

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014641</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/24/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ARCHER HEIGHTS HEALTHCARE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4437 SOUTH CICERO CHICAGO, IL 60632</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>medications, including pain patches, should be given as ordered. If there is an issue with the medications/pain patch, the physician should be notified. V1 said the resident's pain should be controlled, residents pain concerns should be addressed, and their providers notified of any issues with medications so that other orders can be given. V1 said R2's providers were not notified of R2's pain patch not available.</p> <p>Review of R2's nursing notes do not document R2's physician was notified of R2's pain patch not available.</p> <p>R2's current Physician Order Sheet (POS) dated 12/02/2023 11:29: Medication Lidocaine HCl External Patch 4 %. Apply to lower back topically one time a day for back pain.</p> <p>R2's electronic Medication Administration Record (eMAR) documents R2's pain patch was not given from 12/11/2023 to date, 12/23/2023 as documented/signed with a 9 (which means -other, see nursing notes per legend interpretation).</p> <p>Facility Policy Titled: PAIN MANAGEMENT PROGRAM, no date, documents: -It is the policy of the facility to facilitate resident independence, promote resident comfort, preserve, and enhance resident dignity and facilitate life involvement. The purpose of this policy is to accomplish that goal through an effective pain management program. -The resident's physician will be notified of the resident's complaints of pain which are not relieved by comfort measures, including pain medications. (B)</p>	S9999		

LTC07202

COMPLAINT DETERMINATION FORM

FAC. NAME: ARCHER HEIGHTS HEALTHCARE

COMPLAINT #: 0167526

LIC. ID #: 0058081

DATE COMPLAINT RECEIVED: 12/07/23 08:37:00

IDPH Code	Allegation Summary	Determination
105	IMPROPER NURSING CARE	1
402	LACK OF STAFF	2

The facility has committed violations as indicated in the attached\*  
 No Violation

\*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

Determination Codes

- 1 = VALID - A complaint allegation is considered "valid" if the Department determines that there is some credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 2 = INVALID - A complaint allegation is considered "invalid" if the Department determines that there is no credible evidence that there has been a deficiency (non-compliance with the Act or rules & regulations) relating to the complaint allegation.
- 3 = UNDETERMINED - A complaint allegation is considered "undetermined" if the Department finds there is insufficient information reported to initiate or complete an investigation.

RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.

FAC. NAME: ARCHER HEIGHTS HEALTHCARE

COMPLAINT #: 0167713

LIC. ID #: 0058081

DATE COMPLAINT RECEIVED: 12/12/23 12:56:00

IDPH Code	Allegation Summary	Determination
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110	MEDICATIONS NOT CONTROLLED	2
211	SAFETY PROBLEMS	2
402	LACK OF STAFF	2

     The facility has committed violations as indicated in the attached\*  
✓ No Violation

\*Facilities participating in the Medicare and/or Medicaid programs will not receive a copy of the certification deficiencies as they have already received a copy through the certification program process.

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RESIDENT INJURY - Per the P&A v. Lumpkin consent decree, allegations of resident injury will always be "valid" if the resident who is the subject of the allegation was injured.