	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		TE SURVEY MPLETED
	· .	IL6008866	B. WING			7/14/2022
	PROVIDER OR SUPPLIER	B CTR 767 30TH	STREET	TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	AND, IL 612 ID PREFIX TAG	PROVIDER'S PL (EACH CORRECTIN CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE ID TO THE APPROPRIATE ICIENCY)	(X5) COMPLE DATE
S 000	Initial Comments	· · · · · · · · · · · · · · · · · · ·	S 000	<del>1. 170</del>		
<u>.</u>	First Probationary L	icensure Survey				
S9999	Final Observations		S9999	/	2	
34	Statement of Licens	sure Violations:	×.			
2	#1					
	Section 300.660 d)	5)A)B)6			.4	35
	Section 300.660 N	ursing Assistants				
	employed by the fac	shall ensure that each person cility as a nursing assistant a following requirements:			12	
	requirements for ce has begun a curren certified nursing as Department, within in the capacity of a any facility. Such co successfully complete	ted the training or equivalency rtified nursing assistants, or t course of training for sistants, approved by the 45 days of initial employment certified nursing assistant at purses of training shall be beted within 120 days of initial capacity of certified nursing y, except as follows:		28		
	approved courses in educational institution trimester basis, sha	stants who are enrolled in n community colleges or other ons on a term, semester or li be exempt from the 120-day it. (Section 3-206(a)(5) of the		-14 -	,	5
	training in lieu of the nurses, foreign nurs employees of the D	nent may accept comparable a 120-hour course for student ses, military personnel, or epartment of Human		Attachme Statement of Licens	nt A are Violetions	
	ment of Public Health DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE	TITLE		(X8) DATE

9: C 21

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STATEMEN	Department of Public NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DA CO	TE SURVEY
		IL6003866	B. WING			
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S		07	/14/2022
	IONY'S NSG & REHA	AB CTR 767 30T	H STREET			×
(X4) ID		ATEMENT OF DEFICIENCIES	LAND, IL 612		· · · · · · · · · · · · · · · · · · ·	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	age 1	S9999			
	Services. (Section	3-206(a)(5) of the Act)		•		
3	6) Is familiar v related to resident	with and has general skills care.				
	This requirement is	s not met as evidenced by:				
	Based on interview failed to ensure tra three of ten resider	v and record review, the facility ined staff provided care for hts (R8, R9 and R10), reviewed of Daily Living) care in a		-	•	
	Findings Include:		· ·			
	Assistant documen Responsibilities: Th (CNA) is responsib the residents and s in a manner conduct comfort. Qualification state approved nurse program/testing with standing on the Sta Responsibilities: As	scription: Certified Nursing ts, "General Summary of the Certified Nursing Assistant le for providing direct care to erving the needs of residents ctive to their safety and ons: Successful completion of sing assistant training th current listing in good the Nurse Aide Registry. sist residents with tolleting ce briefs). Feed residents."		· • •		
	dated 8/27/2020 do	acility Job/Acceptance Form, cuments that on that date V5 cility and offered the position eptionist.				
	2022 includes the fo Mellitus, Dementia, following Physician	ian Order Sheet, dated July ollowing diagnoses: Diabetes Cerebral Infarction. And the orders: Low Concentrated salt therapeutic diet.				
		an Order Sheet, dated July				
is Departn E FORM	nent of Public Health		1899 26J			

