

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/15/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR ESTATES NSG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478</b>
--	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000	Initial Comments  Complaint Investigation  1890656/IL99920	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210b) 300.1210d)2) 300.1210d)3) 300.3240a)  Section 300.610 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.  Section 300.1210 General Requirements for Nursing and Personal Care	S9999	<b>Attachment A</b> <b>Statement of Licensure Violations</b>	
	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			

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

02/22/18

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WINDSOR ESTATES NSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478
---	---

(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 1</p> <p>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>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to follow their policy on management of low blood sugar for one (R1) resident out of three residents reviewed for blood sugar monitoring and treatment resulting in altered mental status related to prolonged hypoglycemia (Toxic metabolic encephalopathy).</p> <p>Findings Include:</p> <p>R1 is an 81 year old female admitted to the facility</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WINDSOR ESTATES NSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478
---	---

(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 2</p> <p>on 12/12/2017 with following diagnoses but not limited to: Type II Diabetes Mellitus, Dysarthria following cerebral infarction, Hypertension, End Stage Renal Disease and Dependence on Hemodialysis. R1 was transferred to local community hospital via local emergency medical services at 4:33am on 1/22/2018 with admitting diagnosis of hypoglycemia, altered mental status and expired on 2/06/2018.</p> <p>Record review of facility's documents: R1's nurse's progress notes reads that on 1/22/2018 at 3:15am, R1 was noticed laying in bed, breathing, skin cold to touch and clammy, verbally unresponsive, drooling on the right side of the mouth, spasms noted on fingers. Head of the bed elevated, unable to obtain temperature reading, Blood sugar monitored with a result of 55mg/dl (milligrams/deciliter).</p> <p>At 3:32 am, Physician was called and physician ordered to send the resident to emergency room (ER).</p> <p>At 3:35am, local private ambulance was called and was given estimated arrival time of 20-25 minutes. Blood glucose rechecked and obtained a result of 52mg/dl.</p> <p>At 3:40am, 911 was called and ambulance arrived and assessed, transferred resident to local community hospital. Local private ambulance was cancelled.</p>	S9999		
	<p>At 4:00am, ER (Emergency Room) and family member were notified of R1's transfer.</p> <p>At 7:45am, local community hospital updated that R1 was admitted for Hypoglycemia and Altered Mental Status. Family was notified of the update.</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/15/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR ESTATES NSG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478</b>
--	---

(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>R1's initial nurse screening at the time of admission on 12/12/2017 at 7:17pm documents for mental status - alert, oriented to person, place and situation.</p> <p>R1's MDS (Minimum Data Set) dated 12/19/2017 documents a BIMS (Brief Interview of Mental status) score of 12 out of 15.</p> <p>R1's POS (Physician Order Sheet) and Medication Administration record (MAR) dated 01/15/2018 through 02/14/2018 documents orders such as blood glucose monitoring, check before meals and at bedtime prior to giving Lantus Insulin; Lantus Injection - Inject 8 (eight) units subcutaneous at bedtime (8:00pm). Chart and rotate sites, do not mix with any other Insulin, High alert drug; Novolin R-100 units/ml (Milliliter) Inject 5(five) units subcutaneous three times daily with breakfast (8:00am), lunch (12:00pm) and dinner (5:00pm), high alert drug. R1's POS on the right side of the sheet (Standing Orders) also documents: Monitoring orders - May give Glucagon 1 MG (Milligram) intramuscularly as needed for diabetic residents with blood sugar level below 70 and if unresponsive. Certification: Physician's orders and telephone orders may be written on the right side of the page. R1 was started on antibiotic Levaquin 250 mg by mouth two times a day for 7 (seven) days started on 01/20/2018 for Urinary Tract Infection (UTI).</p>	S9999		
	<p>R1's nursing care plan dated 12/27/2017 documents: The resident (R1) has a diagnosis of diabetes. Potential for signs and symptoms of hyperglycemia and hypoglycemia. Approach: Nurses observe and document signs and symptoms of hypoglycemia (Heart palpitations, fatigue, pale skin, shakiness, anxiety, sweating,</p>			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WINDSOR ESTATES NSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478
---	---

