

Illinois Department of Public Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0056879</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                                 |  | (X3) DATE SURVEY COMPLETED<br><br><b>03/25/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AHVA CARE OF STICKNEY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                             |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3900 SOUTH OAK PARK AVENUE , STICKNEY, Illinois, 60402</b>               |  |                                                     |  |
| (X4) ID<br>PREFIX<br>TAG                                         | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                             | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                          |  |
| S0000                                                            | Initial Comments<br><br>Annual Licensure and Certification<br><br>Complaint investigation:<br><br>2691126/2731450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                             | S0000               |                                                                                                                          |  | 04/20/2026                                          |  |
| S9999                                                            | Final Observations<br><br>Statement of Licensure Violations 1 of 3:<br><br>300.610a)<br><br>300.1035g)<br><br>300.1035h)<br><br>300.1210b)<br><br>300.1210d)2)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and<br>procedures governing all services provided by the<br>facility. The written policies and procedures shall be<br>formulated by a Resident Care Policy Committee<br>consisting of at least the administrator, the advisory<br>physician or the medical advisory committee, and<br>representatives of nursing and other services in the<br>facility. The policies shall comply with the Act and<br>this Part. The written policies shall be followed in<br>operating the facility and shall be reviewed at least<br>annually by this committee, documented by written,<br>signed and dated minutes of the meeting.<br><br>Section 300.1035 Life-Sustaining Treatments<br><br>g) The physician shall confirm the resident's choice<br>by writing appropriate orders in the patient record or<br>will transfer care in accordance with the Living Will<br>Act, the Powers of Attorney for Health Care Law, the<br>Health Care Surrogate Act or the Right of<br>Conscience Act. |                                                                             | S9999               |                                                                                                                          |  | 04/20/2026                                          |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois Department of Public Health

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| S9999                                                            | <p>Continued from page 1</p> <p>h) If no choice is made pursuant to subsection (c) of this Section, and in the absence of any physician's order to the contrary, then the facility's policy with respect to the provision of life-sustaining treatment shall control until and if such a decision is made by the resident, agent, or surrogate in accordance with the requirements of the Health Care Surrogate Act.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff provided immediate and effective cardiopulmonary resuscitation (CPR) to a resident who did not have a verified Do Not Resuscitate (DNR) order. This affected one of one resident (R43) reviewed for CPR. This failure resulted in R43 being found unresponsive and did not receive effective and continuous CPR, including chest compressions and ventilations. A delay in contacting emergency medical services further compromised the response, resulting in hospital transfer, where R43 expired.</p> <p>R43 was admitted to the facility on 3/17/26 at 12:10PM with a diagnosis of hypertension, chronic obstructive pulmonary disease, Vitamin D deficiency, anxiety disorder, type II diabetes. R43 had tracheostomy placed on 12/20/25.</p> <p>Admission paperwork dated 3/12/26 documents under code status No CPR select updated on 2/24/26. Admission paperwork dated 3/12/26 documents under code status NO CPR- selective treatment confirmed on admission with patient, she</p> | S9999                                                                       |                                                                                                                          |                                                                                                            |  | 04/20/2026                                          |  |