If continuation sheet 2 of 19

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE COM	SURVEY
	•	IL6008866	B. WING	· · · · · · · · · · · · · · · · · · ·	07/1	4/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ST ANTH	IONY'S NSG & REHA	B CTR 767 30TH ROCK ISL	I STREET .AND, IL 612	201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 2	S9999			
8	Dysphagia and Cer	ollowing diagnoses: Dementia, ebral Infarction. And the orders: Regular diet, Regular in consistency.				
ą	2022 includes the fe	cian Order Sheet, dated June ollowing diagnoses: Arthritis the following Physician			- <b>1</b>	• •
4	Practical Nurse/LPN	00 A.M., V7 (Licensed N) stated," We have no help /ner) has even been sending here to help."				
	"I am a receptionist 5:00 P.M. until 8:00 (Certified Nursing A trained as a CNA. I feeding assistant. F (R4/Owner) has tak me and ask me to g have passed meal t residents (R8, R9 a	A.M., V5/Receptionist stated, at the facility. I work from P.M. I am not a CNA ssistant). I have not been have not been trained as a or the past month or so, since en over, he frequently will call to up to the floors to work. I rays, I have fed a number of nd R10), I have helped a ing her incontinence brief. I elp people."		â		
	Laundry, Housekee "In the past week or sending (V5/evening help the nursing stat	15 A.M., V10/ Director of ping and Receptionist stated, so, (V4/Owner) has been g Receptionist) to the floors to ff. I'm not really sure what ere. They haven't received				
nois Depart	"At first I didn't know upstairs to help out I	P.M., V1/Administrator stated, / that (V5) was being pulled by (V4 Owner). When I found t least I thought I stopped it. I		5		

	Department of Public		<u> </u>		. FORI	APPROVE
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY
				· · · · · · · · · · · · · · · · · · ·		
		IL6008866	B. WING		07/	14/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ST ANTH	IONY'S NSG & REHA			204		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	LAND, IL 612	PROVIDER'S PLAN OF CO		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULED BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	age 3	S9999			+
	told (V5) she can r cares because she didn't know it was s	not feed residents or be doing a isn't certified to do that. I still going on."			2	
	(C)	· · ·				
	•			2:		
	#2					
	300.686 a)2)7)10) 300.686b)2)4) 300.686c) 300.686d)	.1			<b>*</b> 3	
	Section 300.686 U Antipsychotic Media	nnecessary, Psychotropic, and cations				
	following definitions 2) "Antipsycho that is used to treat as delusions, hearin paranola, or confus medications are use schizophrenia, seve anxiety. Older antip be called typical ant more recently are ca 7) "Gradual do	tic medication" - a medication symptoms of psychosis such ng volces, hallucinations, ed thoughts. Antipsychotic ed in the treatment of are depression, and severe sychotic medications tend to tipsychotics. Those developed alled atypical antipsychotics. se reduction" - the stepwise		g anti-		
	conditions or risks or dose or if the dose of discontinued. 10) "Psychotrop that is used for or lis antidepressant, anti modification or beha in the Prescribers D Lexicomp-online dat	o determine if symptoms, an be managed by a lower or medication can be bic medication" - medication sted as used for psychotropic, manic or antianxiety behavior avior management purposes igital Reference database, the tabase, or the American stem Pharmacists database.			4.	

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If continuation sheet 4 of 19

	Pepartment of Public		199	(a. a. a) (a.	FORM	APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:			E SURVEY PLETED
82		IL6008866	B. WING		07/	14/2022
NAMEOF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	<u> </u>	14/2022
ST ANTH	IONY'S NSG & REHA	B CTR 767 30T	H STREET	- 		
5.		ROCK IS	LAND, IL 612			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 4	S9999			
	medication listed in b) A resident s medications. An un drug used:	cation also includes any o 42 CFR 483.45(c)(3). shall not be given unnecessary nnecessary medication is any ive duration;	۲	X		
	<ul> <li>4) Without add</li> <li>c) Residents a medications unless therapy is ordered a prescribing profess</li> </ul>	equate indications for its use; shall not be given antipsychotic antipsychotic medication by a physician or an authorized ional, as documented in the ensive assessment, to treat a				
a.	specific symptom o diagnosed and doc or to rule out the po- conditions in accord d) Residents v medications shall re reductions and beh clinically contraindid discontinue these m Appendix F. In com	or suspected condition as umented in the clinical record ossibility of one of the dance with Appendix F. who use antipsychotic eccive gradual dose avior interventions, unless cated, in an effort to nedications in accordance with opliance with subsection		л.	ς.	
	2-106.1(b) of the Ac shall obtain informe reduction.	t and this Section, the facility d consent for each dose		ίς.	11 S)	
	This requirement wa	as not met as evidenced by:				
	review, the facility fa warrant the use of a GDRs (Gradual Dos	on, interview, and record ailed to document behaviors to an antipsychotic and perform se Reductions) for one of one ved for antipsychotics in the	21		े इ.	۰.
	Findings include:	2				
	dated 12/2016, docu	chotic Medication Use policy, uments, "Antipsychotic prescribed at the lowest	9 v <del>r</del>			

