PRINTED: 06/29/2023 **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 IL6009625 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9000 LA VERGNE AVENUE **GROVE OF SKOKIE, THE** SKOKIE, IL 60077 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 **Annual Licensure and Certification** S9999 Final Observations S9999 Statement of Licensure Violations (1 of 2) 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210d)2) Section 300.610 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 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 300,1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant

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

change in a resident's condition that threatens the

health, safety or welfare of a resident, including,

but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain

TITLE.

Attachment A

Statement of Licensure Violations

(X6) DATE

PRINTED: 06/29/2023 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 IL6009625 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9000 LA VERGNE AVENUE **GROVE OF SKOKIE, THE** SKOKIE. IL 60077 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1210 General Requirements for Nursing and Personal Care Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's quardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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

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care needs of the resident.

Pursuant to subsection (a), general nursing care shall include, at a minimum, the

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: _ B. WING IL6009625 05/18/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GROVE (OF SKOKIE, THE 9000 LA V	ERGNE AVE	ENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		(X5) COMPLETE DATE	
S9999	Continued From page 2	S9999	-		
	following and shall be practiced on a 24-hour, seven-day-a-week basis:		83		
23	2) All treatments and procedures shall be administered as ordered by the physician.	(552)			
	These Requirements were not met as evidenced by:				
350	Based on observation, interview, and record review, the facility failed to prevent or identify the formation of a pressure injury; failed to follow physician's orders to provide adequate pressure ulcer treatment to prevent the worsening of a pressure injury, and failed to follow their skin care treatment facility policy for 1 of 4 (R49) residents reviewed for pressure injury in a sample size of 30.		9		
×	As a result, R49 acquired a right heel pressure ulcer which progress to an open stage 4 pressure injury	EE	nu nje		
EE	Findings include:				
	R49's face sheet showed she is a 65-year-old female resident with a past medical history not limited to rhabdomyolysis, acute kidney failure, hypertension and history of Covid-19. She admitted to the facility on 07/11/2022. Facility provided wound list that indicated R49 has a current facility acquired unstageable pressure ulcer to her right heel that was identified on 09/18/2022.		ED 27		
Illinois Dena	On 05/15/23 at 01:25 PM, observed R49 lying in bed on a pressure relieving mattress with right heel protector loosely in place. Observations tment of Public Health			100.	

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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 IL6009625 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9000 LA VERGNE AVENUE **GROVE OF SKOKIE, THE** SKOKIE, IL 60077 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 3 made for remainder of 05/15/2023 through 05/18/2023 were of R49 sitting in wheelchair in same position with heels not being offloaded. On 05/16/2023 at 12:15 PM, V13 (Wound Care Coordinator) said R49 acquired the pressure ulcer to her right heel during the time she tested positive for Covid and was also having some mobility issues. V13 added that R49's wound measured 6 centimeters (cm) x 5 centimeters (cm) with no depth upon the initial identification. On 05/17/2023 at 02:42 PM, observed R49's wound care performed by V13 (Wound Care Coordinator) who first removed previous dressing; noted moderate amount of light to dark brown drainage visible throughout dressing. R49's right foot noted to be very dry and flaky with mild swelling to foot and ankle. V13 then performed resident's wound care and indicated the presence of new granulation and epithelial tissue with moderate amount of clear to light brown drainage and no current signs of infection. R49's physician wound care note dated 05/11/2023 showed, "right heel with open stage 4 pressure injury" with wound size post debridement documented as "1.5x3.5x0.7" (length x width x depth). R49's Medical Professional Progress Note dated 4/19/2023 12:50 showed, "seen today for right heel wound. Heel was noted with swelling. Started on Augmentin empirically. Xray + right heel worsening ulcer without evidence of [Osteomyelitis] and Doppler negative. Wound culture ordered; results not available". R49's Skin Evaluation dated 03/15/2023

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documents "unstageable pressure wound to right

