STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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X <u>.</u>	Complaint Investiga	ation: 22710039/IL154436					
S99 <b>9</b> 9	Final Observations	3 3	S9999	*	7.7		
	Statement of Licens 300.610a) 300.1210b) 300.1210d)1)2) 300.1810h) 300.3220f)	sure Violations:			# # ##		
×	a) The facility shall procedures governing facility. The written be formulated by a facility of committee consisting administrator, the admedical advisory coof nursing and other policies shall comply the written policies the facility and shall	dvisory physician or the mmittee, and representatives services in the facility. The with the Act and this Part. shall be followed in operating be reviewed at least annually ocumented by written, signed					
27 38    E1 8 	Nursing and Person b) The facility shall and services to attai practicable physical, well-being of the res each resident's com plan. Adequate and care and personal care	provide the necessary care n or maintain the highest mental, and psychological ident, in accordance with prehensive resident care properly supervised nursing are shall be provided to each total nursing and personal	12 13 13 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	Attachment A Statement of Licensure Viol	ations		

Illinois Department of Public Health

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TITLE

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	Illinois Department of Public Health								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
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	care shall include, a and shall be practic seven-day-a-week 1) Medications	basis: , including oral, rectal,	2	20 g 20 20 21	G 28	,			
: · · · · · · · · · · · · · · · · · · ·	be properly adminis 2) All treatmen	enous and intramuscular, shall stered. Its and procedures shall be dered by the physician.	59	20 (B					
10 21 (2 3) 3)	recording all reside each resident's atte ordered procedures include, but are not treatment of decubi	ets shall be maintained int care procedures ordered by inding physician. Physician is that shall be recorded limited to, the prevention and tus ulcers, weight monitoring	Ö			10 18			
28 ng	catheter/ostomy ca and fluid intake and Section 300.3220	Medical Care	10 M	±:					
65 *50	administered as ord physician orders sh director of nursing o within 24 hours afte	ment and procedures shall be lered by a physician. All new all be reviewed by the facility's or charge nurse designee r such orders have been cility compliance with such	9		7 2				
05		IT is not met as evidenced by:	ı «	e 3		10			
	review, the facility fa hydration to a reside failed to ensure resi and water flushes a This failure resulted	on, interview, and record ailed to provide adequate ent to prevent dehydration and dents receive tube feeding s ordered by the physician. in R1 requiring hospitalization ium levels and dehydration.	ti Po			5 H 21			

