STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 Annual Licensure and Certification Survey Complaint Investigation: 2295539/IL149055 Facility Reported Incident of 7/16/2022 #IL149182	S 000		
S9999	Final Observations Statement of Licensure Violations: 1/4 300.610a) 300.1210b) 300.3210t) 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 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 1 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. 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) These regulations were not met as evidenced by: Based on interviews and record reviews, the facility failed to follow their abuse prevention policy and procedures by not ensuring an abuse risk assessment was completed for a resident with a known history of psychiatric disorders and verbally abusive behavior; the facility also failed to have interventions in place to address a resident's risk for abuse. This failure applied to one (R42) resident reviewed for abuse in a sample of 27 residents and resulted in (R42) being transferred to the hospital after being physically assaulted by another resident and diagnosed with a facial injury. Findings include: R42 is a 61-year-old female with a diagnoses and history of Schizoaffective Disorder, Bipolar Disorder, Anxiety Disorder and Major Depressive Disorder who was originally admitted to the facility	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 2 09/18/2021. R42's current care plan documents R42 demonstrates behavioral distress as manifested by verbally abusive behavior; Use of profanity, demeaning statements, verbal threats, and yelling; Racial/ethnic/religious/gender slurs; Other behaviors include: throwing food and other things on the floor. This behavior occurs daily and is related to: Being challenged by mental illness, Feeling powerless or out of control, Inability to express self appropriately, Ineffective coping mechanisms, Poor self-esteem/ feelings of inadequacy with interventions including Explain "Rules of Conduct" and each person's obligation to treat others with dignity and respect at all times. Ask the resident to treat others as they would like to be treated; If talking to the resident is not successful in stopping the behavior, try to walk with the resident to a quiet area away from other individuals; If the resident becomes verbally or physically abusive, attempt to calm the resident by explaining that "ladies and gentlemen" do not talk/behave this way. (for example "We do not touch other people."); R42's care plan does not include abuse risk. Incident Investigation report dated 07/26/2022 documents R42 and R134 had a physical altercation. Staff immediately intervened and separated both residents. R42 was noted with redness underneath her eye and R134 had a scratch like mark on his right hand. Both residents were treated. Paramedics transferred both residents to hospital for further evaluation. POA, Physician and police were notified. R134 witnessed R42 going into the common refrigerator and take his food. When R134 tried to retrieve his food from R42, she allegedly bit his hand and grabbed his hair. In an effort to protect	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 3 himself R134 hit R42 to avoid any further injuries. R42 was not able to provide any reliable information due to her psychiatric diagnosis. Staff heard the disturbance and immediately rushed to intervene. They immediately separated both patients. Nurse treated for any injuries. R42's Progress note dated 7/16/2022 at 18:17 documents, this writer sitting by 2nd floor nurses station heard commotion coming from 2nd floor dining hall. Upon investigation, Observed 2 residents in verbal/physical altercation. R134 claimed R42 took his food from the fridge and when he tried to get it back from her, she bit his hand, spit on his face and grabbed his hair. R134 then hit her back in the face. R42 sustained bluish discoloration above the right cheek bone. Residents were separated. R42 is in agitated state, talking very loud and screaming. As needed medication was administered. At 19:15: R42's husband called 911, EMTs and Sheriff came. Resident complained to the police of physical altercation with another resident. Night supervisor present and aware of the situation. Director of Nursing notified by night supervisor. R42's progress note dated 7/16/2022 at 20:13 documents at 6pm was involved in an altercation with another resident where she was taking another residents food and bit the resident where she sustained a eye injury. R42's Progress note dated 7/18/2022 at 07:15 documents resident in bed refused night time medication. Behavior noted in the morning. Patient has right eye black eye from fight. R42's hospital discharge summary dated 07/16/22 documents she was seen with a diagnosis of facial injury.