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| S9999                                                            | <p>Continued from page 2<br/>displays capacity to make her own medical decisions.</p> <p>R43 code status in electronic medical record dated 3/18/26 at 11:00AM documents advance directives with no other information. There was no physician order documented for code status.</p> <p>On 3/19/26 at 9:16 AM, V2 (director of nursing) said social services will verify code status for new admissions. V2 said the admitting nurse should verify the orders and see what the residents code status is upon admission. Staff should have verified with the receiving facility, family or resident about their code status upon admission, but the facility staff did not do that for R43. V2 said she put in the order for full code because if the facility does not have the paperwork documenting DNR then the resident is considered a full code until paperwork is confirmed and received. V2 said family confirmed R43 was a DNR when they came to the facility on 3/18/26.</p> <p>On 3/19/26 at 9:38AM, V11 (social service) said she is responsible for talking to the family and discussing code status upon admission. V11 said they have twenty four hours to speak with the family about the information including code status. V11 said she was unable to confirm code states for R43. V11 said she did communicate with the resident but not ask about code status. V11 said she spoke with V16 (Family) while at the facility but V16 was not the designed power of attorney. V11 said she did not verify contact information, and that the family said they would bring the paperwork in the following day related to power of attorney paperwork. V11 said once she has the paperwork she will upload it in the computer. V11 said if they do not have the actual DNR paperwork the resident would remain a full code until the paperwork is received. V11 said she did verify R43 code status.</p> <p>On 3/18/26 at 1:22PM, V8 (Nurse) said she was the admitting nurse for R43. V8 said she put in her note that R43 was a DNR from the report she received but unable to recall who she received the information from. V8 said she did not verify R43 code status.</p> <p>R43's social service history and initial assessment dated 3/17/26 documents under advanced care planning that R43 has power of attorney V18. Under code status nothing is marked.</p> <p>Resident rights regarding treatment and advance directives dated 10/1/25 documents: on admission , the facility will determine if the resident has</p> |                                                                             |  | S9999                                                                                                      |                                                                                                                          | 04/20/2026                                          |                            |

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| S9999                                                            | <p>Continued from page 3<br/>executed an advance directive and if not determine whether the resident would like to formulate an advance directive.</p> <p>Facility provided limited Video footage for surveyor to review. Time reflected on the video is not accurate to actual time of events. The time documented are the time that were stamped on the video upon review. V2 (DON) confirmed identity of staff on the video:</p> <p>At 1:54:57 V7 (nurse) enters R43's room and exits room at 1:57:16.</p> <p>At 1:59:17 V7 (nurse) enters R43's room carrying a brief or pad and exits room at 2:06:53.</p> <p>R43 was without any basic life support for approximately one minute eleven seconds.</p> <p>At 2:08:04 V7(nurse) and V6(CNA) enter R43's room.</p> <p>At 2:08:38 V7(nurse) exits room to look at sign on wall next to door then re-enters R43's room.</p> <p>At 2:09:26 V7(nurse) exits room.</p> <p>At 2:09:51 V6(CNA) exits room running.</p> <p>R43 was left alone without any life saving measures for approximately one minute and three seconds</p> <p>At 2:10:54 V6(CNA) enters R43's room.</p> <p>At 2:10:57 V12 (nurse) enters R43's room.</p> <p>At 2:11:56 V6(CNA) leaves R43's room.</p> <p>R43 was in room with V12(nurse) who per interview said she did not provide any hands on care to R43. Approximately another minute without continuing basic life support.</p> <p>At 2:12:53 V6(CNA) enters with crash cart.</p> <p>At 2:13:38 V12 (nurse) exits R43's room.</p> <p>At 2:13:45 V7(nurse) enters R43's room.</p> <p>At 2:13:58 V6 (CNA) exits room.</p> <p>At 2:14:29 V12 (nurse) enters room. At 2:14:32 V12 (nurse) exits room on personal phone. At 2:15:28 V12 (nurse) enters room. At 2:15:54 V12 (nurse) exits room.</p> | S9999                                                                    |                                                                                                                          |                                                                                                            |  | 04/20/2026                                          |  |