(X2) MULTIPLE CONSTRUCTION

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1,75	E CONSTRUCTION	(X3) DATE COMPI	
		IL6009625	B. WING	····	05/1	8/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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		nent of 3.0 x 2.5 x 0.3". Risk nited to "depression and use".		*		
		h last completion date of		28		
	impairment to skin unstageable wound Interventions indica	s that resident has an actual integrity related to right heel d, date initiated 07/11/2022. ated low risk with weekly skin		3		
	(initiated 07/11/202 (initiated 07/11/202 every 2 hours and	abnormalities to the nurse 2); off load heels as ordered 2); turn and reposition at least as needed (initiated rervention for heel protectors				9
	noted.	ervention for fleer protectors		Ti.		
	03/08/2023 indicate unhealed pressure	ta Set, Section M dated es R49 has one or more ulcers/injuries and is not on a g program. No documentation ctor use.	-			
	R49's Skin Alteration 9/21/2022 showed wound to right hee	on Nursing Evaluation dated a "new unstageable pressure I that measured 6 centimeters rs (cm); no depth was	:	A		î
	documented. Per s unstageable wound loss in which the ba	kin assessment evaluation, and indicates full thickness tissue ase of the ulcer is covered by		51		
	eschar (tan, brown Last Skin Evaluatio Comprehensive) d current Braden pre	, gray, green or brown) and/or or black) in the wound bed. on (Quarterly + ated 07/11/2022 showed no essure ulcer assessment score			ž.	
	result.			30		
	09/18/2022 shower to and/or increased right heel wound a	cialist Assessment dated drisk factors that contributed drisk of resident's unstageable s "urinary incontinence", use of a min need of assistance with				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMPI	
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S9999	devices listed were air loss), heel prote wedge. R49 has active phy heel with normal sato peri wound, appl wound bed, and se day shift, every oth needed for soilage, 05/17/2023 and pre	ing (ADL's). Pressure relieving: specialized air mattress (low actors, and offload with green esician orders to cleanse right aline, pat dry, apply skin prepty [calcium alginate] dressing to cure with dry dressing every er day for wound care and as dislodgement last revised essure relieving mattress. No ell protectors or offload with	\$9999		2) II de 3	m a
	Policy Statement: in identification and downwith skin breakdown. Procedures: 5. refer skin breakdown coordinator. 6. residents unable themselves will be 2 hours. 9. residents with st	kin Care Treatment Regimen 07/28/2022 that reads in part: it is policy to ensure prompt ocumentation for residents in down to the skin care to turn and reposition turned and repositioned every age III and/or IV pressure ulcer ecialized air mattresses like				
	Statement of Licen 300.610a) 300.1010h)	sure Violations (2 of 2)		11		*

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(X2) MULTIPLE CONSTRUCTION

(X1) PROVIDER/SUPPLIER/CLIA

(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES

AND FLAN	OF CORRECTION	IDENTIFICATION ROMBER.	A. BUILDING:	 	COMP	LETED
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ο σ	a) The facility procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory confined in the policies shall complete the facility and shall complete the facility and shall complete in the written policies the written policies the facility and shall complete in the written policies	dvisory physician or the ommittee, and representatives r services in the facility. The ly with the Act and this Part. shall be followed in operating to be reviewed at least annually documented by written, signed	T()	. es		
32	h) The facility physician of any ac change in a resider health, safety or we but not limited to, the manifest decubitus of five percent or manifest decident, injury or contification.	Medical Care Policies shall notify the resident's cident, injury, or significant at's condition that threatens the elfare of a resident, including, are presence of incipient or alcers or a weight loss or gain ore within a period of 30 days. tain and record the physician's care or treatment of such change in condition at the time				
	Nursing and Person	nal Care				