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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:** A. BUILDING: COMPLETED IL6011910 B. WING 12/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD STPATRICK'S RESIDENCE NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 2 S9999 This applies to 2 of 3 residents (R1, R3) reviewed for improper nursing care in the area of tube feedings and hydration in the sample of 5. The findings include: 1. On December 20, 2022 at 11:02 AM, R1 was sitting in a high-back wheelchair in the activity room, near the nurse's station. R1 was not able to answer questions due to his cognitive status. R1 was not receiving tube feeding at the time of the observation. R1's tube feeding machine was in his room. The EMR (Electronic Medical Record) shows R1 was admitted to the facility on March 29, 2018. R1 has multiple diagnoses including Parkinson's Disease, dementia, dysphagia, gastrostomy, hypertension, insomnia, major depressive disorder, PVD (Peripheral Vascular Disease), cerebral infarction, history of falling, and osteoarthritis of the right shoulder. R1's MDS (Minimum Data Set) dated October 5. 2022 shows R1 has severe cognitive impairment. is totally dependent on facility staff for eating, and requires extensive assistance with all other ADLs (Activities of Daily Living). R1 uses a wheelchair for mobility. R1 is frequently incontinent of bowel and bladder. The MDS continues to show R1 is fed through an abdominal feeding tube and receives 51 percent or more of his total calories through tube feeding, and R1's average fluid intake by tube feeding is 501 cc (cubic centimeters) or more per day. Facility documentation of R1's CMP (Comprehensive Metabolic Panel) results dated December 5, 2022 shows R1's sodium level was 165 mEq/L (Milliequivalents/Liter) (Reference 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: IL6011910 B. WING 12/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD STPATRICK'S RESIDENCE NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 3 S9999 S9999 Range 138-147), and BUN (Blood Urea Nitrogen) level as 54 mg/dL (milligrams/deciliter) (Reference range 7-28). On December 5, 2022 at 7:02 PM, V4 (LPN-Licensed Practical Nurse) documented "Received critical lab result for CBC with diff (Complete Blood Count with differential) and CMP. Informed MD. MD order send resident out for ER (Emergency Room) for further eval and treat. Order in place." On December 6, 2022 at 3:06 AM, V5 (RN-Registered Nurse) documented. "[R1] admitted at [local hospital], diagnosis: Hypernatremia (elevated sodium level) and dehydration." At the time of R1's hospitalization, the EMR showed the following enteral feeding orders and water flushes for R1: An order dated October 13, 2022 for (Brand name of feeding) 1.5 at 90 ml/hour (milliliters/hour) for 17 hours to infuse a total of 1530 ml/day via G-tube (Start 3:00 PM, off 8:00 AM or until 1530 ml is infused). An order dated October 13, 2022 for flush G-tube with 350 ml of H2O (water) QID (four times a day) at midnight, 6:00 AM, 12:00 PM, and 6:00 PM. Hospital documentation dated December 5, 2022 at 8:31 PM shows R1's blood levels were checked upon admission to the hospital and R1's sodium level was 166 mEq/L and BUN was 57 ma/dL. On December 6, 2022 at 10:08 AM, V9 (Hospital Nephrologist) documented, "Reason for

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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: A. BUILDING: COMPLETED IL6011910 12/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD ST PATRICK'S RESIDENCE NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID D1 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) Continued From page 4 S9999 Consultation: AKI (Acute Kidney Injury/Hypernatremia). Assessment/Plan: 1) Hypernatremia - due to minimal intake: PO (Oral) intake/GT (gastrostomy) intake/free water flushes unclear. Unlikely to have diabetes insipidus; no evidence of an osmotic diuretic; meds benign. Plan - adjust IVF (Intravenous Fluids) (hypotonic); start free water flushes via GT; evaluate urine electrolytes." On December 6, 2022 at 9:57 AM, V10 (Hospital Dietitian) documented, "Patient status: 93-year-old male admitted on 12/5 presents from NH (Nursing Home) with hypernatremia. Patient screened due to consult for tube feeding. Per chart, patient is on (Brand name of feeding) 1.5 at 90 ml/hour for 17 hours (3:00 PM to 8:00 AM) with FWF (Free Water Flush) 350 ml QID (Four Times a Day). ... Also discussed the FWF regimen ordered would be more than enough to keep patient hydrated and patient was likely not receiving this fluid ..." On December 20, 2022 at 1:57 PM, V3 (Dietitian) said, "This is a big red flag that [R1] got sent out for dehydration. I had no words when I saw that. I do not think he got his water flushes and that is why he was dehydrated. Also, when I calculate the tube feeding rate and amount. I make my calculations based on the needs of the resident. In addition to the water flushes, a large part of the tube feeding is also water, so my calculations for water flushes and tube feeding will calculate exactly what is needed by the resident to maintain their nutrition and hydration status." On December 21, 2022 at 8:40 AM, R1 was sitting in a high-back wheelchair in the activity room. R1 was not receiving tube feeding at the time of the observation. 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 DENTIFICATION NUMBER: COMPLETED A. BUILDING IL6011910 B. WING 12/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD ST PATRICK'S RESIDENCE NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY** S9999 Continued From page 5 S9999 On December 21, 2022 at 8:45 AM, R1's tube feeding pump readings were checked with V6 (RN). V6 said R1's tube feeding was complete. and the pump was turned off after the feeding was completed. V6 turned on the pump. The pump showed the following readings: Rate: 80 ml/hr., water flush 325 ml every 6 hours, total volume to be infused 1530 ml. V6 reviewed the 24-hour history on the pump. The history showed R1 received 1156 ml of tube feeding in 24 hours (R1 should receive 1530 ml in 24 hours) and the 48-hour history showed R1 received 2734 ml (R1 should receive 3060 ml in 48 hours). The feeding pump did not show R1 received the 1530 ml of tube feeding daily as ordered by the physician. On December 21, 2022 at 9:20 AM, R1's tube feeding pump readings were reviewed with V2 (DON-Director of Nursing). V2 pressed buttons on the pump to display the history and confirmed the history showed R1 received 1156 ml of tube feeding in 24 hours and 2734 ml of tube feeding in 48 hours. V2 said the readings on the pump did not look correct since R1 should have received 1530 ml in 24 hours and 3060 ml in 48 hours. V2 continued to say she was going to check with the manufacturer of the pump regarding the readings on the feeding pump. V2 said she was not sure if the pump history was cleared out when the nurse cleared the pump settings. V2 cleared the pump settings, turned off the pump, and then turned the feeding pump power back on and the same history numbers of 1156 ml in 24 hours and 2734 ml in 48 hours. The amount fed history did not clear from the pump when the pump numbers were cleared, and the pump was turned off, A review of the EMR showed R1 had an order