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If continuation sheet 5 of 19

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY
		IL6008866	B. WING		07/	14/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		TILVEL
ST ANTH	IONY'S NSG & REHAI		H STREET LAND, IL 612			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	ISHOULD BE	(X5) COMPLETI DATE
S9999	Continued From page	ge 5	S9999			
	and are subject to g re-review. The Atterevaluate and docum disciplines and cons that may warrant the	the shortest period of time radual dose reduction and nding Physician will identify, nent, with input from other sultants as needed, symptoms a use of antipsychotic oses alone do not warrant the				
	use of antipsychotic the above criteria, a generally only be co conditions are also symptoms present a	medication. In addition to ntipsychotic medications will nsidered if the following met: a. The behavior danger to the resident or symptoms are identified as				
Ч.	being due to mania of auditory, visual or ot paranola or grandios interventions have b the plan of care, exc	or psychosis (such as her hallucinations; delusions, sity); or 2) Behavioral een attempted and include in ept in an emergency.				
	Antipsychotic medica only symptoms are of Wandering, Poor Se Impaired Memory, M Inattention or indiffer	ations will not be used if the one or more of the following: If-care, Restlessness, iild Anxiety, Insomnia, ence to surroundings, one that is not related to		· · · ·		
	depression or other p Fidgeting, Nervousno	osychiatric disorders, ess or Uncooperativeness."				
	hallway near her rooi and down the hallway time V3 (Licensed Pr is normal behavior fo	AM, R1 was pacing the m. R1 continued to walk up y for over 20 minutes. At this actical Nurse) stated, "This r (R1). (R1) walks the				
1	so sometimes she lo gets back up on her o					
     	R1 has an order for F medication) one millig	n Order sheet documents Risperidone (antipsychotic gram by mouth in the grams by mouth in the				

TATE FORM

B. WING	201 PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)		4/2022 (X5) COMPLETE DATE
DRESS, CITY, S STREET AND, IL 612 ID PREFIX TAG	201 PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A		(X5) COMPLETI
STREET AND, IL 612 ID PREFIX TAG	201 PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	
ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	
PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	
S9999			<u> </u>
	- 1 2* 		
	۰. ۲		
	29 26	89 26J011	<sup>20</sup> 26J011 # continuation

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If continuation sheet 7 of 19

Illinois D	epartment of Public	c Health		and the second second	FUR	APPROVE
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY
10101		DERTIFICATION NOMBER.	A. BUILDING:		CON	PLETED
	_	IL6008866	B. WING		07	14/2022
, IAME OF I	PROVIDER OR SUPPLIEF	R STREET A	DRESS, CITY, S			14/2022
		787 201	H STREET			
SI ANIF	IONY'S NSG & REH	ABCIR	LAND, IL 612	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	(X5) COMPLETE DATE
				DEFICIENCY)		
S9999	Continued From p	age 7	S9999			
22.2	#3					1
	Section 300.1210	d)4)A)C)	1			
90 - E	000000000000000000000000000000000000000					
	Section 300.1210	General Requirements for				
1.1	Nursing and Perso	onal Care	1 1			
	d) Pursuant to	o subsection (a), general				
		include, at a minimum, the				
	following and shall	be practiced on a 24-hour,				
	seven-day-a-week					
		are shall be provided on a y-a-week basis. This shall				
		limited to, the following:		17		
1	A) Each reside	ent shall have proper daily				
		including skin, nails, hair, and				
	oral hygiene, in ad	dition to treatment ordered by				
3	the physician. C) Each reside	ent shall have clean, suitable		2		
	clothing in order to	be comfortable, sanitary, free				
	of odors, and dece	nt in appearance. Unless	1			
		by his/her physician, this				
2 J	should be street clo	othes and shoes.				
	These requirement	is are not net as evidenced by:				
	Based on observat	ion, interview and record				
2.0		ailed to provide grooming		<i>4</i> .		
	assistance to preve	ent odors for one resident (R7)				
	of nine residents, re assistance, in a sal	eviewed for grooming				
3	assistance, in a sa			-		
	Findings Include:					
	The facility policy.	Activities of Daily Living (ADL),	6			
	dated (March 2018	) directs staff, "Residents will				
	be provided with ca	ire, treatment and services as				
	appropriate to main ment of Public Health	tain or improve their ability to	C.			