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 4 On 08/11/22 at 12:36 PM V2 (Director of Nursing) stated R42 sustained discoloration around her eye after the physical altercation she was involved in with R134. V2 stated it was observed and reported by V20 (Registered Nurse) that R42 had a bruise on her eye after the physical altercation with R134. V2 stated R42 was sent to the hospital after the altercation and returned to the facility the same day. V2 stated R42 had not walked around the facility prior this incident. V2 stated R42 has the physical ability to ambulate in the facility but does not engage in this activity due to mental limitations. On 08/11/22 at 02:53 PM V1 (Administrator) stated residents are assessed for abuse by social services upon admission then they are monitored. V1 stated R42 is a special case because she tends to be aggressive and is not easily redirectable. V1 stated R42 did not have a history of any incidents of physical altercations while in the facility. V1 stated R134 also does not have a history of physical altercations while in the facility. V1 stated R134 will yell but is easily redirectable. V1 stated R42 did not usually ambulate around the facility but has become stronger over time with therapy and is now able to get up more often. V1 stated R42 has been ambulatory approximately less than a month. V1 stated usually R42 stays in her room, and it was unusual for her to come out of her room and engage in an altercation with a resident. R42's medical records did not include an abuse risk assessment and the facility did not provide an abuse risk assessment for R42 as requested during the course of this survey. The facility's Abuse Program Policy received	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 5 08/10/22 states: "It is the policy of this facility to prohibit and prevent resident abuse." "As part of the social history evaluation and Minimum Data Set assessments, staff will identify residents with increased vulnerability for abuse, or who have needs and behaviors that might lead to conflict. Through the care planning process, staff will identify any problems, goals and approaches which would reduce the chances of mistreatment for these residents. Staff will continue to monitor the goals and approaches on a regular basis." "For the purposes of this policy, and to assist staff members in recognizing abuse, the following definitions shall pertain: Abuse - The willful infliction of injury with resulting physical harm or pain. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm." (NO VIOLATION) 2/4 300.1210b) 300.1210d)3) 300.3210o) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 6 resident to meet the total nursing and personal care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care 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: 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. Section 300.3210 General o)The facility shall also immediately notify the resident's family, guardian, representative, conservator, and any private or public agency financially responsible for the resident's care whenever unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or related administrative matters arise. These regulations were not met as evidenced by: Based on interview and record review, the facility failed to urgently seek advanced medical care for a resident who was assessed by Nurse Practitioners and Nursing staff to be actively bleeding and suffering from severe dehydration; the facility failed to communicate and obtain approval from a resident's power of attorney for hospital transfer for a resident with severe cognitive impairment related to diagnosis of dementia. This failure affected one (R245) of one resident reviewed for change in condition and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 7 resulted in R245 being transferred to local hospital more than a month after initial physician order for emergent transfer to local hospital; R245 expired one day after hospital transfer with death certificate listing primary cause of death as sepsis. Findings include: R245 was a 71-year-old female who was originally admitted to the facility 5/24/2021 with diagnoses that include, Adult failure to Thrive, Ulcerative Colitis and Major Depressive Disorder. On 6/7/21, R245 was assessed for a new diagnosis of unspecified Dementia while residing in the facility. R245's MDS (Minimum Data Set assessment) dated 11/09/21 documents BIMs (Brief Interview for Mental Status) score of 08, which indicates cognitive impairment. Care plan last reviewed 9/22/21 states: R245 has problems with decision making, insight, logic, calculation, reasoning, planning, organization, sequencing social skills and/or judgment related to diagnosis of Major Neurocognitive Disorder. Medical record documents that R245 underwent several abdominal surgeries prior to admission and was actively being treated for an abdominal fistula, ileostomy, and colostomy. R245's records indicate that she was hospitalized twice since admission, with the most recent return to the facility on 8/31/21 after she was treated for Sepsis and Septic shock. R245's Nursing progress notes were reviewed from 10/01/21 to 11/09/21.