
W. 2	Statement of Licen	sure Violations:	39	5 8 C C	
"W	300.610a)			20	8
	300.1210b)	W 20 E		20 11	
23	300.1210d)3)		13	e 2	
12	Section 300.610 R	Resident Care Policies		( ) ( )	- 35.50
- 6.9	a) The facility shal	I have written policies and			
	procedures govern	ing all services provided by th		la v	
		n policies and procedures shall Resident Care Policy	e 10 f		5
	Committee consist	ing of at least the			0 = 2 3
110		advisory physician or the ommittee, and representatives			≨
19	of nursing and other	er services in the facility. The			-25
Di eo		ly with the Act and this Part. s shall be followed in operating	,		W W
20.00	the facility and sha	Il be reviewed at least annuall	y		1.0.00
	by this committee, and dated minutes	documented by written, signer of the meeting	d	2 8	
1	, î e	_		_*	= 10
	Section 300.1210  Nursing and Perso	General Requirements for nal Care	1.1		2
	b) The facility shall	provide the necessary care			1 4 P a 1 P
U		ain or maintain the highest al, mental, and psychological	<		12
	well-being of the re	sident, in accordance with			2 V
		mprehensive resident care disproperly supervised nursing	27 - 455 - 5		
×		care shall be provided to each	),	Attachment A Statement of Licensure Violations	See 5
	resident to meet th	e total nursing and personal		ORGENIENT OF PROPRIENTS	1050

care needs of the resident.

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

TITLE

(X6) DATE

	repartment of Public					
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G:		E SURVEY PLETED
		IL6010110	B. WING		05/	26/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		20,2020
BERKEL	EY NURSING & REH	AB CENTER 6909 WE	ST NORTH A	AVENUE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	RK, IL 60302		27:01:	-
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 1	S9999			
	Section 300.1210 (Nursing and Persord) Pursuant to subcare shall include, a and shall be practic seven-day-a-week (3) Objective observesident's condition emotional changes, determining care refurther medical evaluation of the section of the secti	General Requirements for nal Care section (a), general nursing at a minimum, the following ed on a 24-hour, pasis: ations of changes in a , including mental and as a means for analyzing and quired and the need for luation and recorded in the			59 E	
				W	Q	
	These regulations	were not met as evidenced by:				
	review, the facility fa pain management f severe pain of one i sample of 12. This becoming extremely	on, interview, and record ailed to implement effective or one resident's (R139) with resident reviewed for pain in a failure resulted in R139 anxious in anticipation of ring she wanted to die as so bad.				
	Findings include:			26		
	in bed, soft spoken, V16 asked how R13 her neck hurts. V16 hurting." V16 then I asking R139 her paichest and the reside Surveyor asked R13 R139 states her pair the nurse gave her emedication. R139 s	AM R139 was observed lying and V16 (LPN) at bedside. 9 was doing and R139 states 5 states "oh your neck is still eaves the room without in level. R139's chin is to her ent looks uncomfortable. 89's pain level from 1-10. In level is 9/10. R139 states extra strength acetaminophen tates she is "waiting for it to be has been in pain since she				

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
		IL6010110	B. WING	# 10	05/	26/2023			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
BERKELEY NURSING & REHAB CENTER  6909 WEST NORTH AVENUE OAK PARK, IL 60302									
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE			
S9999	Continued From pa	age 2	S9999		б				
185	had a stent/surgery	/. 	<u>)))</u>						
	7/10. R139 states	AM R139 states pain is still she only had the extra phen earlier and nothing else.	e s	≈ .#		-			
		AM R139 states her pain is she doesn't remember ay.		15 38 383					
	hall at the medicati the floor today. V2 about 8 am. R139 s pain medication for	6 AM V2 (DON) standing in the on cart states she is working states she saw the resident at states R139 has a narcotic high levels of pain. V2 states narcotics if they request it and r above.				S 50			
2	bed with her chin to uncomfortable. R1 the staff doesn't be R139 states "becau hollering they don't this is my body. I w arms observed visi is not sure if shakin	AM R139 is observed lying in the chest and looking 39 states she is in pain and lieve her when she tells them. Use I'm not screaming and believe me. I'm a person and youldn't lie about that." R139's bly shaking. R139 states she ig is because of pain or 1139 states she can get		7 s					
	confused because tell her "You are okneck and shoulders side is worse than they turn me over to At 10:03 AM V2 con R139 "do you want R139 states "yes," medication. V2 sta Surveyor asks do y V1 says, yes, and controlled the state of the says of th	of the pain. R139 states they ay". R139 states, "My head, shurt. My neck on the right the left side. I scream when to the left side to change me." mes into the room and says to the strong stuff," for pain. To the offer of a stronger pain arts to leave the room. To ask what the pain level is comes back to ask pain level.	OL EE	: i	9 N	3) 2			

