

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S0000	Initial Comments Complaint Investigation Survey 2691107/2727007 A partial extended survey was conducted			S0000			02/15/2026
S9999	Final Observations Statement of Licensure Findings: 300.610a) 300.690b) 300.690c) 300.1210b) 300.1210d)6 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. 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. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk			S9999			

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 1 with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. 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. 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. These regulations were not met as evidence by: Based on interview and record review, the facility failed to provide necessary respiratory care and monitoring for a ventilator-dependent resident by failing to assess and respond to ventilator alarms and failing to ensure the resident's ventilator circuit and closed suction system were intact and functioning. These deficiencies affect one (R1) of four residents in the sample of nine reviewed for quality of care. These failures resulted in R1 not receiving ventilation and being found unresponsive, requiring emergency medical intervention; and expired. The facility also failed to report an incident of a change in condition on a ventilator-dependent resident found unresponsive and disconnected from ventilator which prompted emergent transfer to the hospital. This deficiency affects one (R1) of four residents in the sample of nine reviewed for accidents and incident reports. Findings include:			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 2 R1 is a 34-year-old female, admitted in the facility on 10/14/2020 with the following diagnoses: Encephalopathy, Unspecified; Quadriplegia, Unspecified; Chronic Obstructive Pulmonary Disease (COPD), Unspecified; Encounter for Attention to Tracheostomy; Dependence on Respirator (Ventilator) Status; Vascular dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. MDS (Minimum Data Set) dated 08/19/25 documented R1 had short and long-term memory problems and her cognitive skills for daily decision making were severely impaired. R1's POS (Physician Order Sheet) dated 09/03/25 recorded: vent order mode: AC (assist control) rate: 18 AVT (actual tidal volume); 400 ml PEEP (positive end-expiratory pressure); 5 oxygen, 28% fio2 (fraction of inspired oxygen) 2 lpm (liters per minute) via oxygen concentrator continuously every shift. R1's care plans documented: Trache/ventilator dependent related to respiratory failure (revision 09/08/25): Interventions: Assess for signs and symptoms of hypoxia: altered level of consciousness, irritability, listlessness, cyanosis. Ineffective breathing pattern/airway clearance related to COPD (revision 12/13/24): Interventions: Monitor for signs and symptoms of acute respiratory insufficiency: Anxiety, confusion, Restlessness, SOB at rest, Cyanosis Somnolence. R1's progress notes dated 01/22/26 documented the following: Time stamped 1:45AM: ventilator alarms intermittently, came to patient's room, suctioned mouth due to copious thin secretions, trach suctioned once with blood-tinged thin secretions, moderate amount. VS (vital signs) checked and recorded. Gtube (gastrostomy tube) dressing changed, gtube is patent and flushing well. No distress noted. Time stamped 4:10 AM: Attention was called by RT (Respiratory Therapist) needing help, patient was found pale, no breathing noted, high quality CPR (cardiopulmonary resuscitation) initiated, code blue called, EMS was called by another nurse, RT started			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 3 Ambu bagging. A colleague brought in crash cart, CPR board placed at the patient (R1) back, tube feeding disconnected, portable defibrillator placed on patient's chest following defibrillator's guide. Resident (R1) attached to vital sign monitor, with the following reading while high quality CPR is ongoing, BP (blood pressure) 145/107; PR (pulse rate)124; saturation 69%, blood sugar 201. IV (intravenous) access placed right AC (antecubital fossa) gauge 22 with 0.9 running. 