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If continuation sheet 8 of 19

	Department of Public NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
	OFCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			E SURVEY PLETED
	. <u> </u>	IL6008866	B. WING		07/	14/2022
IAME OF (	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ST ANTH	IONY'S NSG & REHA	B CTR 767 30TH ROCK ISL	STREET	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE	(X5) COMPLET DATE
S9999	Continued From pa	ige 8	S9999	· · · · · · · · · · · · · · · · · · ·		
	and services will be are unable to carry including: Hygiene	of daily living. Appropriate care a provided for residents who out ADLs independently, (bathing, dressing, grooming pility; Elimination (tolleting); inication."	-			
	power wheelchair in at a table with three cards. A strong odd body. R7 appeared clothing with food s R7 was unshaven a R7's fingernalis wer thick, brown substa time, R7 stated, "W Nursing Assistant) o (7/10/22), so we go (V11/Licensed Prace	A.M., R7 was seated in a in the second-floor dining room, o other residents, playing or of urine was present to R7's unkempt in soiled, wrinkled tains on the front of his shirt. and his hair was uncombed. re long, jagged and had a nce under the nails. At that is had no aide (Certified on the floor last night t no help. We only had tical Nurse) all night. I didn't hroom at all. There wasn't a		• •		
-	CNA to help me this On 7/12/22 at 11:30 Nurse (LPN) stated 10, 2022) I came in right away I was goi I had a CNA (Certifi 10:00 P.M., and the (V4/Owner), (V1/Ad of Nurses), no one a that point, all I could the floor. No one go night. I was unable to					

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If continuation sheet 9 of 19

Illinois Department of Public Health	t of Public Health
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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X:	3) DATE SU COMPLE	
	-	IL6008866	B. WING			07/14/	2022
NAMEOF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE			
ST ANTH	IONY'S NSG & REHA		H STREET ILAND, IL 61	1201			
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE / CROSS-REFERENCED 1 DEFICIE	ACTION SHOULD BE		(X5) COMPLETE DATE
S9999	Continued From pa #4	ge 9	S9999				<u>.                                  </u>
-	300.1230a) 300.1230b)1)2)3) 300.1230d) 300.1230e) 300.1230e) 300.1230f) 300.1230g)				•		•
	300.1230k)1.2.A.B. Section 300.1230			-			
	ratios in Section 3-2 Section, all resident	es of the minimum staffing 202.05 of the Act and this s shall be classified as ed care or intermediate care. -5) of the Act)	-				
	b) For the purj following definitions	poses of this Section, the shall apply:					
	care or personal car 300.330, therapies, listed in subsection ( individuals who, thro with residents or res provide care and se attain or maintain the mental and psychos	" - the provision of nursing e as defined in Section and care provided by staff (i). Direct care staff are those ough interpersonal contact ident care management, rvices to allow residents to a highest practicable physical, ocial well-being. Direct care					·
18 1	staff does not include	e individuals whose primary ne physical environment of					
	continuous skilled nu restorative nursing, a professional direction supervision. (Section	" - skilled nursing care, ursing observations, and other services under n with frequent medical n 3-202.05(b-5) of the Act) ces are either nursing or					