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| S9999                                                            | <p>Continued from page 4</p> <p>At 2:15:54 V6(CNA) standing in hallway demonstrating chest compressions to V7(nurse) in room</p> <p>At 2:16:02 V12 (nurse) in doorway demonstrating chest compressions for V7(nurse) in room.</p> <p>At 2:18:42 V14 (police officer) enter R43's room.</p> <p>At 2:22:29 Emergency services enter R43's room.</p> <p>On 3/19/26 at 1:34PM V7(nurse) said she was assigned to R43 on day of incident. Around 200AM, V7 said she was doing her rounds and found R43 unresponsive. V7 said she checked R43's radial pulse, carotid pulse and pedal pulse with no pulse found. V7 said she called for CNA help and started chest compressions. V7 said she waited until other staff arrived and then left to call 911 at the nursing station. V7 said the trach was in place and oxygen in place. V7 said there was no blockage to trach but did not utilize ambu bag because the oxygen was working, V7 said she did not immediately call 911 and was unsure if she had her cell phone. V7 said she did not have time to get a back board and was doing chest compression standing on the left side of the resident's body.</p> <p>On 3/18/26 at 12:52PM, V6(CNA) who was working the day of R43's incident. V6 said she provided incontinence care to the R43 with the nurse around 1:00AM. V6 said she was conducting rounds and around 2:00AM the nurse came to get her on the other side of the unit and informed her that R43 was unresponsive. V6 said they went to the room and V7(nurse) told V6 to start chest compressions and V7 left to go call 911 at the desk. V6 said R43's call light was on prior and that the nurse had answered her call light and found her unresponsive. V6 said she started to do chest compressions and then stopped and went downstairs to get the other V12(nurse) nurse. V12(nurse) told her to get the crash cart. V6 said she was unsure if a back board was used for the chest compressions. V6 said she did not see nurses or herself utilize the ambu bag for oxygenation. V6 said R43 was on lying on her back she was connected to the oxygen and body was warm. V6 said they should page when there is code blue but they did not.</p> <p>On 3/19/26 at 2:33PM, V12(nurse) said she was working on the first floor unit on day of incident. V12 said V6(CNA) came down to get her to inform her that R43 was unresponsive. V12 said she told the other CNA she had to leave the unit and went up to R43's room. V7 was in the room when she</p> | S9999                                                                    |                                                                                                                          |                                                                                                            |  | 04/20/2026                                          |  |

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| S9999                                                            | <p>Continued from page 5</p> <p>arrived doing chest compression. V12 said she did not perform any CPR or utilize ambu bag on R43. V12 said R43 had oxygen to her tracheostomy.</p> <p>R43's police department incident report documents: on 3/18/26 at approximately 0258, V14 (police officer) was advised by local fire department was toned out for a sick patient. I was further advised that cardiopulmonary resuscitation (CPR) had been started by medical staff in the building. V14 responded to R43's room and made contact with employee attempting to do CPR on patient. V14 relieved the employee and started chest compressions immediately. V14 was advised by staff of no known DNR on file for the patient. Nurse advised R43 "down time" was at 2:51. Hospital advised R43 was pronounced deceased at 0356 on 3/18/26.</p> <p>On 3/20/26 at 5:20PM, V14(police officer) said she was the responding officer to the 911 call for R43. V14 said when she arrived at the facility the staff answering the door did not know what was going on and was directed to the second floor but no staff assisting her in finding the room. V14 said when she entered R43's room, there was one nurse who was attempting cardiopulmonary resuscitation (CPR), but not effectively. V14 said she took over CPR and confirmed with staff that there was no DNR paperwork. V14 said there was no staff utilizing an ambu bag on the resident or providing any other direct care to the R43 when she arrived. V14 said she continued CPR until emergency services arrived.</p> <p>R43's ambulance run report dated 3/18/26 documents: weight estimated 350pounds, under mental status unresponsive. Under narrative documents: on arrival onto the scene and at resident bedside. Crew witnessed police department giving chest compressions to patient. Crew took over compressions as Automated External Defibrillator (AED) was being placed onto patient. According to the CNA, the patient went down initially at approximately 0251 and had been down for approximately 15 minutes prior to contacting 911. After attaching AED and analyzing rhythm, no shock advised as crew continued to implement CPR. Patient had been transferred onto stretcher via drawsheet method and secured as CPR continued with the addition of oxygen via ambu bag/ Bag Valve Mask( BVM) to patients trachea. Crew obtained resident information from a present CNA as patient had been escorted out of the facility and onto the ambulance without incident. Crew had then obtained the only vitals obtainable from patient and contacted medical control and informed them on patient</p> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 04/20/2026                 |