Illinois Department of Public Health

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE : COMPI	
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\$9999	facility, with the parthe resident's guard applicable, must de comprehensive car includes measurab meet the resident's and psychosocial mesident's comprehallow the resident the practicable level of provide for dischargestrictive setting beneeds. The assess the active participar resident's guardiant.	nsive Resident Care Plan. A rticipation of the resident and dian or representative, as evelop and implement a re plan for each resident that ale objectives and timetables to medical, nursing, and mental needs that are identified in the rensive assessment, which to attain or maintain the highest independent functioning, and ge planning to the least assed on the resident's care sment shall be developed with tion of the resident and the or representative, as a 3-202.2a of the Act)	S9999			
S Zi	b) The facility care and services to practicable physical well-being of the releach resident's corplan. Adequate and care and personal resident to meet the care needs of the releach resident to matter that the care shall is following and shall seven-day-a-week	shall provide the necessary to attain or maintain the highest al, mental, and psychological sident, in accordance with apprehensive resident care of properly supervised nursing care shall be provided to each total nursing and personal resident. Subsection (a), general nclude, at a minimum, the be practiced on a 24-hour,				5 V
	resident's conditior emotional changes	observations of changes in a n, including mental and i, as a means for analyzing and equired and the need for	티	2	S.	n

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

IL6009625

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FORM APPROVE

(X3) DATE SURVEY COMPLETED

GROVE OF SKOKIE, THE

9000 LA VERGNE AVENUE SKOKIE. IL 60077

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORREC CTIVE ACTION SHO NCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
S9999	Continued From page 8	S9999	hi iii			
	further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.					**
	These Requirements were not met as evidenced by:			7.00		mi la
	W 84 850					
	Based on observation, interview and record review, the facility failed to perform comprehensive pain assessments as scheduled	Fig. 12 (2)				
(a (a)	to promote effective pain management; failed to administer pain medication as requested/needed by a resident to prevent the negative effect of					=
	uncontrolled pain on a resident's function and mood; and failed to follow their pain policy and procedure for 2 of 4 (R115, R129) residents reviewed for pain management in a sample size					
	of 30.	-1				
	As a result, R115 was left in periods of unbareable pain level which causes him to cry out to staff for medication for pain relief.		4 ° 4			
	Findings include:					
	1. R115's face sheet showed he is a 61-year-old male with a past medical history not limited to: generalized osteoarthritis, anxiety, idiopathic chronic gout, calculus of the kidney and fatigue. He admitted to the facility on 01/06/2023.					
	R115 with active physician orders for: Pain Assessment: Numeric Scale (0= No Pain; 1 to 3= Mild Pain; 4 to 7= Moderate Pain; 8 to 10=					
	Severe Pain) every shift; tramadol oral tablet 50 milligrams (mg) give 1 tablet by mouth every 6 hours as needed for severe pain 4-10; gabapentin oral tablet 800mg, give 1 tablet by					

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X3) DATE SURVEY COMPLETED | (X3) DATE SURVEY COMPLETED | (X4) DATE SURVEY COMPLETED | (X5) DATE SURVEY COMPLETED | (X6) DATE SURVEY COMPLETED

(X4) ID	SKOKIE, I SUMMARY STATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CORRECTION	(X5)
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S9999	Continued From page 9	S9999	× ±	
	mouth three times a day for neuropathic pain; acetaminophen oral tablet 325mg give 2 tablet by mouth every 6 hours as needed for mild pain 1-3.			
	R115's incomplete Admission Pain Assessment	\$		
	dated 1/13/2023 12:03 showed he had pain or was hurting at any time in the last 5 days, and he frequently had moderate pain levels rated at "6/10" on numerical pain scale during those 5		200 B V	
	days. Pain frequency, Pain effect on function, Pain intensities and indicators not completed.	2		
72	R115's care plan with last completion date of 04/24/2023 reads: I present with risk factors r/t acting as a recipient or perpetrator of			5: H
	mistreatment and/or neglect, exploitation, psychiatric history and present mental health symptoms (initiated 01/11/2023). Goal: I will be treated with respect, dignity and reside in the		14 N N N N N N N N N N N N N N N N N N N	
	facility free of mistreatment (i.e., abuse/neglect (initiated 01/11/2023, target Date 04/14/2023); At risk for pain related to multiple diagnoses (initiated 01/09/2023). Interventions: Resident	9		e
	would like to be educated on overall pain management, especially on different pain-relieving methods and would like to receive pain relief upon request (initiated 01/09/2023).			
	On 05/15/23 at 1:27 PM, R115 said V22 (Registered Nurse) is unpleasant to him, there's			
	no consistency with his gabapentin and pain medication administration when she (V22) works because she doesn't administer his pain medications as accurated which as upon him to			
	medications as requested which causes him to "wait and cry in pain for her to bring my pain medicine". He said this has been ongoing since admission. R115 then said he has pain every day,			
	most of the day and has asked for something stronger than acetaminophen, but he doesn't always receive it. R115 added that his pain level			