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If continuation sheet 10 of 19

STATEMEN	Pepartment of Public NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	ECONSTRUCTION	(X3) DAT	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		IL6008866	B. WING		07/	14/2022
NAME OF I	PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, S	TATE, ZIP CODE		
ST ANTH	IONY'S NSG & REHA	BUIR	H STREET	• •		
(X4) ID	SUMMARY ST		SLAND, IL 61201			
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 10	S9999	··· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··	•	
	physician orders, the licensed nurse to the resident's condition care. The skilled nur- provided by a CNA licensed nurse to ex- and to achieve the resident in a skilled receiving skilled car 3) "Intermedia and other restorative medical direction.	te care" - basic nursing care e services under periodic Section 3-202.05(b-5) of the		· · · · · · · · · · · · · · · · · · ·		
	d) The minimu hours of nursing an resident needing sk nursing and person needing intermediat of the Act) For the p "nursing care" and '	lassified as skilled care will be ediate care. m staffing ratios shall be 3.8 d personal care each day for a illed care and 2.5 hours of al care each day for a resident te care. (Section 3-202.05(d) purpose of this subsection, personal care" mean direct aff listed in subsection (i).				
		hall schedule nursing e nursing needs of all				
	care who are neede shall be based on th shall be determined hours of direct care g) Each facility care staff by comply	of staff who provide direct d at any time in the facility is needs of the residents and by figuring the number of each resident needs per day. shall provide minimum direct ing with subsection (f) and m direct care staffing ratios ion.				

TATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	ECONSTRUCTION		E SURVEY PLETED	
		IL6008866	B. WING			07/14/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
ST ANTH	IONY'S NSG & REHAI	SLIN	I STREET LAND, IL 612	01			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		AENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT IST BE PRECEDED BY FULL PRESING (FACH CORRECTIVE ACTION SHO		SHOULD BE	(X5) COMPLETE DATE	
S9999	Continued From page	ge 11	S9999				
	required to meet da	e the direct care staffing ily minimum staffing ratios for irmediate care, the following Il be used:					
	requiring skilled card requiring intermedia 2) Calculate the	he number of residents e and the number of residents te care. e total daily required nursing ours for each level of care:		· · ·			
	A) The number care shall be multipl hours (3.8) per resid	of residents requiring skilled ied by the required number of lent.					
	intermediate care sh	of residents requiring all be multiplied by the hours (2.5) per resident.					
	care required for eac	number of hours of direct ch level of care to determine nours required to provide idents in the facility.					
	This requirement wa	s not met as evidenced by:					
	review, the facility fail direct care required a	n, interview, and record lled to provide the minimum staff to care for dependent he potential to affect all 72 the facility.					
	Findings include:						
	documents, "Our fac numbers of staff with necessary to provide	Policy, dated 10/2017, ility provides sufficient the skills and competency care and services for all nce with resident care plans sment "		•			

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	epartment of Public					APPROVE
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY
•			A. DUILDING:	······································		
		IL6008866	B. WING	· · · · · · · · · · · · · · · · · · ·	07	14/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	TATE, ZIP CODE		
		787 2011				
STANIE	IONY'S NSG & REHA	BUR	AND, IL 612	201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL \$C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 12	S9999			1
4	documents, "Staffir daily to ensure staff patient care. Due to	ment, dated 1/26/22, g: Review current census ing needs are adequate for the unique lay out of the staff are needed above what census."				
	6/2022, documents following: Staff are 2-3 CNAs (Certified not just one. Call lig a timely manner. Uj being met because	ent Council Minutes, dated , "Residents stated the burnt out. There needs to be Nursing Assistants) per floor, hts are not being answered in oset that their cares are not of no staff on the floors. erned with staff having to work g their shift."				
	3/2022, documents, shift doesn't answer	ent Council Minutes, dated "Residents state that 3rd call lights in a timely manner. the weekends are short				
	nurse and two CNA and three CNAs on three CNAs on the and two CNAs on the one CNA on the 3rd CNAs on the 4th floo one CNA on the 2nd on the 3rd floor, and	ffing, dated 7/3/22, wing staffing: 1st shift-one s on the 2nd floor, no nurse the 3rd floor, one nurse and th floor; 2nd shift-one nurse e 2nd floor, one nurse and floor, one nurse and three or; 3rd shift-one nurse and I floor, one nurse and no CNA one nurse and two CNAs on tal direct care hours are		×		
	The facility daily stat documents the follor nurse and one CNA ment of Public Health	fing, dated 7/4/22, wing staffing: 1st shift-one on the 2nd floor, one nurse				