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	,
AND	344	DENTI ONITOTIONE	A. BUILDING:	:	OUWIFEELED	
	*	IL6010110	B. WING	to .	05/26/2023	<b>3</b>
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE	. 3	
BERKEL	EY NURSING & REHA	AB CENTER	ST NORTH A			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPL	LETE
S9999	Continued From pa	age 3	S9999			
50 C	don't want you to cr some pain medicati the room, then Res "Thank you." While die. R139 states, "I so bad. I love to be	in was so bad. V2 states, "I ry," and she would get R139 tion. At 10:05 AM V2 leaves sident starts crying and says e crying R139 states "I want to "I want to die because it hurts e alive, but this pain is so rates she was in pain all night.				
	and surveyor tells V said she wants to d	8 AM V2 at medication cart V2 that R139 was crying and die because of the pain. V2 ne doctor/social services know.	± E	- - - -	5.3	23
	10:50 AM documen complaining of general was 10 out of 10. Fordered. Given as	ote by V2 dated 5/24/2023 at into the following: Resident veralized pain to body. Stated it Resident only had Tylenol ordered. Called V22 (Dr.) palliative care for evaluation of pain.	20			
	On 5/24/2023 at 11 is 10/10.	:08 Am R139 states her pain		12		
		:10 AM V10 CNA states R139 lot when you are going to turn se a deep breath.		÷	=	
-	is working with R13	5 AM V21 (Therapy) states she 39. V21 states V21 had d and neck pain on Monday.	<u>.</u>	===	r	ı
	Saturday R139 said was hurting and the She said whole righ was hurting on Satu	AM V6 (CNA) states on d her right leg and right side en her stomach was hurting. In time of her head and neck lurday. V6 states she told V9 y about R139's pain.		50 ps.		

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 IL6010110 05/26/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE **BERKELEY NURSING & REHAB CENTER OAK PARK, IL 60302** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 05/24/23 02:18 PM R139 states her pain is a little better and is 7/10. R139 states she would like pain relief. On 5/24/2023 at 2:57 PM with V6 (CNA), V10 (CNA) and V13 (PTA) to observe ADL care. Surveyor asked R139 her pain level. R139 states it is a 5/10. R139 is anxious while they cleaned the front of her. V13 states resident is "anticipating pain" and "gets apprehensive." R139 gets very anxious starts saying "oh" and breathing fast and rolling her eyes, shaking, and quivering more intensely. V10 states she has seen her do this before. R139 calms down and says be careful before they were going to turn her. When they turned R139 on her left side, R139 screamed "Ohhhh!" and kept saying "oh." No one asked R139 if she was in pain. Surveyor then asked staff has she ever screamed like that before when you turned her. V6 and V10 both said yes, all the time. V10 states she always does that. V10 said she considered that a moan. V6 and V13 were in agreement. Surveyor asks R139 if she was in pain and R139 said "yes, it hurts. My neck is hurting." On 5/25/2023 at 9:16 AM surveyor asks R139 how she is doing. R139 states, "I'm still hurting." Pain is still the same. When asked what number on scale of 1-10, R139 states 10. On 5/25/2023 at 9:18 AM surveyor informed V16 (LPN) that R139's pain was 10/10. V16 states she will go see her. V16 states she gave R139 pain medicine on Tuesday 5/23/2023 and when she rechecked R139's pain level she was still in pain. R139 states she then asked V14 (APN) to