Illinois Department of Public Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
		IL6009625	B. WING		05/18	8/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	31	
GROVE	OF SKOKIE, THE	9000 LA V SKOKIE, I	ERGNE AVE L 60077	ENUE		
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S9999	medications when hast week, V22 was "2-3 hours for pain "feels sad and frust right" when he's in that he "fears retaliaregarding his pain r	ge 10 doesn't always receive his ne needs them. R115 also said his nurse and he had to wait medicine". R115 then said he rated and can't even think so much pain. R115 added ation" for reporting his issues medications. Resident was oly distraught and saddened	\$9999		3	
	Practical Nurse) sa talked to her on Sat problems with a nur	32 PM, V12 (Licensed id R115 and his daughter both turday regarding R115 having rse (later identified as V22) ion administration times.		2) 0)	88	HE HE
×	level on a numerica "6-7". On 05/17/202	2:06 PM, R115 rated his pain al scale between 00-10 at 23 at 01:00 PM, R115 rated his perical scale between 00-10 at	:=			- 13 - 13
ş 0	Consultant) said R1 assessment done la assessments shoul resident, and if a re they should assess after administering within an hour. V16	:40 PM, V16 (Regional Nurse 15 should have had a pain ast month. V16 then said pain d be done every shift for every sident is on pain medications, their pain level before and pain medication then follow-up added that comprehensive should be completed quarterly; inpleted for R115.		A		
	Nurse) said last We R115 came out of he meds. She had told because she was o	:42 PM, V22 (Registered ednesday on the evening shift, his room and asked for his him he needed to wait on the phone with the doctors', V22 said R115 was at her		V .		

Illinois Department of Public Health STATE FORM

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(X3) DATE SURVEY

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	IPLETED
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S9999	Continued From pa	ge 11	S9999		·	
10 10	and rated his pain a pain at "6-7". V22 t for "Tramadol" beca "doesn't work for his (Director of Nursing she will no longer of request because of	"you always make me wait" at "6-7"; R115 always rates his hen said he sometimes asks ause the acetaminophen m". V22 added that V2 b) informed her on Monday that are for R115 per resident the Wednesday incident bain medication administration.				
	Consultant) provide comprehensive/qua showed he had pair the last 5 days, and rated at "7/10" on n those 5 days. Asset	rterly pain assessment that n or was hurting at any time in he had severe pain levels umerical pain scale during ssment also showed R115's good", music and as needed				ee
	R115 is alert and ca if he is voicing high he is not comfortab managed. She ther reported to her of R	:59 PM, V21 (Physician) said an make his needs known so, levels of pain from 6-7, then le, and his pain is not being a added that it has not been 1115's uncontrolled pain.				3
	record (MAR) for M only received aceta rated 1-3) on the 29 "tramadol" (used fo entire month. April administered aceta and 19th, and was on the 25th. May 2 administered aceta and had an increas administrations on the second contract of the second contr	dedication administration arch 2023 that showed he minophen (used for mild pain of the and was not administered or severe pain 4-10) for the 2023 MAR showed he was minophen on the 10th, 11th conly administered "tramadol" 23 MAR showed he was minophen on the 6th and 7th ed amount of "tramadol" the 7th and 8th, and 10th th minimal effectiveness				20

