STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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
S 000	Initial Comments Complaint Investigation 2490547/IL168957	S 000		
S9999	Final Observations Statement of Licensure Violations (1 of 2): 300.610a) 300.690b) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) 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. Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. Section 300.1210 General Requirements for Nursing and Personal Care	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 1 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 care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 2	S9999		

are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.

These requirements were not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide a safe environment free from accidental hazards to prevent falls and injuries for 3 (R1, R2, R3) of 3 residents reviewed for accident/hazards; failed to assess fall risk and provide fall interventions; failed to monitor R1 who was found face first in between a dresser drawer and bed for an undetermined amount of time resulting in R1 being transferred to an acute inpatient hospice unit where R1 died and with the cause of death as cerebral hemorrhage (brain bleed).

Findings include:

1. R1 is an 86-year-old hospice resident with diagnosis of acute cerebral hemorrhage, congestive heart failure, chronic obstructive pulmonary disease, and chronic back pain.

On 1/19/24 at 10:30 AM, Surveyor requested all accidents and falls from V1(Agency Administrator) and V2 (Director of Nursing). At 11:30 AM, facility presented a fall log of falls that occurred in the last 30 days. Absent from this list of falls was R1's unwitnessed fall of 1/14/24. Surveyor asked V2 if all fall incidents were presented to surveyor as requested, V2 stated, "Yes I gave you everything." At 11:50 AM, surveyor asked V2 directly about R1 and about a fall that occurred on 1/14/24 involving the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 3	S9999		

resident. V2 stated, "Oh yes, I didn't give you that one because there were no injuries." Surveyor asked if an investigation was conducted and to explain the outcome of her investigation, V2 stated, "I was told by the nurse on duty (V3-LPN) that R1 was found face down on the floor in between her dresser and the side of the bed. We determined that there were no injuries, so we didn't report it to your department." Surveyor asked what had happened to R1, V2 stated, "I was told she was sent to acute inpatient hospice unit the same day she fell." Surveyor asked if R1 was considered a fall risk, V2 stated, "I was not able to see the resident because she was admitted during a holiday weekend. After she was found on the floor, we would then consider her a fall risk." Surveyor asked what fall interventions are generally utilized for residents such as R1, V2 stated, "We should have a fall mat on the floor, close monitoring, frequent rounding at minimum every 2 hours especially for a hospice patient."

Facility incident report dated 1/14/24 written by V3 (LPN) reads, "Found resident on floor next to her bed. During med pass heard moaning, checked resident and observed lying on floor next to her bed, bed was on low position with head of bed elevated."

On 1/19/24 at 1:22 PM, interview with V3 (LPN) was asked about R1's fall incident. V3 stated, "I work night shifts and I was passing my medications which I started at 5 in the morning, when I got to R1's room around 6:15 AM, I didn't see R1 in bed and I heard moaning, so I went in the room and she was face down on the floor next to her bed in between the bedside table. The last time I saw her was around midnight when I assisted the CNA (V4) to turn her so she could be changed." Surveyor asked if R1 was at risk for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 4	S9999		

falls, R1 indicated she was not aware of her fall risk status. V3 stated, "I just know that she is on a specialty air mattress for her skin, so I guess that could cause her to fall." Surveyor asked if she was considered a fall risk, what fall precautions the facility would use, V3 stated, I'm not sure, I didn't have her long." Surveyor asked if she was provided any specific instructions on how to care for R1, V3 stated, "I didn't get special instructions, I just know that she is hospice." Surveyor asked V3 if she was certain she last saw R1 around midnight, V3 stated, "Yes it was either 12 or near that time." Surveyor asked what the standard would be to monitor residents, V3 stated, "Well it's every two hours but I'm the only nurse at night on the floor and I only have one CNA."

On 1/14/24 at 1:30 PM, interview with V4 (CNA) stated to surveyor that she was told by the nurse V3 (LPN) that the resident R1 was found on the floor face first. V4 stated, "I helped turn her over so the nurse could assess her. I saw her last around 12 AM when I was changing the resident and I asked the nurse (V3 LPN) to help me turn her because she was heavy." Surveyor asked if she knew whether R1 was at risk for falls, V4 stated, "I didn't know much about her because I only took care of her one other time." Surveyor asked if she gets any endorsements from the previous shift or from the nurse about residents she directly cared for, V4 stated, "We don't get that here. Sometimes when I come in, the previous CNA is already gone, and the nurse doesn't tell us anything."