10-15 minutes later, paramedics came and took over. ROSC (return of spontaneous circulation) achieved, and paramedics left the facility around 4:55 to hospital. Time stamped 5:42 AM: At 3:55 AM, found patient (R1) unresponsive and disconnected from vent. Vent did not alarm outside room or in room. Code blue called and emergency medical services (EMS) called. Began code blue support on R1 until paramedics arrived 10-15 minutes later to take over code. On 01/28/26 at 1:18 PM, V4 (Registered Nurse, RN) was asked regarding R1 and incident on 01/22/26. V4 replied, "R1 was non-verbal, responsive to tactile stimuli. She was on trache/vent 24/7. On 01/22/26 at 1:45 AM, I did tracheal suctioning because vent's alarm kept going off. I did oral suctioning, and I was able to get saliva. Then, I did tracheal suctioning. There were not many tracheal secretions. I did it once. Everything was still connected. She was connected to the vital signs machine, saturation was okay, vent was not alarming anymore. Around 4 AM, I was close to the nurses' station, saw RT (V5) came to her room and she (V5) called me that she needs a nurse in her (R1) room. I went to her room, and I found her (R1) pale, not moving, no response, no rise and fall of the chest, we started CPR. My other colleague was calling paramedics. Some nurses are already coming. I disconnected her tube feeding, we put the board on the back and continue CPR. No vitals. Defibrillator was used. In the middle of the CPR we got a vital sign, saturation was 69%. V5 was bagging. Paramedics came, when she was transported out, she was revived. Her alarm was working because it alarmed when I did my suction. I didn't touch the machine. Prior to that, I didn't hear any alarm go off." On 01/28/26 at 3:37 PM, V5 was interviewed regarding R1. V5 stated, "I was the one who found her on 01/22/26 early morning. I was doing rounds a little like 4 AM. When I went to her (R1) room, I went to her roommate for suction. I washed my hands; I went to her (R1). She (R1) was unresponsive and pale, no vital signs at all. There was no alarm going on. She was disconnected from			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 4 her vent. The ballard was disconnected and close to her trache. I did not hear anything. I did not hear any alarm prior." R1's Ambulance Report dated 01/22/26 recorded: Dispatched to a nursing home for cardiac arrest. Upon arrival the crew found staff doing CPR and an AED (automated external defibrillator) on the patient (R1) with no shock advised. The staff said the patient (R1) was last seen normal around 0200 (2 AM) and was found in her current state around 0415 (4:15 AM). They found her with the ventilator disconnected and no alarms sounding and they started CPR. No shock was ever given. The crew took over CPR efforts. CPR continued for roughly 18 minutes until a palpable pulse was felt. The patient was prepared for transport. Hospital was called and an abbreviated report was given for the cardiac arrest alert. Transport continued with the patient losing a pulse again. CPR restarted for about 4 minutes, and a pulse was again felt but lost after about 1 minute. CPR continued again as the crew arrived at hospital. Patient care was transferred to the nurse in room 4. The following vitals were recorded by ambulance: 4:20 AM – HR (heart rate) 0; RR (respiratory rate) 0; cardiac rhythm was asystole 4:39 AM – HR 83; rhythm regular; sinus rhythm; RR 18 4:48 AM – BP 83/52; HR 129; rhythm regular; sinus tachycardia; RR 16 4:50 AM – HR 0; RR 14 On 02/02/26 at 9:36 AM, V11 (Ambulance Crew) was interviewed regarding R1's condition on 01/22/26 upon arrival on scene. V11 replied, "We got on scene around 4:20 AM, she was in cardiac arrest, staff were doing CPR on her. No pulse, no breathing, no heart electrical activity. They had their AED hook up and there was no shock given. They said they never gave a shock and machine stated no shock given. Usually, when it's not advising shock, patients are in asystole or in some other rhythm that would not advised AED to do the shock. We took over their CPR, we hooked her on the monitor. The first rhythm was asystole, no pulse, no heart activity. We started CPR manually then we put the chest compression device on her. According to our report, after 18 minutes of CPR, we felt pulse, we stopped CPR. We prepared her for transport to the hospital. And then it looked like we lost the pulse			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 5 again when she got into the ambulance, we started CPR again. For four minutes, we got pulse again and lost it again. At the time, we arrived at the hospital, CPR is still ongoing, and we transferred the care to hospital staff." R1's hospital records dated 01/22/26 recorded in part but not limited to the following: Physical exam – HR none, RR none General: unresponsive without purposeful spontaneous movements, unresponsive to voice or painful tactile stimulus. HEENT (Head, Ears, Eyes, Nose, Throat): pupils fixed and dilated bilateral Cardiovascular: absent heart sounds; no palpable carotid pulse bilateral Pulmonary: mechanical breath sounds, no rise/fall of the chest, trach in place with significant discharge Extremities: cool dry to touch throughout Neuro: GSC (Glasgow Coma scale) 3, unresponsive to voice/touch/painful stimulus Emergency Department (ED) Course: Chief complaint – cardiac arrest following disconnection from ventilator Brief history: The patient, a 34-year-old, female, was found disconnected from