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Illinois D	Department of Public	c Health		11.111 P. C. A. A.	FORM	D: 09/19/202
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DAT CON	E SURVEY IPLETED
		IL6008866	B. WING		07	14/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		14/2022
ST ANTH	IONY'S NSG & REHA		H STREET			
	SHIMMADY ST	ATEMENT OF DEFICIENCIES	LAND, IL 612			
(X4) ID PREFIX TAG	EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	age 13	S9999			<u>+</u>
	and one CNA on th	ne 3rd floor, one nurse and two	1 1			
	CNAs on the 4th flo	oor; 2nd shift-one nurse and	1 1			
,	one CNA on the 2n	id floor, one nurse and two				
	CNAs on the 3rd fl	oor, one nurse and two CNAs				
	on the 4th floor; 3rd	d shift-one nurse and two	[ [			
1	CNAs on the 2nd fl	oor, one nurse and two CNAs	1 1			
	on the 3rd floor, an	d one nurse and two CNAs on			· .	
- 1	the 4th floor. The to	otal direct care hours are 180.				
	The facility daily sta	affing, dated 7/5/22,				
	documents the folio	owing staffing: 1st shift-one				
1	nurse and two CNA	s on the 2nd floor, one nurse				
	and one CNA on th	e 3rd floor, one nurse and				
	three CNAs on the	4th floor; 2nd shift-one nurse				
	and two CNAs on the	he 2nd floor, one nurse and	] [			
	two CNAs on the 3	rd floor, one nurse and two				
	CNAS ON the 4th fid	por; 3rd shift-one nurse and	1			
	CNAs on the 3rd flo	d floor, one nurse and two por, and one nurse and two				
1	CNAs on the 4th flo	or. The total direct care hours				
	are 195.	or. The total direct care nours				
	The facility daily sta	ffing, dated 7/9/22,				
	documents the follo	wing staffing: 1st shift-one				
	nurse and two CNA	s on the 2nd floor, one nurse				
	and two CNAs on th	e 3rd floor, one nurse and				
1	two CNAS on the 4th	h floor; 2nd shift-one nurse				
	and one UNA on the	a 2nd floor, one nurse and one				
	the 4th floor: 3rd shi	r, one nurse and one CNA on ift-one nurse and one CNA on				•
	the 2nd floor, one n	urse and one CNA on the 3rd				
1	floor, and one nurse	and one CNA on the 4th				
1	floor. The total direc	t care hours are 150.				
	The facility daily stat	ffing, dated 7/10/22,				
	documents the follow	wing staffing: 1st shift-one				
	nurse and two CNA	s on the 2nd floor, one nurse				
	and two CNAs on th	e 3rd floor, one nurse and	-			
t	wo CNAs on the 4th	n floor; 2nd shift-one nurse				
	and one CNA on the	2nd floor, one nurse and one				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY
			A. BUILDING:		COM	PLETED
		iL6008866	B. WING			14/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ST ANTI	HONY'S NSG & REHA		H STREET			
			LAND, IL 612	201		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		(X5) COMPLETE DATE
S9999	Continued From pa	ige 14	S9999			<u> </u>
- i	CNA on the 3rd floo	or, one nurse and two CNAs				
	on the 4th floor; 3rd	shift-one nurse and no CNA				
	on the 2nd floor, or	e nurse and one CNA on the				
	3rd floor, and one r	urse and one CNA on the 4th	1			
	floor. The total dire	ct care hours are 157.5.				
					. * · · ·	
2	The facility Census	breakdown, provided on			*	
1	7/8/22 by V1 (Adn	ninistrator) documents that on				
j,	1/0/22 the facility ce	ensus was 75 with seven				
	on 7/3-7/5/22 and 7	d 68 nonskilled residents, and /9-7/10/22 the facility census				
	was 75 with eight s	killed residents and 67				
10 I.	non-skilled resident	s.				
	A		]			
	According to the sta	te of Illinois staffing				
1	skilled residents on	e facility census of eight d 68 non-skilled residents the	1 1			
	minimum hours of c	lirect care staff is 197.90.	1 1			
	Also, with the facility	/ census of seven skilled				
3	residents and 68 no	n-skilled residents the				
1	minimum hours of d	irect care staff are 196.60.				
	On 7/11/22 at 12:20	mm D4 stated mate to see 1.4				
	of issues with the fe	pm, R4 stated, "We have lots cility. I am meeting July 27th		,		
- 1		n myself, and then we have a				
	resident council me	eting afterwards. The staff are				
	quitting left and right	, or they are fired by (V4	Í			
	Owner). The issue is	s (V4). He runs this like a				
2	business not a home	e. He doesn't understand the				
2	full running of this pl	ace. His goal is to make				
1	money, not the actua	al running of a nursing home.				
	This is our home. Th	e staff are the lifeline of this				
	place, and we don't	have enough. Our floor	ļ			
	should have at least	three CNAs and one nurse				
	bave fwo CMAs and	ond shift. We are lucky to a nurse on the floor. Last				
	night (7/11/22) the s	econd floor didn't even have				
	one CNA on the floor	for third shift. I luckily don't				
	need any staff to ass	ist me, but I know residents				
	wait long periods of t	ime to get their call lights				
ois Departr	nent of Public Health					