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 8 On 10/03/21 at 1:46PM, nursing staff noted "reddish liquid" coming out of the fistula and notified V40 Medical Doctor. Later that evening, V40 Medical Doctor assessed R245 at the bedside, and left recommendations for nursing to continue monitoring. On 10/5/21 at 11:26AM, a nurse documents, "Noted bleeding from colostomy. Colostomy bag noted with blood drainage, V40 called and order received for STAT GI (gastrointestinal) consult. DON (Director of Nursing) notified, told to send resident to ER." At 12:24PM, note said that R245 refused to go to the hospital. The Healthcare POA (Power of Attorney) was aware, and the resident refused to speak to them. Social Services and DON were notified. On 10/6/21 at 10:02, nurse writes, "Resident still have the blood coming out from the fistula. Resident refused to go to the hospital last night." On 10/07/21 at 02:30AM, "Resident still have blood coming out from her fistula. V40 made aware. Pt. was screaming, complaining of pain." On 10/8/21 R245 was evaluated by a nurse practitioner who noted that the resident was "alert to self" and "Hospice appropriate." Labs were reviewed with order to give 2 liters of fluid bolus and repeat labs a week later. On 10/11/21 a nurse noted: "pt. has mucousy blood coming out from the rectal"; nurse practitioner and infectious disease doctor notified, a urinalysis and culture were ordered. Progress Notes reviewed for 10/11/21, 10/12/21,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 9 and 10/13/21 indicate that urine was unable to be collected. No follow up or explanation documented/provided. On 10/15/21, R245 was seen by a Psychiatric Nurse Practitioner, who assessed the resident to be to oriented only to person and place, limitedly insightful and labile. R245 said to the NP, that she wanted to go home, but did not know where home was. On 10/16/21 NP assessed R245 and documented to monitor for bleeding, and included orders for a urinalysis and culture, labs, and a GI consult. Notes include: "recently patient had some bloody drainage to colostomy. Patient refused to go to hospital. WBC elevated at 13.76." Resident was noted to be weak and confused alert and oriented x1 during assessment. 10/19/21 NP assessed R245 as alert and oriented x1, non-cooperative and not talkative. Laboratory results were reviewed and noted that BUN was elevated. On 10/18/21, BUN was 71, while on 10/14/21 BUN was 57. Nurse Practitioner ordered one liter of Intravenous fluids, repeat labs on 10/20/21 and a Gastrointestinal Consult. On 10/25/21, NP assessed R245 and reviewed lab results. WBC's- 13.43 (high), BUN 77 (high), creatinine 0.64 (normal). R245 completed antibiotic treatment for C-diff on 10/22/21. Intravenous fluids were discontinued. R245 was seen on 10/29/21 by NP who documented, Dehydration noted on labs. Lying in bed with legs pulled up underneath her and arms crossed. Agitated with interaction. Unable to start	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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	S9999		

peripheral IV for dehydration-RN instructed to get midline and start IVF, then repeat labs in am. GI consult pending for mucous/bloody rectal drainage noted earlier in the week.

An order was placed 11/02/21 for urine collection, which was unable to be collected as noted by nursing staff.

R245 was evaluated by NP on 11/03/21 and documented, "Patient is seen today for leukocytosis and again blood is noted in colostomy. Given WBC trending up, urine sample was ordered. However unable to collect per nursing. Per nursing after (urinary catheter) insertion noted with frank blood." In the assessment/plan, the NP writes: "DNR (Do Not Resuscitate) with ok for hospitalizations. Per report, family refusing hospice. Needs hospital send out or hospice. Awaiting (Primary Doctor) response, contacted x2."

Review of medical record did not address any further contact with primary physician or Medical Director for additional guidance or interventions.

Progress notes document that R245 continued to receive Heparin medication for clotting prevention after being assessed for acute bleeding.

On 11/09/21 at 5:52AM, Nurse held heparin due to signs of bleeding from unknown source.