A fall risk assessment dated 1/14/24 and created after R1's unwitnessed fall of the same day, showed R1 scoring a 21 for very high risk for falls. There were no other fall assessments upon admission to the facility nor any indications the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 5	S9999		

facility implemented any fall preventative measures.

A hospice note dated 1/12/24 authored by V12 (Hospice Doctor) reads in part, "This is an 86-year-old who suffered an acute cerebral hemorrhage 12/27 with right thalamic infarct who received intensive conventional medical interventions including KCENTRA (blood coagulant) and ICU care with stroke neurology team. Unfortunately, she remains encephalopathic and failed her swallowing evaluation. After reviewing all records available to me, I believe this patient has a life expectancy of 6 months or less if the disease follows its expected trajectory."

On 1/19/23 at 3:35 PM V13 (primary physician) stated, "I don't recall this patient at all because I did not get a chance to admit her yet." Surveyor asked if he knew anything about the resident or if he was informed the resident was sent out to an acute care hospice unit, V13 stated, "No. I did not get a call." Surveyor asked if a mechanical fall with a resident hitting their head could cause intercranial bleeding, V13 stated, "It is possible, but it also depends on the resident's overall condition and if the patient was on any heavy duty blood thinners. I don't know anything about this resident so I can't fully answer your question." Recent hospital records showed R1 with blood thinning medications that were discontinued 4 days prior to her unwitnessed fall.

Death certificate shows date of death 1/16/2024 with cause of death as intracerebral hemorrhage.

A clinical research paper dated 12/2023 from Cleveland Clinic titled "Brain Bleed, Hemorrhage (Intracranial Hemorrhage) reads in part: "A brain

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 6	S9999		

bleed (intracranial hemorrhage) is a type of stroke. It causes blood to pool between your brain and skull. It prevents oxygen from reaching your brain. It's life-threatening and requires quick treatment for the best outcome. A brain bleed (intracranial hemorrhage) is a type of stroke that causes bleeding in your head. Brain bleeds are common after falls or traumatic injuries. "

Fall policy dated 7/2023 titled Falls Prevention reads in part, "The intent is to provide an environment that is free from accident hazards, over which there is control, and provide supervision and intervention to residents to prevent avoidable accidents. Fall Risk evaluation: Residents shall be evaluated by a licensed nurse during the admission process, routinely and as indicated; to identify potential risk of fall. If the resident scores a higher risk for falls, the resident shall be placed on the falling star program. Fall risk intervention: The interdisciplinary team shall identify individualized interventions to reduce the risk of falls. If a systematic evaluation of a resident's fall risk identifies several possible interventions, the associates may choose to prioritize interventions. The falling star program. Residents identified as members of the falling star program shall have a star placed next to the nameplate outside the room. The documentation of the identified interventions should be maintained in the resident clinical record and available to the direct care associates (Nurses and CNA's). If falling recurs despite initial interventions, associate shall implement additional, different interventions, or indicate reason the current approach remains relevant.

A general tour of the facility on 1/19/24 at 10:15 AM showed:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 7	S9999		

2. R2 is an 85-year-old hospice resident with diagnosis of Parkinson, hyperlipidemia and anxiety disorder. Care Plan reads in part, "R2 is at risk for falls due to history of fall, decreased safety awareness. Goal: Resident will not experience a fall with injury. Approaches: Falling star program; orient resident/significant other to environment and how to call for assistance; keep equipment within reach (i.e., call bell, phone, urinal, etc.; Keep room arrangement the same; Assistive devices for ambulation as assessed/ordered."