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		'E SURVEY	
		IL6008866	B. WING			07////	
NAMEOF	IAME OF PROVIDER OR SUPPLIER STREET AL		DRESS, CITY, S	TATE, ZIP CODE		14/2022	
	IONY'S NSG & REHA	B CTR 767 30TH	STREET				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ROCK ISI TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	N SHOULD BE E APPROPRIATE	(X5) COMPLE DATE	
S9999	Continued From pa	ge 15	S9999	DEFICIENCY			
	answered. At meal in the dining room t and helping the res	time, we don't have any staff because they are passing trays idents on the hallways. I just ans in there one day, like		•			
D+	CNAs) were passin V7 (LPN) was pass medication cart in the work with only two ( now. (V4) tells us the plenty. We can't get supposed to. Showed right now, there are and it's lunch time. It trays, and once we are are three residents to eating in their rooms	P.m., V8 and V9 (Both g room trays in the hallway. ing medications at her he hallway. V8 stated, "We CNAs on the floor all the time hat two CNAs on the floor is everything done like we are ers aren't always done. Like only two of us on the floor We are both passing room are done passing trays, there who need assistance with s. So, no one is in the dining ents who are eating right					
	On 7/11/22 at 12:40 (R4, R11-R19) were unattended.	-12:47 p.m., ten residents in the dining room eating				-	
	R15 and R19's Face document that R15 a diagnosis of Dyspha	e sheets, dated 7/13/22, and R19 both have the gia.					
	"We've been working	p.m., V9 (CNA) stated, g with only two CNAs on the , and it's not enough."				•	
	unattended residente stated, "A staff memi room at all times if re not sure why no one	p.m., V7 (LPN) confirmed the s in the dining room. V7 ber should be in the dining esidents are still eating. I'm was in there for lunch. Three tance eating in their rooms,					