(X2) MULTIPLE CONSTRUCTION

'RPRINTED: 06/29/2023 **FORM APPROVED**

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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S9999	noted. Reviewed Pain lev 05/01/2023-05/17	vel Summary from /2023 that indicated R115 rated for higher" a total of 18 times.	S9999			50
	Reviewed Pain po 07/28/2022 that re Policy Statement:	olicy and procedure last revised eads:			er C. e	
		he facility to ensure all residents pain in every situation where Il for pain.				
	the resident will be of the pain medica unrelieved of pain	stration of prn pain medication, e assessed for the effectiveness ation. If the resident is still despite pharmacologic and s, the resident's physician will be lack of relief.		20 25		
	facility on 03/01/2 not limited to Ano: Neuromuscular D	ear -old female admitted to the 023 with diagnosis including but xic Brain Damage, ysfunction of a Bladder, us, Colostomy Status, Aphasia, asciitis.				
	reads in part, "Ox 5mg/5ml *Control	Order Sheet dated 03/01/2023 ycodone HCL Oral Solution led Drug* Give 2.5ml by mouth needed for moderate to severe		55		
4.	pain level at "0" o	r, R129's pain assessment reads n each of three shifts in March, 23 except for: 03/02/2023,		8		

(X3) DATE SURVEY

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

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМРІ	FIED
		IL6009625	B. WING		05/1	8/2023
	PROVIDER OR SUPPLIER OF SKOKIE, THE		ERGNE AVE	STATE, ZIP CODE ENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
S9999	03/20/2023, 03/27/2	2023, 03/12/2023, 03/13/2023, 2023, 04/07/2023, 04/17/2023	S9999			
-	Per record review, I Administration Rec schedule II controlle	R129's Controlled Drug ord reads that R129 received ed pain medication at least				
	for: 03/05/2023, 03/ 03/31/2023, 04/02/2 04/09/2023, 04/10/2	h, April, and May 2023 except /19/2023, 03/30/2023, 2023, 04/03/2023, 04/05/2023, 2023, 04/11/2023, 4/16/2023, 2023, 04/27/2023, 04/28/2023,				
	schedule II controllonce a day in Marc for: 03/03/2023, 03 03/30/2023, 03/31/ 04/05/2023, 04/09/	ord reads that R129 received ed pain medication at least h, April, and May 2023 except /05/2023, 03/19/2023, 2023, 04/02/2023, 04/03/2023, 2023, 04/10/2023, 04/11/2023,				
		2023, 04/22/2023, 04/23/2023, 2023, 04/28/2023, 04/29/2023,				
	Record, nor Medica schedule II controll multiple discrepand II controlled pain m	neither R129's pain olled Drug Administration ation Administration Record for ed pain medication align; cies noticed. R129's schedule edication should be given only assessed at greater than "0".				
-	On 5/17/2023 at 1: V17 (Registered No Coordinator), V17 (some sort of traum office. She suffered She is on schedule	18 PM Surveyor interviewed				

(X2) MULTIPLE CONSTRUCTION

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED | (X3) DATE SURVEY COMPLETED | (X4) PROVIDER OR SUPPLIER | (X5) MULTIPLE CONSTRUCTION | (X6) DATE SURVEY COMPLETED | (X6) DATE SURVEY COM

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	grimacing, body guarding, or screaming. R129's family also said that her pain threshold is high. R129 is able to say when she is in pain, but because of her brain injury, there is some disconnect in communication. Residents are assessed for pain on every shift, and it is documented in resident's electronic health record. R129 would generally score 6-7 on pain scale". On 05/17/2023 at 02:14 PM Surveyor interviewed R129. R129 indicated that she is in some pain at the moment and that she is usually in pain. R129 does not recall any of the nurses asking about pain on the scale from one to 10. On 5/17/2023 at 3:48 PM Surveyor interviewed V21 (Attending Physician), V21 stated, "R129 can articulate her needs and is appropriate to answer to scale pain". Facility "Pain" policy dated 07/28/2022 reads in part, "It is the policy of the facility to ensure that all residents are assessed for pain in every situation where there is a potential for pain".	S9999		
	(B)			=