Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ IL6010003 B. WING 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 WAUKEGAN ROAD** WHITEHALL OF DEERFIELD DEERFIELD, IL 60015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S 000 **Initial Comments** S 000 Annual Licensure Survey S9999 Final Observations S9999 Statement of Licensure Violations (1 of 2): 300.615e) 300.615f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. This REQUIREMENT was not met as evidenced Attachment A by: Statement of Licensure Violations Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6010003 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 WAUKEGAN ROAD** WHITEHALL OF DEERFIELD DEERFIELD, IL 60015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 Based on interview and record review, the facility failed to submit background checks, check the Illinois Department of Corrections (IDOC) website, and check the Illinois State (ISP) website within 24 hours of admission. This has the potential to affect all 130 residents that reside at the facility. This applies to 8 of 10 residents (R2, R6, R44, R402, R403, R404, R405, R51) The findings include: The facility CMS 672 dated 8/15/2022 shows there are 130 residents in the facility. On 8/16/2022 the Electronic Medical Record (EMR) showed the admission date for R2 was 7/30/2022. The criminal background check, Illinois State Police (ISP) check, and the Illinois Department of Corrections (IDOC) check was submitted on 8/15/2022. On 8/16/2022 the EMR showed the admission date for R44 was 7/30/2022. The criminal background check, ISP check, and the IDOC check was submitted on 8/15/2022. On 8/16/2022 the EMR showed the admission date for R402 was 7/31/2022. The criminal background check, ISP check, and the IDOC check was submitted on 8/15/2022. On 8/16/2022 the EMR showed the admission date for R403 was 8/1/2022. The criminal background check, ISP check, and the IDOC check was submitted on 8/15/2022. On 8/16/2022 the EMR showed the admission date for R6 was 8/1/2022. The criminal

Illinois Department of Public Health

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING: COMPLETED B. WING ___ IL6010003 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

WHITEHALL OF DEERFIELD 300 WAUKEGAN ROAD DEERFIELD, IL 60015							
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	background check, ISP check, and the IDOC check was submitted on 8/15/2022.	,		58.			
W	On 8/16/2022 the EMR showed the admission date for R404 was 7/15/2022. The criminal background check, ISP check, and the IDOC check was submitted on 8/15/2022.						
	On 8/16/2022 the EMR showed the admission date for R405 was 8/2/2022. The criminal background check, ISP check, and the IDOC check was submitted on 8/4/2022.			i I ga			
(=)	On 8/16/2022 the EMR showed the admission date for R51 was 6/9/2022. The criminal background check, ISP check, and the IDOC check was submitted on 8/15/2022.						
	On 8/16/2022 at 9:57AM, V9 Director of Admissions said the background checks for residents should be done within 24 hours of admission.						
	The Illinois Background Check Policy, not dated, states "All new admissions require sex offender, criminal and paid-criminal background checks completed within 24 hours of admission. These checks should be printed and/or updated to the patient chart in PCC."		të:	12			
2	"C"		•				
	Statement of Licensure Violations (2 of 2):			:			
	300.610a) 300.1210a) 300.1210b) 300.1210c)						

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6010003 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 WAUKEGAN ROAD** WHITEHALL OF DEERFIELD **DEERFIELD, IL 60015** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY)** S9999 Continued From page 3 S9999 300.1210d)1) 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. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility. with the participation of the resident and the resident's quardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning. 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

Illinois Department of Public Health

resident to meet the total nursing and personal

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6010003 B. WING 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WAUKEGAN ROAD WHITEHALL OF DEERFIELD **DEERFIELD, IL 60015** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 care needs of the resident. c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered. These requirements were not met as evidenced by: Based on observation, interview and record review the facility failed to ensure a resident with an intrathecal pain pump followed up with the pain clinic to ensure the pain pump was filled on time. This failure resulted in resident being admitted to the ER with narcotic withdrawal symptoms including uncontrolled, sharp, constant hip "sciatica pain" and generalized body pain with nausea. This applies to 1 of 28 (R64) residents reviewed for pain in the sample of 28. The findings include: On August 15, 2022 at 2:02 PM, R64 was in her room. She stated she was in the hospital a month ago because of her pain pump. She had withdrawal symptoms because her pain pump wasn't filled on time, and they sent her out to the hospital. She stated her hip bone is wrapped