On 1/19/24 at 10:20 AM, surveyor approached nurse on the floor, V6 (agency RN) stated, "I have a hospice resident on my side, it's (R2)". Surveyor entered R2's room with resident sitting upright in bed. Bed was in a 90-degree angle with resident hunched over due to the bed angle. Resident was atop 2 thick incontinence pads and with sheets and linen crumpled up under her. Call light was on the floor and no fall mats were on either side of the bed to prevent R2 from falling. An oxygen tank was to the left of the bed that could potentially be a hazard if fallen on. A voice (later identified as V7 (hospice CNA) was heard inside R2's washroom with the toilet flushing and water running. V7 was overheard for several minutes speaking to someone inside the bathroom. V7 came out of the bathroom minutes later and surveyor asked if using a resident's washroom was appropriate. V7 denied usage of the washroom but admitted she was on her cell phone. V7 stated that it was a client that called her. Surveyor asked if it was normal for a hospice client to call her personal cell phone, V7 stated, "Sometimes". Surveyor asked about R2, V7 stated, "I'm here to give her a bed bath. I didn't do that double padding on her I found her this way." Surveyor asked if she knew whether the resident

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 8	S9999		

was at risk for falls, V7 stated, "Yes she fell here before I am told, but I just come here to do bed baths and I come here twice a week." Surveyor asked if R2 appeared comfortable, V7 stated, "No, I didn't put the bed that way. She should have her call light next to her and I'm going to clean her up now." Surveyor asked if R2 required anything else to prevent her from falling, V7 stated, "I don't know."

On 1/19/24 at 10:25 AM, V8 (agency CNA) was observed wandering about the hallway, approached surveyor and kept repeating to surveyor "What's up, What's up?" Surveyor asked who she was and what her duties were, V8 stated, "I'm with agency and it's my first day here so I'm trying to find the nurse. Surveyor asked V8 why at the time (10:25 AM) she still did not know what she was supposed to do, V8 stated, "I don't know. I'll ask the nurse again." Surveyor approached V14 (charge nurse) and asked the type of residents on the floor, V14 stated, "These are mostly long-term care residents." Surveyor asked if any were fall risk residents, V14 stated, "Yes most of them are."

On 1/19/24 at 10:45 AM V9 (agency CNA) was observed going in and out of rooms appearing lost. Surveyor asked V9 if she needed assistance from the nurse, V9 stated, "I'm an agency CNA, I'm just looking for linens." Surveyor asked the type of residents she was taking care of on the floor, V9 stated, "I have no idea what kind of patients are up here it's my first time here." Surveyor asked if she spoke to the nurse, V9 stated, "No the nurse didn't tell me anything. She just told me which side I have and didn't tell me what to do."

3. R3 is a hospice resident that currently resides

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 9	S9999		

in the same room R1 previously occupied prior to her discharge. An interim care plan dated 1/22/24 reads in part, "Resident will remain free of injuries and falls. Keep call bell in reach. Orthostatic hypotension precautions; Encourage use of call light; Instruct resident on safety measures."

On 1/19/24 at 10:45 AM, R3 was observed in bed half asleep lying on her back in slanted manner with left leg hanging over the bed. The resident appeared confused, uncomfortable, and agitated as resident was tossing and turning in bed. R3 was half naked wearing a dingy colored pale green hospital gown and with both her breasts exposed. A call light lay on the floor away from R3's reach. On R3's right side of the bed were 1 chair and 1 wheelchair propped up against the bed. To the left of the resident was a reclining chair that was propped up against the other of the bed creating a makeshift barrier.

At 11:00 AM V10 (agency CNA) entered the room. Surveyor asked V10 about R3 and about the chairs and recliner that were on both sides of the resident, V10 stated, "She likes to climb out of bed, so we put that there, so she doesn't fall out." Surveyor asked what other fall preventative measures she followed since she mentioned R3 climbs out of bed, V10 stated, "I don't know, I just know we check on her a lot. " Surveyor asked if she'd taken care of R3 before, V10 stated, "Yes I've been here several times and we always keep her this way." Surveyor pointed to the call light on the floor, V10 stated, "She's confused, and her call light should be next to her but she doesn't know to use it anyway."

On 1/19/24 at 1: 20 PM R3 was again observed in a similar position but fully clothed with a call light clipped to the bed. R3 remained without any fall

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 10	S9999		

preventative measures including a low bed, or floor mats on the ground to prevent injury if she fell from the bed.

