PRINTED: 12/29/2022 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: IL6010052 B. WING 10/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 THRIVE OF LAKE COUNTY MUNDELEIN, IL 60060 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S 000 Initial Comments S 000 Complaint Investigation: 2218454/IL152549 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a 300.1010h 300.1210b) 300.1210d)1)2)3) 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 300,1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health. safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest Attachment A decubitus ulcers or a weight loss or gain of five

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percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident.

TITLE

Statement of Licensure Violations

(X6) DATE

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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: C B. WING IL6010052 10/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 THRIVE OF LAKE COUNTY MUNDELEIN, IL 60060 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 injury or change in condition at the time of notification. 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. 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. 2) All treatments and procedures shall be administered as ordered by the physician. 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. These Requirements were NOT MET as evidenced by: Based on interview and record review the facility

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PRINTED: 12/29/2022 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6010052 B. WING 10/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 THRIVE OF LAKE COUNTY MUNDELEIN, IL 60060 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 S9999 Continued From page 2 failed to ensure a resident's pain was managed in a timely manner. This failure resulted in R1 not receiving pain medication while experiencing severe pain for an extended period of time. This applies to 1 of 3 residents (R1) reviewed for Pain Management in a sample of 3. The findings include: R1's Face Sheet shows she was admitted to the facility on 10/7/22 with diagnoses including Multiple Fractures of Pelvis and Fracture of Superior Rim of Left Pubis. R1 was discharged from the facility on 10/20/22. R1's Progress Notes dated 10/7/22 at 5:05 PM state, "Patient arrived at facility via wheelchair and admitted to (X000 wing). All vitals taken. Patient alert and oriented x 4 with complaint of pain in buttocks. Patient requesting Percocet when scheduled at 4:00PM. Script faxed by (V7-Admissions) for stat delivery..." R1's Progress notes dated 10/8/22 at 1:13 PM (20 hours after admission) state, "Awaiting Percocet (Oxycodone/Acetaminophen) medication from pharmacy, resident in extreme

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pain. Script not sent, sending it now, pharmacy

said it will be on the PM med drop off."

9/10 pain to right glute."

Assessment= Tender to touch."

R1's Occupational Evaluation and Plan of Treatment dated 10/8/22 states, "Patient reports

R1's Physical Therapy Evaluation and Plan of Treatment dated 10/8/22 states, "Pain Intensity= 8/10; Frequency = Constant; Location=Right Buttocks 8/10. Left Pelvis 3/10; Palpation

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was better by the time I left that day."

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 IL6010052 10/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 850 E US HIGHWAY 45 THRIVE OF LAKE COUNTY MUNDELEIN, IL 60060 SUMMARY STATEMENT OF DEFICIENCIES 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) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 10/25/22 at 12:15 PM V2 (Director of Nursing) stated, "If pain meds are not available, we would need to get a script from the doctor and then fax it to the pharmacy. If we didn't get the med from the pharmacy- we would offer the patient Tylenol. We have emergency medication- but only Norco and Tramadal. So we could offer Tylenol and try non-pharmocological measures to relieve pain. Yes we could call the doctor and try to change the medication. If the doctor changes the order to Norco then we can use Norco from the CubeX. I wasn't aware of the pain medication needed at that time- very rarely do we get a Percocet order." On 10/25/22 at 2:20 PM V3 (Social Worker) stated, "R1's family did not bring concerns to me and I followed up with (R1). She had concerns about her medication and some dietary concerns but said they were from admission.(R1) was perseverating on the pain medication issue- we had an IDT meeting about that. Her main goals when she discharged was that she had her pain medications available. She really talked about how much pain she had been in and how she really needed her pain medication." The facility policy entitled Pain Management dated 4/2020 states, "The goal is to facilitate resident independence, promote comfort and preserve resident dianity." (B)

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