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6010003 B. WING 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WAUKEGAN ROAD WHITEHALL OF DEERFIELD **DEERFIELD. IL 60015** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 around her sciatic nerve causing her pain. R64's electronic medical record (EMR) lists her diagnoses to include chronic pain syndrome. R64's order summary report for active orders as of June 1, 2022 shows, "Patient has intrathecal pain pump: Fentanyl 5000 mcg (micrograms)/ml (milliliters) and hydromorphone 20 mg/ml current rate 1.975 mg/day." She also had an order for "Norco tablet (pain medication) 5-325 mg, give 1 tablet via PEG -tube (percutaneous esophageal tube/feeding tube) every 4 hours as needed for moderate pain...' R64's local hospital department of anesthesiology, critical care & pain medicine notes dated May 9, 2022 shows, "Initial new patient evaluation, Chief complaint; patient presents with pain: whole body: consultation: pain pump refill. History of present illness: 70-year-old female with intrathecal (IT) pump moved here from ATL (Atlanta, Georgia). Per note from pain APN (advanced practice nurse) last month (post discharge emergency department (ED) instructions): ... "Primary team asking to check status of IT pump. Call placed to pain physician in Atlanta who has been managing her IT pump and spoke with Registered Nurse (RN) who verified pump medications and settings. Last refill March 24, 2022, Next alarm date is May 11. 2022. Medications: Fentanyl 5,000 mcg/ml. hydromorphone 20 mg/ml, patient's current infusion rate: 1.975 mg/day. Spoke with patient's care coordinator who states that she has been in contact with V13 local pain management physician's office who will be taking over pain management and management of the patient's IT pump locally. She (V13) will follow up with their

Illinois Department of Public Health

office today to ensure that patient is seen in the

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6010003 B. WING 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **300 WAUKEGAN ROAD** WHITEHALL OF DEERFIELD DEERFIELD, IL 60015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 next 3 weeks, prior to next refill date of May 11, 2022. Assessment: 1. presence of intrathecal pump, 2. chronic pain syndrome, 70-year-old female who is here due to mix-up with post ED discharge instructions, caregiver was told to follow up with our pain center in the paperwork and thus did not follow up with V13 local pain management physician as documented above in HPI. We had a discussion about the situation and agreed upon the below course of action. Referrals: follow up with V13 local pain management physician for IT pump management, will do a 1x refill of pump so she doesn't run out on May 11, 2022 and go into withdrawal but we discussed that our practice will not be taking over IT pump management for her going forward and per chart review patient was to follow up with V13 local pain management who reportedly accepted taking over management of this pump and patient. Note from Registered Nurse: patient in clinic to see doctor today, plan for refill pump on May 11, 2022. Alarm date May 11, 2022. Pump medication ordered and to be delivered May 10, 2022." On May 11, 2022, R64 returned to the same doctor and had her 1x pump refill as discussed above. 'The pump changes were printed, and the patient was instructed to follow up with V13 local pain management physician." R64's EMR does not show another appointment for her pain pump. R64's progress notes dated June 30, 2022 shows, "SW (V11 social worker) received a call from patient who stated she needed to speak with SW. Per patient, she (R64) states her pain pump is due for a refill. SW was able to locate the name and location of the place she got the refill last time. SW notified charge nurse to follow up

Illinois Department of Public Health
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			1	OLI IOILITOT)			
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l	on next refill due da	ite. According to charge RN,					
	R64's pump is good	through August 17, 2022.					
	SW relayed this info	ormation to R64, who states		9			
	that she does not be	elieve this to be true, and R64					
	states that local pail	n clinic nurse told her it was This SW placed a call to				1	
	local pain clinic nurs	se to follow up and get more				1 8	
	information on the c	conflicting dates. Local pain				-	
	clinic nurse was not	available at the moment, per				1 1	
	scheduler, and a me	essage was left with priority to					
	return SW's call. Re	64 appears anxious, she				1	
	states she is worned	d that the pain pump will run be able to tolerate the pain if					
	she runs out SW a	ssured R64 that the nursing					
	staff is aware, and the	he team is actively working on					
	finding a solution to	this problem"					
	R64's progress note	es dated June 30, 2022					
	clinic purse, who con	ed a call back from local pain nfirmed that patient's pain				i i	
	pump was due on Ju	une 28, 2022. Local pain		4.			
	clinic nurse states th	ney made an appointment at				i i	
	10:20 AM on July 5,	2022 for the pump refill.					
	Local pain clinic nurs	se advised for patient to				1	
	report to local emerg	gency room (ER) for possible					
	withdrawal symptom	unit) admission due to					
Ī	went to R64's room	as in the meantime. SW then again to inform her of the					
	plan of care. R64 w	as on the phone with local					
ļ	pain clinic nurse at ti	hat time, and based on R64's		•0			
j	symptoms, R64 reco	ommended R64 go to local				i i	
	ER for possible adm	ission. SW connected local					
	pain clinic nurse and	the charge nurse to relay					
	orders. R64 aware t	that she will be sent out to					
	iocal Ert	1		*2			
	R64's progress note:	s dated June 30, 2022					
	shows, "SW informe	d/handed over the phone to				100	
	this writer (Registere	ed Nurse at the facility) to talk					
	to the local pain clini	c nurse. Local pain clinic					