her ventilator at approximately 4:15 AM without a pulse. AED was applied and it did not recommend defibrillation. NH (nursing home) staff started CPR. The last known well time was 2:00 AM. Upon discovery by paramedics, she was in asystole, and CPR was continued. The patient experienced brief return of spontaneous circulation (ROSC) with a BP of 80s/50s but repeatedly lost pulses. Initial rhythm here was asystole, with subsequent pulseless electrical activity (PEA). Epinephrine was administered, along with bicarbonate and calcium (when she had PEA). Her tracheostomy tube was suctioned. She was also given 1 liter bolus. Accucheck was 170. She had brief ROSC here but lost pulses shortly after. Despite these efforts, the patient remained in asystole for the majority of the resuscitation attempts. Time of death: 5:18 AM. Diagnosis:			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 6 1. Cardiac arrest 2. Cardiac asystole 3. Chronic respiratory failure requiring continuous mechanical ventilation through tracheostomy. On 01/18/26 at 12:26 PM, V8 (Lead RT) was asked to show surveyor how ventilator alarms functioned. V8 verbalized, "The whole second floor is the vent unit. The vent alarms make sounds when resident yawns, cough or move. The alarm is programmed by adjusting high and low pressures depending on resident. Low is 9/15 and high depends on resident, should be 20% of baseline. If it is disconnected, it will always alarm regardless of the setting. If it doesn't alarm, the vent might be faulty. It is a ventilator, it is super sensitive. Every vent has disconnection alarm. Every ventilator is connected to the wall and connects to outside by the door and hallway so alarm can be heard on the floor. The alarm lights up in the hallway for vent alarms." At this time, V8 triggered a vent alarm. The call light was turned on and vent alarms in the hallway also turned on. The alarm is heard throughout the vent unit. There are three vent alarms in the hallway: one on each side of the nurses' station, and one at the end of the hallway by room 210. There is also a call light system at the nurses' station to show which room the call light was triggered. On 01/29/26 at 11:19 AM, surveyor and V8 reviewed the alarm logs in R1's ventilator called VOCSN (Ventilation, Oxygen, Cough, Suction, Nebulizer). V8 stated that the time in the log is one hour ahead as programmed. Upon review of VOCSN manual, under multi-view notes, the multi-view time is calculated backwards so that event times are relative to the most recent setting. This approach ensures the continuity of graphed and trended data in Multi-View reports; even though through time zones, daylight savings or other changes to the Date and time controls on VOCSN. R1's Multi-view usage report dated 01/21/26 to 01/28/26 revealed the following: 1/22 03:38:06 – High Inspiratory Pressure Alarm Triggered 1/22 03:38:08 – High Inspiratory Pressure Alarm Resolved 1/22 03:39:22 – Low Minute Volume Alarm Triggered			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 7 1/22 03:39:25 – Low Minute Volume Alarm Resolved 1/22 04:03:53 – Low Inspiratory Pressure Alarm Triggered 1/22 04:03:54 - Low Inspiratory Pressure Alarm Resolved 1/22 04:04:02 – Low minute volume alarm triggered 1/22 04:04:12 – Low minute volume alarm resolved From 3:38:06 to 3:39:25 (real time 02:38:06 AM to 2:39:25 AM) – high inspiratory pressure and low minute volume alarms were triggered alternating with high inspiratory pressure alarm resolved and low minute volume alarm resolved. From 04:03:53 to 04:03:54 (real time 03:03:53 AM to 03:03:54 AM) – low inspiratory pressure alarm was triggered, resolved. From 04:04:02 to 04:04:12 (real time 3:04:02 AM to 3:04:12 AM – low minute volume alarm was triggered, resolved. There was no documentation indicating nurses or RTs responded to the triggered alarms. R1's progress notes did not show any documentation that she was assessed, and ventilator machine was evaluated due to on/off alarms between 2:38 AM to 3:04 AM. At 3:55 AM, she (R1) was found unresponsive, pale and disconnected from vent. On 01/29/26 at 12:00 PM, V8 was asked regarding R1's alarm logs. V8 verbalized, "High pressure alarm means secretions, there's something in there that needs to be removed. The volume and pressure given by the vent is increased in that closed circuit due to secretions, obstruction, anything in the way getting the air to be delivered to the patient, like coughing or repositioning and airway is not patent. Low pressure alarm means the volume that is supposed to be delivered is lower. Secretions blocking the airway can be a cause, so suction patient, remove secretions and volume delivered. Pressure alarm resolved means patient coughed, then stop, resolved on its own, patient may need suction. Based on the alarm logs, her machine produced an alarm. Looking into her alarm logs, it did alarm. It triggered an alarm then stopped alarming. Staff need to check the patient (R1) and assess what is going on. Do not ignore on and off alarms. We have to physically go to the room and check the patient. The alarm is working, it's hard to ignore the alarm and			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE	