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6008866	B. WING		07	440000
	AME OF PROVIDER OR SUPPLIER STREET AI			TATE, ZIP CODE		14/2022
ST ANTH	IONY'S NSG & REHA	767 201	H STREET			
		ROCK IS	LAND, IL 612	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION}	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULED BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 16	\$9999			<u> </u>
	but another staff me dining room."	ember should still be in the				
	have only two CNAs	a.m., V6 (LPN) stated, "I s for all approximately 30				
	CNA who was sche	or. By the grace of God, one duled called off and luckily, e to come in or we would have				
	worked with just one as well. For this floo	e CNA which we do frequently or to run smoothly and get				
	everything done we last month and a ha	need three CNAs. For the If at least, we run with one or				
	two person assist re	or. It's hard. We have a lot of isidents. So, if there is only				
	the floor when they	CNA then there is no one on get their care. Residents are aren't getting done especially				
	showers. More and	more staff are quitting as well ort is getting to them."				
	On 7/12/22 at 11:00 stated. "Every shift v	a.m., V2 (Director of Nursing) ve have one nurse on each				
	floor. We used to sc floor and 3rd floor ar	hedule three CNAs on 2nd nd four CNAs on 4th floor for				
	each shift. Now sinc	e (V4) took over, it is two hree CNAs on 3rd floor, and				
	three CNAs on the for second shift."	burth floor for first and				
5	On 7/12/22 at 1:30 p stated "The staffing	.m., V1 (Administrator) minimums are one nurse on				
i	each floor every shift	t, and CNA wise two on				
	and second shift. The	n third and forth floor for first en, on third shift its one				
;	and forth floor. (V4) I	or and two (CNA) on the third has taken over doing the				
1	schedules and has d	ecided these numbers. We e dining room should have a				
	staff member superv	s uning room should have a				

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	Department of Public	Health	· · ·		FORM	APPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		ESURVEY
			A. BUILDING	: <u></u>	CON	PLETED
		IL6008866	B. WING			
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	07/	14/2022
		767 207	H STREET	STATE, ZIP CODE		
STANI	IONY'S NSG & REHA	ROCK IS	LAND, IL 61	201		
(X4) ID PREFIX TAG	(EACH DEFICIENCY)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	LILIO BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 17	S9999			+
£	The facility room ro 7/11/22, documents the facility.	ster, provided by V1 on that 72 residents reside in				
	<b>(B)</b>					
	#5		-			
	300.2110					
	Section 300.2110 K and Supplies	itchen Equipment, Utensils,				
•	dishes, glassware, a	serve all the residents in the				
-	This requirement is	not met as evidenced by:				
	failed to provide eati morning meal for on	and record review, the facility ng utensils during the e resident (R7) of nine or assistance, in a sample of		· ·		
	dated 4/19/2022, Se R7's cognition as 15 Section G: ADL (Acti	m Data Set Assessment, ction C: Cognition documents 15 (Cognitively intact). vities of Daily Living) its that R7 is independent				
	morning at breakfast The nurse gave me a cereal. I had to wait u meal and then I used	A.M., R7 stated, "This , I didn't get any silverware. a plastic spoon to eat my until my partner finished her I her fork to eat my eggs. round to get silverware from		•		

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PRINTED: 09/19/2022

	NT OF DEFICIENCIES	RECTION IDENTIFICATION AND BED		LE CONSTRUCTION			
		IL6008866	B. WING			07/14/2022	
NAME OF	PROVIDER OR SUPPLIEF		DDRESS, CITY, STATE, ZIP CODE				
STANTH	IONY'S NSG & REH/		'H STREET Sland, IL 61:	201			
(X4) ID PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	ID PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION		(X5) COMPLET DATE	
S9999	table verified R7 has fork, after she finis On 7/13/22 at 8:30 "It is the kitchen sta	age 18 her residents seated at the ad to borrow his tablemate's hed eating, to eat his eggs. A.M., V1/Administrator stated, aff's responsibility to make sure silverware to use to eat their	S9999				
	(AW)						
144					N)		
				iti iti	-		
					<b>r</b> (		
			41				

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