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 B. WING IL6011910 12/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD STPATRICK'S RESIDENCE NAPERVILLE, IL 60563 **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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY** S9999 Continued From page 6 S9999 dated December 9, 2022 to flush the enteral feeding tube with 250 ml of water every four hours. Documentation shows the order was changed by V11 (LPN) on December 13, 2022 to 250 ml every 4 hours until December 14, 2022 and then discontinued. The facility does not have documentation to show R1 received water flushes from December 14. 2022 at 6:00 AM to December 20, 2022 at 12:00 PM. On December 22, 2022 at 2:18 PM, V2 (DON) said, A new nurse (V11) was told the water flush order was going to change and V11 discontinued the water flush order. V11 did not enter the new water flush order. At 2:44 PM, V2 continued to say, the new water flush order from December 13, 2022 should have been 325 ml every 6 hours via G-tube. On December 21, 2022 at 10:53 AM, V7 (Attending Physician) said, "[R1's] BUN was elevated, and his sodium was off the charts. He went to the hospital and responded well to hydration, and I agree he was dehydrated. I assume he was not getting enough fluids and that is why he was dehydrated. The hospital did not change any of his medications or find other concerns such as a UTI (Urinary Tract Infection). He did not have vomiting, diarrhea, or fever to dehydrate him. He is a mouth breather and does drool at times but receives medication to dry up his secretions. It was either negative hydration or mouth breathing, though it was probably the former. His kidney function was fine. They just hydrated him, and he responded well. It is my expectation the facility staff give the tube feeding and water flushes as ordered. Also, I was not aware until I walked into the facility this morning

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 IL6011910 B. WING 12/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD STPATRICK'S RESIDENCE NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (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**) \$99.99 Continued From page 7 S9999 that [R1] has not received water flushes since December 14." 2. On December 21, 2022 at 8:49 AM, R3 was lying in her bed. R3's (Brand name of feeding) 1.5 tube feeding was running at 75 ml/hour, and the tube feeding pump showed 150 mt of tube feeding had been fed to R3. The tube feeding pump also showed R3 was receiving 350 ml of water flush every 6 hours. R3 could not respond to questions due to her cognitive status. V4 (LPN) was standing just outside of R3's room and said she was assigned to care for R3. V4 said she asks the nurse from the previous shift how much tube feeding the resident received on the night shift and the nurse reports the number to her. V4 could not state how much tube feeding R3 had received during the night shift. V5 (RN) was standing at the nurse's station and said he was the night shift nurse assigned to R3 and had started at 7:00 PM the previous night. V5 continued to say R3's tube feeding was running when he started his shift the previous evening at 7:00 PM and the day shift nurse did not tell him when the tube feeding was started or how much tube feeding had infused. On December 21, 2022 at 9:27 AM, R3's tube feeding pump was turned off and no tube feeding was infusing to R3. V2 (DON) turned on R3's tube feeding pump. The tube feeding display window showed R3 would receive 350 ml of water flush every 6 hours, and tube feeding at 75ml per hour for a total volume of 1200 ml when the tube feeding pump is powered on. V2 reviewed the 24- and 48-hour history display. The 24-hour history showed R3 received 667 ml of tube feeding. The 48-hour display showed R3 received 1868 ml of tube feeding. V2 said R3 should have received 1200 ml of tube feeding in