On 11/09/21 at 6:17AM nurse wrote: "signs of bleeding noted at the sacral area from unknown site, site assessed, no wound, no sign of bleeding from the vaginal, ostomy pouch intact. Withheld heparin, notified supervisor on duty, will continue to monitor."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 11 On 11/09/21 at 9:09AM, nurse wrote, seen by wound care team and noted bleeding to her right ostomy. Notified House NP, Director of Nursing and Assistant Director of Nursing. At 9:18AM, nurse writes: Bleeding noted from her ostomy site, NP made aware. Waiting for any orders. Resident refused to check her vital signs. On 11/09/21 at 10:05AM, nurse got order from NP to send to the emergency room for further evaluation. PoA made aware and agreed. Private ambulance called. Ambulance picked up R245 at 10:55AM. In the Emergency Room, R245 had labs collected at 11:25AM and was found to have multiple abnormal lab values. In the ER, R245 was assessed with red colored output from the ileostomy, and active maroon colored stool leaking from the rectum. R245 was alert to person and place, otherwise not responding to questioning. R245 was treated in the ER for abdominal infection and admitted for rectal bleeding. On 11/10/21 at 10:32PM R245 expired while in the hospital. Death certificate lists Causes of death as Sepsis and Gastrointestinal Bleed. 08/09/22 at 05:15 PM V43 Resident Representative said, in the beginning of November the Nurse Practitioner called to inform me that my mother was bleeding, but they said they weren't sending her because she was coherent and refusing to go. I told them that they should send her anyway because she was suffering from dementia. I didn't think she could have made that decision for herself. They even called my cousin who they had listed as the PoA, and she agreed to send her as well. They didn't	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 12 send her until it was too late. 08/10/22 11:15 AM V40 Medical Doctor said, I'm one of the primary physicians in the facility and I currently round. The facility has their own nurse practitioners who see the residents. I have requested for staff nurses to reach out to me directly about any issues about my patients. I just want to make sure I get the information and know everything that is going on about the patient. There has been an occasion where the patient is at the hospital and I didn't know about it, and I am not always informed. Sometimes there is a situation where there are orders written by the NP that I am not aware of. I always want to be informed, particularly if a resident is clinically assessed to have to go to the hospital or their clinical condition is acutely worsening. I would expect both the NP and the nurse to recognize a medical emergency and the nurse should inform the NP or myself. I vaguely recall R245. Reviewing the labs leading up to hospitalization, that suggests dehydration and an evolving infection. A cause of dehydration could have been more loss of fluid, such as bleeding or diarrhea. Infection can also cause dehydration. Based on the labs she was actively bleeding. In this case, the patient is bleeding, the staff knows, and the next step is to monitor the corresponding lab values. As I recall, the patient had a staff consult with the Gastrointestinal surgeon who was aware and continue monitoring of the CBC. I don't recall if I was notified. I would expect the nurse practitioners to recognize the signs of infection that can lead to sepsis which is life threatening. For a patient that has dementia and cognitive dysfunction, I would talk to the PoA about hospitalization because we're unable to rely on the patient to make the decision. If I was unavailable, I would expect for the staff to call 911	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 13 in an emergency or to contact the Medical Director for orders. 08/10/22 at 12:41 PM V41 In House Nurse Practitioner said, Reviewing these labs and not directly knowing the resident, it looks as if they were suffering from infection, dehydration, and reactive thrombosis. I would probably order more tests to determine source of infection if any. If the nurses were unable to obtain urine from the straight catheter despite giving IV fluids, the resident should have been sent out to the hospital. 08/11/22 at 10:03 AM V34 former Director of Nursing said, I was the DON March of 2021 and I left Early January of 2022. I vaguely recall R245 was suffering from a lot of complications. I expect that if there were a life-threatening situation, we would have called 911 and worried about notifying the doctor later. As a floor nurse I would be looking at the labs and advocating for what was best for the resident to the doctor or nurse practitioner. I'm not aware of what happened to R245 after transfer to the hospital. 8/11/22 at 11:47 AM V35 Former Social Services Director said, When R245 arrived at the facility she was fully alert and oriented. When she became sick and frail, we recommended hospice, but the POA refused. As she began to decline, she was not able to make her own healthcare decisions. In that condition, we would have done whatever interventions we could to preserve her life. She also had an order for Do Not Resuscitate, however but she could still get sent to the hospital. (A) 3/4	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 14 300.610a) 300.1210b) 300.1210d)2)5) 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 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. Section 300.1210 General Requirements for Nursing and Personal Care 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: 2) All treatments and procedures shall be administered as ordered by the physician. 