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| S9999                                                            | <p>Continued from page 6<br/>disposition as crew began transport to local hospital. Under times: dispatch notified at 2:58:14; call received 2:58:30; dispatched 2:58:57; at patient 3:05.</p> <p>On 3/20/26 at 10:36AM, V18 (EMT) said when he arrived police officer was doing chest compression. There was no staff utilizing ambubag/ Bag Valve Mask. R43 was warm and no signs of rigor. V18 said there was no back board on the bed. V18 said he utilized the bag mask valve and there was some resistance but oxygenation was good and they continued CPR and applying their Automated External Defibrillator (AED).</p> <p>R43's emergency room record dated 3/18/26 documents: Per V7(Nurse), R43 requested breathing treatment around 9PM, Oxygen saturation was in the upper 90's afterward. Around 11:00PM, Oxygen saturation was noted to be in the low 90's. Next time they checked on her was around 2:30AM, noted to be unresponsive. Under assessment: R43 last seen at 2:51Am, approximate downtime prior to compressions 9 minutes. Upon arrival to Emergency room Cardiac compressions were performed and patient bagged attached to trach c-collar. Despite all efforts patient remained in cardiac arrest with no response to treatment measures. On final pulse check patient had no purposeful movements. Time of death 3:56AM.</p> <p>On 3/19/26 at 12:23Pm, V15(family) does not recall ever having signed polst or DNR form. V15 said she would have expected staff to provide all care to R43. V15 said she visited R43 around 730PM on 3/17/26 because she expressed having difficulty breathing around 600pm. V15 said she called the facility, and no one answered her call. V15 said R43 was not herself and left around 830. V15 said staff provided breathing treatment at that time. V15 said she received a text message from R43 at 1:38AM documenting "I need help". V15 said she did not receive a call from the facility about incident. The hospital called her to notify her that R43 had passed away.</p> <p>On 3/18/26 at 5:41AM R43's nursing progress note documents: 7pm Inservice was provide by V9(respiratory therapist) all nurses in attendance.8pm family came to facility; V9 spoke with family regarding care and left family satisfied with no concerns; 9:20pm, resident complaints of shortness of breath, Oxygen checked sating at 99%, resident was shown results for reassurance but still anxious so breathing treatment provided; around 11pm, 2 CNA's went into room to clean and change resident,</p> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 04/20/2026                 |

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| S9999                                                            | <p>Continued from page 7</p> <p>no concerns voiced at this time; around 12am, resident complaints of pain to left knee, as needed Tylenol given and tolerated, no other concerns at this time;12:55am, call light went on and both cna and writer went into room resident was wet cna changed at this time with no other concerns. just before 2am, resident was suctioned and O2 checked, sating at 98%.around 2:30am during rounds resident was found unresponsive with no vitals able to be captured, cardiopulmonary resuscitation, CPR initiated and 911 called; 2:45am, attempted to reach MD and family with no answer. message left for both.</p> <p>Facility was unable to provide a CPR card for V7(nurse).</p> <p>Facility policy dated 10/01/25 titled Cardiopulmonary Resuscitation (CPR) and life-sustaining treatment documents: The facility shall initiate basic life support, including cardiopulmonary resuscitation for any resident experiencing cardiac or respiratory arrest prior to the arrival of emergency medical services (EMS) unless a valid advance directive or physician order for life sustaining treatment (POLST) explicitly declines CPR. Cardiopulmonary resuscitation is a life saving intervention combining chest compressions and ventilations to maintain circulation and oxygenation in an individual experiencing cardiac or respiratory arrest.</p> <p>Advance directives: the facility shall ensure that all Cardiopulmonary resuscitation (CPR) and life sustaining treatment orders including DNR or POLST are properly documented in the residents' medical record; reviewed and updated according to changes in the residents wishes or clinical status. Guidelines for performing CPR but not limited to: in event of cardiac or respiratory arrest, facility staff shall provide basic life support, including CPR unless a valid DNR or POLST order indicates otherwise and only if the resident does not exhibit obvious signs of clinical death. CPR should be initiated when a resident is unresponsive and not breathing normally or gasping for air. Steps for responding for cardiac arrest: activate the facility emergency response system immediately; notify the code team, retrieve crash cart and emergency equipment; call 911. Begin CPR without delay, continue until EMS personnel arrive or the resident regains pulse.</p> <p>American Heart Association 2025 guidelines for adult CPR notes early high-quality CPR and prompt defibrillation are the most important interventions associated with improved outcomes in adult cardiac arrest. For adult cardiac arrest, rescuers should</p> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 04/20/2026                 |