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6010003 B. WING 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WAUKEGAN ROAD WHITEHALL OF DEERFIELD DEERFIELD, IL 60015 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 8 S9999 nurse reported that patients pain pump (dilaudid/Fentanyl) was due to refill on June 28. 2022. Per medical doctor/local pain clinic nurse reported that patient is having withdrawal symptoms like nausea/vomiting, patient reported that she not feeling good and instructed this writer to send patient to local ER for admission to ICU..." R64's progress notes dated June 30, 2022 shows, "follow up at local ER, spoke to nurse. reported that patient will be admitted for narcotic withdrawal and generalized weakness." The local hospital documentation for R64 shows. "Anesthesia Pain Service Consultation Note Dated July 1, 2022, Chief complaint: uncontrolled pain. HPI (history of present illness): R64, known to us from previous admission, is a 70-year-old female with a PMH (past medical history) of... chronic back pain with IT pump, who recently moved to IL (Illinois) from Atlanta, Georgia in April 2022, who presents with nausea, vomiting, headache concern for withdrawing since her pump ran out. Patient had a one-time emergency pump refill on May 11, 2022 so she won't go into withdrawal, and was supposed to follow up with V13 local pain management physician for a pump refill. Patient did not follow up or establish care with V13. Per chart reviewed, patient reached out to our outpatient pain clinic yesterday (June 30, 2022) because V13's office declined

management of her pump since patient has a refill with our office. Patient's medical care has been coordinated by care coordinator who informed our service on April 15, 2022 that V13 agreed to take over management of patient's IT pump so I'm not sure why there is a disconnect but will discuss with her. Patient was not

accepted to our clinic for pump management, but

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6010003 08/17/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WAUKEGAN ROAD WHITEHALL OF DEERFIELD DEERFIELD, IL 60015 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 since her pump has been alarming and there was a concern for withdrawal, she was instructed to go to the ER. Patient reports uncontrolled hips. "sciatica pain" and generalized body pain with nausea, denies vomiting at this time. Denies headache. Describes pain as sharp and constant. Alert and oriented X 3, but very drowsy. falling asleep between sentences, need to shout to wake her up. States she thinks she is going through withdrawal because her pump ran out. Says she feels better this morning.... Plan: 3. interrogated IT pump, confirmed that patient's IT pump is empty. Discussed with attending's, will refill pump with saline to prevent pump failure & will manage patient's withdrawal symptom..." On August 15, 2022 at 12:09 PM, V12 RN stated, she had tried to make an appointment for R64 at the pain clinic and originally made one for August 18, 2022 but she did not document that in R64's EMR. The nurses are responsible for making appointments for residents. R64's EMR showed no documentation in the EMR about an appointment for August 18, 2022 until after she was re-admitted to the facility from her hospital stay on June 30, 2022. R64's minimum data set (MDS) dated May 10, 2022 shows she (R64) is cognitively intact. The facility's pain management policy not dated shows, "Policy: To promote resident comfort and preserve resident dignity. The purpose of this policy is to accomplish an effective pain management program, providing our residents

Illinois Department of Public Health

the means to receive necessary comfort, exercise greater independence, and enhance dignity and life involvement. We will achieve these goals through: promptly and accurately assessing and

	Department of Public	Health	FORM)				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
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	self-report pain, ago non-verbal and cog increasing comfort anxiety of daily livin efficacy and side efficacy	couraging residents to gressively assessing pain in nitively impaired residents, and reducing depression and g, monitoring treatment fects, preventing and ted pain when possible, using					
	non-pharmacological judiciously to balance	al, using pain medication ce the resident's desired level e avoidance of unacceptable					
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