At 3:15 PM, V2 (director of nursing) went into R3's room with surveyor. V2 stated, "This was R1's previous room when she was here. The setup is the same with the bed on the same side and that is the dresser/bedside table where R1 was found next to. Surveyor asked about R3, V2 stated, "I'm not that familiar with this resident but I know she is on hospice." Surveyor asked if she knew whether R3 was considered a fall risk, V2 stated, "I'm not sure but I would say she is." Surveyor asked what fall precautions would be in place for R3 if considered a fall risk, V2 stated, "We would try to keep the bed in the lowest position when the resident is in bed, put the call light within reach, fall mats and frequent monitoring." Surveyor asked if the bed was currently in the lowest position and if she saw any fall mats, V2 stated, "No. I will make sure to in-service the CNA's again and will get fall mats to put on the floor for R3."

No Violation issued

Statement of Licensure Violations (2 of 2):

300.610a)
300.1210b)
300.1210c)
300.1210d)1)
300.3210t)

Section 300.610 Resident Care Policies

a) The facility shall have written policies and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 11	S9999		

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.

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 care needs of the resident.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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:

1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

Section 300.3210 General

t) The facility shall ensure that residents are not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 12	S9999		

subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to administer physician ordered pain medication consistent with professional standards of practice for a terminally ill resident (R1) of 3 residents reviewed for pain management. This failure resulted in R1 crying and yelling out in extreme pain. The facility also failed to administer pain medications after an unwitnessed fall after showing signs of pain (moaning) and led to adverse consequence of transfer to an acute hospice facility.

Findings include:

R1 is an 86-year-old hospice resident with diagnosis of acute cerebral hemorrhage, congestive heart failure, chronic obstructive pulmonary disease, and chronic back pain.

On 1/19/24 at 11:50 AM, V2 (Director of Nursing) was asked for R1's care plans. A review of care plans received from V2 did not have a care plan specific to pain management. Surveyor verified with V2 whether all care plans were received as requested, V2 stated, "Yes. I gave you everything." Surveyor asked if pain management was part of the facility's and/or hospice responsibilities, V2 indicated that hospice's goal was for palliative care and to keep residents as pain-free as possible.

R1's Physician orders dated 1/11/24 shows in part, "Admit to hospice. No hospitalization.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 13	S9999		

Comfort care medications:
1. Tylenol every 4 hours PRN (as needed), Morphine 5 mg or 0.25 ML every hour as needed for pain.
2. Morphine 10 mg or 0.5 ML every hour as needed for increased pain.
3. Lorazepam 0.5 mg or 0.25 ML every 2 hours as needed for anxiety (sign of pain). .
4. Lorazepam 1 Mg or 0.5 ML for increased anxiety.
5. May give Lorazepam 0.5 mg or 0.25 ML for sleep as needed.
6. Screen for pain every shift and record using 0-10 scale; Monitor for occurrences of anxiety; Monitor for side effects of anti-anxiety every shift."

On 1/19/24 at 2:45 PM, V6 Hospice RN stated, "I'm the hospice nurse and when I accessed (R1) she was crying and yelling out and very agitated. I asked the nurse on duty at the time (V15) if she had given R1 anything for agitation or for pain, V15 indicated she had given R1 morphine in the morning around 10:30 but hadn't given it on an hourly basis as needed. V15 wasn't even aware the patient had an order for Lorazepam until I asked her to give it to the resident. From what V15 told me, they didn't seem to be giving the patient any anti-anxiety medications at all since R1 was admitted. I don't think they were even accessing her pain as ordered." Surveyor asked what the signs of pain were, V6 stated, "Increased agitation would be a clear sign that the resident was in pain."

Efforts to reach V15 were met with no return calls to speak with surveyor.