5)A regular program to prevent and treat pressure	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 15 sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to prevent a resident from developing pressure ulcers who was assessed to be at high risk by and, not assessing a resident's skin regularly while providing personal care; they failed to conduct weekly skin checks as ordered; they failed to follow a physician order to apply a daily foam dressing for protection of the skin; and they failed to use a low air loss mattress effectively. This failure applied to one (R64) of one resident reviewed for pressure ulcers and resulted in R64 developing a new facility acquired Stage II pressure ulcer to the coccyx. Findings include: R64 is a 61 year old woman admitted to the facility 12/01/21 with diagnoses that include, Chronic Respiratory Failure, Anoxic Brain Damage and Left side Hemiplegia, Hemiparesis following Cerebral infarction. R64 has a BIMs (Brief Interview of Mental Status) score of zero and is not alert or oriented. She has a respiratory status requiring a Tracheostomy and mechanical ventilation. Nutrition is provided	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 16 through gastrostomy feeding tube. R64 has a colostomy and indwelling urinary catheter. R64 has a functional status requiring two person total assistance with personal hygiene, bed mobility and transferring. The facility treated sacral wounds for R64 from the time of admission and healed the sacral wound on 6/13/22. 08/08/22 at 12:40PM, R64 was observed in bed, non-responsive and breathing without any noticeable distress. V44 CNA (Certified Nursing Assistant) was noted to turn and reposition with the help of another CNA. R64 was wearing a disposable brief, lying on an low air loss mattress that was dressed with a flat sheet, a folded flat sheet used as a draw sheet and a disposable incontinence pad. V44 CNA said, this is how we always set R64, because sometimes the urine is leaking, or the colostomy will get too full before I can empty it and it will leak. 08/08/22 at 4:11PM V25 Nurse Wound Care Director was observed conducting a full body skin assessment for R64. V25 said, R64 should not need all of these sheets on the air mattress. She has a disposable brief on because sometimes I know the urinary catheter to leak. It should not be leaking but it does. Too many layers will cause the mattress not to be beneficial. R64 does not have any more wounds. We have finally healed a wound on the sacrum that she had for a long time. In order to heal a wound, we have to assess it for 3 weeks to make sure it does not re-open. Currently, the only treatment is a preventative foam dressing that should be changed by nursing	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 17 daily. Because she is high risk, the wound care team will still follow and assess weekly. I am not sure when is the last time a skin assessment was done for her. During this observation, R64 had a foam dressing to the sacrum that was dated 8/2/22 (6 days prior). V25 said that the dressing should be changed every day or every other day by the nurses. This dressing has not been changed for several days. After removal of the dressing, R64 was noted to have a skin opening in the center fold of the buttocks and a reddened area surrounding the sacrum. V25 said, I would consider this to be Moisture Associated Dermatitis and a Stage II Pressure Wound of the coccyx. I was not aware of this new wound so there is no treatment for it. The CNA's and nursing staff should have notified me or someone on the wound care team when they saw early signs of skin breakdown. They should be checking the skin every time they turn and clean the resident. They are probably not turning or cleaning frequently because she has a colostomy and urinary catheter. 8/11/22 at 2:52PM V24 Medical Director said, the protocol for wound care prevention relies heavily on CNA frequency of turning and repositioning. Patients who are receiving ventilator assistance are more prone to skin breakdown, because they are bedridden and are very vulnerable to having pressure sores. I would expect that a resident who is on a ventilator to be turned and repositioned at least every two hours. I would expect for the skin to be checked and assessed at minimum daily. If there is a sign of breakdown, distinguished early enough, it may help to prevent advanced breakdown. A Stage II wound is already opened and now needs additional prevention to not only heal but also be free of infection.