STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016760	A. BUILDING: _____ B. WING _____	10/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ILLINOIS VETERANS HOME CHICAGO	4250 N OAK PARK AVENUE CHICAGO, IL 60634

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S 000	Initial Comments Annual Licensure Survey Complaint Investigation: 2586724/IL196489-No findings	S 000		
S9999	Final Observations Statement of Licensure Violation 1 of 3: 340.1316c) Section 340.1316 Discharge Planning for Identified Offenders c) When a resident who is an identified offender is discharged, the discharging facility shall notify the Department. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify the Identified Offenders Program when an identified offender resident discharged from the facility for 1 resident (R22) in the sample of 22 residents. Findings include: Identified Offenders Program document, titled Facility Report dated 10/09/2025 documents, in part, a list of "Identified Offenders - Current Residents" with a total of 1 resident who is not listed on the active Census Report (resident roster), dated 10/14/2025.	S9999		

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S9999	Continued From page 1 On 10/15/2025 at 1:26pm V25 (Reimbursement Officer) stated I was not aware that residents needed to be discharged from the IOP (Identified Offenders Program) so there is no discharge letter for R22 and R22 was not discharged from the Identified Offenders Program. HOM-002, Admission of Residents with a revised date of 01/05/2017 documents, in part, the Illinois Veterans Home (ILDVA) will ensure uniform and equitable procedures for resident admission into Veteran's home. "C" Statement of Licensure Violations 2 of 3: 340.1300a) 340.1500e) Section 340.1300 Facility 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 with the involvement of the administrator. 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 the facility's advising physician or the medical advisory committee, as evidenced by a dated signature. Section 340.1500 Medical Care Policies e) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee	S9999		

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S9999	Continued From page 2 within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the oxygen tubing, and the nebulizer mask was dated. The facility also failed to ensure the nebulizer mask was changed and contained to prevent infection control issues for one resident (R2). This failure affected one resident R2 out of the sample size of 22. Findings include: R2 has a diagnosis of but not limited to Chronic Obstructive Pulmonary Disease With (Acute) Exacerbation, Acute Respiratory Failure with Hypoxia, Pulmonary Cryptococcosis, and Pneumonia. R2 has a Brief Interview of Mental Status score of 11 which indicates a moderate cognition impairment. R2's Order Summary Report with active orders as of 10/15/2025 documents, in part, initiate oxygen at 2 liters/minute per nasal prongs to maintain SpO2 90%-94% and Ipratropium-Albuterol Inhalation solution 0.5-2.5 mg/ml: 3 ml inhale orally four times a day for respiratory. R2's care plan focus for oxygen therapy dated 10/16/2025 documents, in part, change oxygen	S9999		

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S9999	Continued From page 3	S9999		

tubing every week and as needed per facility policy.

On 10/14/2025 at 10:55am surveyor observed R2's oxygen tubing without a date. The nebulizer mask was dated 10/05/2025 and was not contained in a plastic bag.

On 10/14/2025 at 10:57am V7 (Licensed Practical Nurse) stated the oxygen tubing and nebulizer mask should be dated, changed weekly and the nebulizer mask should be contained.

Policy No. N-4, Oxygen and Nebulizers with a revised date of 11/01/21 documents, in part, the aerosolized medication is administered directly to the lungs, a new equipment set-up will be replaced two times a week and the new set-up equipment will be placed in a plastic bag marked with the resident's name and date.

On 10/15/2025 at 3:12pm V2 (Director of Nursing) stated oxygen tubing and nebulizer mask should be dated and changed twice a week and the nebulizer mask should be contained in a plastic bag when not in use to prevent issues with infection control.

"C"

Statement of Licensure Violations 3 of 3:
340.1300a)
340.1505g)

Section 340.1300 Facility Policies
a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall

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S9999	Continued From page 4	S9999		

be formulated with the involvement of the administrator. 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 the facility's advising physician or the medical advisory committee, as evidenced by a dated signature.

Section 340.1505 Medical, Nursing, and Restorative Services
g) All necessary precautions shall be taken to assure that the resident's 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.

This REQUIREMENT is not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure that the call light was within a dependent resident's reach for one resident (R4) in a sample of 7 residents reviewed for accommodation of needs.

Findings include:

R4's admission record diagnoses include but not limited to acute kidney failure, peripheral vascular disease, hernia, seizures, hypertension, malignant neoplasm of prostate, TIA (Transient Ischemic Attack), cerebral infarction and polyarthritis.

On 10/14/25 at 11:40 am, R4's call light was

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S9999	Continued From page 5	S9999		

observed not in R4's reach. R4's call light was noted wrapped around the side rail at the head of the bed not in R4's view or reach.

R4's (9/22/25) Brief Interview of Mental Status (BIMS) score is 3. R4 is severely impaired. R4 responded to all surveyor's questions appropriately. R4's functional status for toileting hygiene, shower/bathe, dressing, and putting on/ taking off footwear is coded 1 dependent. (Helper does all the effort).

On 10/14/25 at 11:44 am, V11 (Certified Nursing Assistant) stated that the call light should be in the resident's reach. I forgot to put it back in the residents reach after the doctor left. The call light should be in reach in case the resident needs something.

On 10/14/25 at 12:00 pm V27 (License Practical Nurse) stated that all residents should always have their call light within reach in case they may need some assistance.

On 10/15/25 at 3:12 pm, V2 (Director of Nursing) stated, "The call light should be within reach because it should be assessable to the resident because they may need something."

R4's (9/22/25) Care plan documents in part, Focus: The resident (R4) has an ADL (Activity of Daily Living) self-care performance deficit r/t (related to) history of CVA (Cerebrovascular Accident). R4 presents with deficits in sitting / standing balance, decreased activity tolerance, (B) LE (Bilateral Lower Extremity) strength impairments, (B) LE joint pain with movement and weight bearing activities. Intervention: Encourage the resident to use bell to call for assistance. Focus- The resident has altered

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S9999	Continued From page 6 cardiovascular status r/t arrythmia (Atrial fibrillation) ... Interventions: Assess for chest pain every shift. Enforce the need to call for assistance if pain starts. Focus: The resident is at high risk for falls r/t gait/balance problems, Unaware of safety needs, History of CVA, seizures, arthritis and falls. Interventions: Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. Facility's policy dated 7/2024 and titled "Call Light System" documents in part, "1. Policy: To ensure the safety, wellbeing, and needs of the members are met when they are in bed or sitting in their room. 2. Procedure: A. The call light will be placed within reach of the member when he or she is in bed or sitting in their room." "C"	S9999		