S9999	Continued from page 8 it's the purpose of the alarm, to resolve the issue. Generally, we check residents on vent and if not every two hours, often more than every hour. We also rely on ventilators, so we check it physically and make sure all pieces are together and connected. Everyone is mandated to answer all alarms, maybe not address the issue but in tune with the alarms." On 01/29/26 at 1:21 PM, V10 (Nurse Practitioner, NP) was interviewed regarding R1. V10 verbalized, "She is non-verbal; opens eyes; unresponsive to any stimuli; quadriplegic, unable to move; dependent on ventilator. Staff should do rounds on her every two hours and as needed. If vent alarm is triggered, staff need to get up and physically check resident (R1); perform trache care, oral care, suctioning, assess while providing care; monitor vital signs; medication administration is vital, making sure gtube is running and give water flushes; turning every 2 hours and making sure brief is clean and dry. I was called in the morning that she (R1) was found pulseless, they did CPR and that she left with paramedics. They told me that she was stable and found her pulseless and unresponsive, they did code her and left with paramedics to hospital. She was there and she passed away. The nurse did not tell me that her vent was disconnected. They did not tell me. When she was found pulseless and unresponsive, her organs start to shut down, if the vent is not connected to what she was found to be, she would asphyxiate because there is no oxygen reaching her airway because she cannot breathe on her own. If she is disconnected from the vent, the vent will alarm, any alarm heard, staff need to respond immediately to the alarm." On 02/02/26 at 3:15 PM, V12 (Vice President of Respiratory Services) was asked regarding staff training on responding to ventilator alarms. V12 stated, "V8 and me are responsible for providing in-services on RTs and nurses annually and on orientation. Prior to start working in the vent unit, staff need to have an orientation. Second floor is the only vent unit in the facility. Currently, we have 19 residents on vent and trache – 12 vents and 7 traches. We do in-services on suctioning, responding to vent alarms, trache care and suctioning, oxygen. With responding to vent alarms, RTs and nurses should respond to vent alarms right away. They have to look at the residents, if there is something wrong with the vent, they have to call RTs. Make sure residents are okay and all lines are connected. On a ventilator-dependent resident became disconnected from the trache, the vent will alarm. There are different		S9999				

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 9 high levels of alarm, if the alarm is triggered and then resolved constantly, it is a priority alarm. Regardless of what the alarm is, staff need to check the residents immediately. And staff are in-serviced on responding to the alarm. The alarm is so loud, made on purpose." On 02/03/26 at 2:33 PM, V16 (Medical Director) was interviewed regarding R1 and ventilator alarms. V16 replied, "They informed me that she (R1) was at the hospital that she was unresponsive, and she passed away. She was on ventilator 24/7. She cannot breathe on her own. Any patients who are ventilator-dependent when disconnected from their vents cannot breathe. When disconnection from vent occurs, the alarm will go off, RT or nurses should go to patient and check what was going on and intervene. If patient's vent has issue, alarm has to go off, care team should see patient. Check for any disconnection and connect the circuit. Evaluate patient immediately. Address, evaluate, understand and act upon. All staff, especially RT, nurses or whoever is in charge of patients should respond to any alarm." On 02/04/26 at 9:52 AM, V1 (Administrator) was asked regarding accident/incident reporting. V1 stated, "Either me or V2 (Director of Nursing) is responsible for the accident/incident reporting. We do report when there is unexpected event happened to a resident that is serious and life threatening to local state agency." V1 was asked if R1's incident on 01/22/26 should be reported to local state agency. V1 verbalized, "For the incident that occurred on 01/22/26 for R1, we did not report it to state agency because it was not unexpected due to her medical complexity. She was extremely sick and did not pass away while in the facility. Not to my knowledge that R1's incident should be reported." On 02/05/26 1:26 