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 18 Requested skin care assessments and documentation for R64 for the week of 8/01/22 and it was not provided during the course of this survey. Weekly skin assessments reviewed for 7/11/22, 7/18/22, and 7/25/22 document that R64 did not have any new loss in skin integrity. Weekly Wound Evaluation dated 8/8/22 defines Stage II as partial thickness loss of dermis presenting as a shallow open ulcer with a red/pink wound bed, without slough. New wound was identified 8/8/22 categorized as an In-House Acquired Stage II of the coccyx with measurements: length-1cm, Width: 0.2cm, red in color with small amount of serous drainage and erythema surrounding tissue. Physician order sheet reviewed includes an active order for weekly skin checks for wound prevention dated 12/01/21. An order dated 4/27/22 includes to apply foam dressing for protection every day on the sacrum. (TAR) Treatment Administration Record for August 2022 were requested from the facility but during the course of this survey, the facility only provided TAR for July 2022. Facility policy titled, Change of Condition, documents: ...a significant change in condition is a decline or improvement in the resident's status that will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions. If the resident's physician does not respond to calls of a	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 19 resident condition status change, the facility Medical Director will be notified to obtain orders, and this will be documented. (B) 4/4 300.610a) 300.1210b) 300.1210d)3) 300.3210t) 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 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. Section 300.1210 General Requirements for Nursing and Personal Care	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 20 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: 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. Section 300.3210 General t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These regulations were not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide effective pain management for a resident who has a diagnosis of brain cancer and sciatica pain by failing to accurately assess resident for pain and failing to administer pain medication as ordered by the physician. This failure affected one (R129) of one resident reviewed for pain and resulted in R129 experiencing pain rated at a level 8 on a 1-10 scale. Findings include: R129 is an 80-year-old male who was originally admitted to the facility on 2/08/2022, with medical diagnosis including, but not limited to other disorders of brain, generalized muscle weakness, Sciatica unspecified side, anxiety disorder, etc. 8/08/2022 at 11:31AM, resident was observed in	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 21 his room lying in bed and moaning, resident is awake and alert with some confusion and stated that he is okay, floor mats were noted at both sides of the bed. Resident room is located across the hall from the dining room where the surveyors were during the survey process, and he was heard moaning throughout the day. 08/09/22 1:38 PM, R129 was again observed in his room, awake and was moaning, resident was asked if he was in pain, and he said yes. R129 rated his pain as an 8 on a scale of 1 to 10, he added that he did not receive any pain pill today and cannot remember the last time he had one. Physician orders dated July 26, 2022 shows the following orders: Tramadol HCl Tablet 50 MG *Controlled Drug*Give 1 tablet by mouth every 8 hours as needed for Pain ordered July 26, 2022. Acetaminophen Tablet Give 650 mg by mouth every 4 hours as needed for pain or fever. 08/09/22 02:05 PM Pharmacy. Resident also has an order to monitor and record pain scale based on a scale of 1 to 10. Review of MAR (Medication Administration Record) for R129 showed that he received one dose of Tylenol on 8/3/2022 and has not at any time received Tramadol as ordered. 08/09/22 1:40PM, V11 (RN/Agency) said that she is the assigned nurse for the resident, surveyor asked if she assessed resident to know why he was moaning and she said that she was told by the outgoing nurse that resident has that as a behavior, it is not pain related. V11 said that when she checked on the resident, he said he just wanted her to come into the room. Surveyor asked V11 to check and see if the resident had	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 22 any Tramadol in stock, she looked in the narcotic box and said that there is none and she could not find any narcotic sheet for the resident in the narcotic count sheet. 08/09/22 1:59 PM, V2 (DON) said that R129 has cancer in the brain, he used to be alert and oriented x3 but has gone down to two or three. He gets pain medication as needed and is able to verbalize when he is in pain. V2 added that if a resident has an order for pain medication, it is supposed to be in stock, if the medication runs out, the nurses are supposed to get a new script from the doctor and reorder the medication. Care plan initiated 4/27/2022 states that resident has potential for pain related to diagnosis of Sciatica, goal is for resident to have acceptable level of pain of 0/10 based on a 0 to 10 scale. Interventions include to assess and document the frequency and intensity of pain on the pain flow sheet, identify physical and psychosomatic causes of pain, medications as ordered, if ineffective, notify the physician, etc. Facility pain management policy (undated) provided by V2 (DON) states in part that the mission is to facilitate resident independence, promote resident comfort and preserve resident dignity. The same document states that this will be achieved through promptly and accurately assessing and diagnosing pain. Under procedures, the policy states that nursing observation is an important part of pain assessment, especially in the non-verbal resident. Nursing will observe behaviors that may indicate pain in the non-verbal pr cognitively impaired residents.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	08/11/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LANDMARK OF DES PLAINES REHAB	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 23 (B)	S9999		