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 IL6011910 12/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD STPATRICK'S RESIDENCE NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX 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 24 hours and 2400 ml of tube feeding in 48 hours and V2 could not understand why the readings showed R3's tube feeding was short of the amount ordered by the physician and would have to check with the manufacturer. V4 (LPN) was at the nurse's station and was asked why the tube feeding pump was turned off. V4 said, "I turned off the pump at 9:00 AM because the night shift nurse told me the resident needed 150 ml of tube feeding and then she would be finished. I do not know how to check if the resident got the total amount of tube feeding. I do not know how to work the pump or how to check the machine." The EMR shows R3 was admitted to the facility on February 5, 2020 with multiple diagnoses including cerebral palsy, gastrostomy tube, dysphagia, anemia, adult failure to thrive. hypertension, major depressive disorder, encephalopathy, kidney stones, hydronephrosis, muscle spasm, UTI (Urinary Tract Infection), and chronic pain. R3's MDS dated November 22, 2022 shows R3 is cognitively intact, is totally dependent on facility staff for transfers between surfaces, dressing, and personal hygiene, and requires extensive assistance with all other ADLs. R3 has an indwelling urinary catheter and is always incontinent of stool. The EMR shows an order dated December 6. 2022 for (Brand name of feeding) 1.5 tube feeding at 75 ml/hour for 16 hours or until 1200 ml is reached. The EMR shows an order dated December 6, 2022 for 350 ml water flush every 6 hours for hydration. The facility does not have documentation to show R3 received the water

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY ANDPLANOF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6011910 12/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD STPATRICK'S RESIDENCE NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 flush as ordered on December 13, 2022 at midnight and 6:00 AM. On December 20, 2022 at 1:57 PM, V3 (Dietitian) said, "[R3's] calories are obtained 100 percent from her tube feeding. She does have an order for pleasure feeding. She cannot feed herself or give herself fluids." The Operation and Service Manual for the facility's enteral feeding pump, effective date February 28, 2007 shows, "History: The totals of FEED mL and FLUSH mL will be shown for the requested history time." The manual continues to show the history can be displayed for a maximum of 72 hours past history and the 72-hour history includes time when the pump is powered off. The facility's policy entitled Enteral Nutrition, revised November 2018 shows, "Policy Statement: Adequate nutritional support through enteral nutrition is provided to residents as ordered. ...3. The dietitian, with input from the provider and nurse: a. estimates calorie, protein, nutrient and fluid needs; b. determines whether the resident's current intake is adequate to meet his or her nutritional needs; c. recommends special food formulations; and d. calculates fluids to be provided (beyond free fluids in formula). 4. Enteral nutrition is ordered by the provider based on the recommendations of the dietitian. If a feeding tube is ordered, the provider and interdisciplinary team document why enteral nutrition is medically necessary. ...11. The nurse confirms that orders for enteral nutrition are complete. Complete orders include a. the enteral nutrition product; b. delivery site (tip placement); c. the specific enteral access device (nasogastric, gastric, jejunostomy tube, etc.; d. administration method (continuous, bolus, intermittent); volume

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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: IL6011910 B. WING 12/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD STPATRICK'S RESIDENCE NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PROVIDER'S PLAN OF CORRECTION

(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE ID (X5) COMPLETE DATE Préfix PREPIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 10 S9999 and rate of administration; f. the volume/rate goals and recommendations for advancement toward these; and g. instructions for flushing (solution, volume, frequency, timing and 24-hour volume)." "A" Illinois Department of Public Health