(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 4</p> <p>hunger, irritability, confusion, impaired vision). Notify physician as appropriate. Provide diet as ordered. Administer meds as ordered. See POS/MAR. Blood glucose monitoring as ordered. Implement and maintain safety precautions. Goals: The resident (R1) will not exhibit signs and symptoms of hypo/hyperglycemia through next review. Resident's blood glucose will be maintained within reasonable limits with diet and medication through next review.</p> <p>Record review of EMS (Emergency Medical Services) documents: 1. R1's EMS (Emergency Medical Services) Notes dated 1/22/2018 reads Chief complaint: Diabetic symptoms - low blood sugar. At 04:01 am, Blood Glucose 40mg/dl and 04:11 Glucagon 1mg (1 unit) Intramuscular injection was given by paramedics. Comments: Patient (R1) found laying in bed, alert only to painful stimuli. Staff stated that patient (R1's) blood sugar was low. At the time of the service, the patient was physically unable to follow commands and sign.</p> <p>Record review of ER (Emergency Room) and hospital documents: ER (Emergency Room) History and Physical documents that R1 arrived at 4:33 with blood glucose of 18mg/dl and with admitting diagnosis of Hypoglycemia and prolonged Altered Mental Status.</p> <p>Local community hospital History and Physical (H&amp;P) documents: R1 was brought in for change in mental status and severe hypoglycemia. She (R1) recorded at 18 in our ER. Details around what time medications she (R1) was given Insulin and what corrective measures were provided are not reliable at this time but concern is apparent for an extended period of hypoglycemia. This is because, after she arrived in ER with a low blood</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/15/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR ESTATES NSG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478</b>
--	---

(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 5</p> <p>sugar, she was very quickly treated and blood sugar corrected to levels above 200mg/dl. She has however, not regained her baseline neurologic state but remains non-verbal, we are concerned as well that a prolonged course of hypoglycemia may be a precipitating factor. Impression and plan: Encephalopathy possible secondary to prolonged hypoglycemic episode. CT Scan and MRI (Special X-ray's) head - No acute intracranial abnormality and no bleed.</p> <p>Discharge summary dated 01/30/2018 by the ER physician documents: R1's blood sugar at ER upon recorded as 18mg/dl but was noted to below the night before. Details around what medications R1 was given (Insulin) and what corrective measures were provided are not reliable at this time but concern is apparent for an extended period of hypoglycemia. This is because after R1 arrived with a low blood sugar, she (R1) was very quickly treated and blood sugar corrected to levels above 200. R1 has, however not regained her baseline neurologic state but remains non-verbal. Her Urinalysis was suspicious for UTI and she has had previous admissions for Urinary Tract Infection (UTI) with encephalopathy. Resident's white cell count is 7.8 cells/micro liter - does not indicate any infection. ER physician has spoken to the family and told them that the physician is concerned as well that a prolonged course of hypoglycemia may be a precipitating factor. Special X-ray (CT scan) of the head was without bleed. Electro Encephalography (EEG) on 1/24/2018 and 1/26/2018 indicated that the EEG was abnormal due to moderate generalized slowing, which indicates diffuse cerebral dysfunction as seen in toxic metabolic encephalopathy. No electrographic seizures.</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/15/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR ESTATES NSG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478</b>
--	---

(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 6</p> <p>Hospital Course: R1 presented with altered mental status and severe hypoglycemia. R1's mentation did not improve despite normalization of blood sugar. Neurology consult indicated that prolonged hypoglycemia is the reason for encephalopathy. Given prolonged altered mental status, R1 was started on nasogastric tube feeds. However, given overall minimal improvement in mentation goals were discussed with family. Family decided to keep R1 in hospice care and eventually R1 died on 2/06/2018.</p> <p>On 02/13/2018 at 3:00pm, V2 (DON) stated "Our nurse checked blood sugar and it was 55mg/dl, resident was unresponsive, and nurse called the physician and physician ordered to transfer the resident to ER. Nurse rechecked blood sugar - 52mg/dl. No medications were given to the resident at this time. Local ambulance was called and they gave her wait time of 25 minutes, then 911 was called and resident was transferred to local community hospital ER. Our nurse documented everything as she did.</p> <p>On 02/14/2018 at 3:25pm, V14 (Pharmacist) stated "The orders on the right side of the POS are called standing orders and the order for Glucagon is a standing order for this resident (R1). The POS is a typed/computer generated document which is produced by the pharmacy after the transcription of the orders from the physician. If a resident has a standing order for Glucagon, the nurse can obtain the medication from emergency medication kit of that unit."</p> <p>On 02/15/2018 at 11:16am, V10 (Medical Director) stated "As per the ADA (American Diabetic Association) when a nurse calls the physician for treatment of hypoglycemia, as a physician I would tell the nurse to give the</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6005904</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/15/2018</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>WINDSOR ESTATES NSG &amp; REHAB</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478</b>
--	---