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| S9999                                                            | <p>Continued from page 8<br/>perform chest compressions with the patient on a firm surface. Start CPR until advanced care arrives. The adult BLS (basic life support) algorithm notes start with compressions, check for visible object in mouth before giving breaths, start CPR, begin bag-mask ventilation with oxygen. High-Quality CPR notes push hard (at least 2 inches [5 cm]), push fast (100-120/min) and allow complete chest recoil, minimize interruptions in compressions, avoid excessive ventilation, change compressor every 2 minutes, if no advanced airway, 30:2 compression-ventilation ratio.</p> <p>(A)</p> <p>Statement of Licensure Violations 2 of 3:</p> <p>300.610a)</p> <p>300.1210b)</p> <p>300.1210d)2)3)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interviews and record review, the facility failed to ensure physician and/or nurse practitioner</p> | S9999                                                                       |                                                                                                                          |                                                                                                            |  | 04/20/2026                                          |  |

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| S9999                                                            | <p>Continued from page 9</p> <p>orders were accurately transcribed and timely implemented for a resident experiencing altered mental status. Specifically, the facility failed to hold prescribed pain medications as ordered and failed to initiate increased monitoring for a resident exhibiting signs and symptoms of central nervous system (CNS) depression. This affected one of three residents (R44) reviewed for change in condition. This failure resulted in (R44) being found lethargic and slow to respond to verbal stimuli which progressed to (R44) was unresponsive to verbal/tactile stimuli, (R44) was transferred to the local hospital and presented to the emergency room with oxygen saturation levels in the 80s on room air and worsening neurological status. (R44) was diagnosed with gabapentin-induced toxicity, baclofen overdose, and toxic metabolic encephalopathy. (R44) was admitted to the intensive care unit and required intubation.</p> <p>Findings include:</p> <p>On 3/19/26 at 9:50 AM, V3 NP (nurse practitioner) stated that she does not recall if staff alerted her to R44 being slow to respond on 1/28/26. V3 stated that when V3 saw R44 on 1/29, R44's mental status was altered so she sent R44 to the hospital via EMS (emergency medical services) 911. V3 stated that V3 expects the nurse to enter V3's telephone/verbal orders into the resident's electronic medical record. V3 stated that V3 does not remember the pain medications R44 was receiving at the facility. V3 stated that V3 expects the nurse to not administer medications when a resident has altered mental status and is slow to respond.</p> <p>R44's outside private ambulance service report, dated 1/29/26, notes dispatch was notified at 8:58 AM for a resident with altered mental status. The crew were at R44's bedside at 9:39 AM. The report narrative notes R44 was found unresponsive to verbal stimuli. Per nurse, R44 is normally alert and oriented x 2; R44 has been declining since yesterday. The outside ambulance service transported R44 emergently to the closest hospital.</p> <p>On 3/19/26 at 4:00 PM, V4 ADON (assistant director of nursing) stated that R44 was sleeping and lethargic since she received her wound care treatment on 1/28 at 8:20 AM. V4 stated that she notified V3 NP and was instructed to monitor R44. V4 stated that she held the afternoon doses of scheduled medications due to increased lethargy. V4 stated that when she notified V3 prior to end of shift at 7:30 PM, V3 instructed staff to continue to monitor. V4 stated that she was not aware that V21</p> |                                                                             |  | S9999                                                                                                      |                                                                                                                          |                                                     | 04/20/2026                 |