Hospice clinical notes dated 1/14/24 at 4:36 PM authored by V6 (Hospice RN) shows in part, "Received patient in highly agitated state. Patient

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 14	S9999		

yelling out and crying. Requested that staff administer Lorazepam and Morphine. Patient is confused continuously. Non-verbal. Son reports that patient has not been eating in more than eighteen days. Little fluid ingestion. Oxygen 2 liters by nasal cannula. Patient is combative during assessment. Pushing writer away. Writer unable to redirect patient. Contacted doctor for orders to transfer patient to the acute hospice facility for agitation exacerbation. Facility not administering medication as ordered. Patient was highly agitated this AM. Staff at facility reports that patient had an unwitnessed fall where she was found face down on the floor at the side of her bed. Staff is unaware how long the patient was in that position and did not notify hospice primary care triage that patient had fallen. Son reports that patient has been highly agitated for days. Staff at the facility was asking son what medications (R1) patient was to receive. Pain Assessment score 7/10. Lorazepam (for agitation): No administration today or yesterday. Morphine Sulfate 0.25 ml 1 time today and 1 time yesterday.

On 1/19/24 at 1:15 PM, V16 (family) stated, "I'm currently at my mom's funeral so I can't talk long. If you speak with the hospice nurse (V6), she can tell you the problems I had when I came to visit my mom. I was very upset with the home because no one seemed to be managing (R1) very well. She was very agitated and screaming out and no one seemed to notice or care. When I got there the first day, the nurse didn't seem to know what to do or what to give my mom. I called the hospice agency right away to get over there to ensure that home knew what they were doing."

On 1/19/24 at 1:22 PM, interview with V3 (LPN) was asked about R1's fall incident and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 15	S9999		

interventions. V3 stated, "I work night shifts and I was passing my medications which I started at 5 in the morning, when I got to R1's room around 6:15 AM, I didn't see R1 in bed and I heard moaning so I went in the room and she was face down on the floor next to her bed. The last time I saw her was around midnight when I assisted the CNA (V4) to turn her so she could be changed." Surveyor asked if R1 was at risk for falls, R1 indicated she was not aware of her fall risk status. V3 stated, "I just know that she is on a specialty air mattress for her skin, so I guess that could cause her to fall." Surveyor asked if she was considered a fall risk, what fall precautions the facility would use, V3 stated, I'm not sure, I didn't have her long." Surveyor asked if she was provided any specific instructions on how to care for R1, V3 stated, "I didn't get special instructions, I just know that she is hospice." Surveyor asked V3 if she was certain she last saw R1 around midnight, V3 stated, "Yes it was either 12 or near that time." Surveyor asked what the standard would be to monitor residents, V3 stated, "Well it's every two hours but I'm the only nurse at night on the floor and I only have one CNA." Surveyor asked if she had given R1 anything for pain since R1 was found on the floor face down and moaning, V3 stated, "No. I didn't give her anything."

A review of R1's MAR (medication administration record) affirmed V3's statement and showed no pain medications or anti-anxiety medication were provided throughout V3's shift to the resident either before or after R1's fall. R1's medication administration records during her stay at the facility showed Lorazepam given once by V15 (RN) when the hospice nurse asked her to give it to the resident. Morphine pain medication was administered on the last day of R1's stay

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007892	A. BUILDING: _____ B. WING _____	C 01/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASCENSION RESURRECTION PLACE	1001 NORTH GREENWOOD AVENUE PARK RIDGE, IL 60068

(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	Continued From page 16 (1/14/24) and on the previous day (1/13/24) but given only once for the entire 24 hours. There were no other administration of pain medications including Tylenol being administered for R1 to keep the resident comfortable and pain free. Hospice policy dated 12/2017 titled "Hospice Program" reads in part, "Hospice providers who contract with this community are held responsible for meeting the same professional standards and timeliness of service. When a resident participates in the hospice program, a coordinated plan of care between the community, hospice agency and resident/resident representative will be developed and shall include directives for managing pain and other uncomfortable symptoms." Pain Policy dated 12/17 titled "Pain Assessment and Management" reads in part, The purpose of this procedure is to help the staff identify pain in the resident and to develop interventions that are consistent with the resident's goals and needs and that addresses the underlying causes of pain. Pain management is a multidisciplinary care process that includes the following: Evaluating the potential pain; Effectively recognizing the presence of pain; Identifying the characteristics of pain; Addressing the underlying causes of the pain. Recognizing pain: Verbal expressions such as groaning, crying, screaming." (B)	S9999		