(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 7</p> <p>Glucagon injection to the resident. He (V13 - Physician on call) is supposed to make decisions for his residents. I don't know, why he didn't order that."</p> <p>On 02/15/2018 at 11:45am, V11 (Licensed Practical Nurse-LPN) stated "I took care of this resident only for two days. As much as I know, this resident is alert, oriented to name and place, when I take medications to her, she was able to follow the commands to sit up, open eyes, take meds and water, say thank you and goes back to sleep. I was aware that she was diabetic; I never offered her any bedtime snack. On 01/21/2018 when I received this resident at the beginning of my shift, at 11:00pm, she was sleeping, I didn't see her in distress, didn't wake her up. Generally I don't take vital signs at 11:00pm; I take at 3:00am. On 01/22/2018 at 3:00am, when I was trying to check vital signs, I found her sweating, cold and clammy, checked her blood sugar, it was 55mg/dl. I checked the emergency kit for Glucagon injection and I couldn't find any. I called V13 (Physician on call) and he ordered to transfer the resident to ER; no orders for Glucagon were given at that time. I called the local ambulance, they gave wait time of 45minutes, and then I called 911. The standing orders are on the right side of the POS and as a general nursing practice I knew that I had to give Glucagon for hypoglycemia, but I didn't see any orders."</p> <p>On 02/15/2018 at 12:45pm, V12 (Primary care Physician) stated "If a blood sugar is below 60 or 70, it is critical, resident can present with symptoms of sweating, cold clammy skin, nausea, vomiting and loss of consciousness sometimes. The management of hypoglycemia is to give orange juice if awake, if unresponsive either IM Glucagon or IV 50% Dextrose is given</p>	S9999		
-------	---	-------	--	--



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WINDSOR ESTATES NSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478
---	---

(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 8</p> <p>or whatever the facility's protocol calls for. The nurses should have given Glucagon by following the standing orders. Standing order means you give it, you don't wait for the physician's call. If the facility had a policy or protocol they should have followed it. Not treating the hypoglycemia in the right time can possibly result in damage to brain and kidneys. As for my residents any order that is on the chart or POS is applicable to that particular resident unless it's discontinued."</p> <p>On 02/15/2018 at 2:05pm, V13 (Physician On call) stated "I never got paged or received any phone call from the facility regarding this resident's (R1's) hypoglycemia. On 01/22/2018 around 1:20am, I spoke to the nurse (V11) regarding another resident but not this resident (R1). It's a general practice to give Glucagon injection to treat hypoglycemia and send the resident out to ER. If they can't reach me or hear from me, I would expect them to follow the facility's policy and follow the standing orders using clinical nursing judgment."</p> <p>Facility's policy titled "Nursing care of the resident with Diabetes Mellitus" reads: purpose is to prevent hypoglycemia. Signs and symptoms of hypoglycemia include: pale, cool, moist skin, excessive perspiration, stupor, unconsciousness, convulsions and coma. Management of hypoglycemia: 4. For symptomatic and unresponsive residents with hypoglycemia (less than 70mg/dl or less than the physician-ordered parameter): a. Immediately administer oral glucose paste to the buccal mucosa, intramuscular glucagon, or intravenous 50 percent dextrose, per facility protocol and notify the physician for further orders; b. If resident remains unresponsive, call 911 (in accordance with resident's advance directives).</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WINDSOR ESTATES NSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478
---	---

(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 9</p> <p>Facility's policy titled "Standing Orders" reads: Certain self-limited conditions that occur frequently are often amenable to treatment with non-prescription medications, using nursing judgment. To facilitate prompt treatment of such conditions, and to avoid unnecessary telephone calls to those prescribers, who approve, standing orders are utilized. If the Attending physician does not desire standing orders to be utilized, this notation will be made on the clinical record.</p> <p>Facility's policy titled "Notification of resident change in condition policy" reads: A licensed nurse shall promptly inform a significant change in the resident's physical, mental or psychosocial status, deterioration in health, mental or psychosocial status in either life threatening conditions or clinical complications. 2. The licensed nurse is to use professional judgment in determining changes in condition based on assessment and findings or signs and symptoms of change which could lead to deterioration if not treated. Following the assessment, observing signs and symptoms, and obtaining vital signs, the attending physician and family will be promptly notified of significant findings. 8. In the event the physician cannot be reached or does not respond and the resident requires medical intervention or there are clinical complications in the judgment of the nurse, the alternate physician will be promptly contacted. During the interim, appropriate nursing intervention and monitoring measures will be performed and documented. If the attending and the alternate physician cannot be reached, the Director of Nursing or designee will be notified, and contact made with the Medical Director as necessary. 10. In the event the situation is emergency and the nurse cannot reach a physician, and there is a perceived</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6005904	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 02/15/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  WINDSOR ESTATES NSG & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 18300 SOUTH LAVERGNE COUNTRY CLUB HILLS, IL 60478
---	---

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	Continued From page 10  life-threatening situation, emergency care measures will be provided by licensed nurse arrangements made to transfer the resident to the hospital.  (A)	S9999		
-------	---	-------	--	--