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| S9999                                                            | <p>Continued from page 10<br/>(nurse) administered suboxone and baclofen to R44 on 1/28 night shift. V4 stated that R44 was not responsive to verbal stimuli on 1/29.</p> <p>R44's hospital record, dated 1/29/26, notes R44 presented to the emergency room for altered mental status x 2 days. R44 presents lethargic and nonverbal. R44 grossly diaphoretic upon arrival. Physical exam noted mucous membranes were dry. Neurological exam noted R44 withdraws from pain. R44 able to protect her own airway. Noted to be hypoxic (oxygen saturation level 88% on room air) but saturating well with supplemental oxygen. R44 on numerous medications that may be causing encephalopathy, baclofen, pregabalin, gabapentin, suboxone, tramadol, and tizanidine. At 1:40 PM, R44 with worsening hypoxia, low blood pressure (95/47), and pupils pinpoint. R44 placed on venturi mask 15 liters of oxygen. R44 was noted to be aggressively somnolent with concern for inability to protect airway due to home polypharmacy. R44 was intubated and transferred to the intensive care unit. R44's diagnoses included, but not limited to, gabapentin-induced toxicity, baclofen overdose, and toxic metabolic encephalopathy.</p> <p>R44's POS (physician order sheet), dated 1/10/26, notes the following orders:</p> <p>Pregabalin 300 mg (milligrams), give one capsule by mouth every 12 hours for pain.</p> <p>Tizanidine 4 mg tablets give 4 mg by mouth one time a day for muscle spasms. It increased to 4mg twice daily on 1/18/26.</p> <p>Baclofen 20mg, give 20 mg by mouth every 8 hours for moderate pain.</p> <p>Suboxone sublingual film, give 1 film sublingually three times a day for pain.</p> <p>Tramadol 50 mg tablets, give 1 tablet by mouth every 8 hours for pain.</p> <p>Gabapentin 600 mg, give 600 mg by mouth every 8 hours as needed for pain.</p> <p>Naproxen 500 mg tablets, give 500 mg by mouth every 12 hours as needed for moderate pain.</p> <p>R44's MAR (medication administration record), dated January 2026, notes R44 was receiving these medications as prescribed.</p> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 04/20/2026                 |

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| <b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>0056879</b> |                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br><br>B. WING                                                   |  | (X3) DATE SURVEY COMPLETED<br><br><b>03/25/2026</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>AHVA CARE OF STICKNEY</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br><b>3900 SOUTH OAK PARK AVENUE , STICKNEY, Illinois, 60402</b> |  |                                                     |  |
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| S9999                                                            | <p>Continued from page 11</p> <p>R44's medical record, dated 1/28 – 1/29, notes the following:</p> <p>At 4:26 PM, V4 RN notified V3 NP that R44 was lethargic and slow to respond. V3 gave order to hold baclofen.</p> <p>At 5:21 PM, V4 RN notified V3 NP that R44 continues to sleep, lethargic when attempting to wake R44. V3 gave order to hold tizanidine.</p> <p>At 7:06 PM, V4 RN notified V3 NP that R44 is sleeping but very lethargic and slow to respond. R44 moans when she is moved, didn't yell like she usually does. R44 has been asleep since wound care treatment this morning. V3 NP gave order to hold suboxone and tramadol until R44 is more responsive.</p> <p>On 1/29 at 7:40 AM, V4 RN noted R44 lethargic and slow to respond to sternal rub. V4 confirmed with the night shift (7:00 PM – 7:00 AM) nurse, V21, that R44 has not received any medications by mouth since 1/28 at 8:20 AM. V3 NP gave order to send R44 to the hospital for higher level of care.</p> <p>R44's MAR notes on 1/28/26 V21 (nurse) administered suboxone at 9:00 PM and baclofen at midnight to R44.</p> <p>R44's POS does not note any orders given by V3 NP to hold medications until R44 was more responsive were transcribed and initiated.</p> <p>The outside ambulance service was not notified until 8:58 AM transport needed for R44.</p> <p>Per drugs.com, using suboxone together with other medications that cause central nervous system (CNS) depression can lead to serious side effects such as respiratory distress, coma, and even death. Baclofen, gabapentin, pregabalin, tizanidine, and tramadol can cause CNS depression. Patients need increased monitoring when receiving suboxone and any of these medications.</p> <p>Per Medscape drug interaction notes serious interactions between tizanidine and suboxone, and gabapentin and suboxone. These drugs increase sedation; avoid or use alternative drug; limit use to</p> | S9999                                                                    |                                                                                                                          |                                                                                                            |  | 04/20/2026                                          |  |