PM, V2 was interviewed regarding expectations on staff related to respiratory care and ventilator alarms. V2 stated, "Staff should follow our policies and procedures; be aware of the residents' condition; make sure there are no alarm sounding and respond to vent alarms immediately. Make sure residents on ventilators are positioned properly and everything is connected properly." V2 (Director of Nursing) was also interviewed regarding R1's incident report on 01/22/26. V2 stated, "I am responsible for injuries and V1 is the Abuse Coordinator. I don't think it needs to be reported to state agency because she (R1) left here with a pulse, and she expired in the hospital. We only report incidents like falls with injuries, and accidents/incidents with injuries like fractures/stitches."			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 10 V3 was also interviewed on 02/05/26 at 1:30 PM regarding respiratory care and ventilator alarms. V3 replied, "Staff need to use their critical thinking skills; be familiar with patient's condition; respond to alarms right away, any alarm like call light or vent alarms. All staff, including CNAs to respond to alarms and report to nurses and RTs." Facility's policy titled "Mechanical Ventilation" dated 06/30/21 documented in part but not limited to the following: Policy: All residents on mechanical ventilation will be monitored by respiratory therapist every shift and PRN. Ventilator alarm settings: Respiratory therapists and nurses are responsible for responding to ventilator alarms. The manufacturer's manual for R1's ventilator (VOCSN) documented in part but not limited to the following: Alarms A VOCSN alarm will activate whenever the device detects a condition that requires clinician or caregiver attention. Alarms will generate an audible tone, and/or a blue, yellow or red alert banner across the top of the VOCSN screen. VOCSN has three alarm priority categories: Alarm priority: High Visual indicator: red banner Auditory indicator: 10 tones every 3 seconds Clinician or caregiver response: Requires immediate clinician or caregiver response. Alarm priority: Medium Visual indicator: yellow banner Auditory indicator: 3 tones every 7 seconds Clinician or caregiver response: Requires prompt clinician or caregiver response. Alarm priority: Low			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 11 Visual indicator: blue banner Auditory indicator: no auditory indicator Clinician or caregiver response: Requires clinician or caregiver response. Alarm conditions and settings The high pressure alarm activates when the monitored airway pressure exceeds the set high pressure alarm limit for more than the number of consecutive breaths set with the High pressure Delay control. Recommended action: Monitor the patient closely and check for reduced patient lung compliance during volume ventilation. Check (brand name) circuit for occlusions. This is a high priority alarm. The low minute volume alarm activates when the monitored minute volume falls below the set low minute volume alarm limit. Recommended action: Monitor the patient closely to ensure adequate ventilation therapy is delivered. Check the (brand name) circuit for leaks or disconnection. During pressure-control ventilation, check the patient for reduced lung compliance or airway occlusion. NOTE: The Patient Circuit Disconnect alarm may not activate with every disconnect condition. (Name of company) recommends using the Low minute Volume, Low Inspiratory pressure and apnea alarms in addition to the Patient Circuit disconnect alarm to ensure (brand name) circuit disconnections are detected. The low inspiratory pressure alarm activates when the monitored peak inspiratory pressure falls below the set low inspiratory pressure alarm limit. Recommended action: Check the (brand name) circuit for leaks or disconnection. Monitor the patient closely to ensure adequate ventilation therapy is delivered. This is a high priority alarm. Responding to Alarms: The VOCSN operator must be capable of responding to alarm conditions and promptly performing the necessary corrective actions. R1 had low minute volume and low inspiratory pressure alarms per ventilator alarm logs Facility's policy titled "Accident and incident Report" dated 04/2019 stated in part but not limited to the following:			S9999			

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/05/2026	
NAME OF PROVIDER OR SUPPLIER GENERATIONS AT REGENCY				STREET ADDRESS, CITY, STATE, ZIP CODE 6631 MILWAUKEE AVENUE , NILES, Illinois, 60714			
(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) COMPLETION DATE
S9999	Continued from page 12 Procedure:Resident:e. The Department of Public health will be notified of any serious accidents or incidents in accordance with the skilled Nursing and Intermediate Care Facilities Code 300.690(b)(c). (A)			S9999			