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Tylenol.

see her because R139 was still in pain after the

Illinois Department of Public Health

AND DIAM OF CORRECTION INCOMPLETE INCOMPLETE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6010110	B. WING		05/26/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	10 11
BERKEL	EY NURSING & REH	ARCENIER	ST NORTH A K, IL 60302		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
S9999	saw R139 on Tues having neck pain a Peripherally Inserte line. V14 states sh level and she didn' billing R139. V14 s	33 AM V14 (APN) states she day and R139 said she is nd pain on the side of the ed Central Catheter (PICC) he doesn't remember her pain t chart it because she was not tates she ordered PICC line be PN) states V16 (nurse) told her	\$9999		
	saw resident and s consisting of a hea chest pain that rad states she is going	0:19 AM V14 (APN) states she he has pain of 10/10 dache, neck pain, and right iates to the left side. V14 to send R139 out to the 1139 said her head pain is the had.	7 6		
	Provider) states the R139's pain. V22 states, had he acetaminophen on tried to add someth Neurontin. V22 states whelping pain then he care for pain control.	33 PM V22 (Primary Care enurse called him regarding tates the nurse stated that incontrolled and nothing was facility) had tried everything. I known that R139 only had board for pain, he would have ning else like Naproxen, or ates kidney problems and or reason not to treat R139's when routine things are not the would recommend palliative oil. V22 states he ordered he resident because the nurse everything.	X		
	nurse should ask a or if you have some they should ask mo should ask pain lev	2:22 PM V2 (DON) states the about pain every shift minimally eone always complaining, then ore often. V2 states the facility yel, what kind of pain, look at expressions, if guarded,		W to	

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\_ IL6010110 05/26/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S P (EACH CORRECT CROSS-REFERENC	IVE ACTION SI	HOULD BE	(X5) COMPLETE DATE
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\$9999	Continued From page 6	S9999	S 8,	0)		V Tea
	moaning, screaming, or grimacing, fearful, don't want you to touch them; these are all signs of pain. V2 states they use different interventions to relieve pain. In general, we should write a note about what a resident said and what intervention provided and how the resident received the pain management intervention. If it was effective or ineffective. V2 states, if you don't document on the Medication Administration Record (MAR) the pain level, the reminder to reassess pain doesn't pop up. V2 states for uncontrolled pain they try to see what's working and try to alleviate pain and should call doctor and let the doctor know.		in the second se		2 2	
	R139's Therapy note by V21 (Occupational Therapist Aide) dated 5/19/2023 documents pain present on assessment. Pain limits patient's functional activity.					
	R139's Therapy note by V23 (Occupational Therapist) dated 5/23/2023 documents R139 reports pain on neck.					
	Review of R139's pain assessments, is empty of any documented pain level.					
	Review of R139's care plan is absent of a care plan for pain.					
	Review of R139's medication administration record is absent of any documentation that any pain medication was given.					
	The facility's Pain management policy documents the following: Policy: Our mission is to facilitate resident independence, promote resident comfort and preserve resident dignity. The purpose of this policy is to accomplish that mission through an effective pain management program, providing our residents to means to receive necessary					

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FORM APPROVED

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	(X3) DATE SURVEY COMPLETED					
		E3	71. 501251110.	*				
		IL6010110	B. WING		05/26/2023			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
BERKEL	EY NURSING & REHA	AR CENTER	ST NORTH A RK, IL 60302					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE			
S9999	Continued From pa	ge 7	S9999					
	enhance dignity and We will achieve the "Promptly and a diagnosing pain	se goals through: ccurately assessing and		A 47 47 47 47 47 47 47 47 47 47 47 47 47	: %			
9 9	effects. " Preventing and when possible. B. The licensed nur comprehensive pair	n assessment under any of	,		.8			
		nstances: n routine pain medication and d, persistent, or worsening.	2	8 to 1, 19	a ar			
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