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| S9999                                                            | <p>Continued from page 12</p> <p>patients for whom alternative treatment options are inadequate. Significant interactions – monitor closely: Gabapentin interactions with suboxone and/or tramadol can result in serious, life-threatening, and fatal respiratory depression. Monitor for respiratory depression and sedation. Pregabalin interactions with suboxone and/or tramadol can result in serious, life-threatening, and fatal respiratory depression. Monitor for respiratory depression and sedation.</p> <p>Tizanidine, gabapentin, baclofen, tramadol, pregabalin interact and increase sedation. Use caution/monitor.</p> <p>(A)</p> <p>Statement of Licensure Findings 3 of 3:</p> <p>300.610a)</p> <p>300.1210b)</p> <p>300.1210c)</p> <p>300.1210d)6)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p> | S9999                                                                    |                                                                                                                          |                                                                                                            |  | 04/20/2026                                          |  |

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| S9999                                                            | <p>Continued from page 13</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interviews and record review, this facility failed to ensure a resident was placed in a common area within visual control, failed to anticipate the resident needs and ensure personal items were within reach. This affected one of three residents R3 reviewed for falls. This failure resulted in R3 trying to reach his pants and shoes being observed in an unwitnessed fall incident resulting in a right shoulder fracture.</p> <p>Findings include:</p> <p>On 3/18/26 at 11:00 AM, V2 DON (director of nursing) stated that she was at the nurses' station on 1/13/26 when she heard R3 fall in room. V2 stated that when she asked R3 what happened, R3 stated that he was looking for his pants and shoes. V2 stated that R3 complained of right shoulder pain. V2 stated that R3 was transported to the hospital for further treatment. V2 stated that R3 returned to facility later same day with a sling to right arm.</p> <p>On 3/20/26 at 2:20 PM, V22 CNA (certified nurse aide) stated that R3 is alert and oriented x 1. V22 stated that R3's gait/balance is unsteady. V22 stated that R3 fell in his room at the beginning of her shift on 1/13/26. V22 stated that staff keep R3 in the dining room for activities so he can be monitored closely.</p> <p>Fall risk assessment, dated 12/9/25, notes R3 has a balance problem while standing. R3's fall risk score indicates R3 is at high risk for falls.</p> <p>R3's hospital record, dated 1/13/26, notes R3 presented to the emergency room after a fall. R3 stated that he was trying to put on pants and shoes when he fell. R3 endorses severe 10 out of 10 pain of right shoulder. Anterior prominence/deformity noted that is acutely tender on palpation. X-ray of R3's right shoulder shows slightly impacted, comminuted fracture of the right proximal humerus, without dislocation. The orthopedic surgeon recommended sling and outpatient follow-up, nonoperative.</p> <p>R3's falls care plan, initiated 7/3/25, notes R3 has the potential for falls due to current medical condition and unaware of safety needs. Intervention identified on 7/3 notes anticipate R3's needs. On 12/9/25, keep R3 in the common area for visual oversight.</p> |                                                                          |  | S9999                                                                                                      |                                                                                                                          |                                                     | 04/20/2026                 |

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| S9999                                                            | <p>Continued from page 14</p> <p>R3's cognition care plan, initiated 7/7/25 notes R3 has a diagnosis of dementia. R3 needs cues and reminders.</p> <p>R3's MDS (minimum data set), dated 1/2/26, notes R3's BIMS (brief interview of mental status) score is 2 out of 15; R3 with severe cognitive impairment. R3's functional limitation in range of motion notes impairment in both arms and legs. R3 requires substantial assistance with dressing.</p> <p>(B)</p> |                                                                             |  | S9999                                                                                                      |                                                                                                                          |                                                     | 04/20/2026                 |