PRINTED: 08/30/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003222 NAME OF PROVIDER OR SUPPLIER STREET AD		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVE COMPLETED 08/03/202	
		IL6003222				
		DDRESS, CITY, STATE, ZIP CODE		1 00/03/202		
EAST BA	ANK CENTER, LLC	6131 PAI LOVES F	RK RIDGE RO PARK, IL 6111	AD		
(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	. DC	
S 000	Initial Comments		S 000			
	Annual Licensure ar	nd Certification Survey				
s application of the second of	Final Observations		S9999			
	Statement of Licensi	ure Violations:				
	300.610a) 300.1210b) 300.1210c) 300.1210d)3) 300.1220b)3)	,		25 E		
	Section 300.610 Res	ident Care Policies	•			
	procedures governing facility. The written pure formulated by a Ro Committee consisting administrator, the adv nedical advisory com of nursing and other secolicies shall comply to the complete states and complete the complete states and complete states are completed and complete states and complete states and complete states are completed and completed and complete states are completed and completed and complete states are completed and	pall have written policies and pall services provided by the policies and procedures shall esident Care Policy of at least the risory physician or the miltee, and representatives ervices in the facility. The with the Act and this Part. hall be followed in operating		ž:		
	ection 300.1210 Ger lursing and Personal	neral Requirements for Care				
	are and services to a racticable physical, mell-being of the reside ach resident's compression. Adequate and properties and personal care	all provide the necessary tain or maintain the highest tental, and psychological ent, in accordance with ehensive resident care operly supervised nursing a shall be provided to each tal nursing and personal		Attachment A Statement of Licensure Viola	tions	

(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: A. BUILDING: _ COMPLETED IL6003222 B. WING 08/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6131 PARK RIDGE ROAD EAST BANK CENTER, LLC LOVES PARK, IL 61111 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 **TAG** CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 care needs of the resident. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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. 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. These requirements were not met as evidenced by:

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6003222 08/03/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6131 PARK RIDGE ROAD EAST BANK CENTER, LLC LOVES PARK, IL 61111 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) \$9999 Continued From page 2 S9999 Based on observation, interview and record review, the facility failed to ensure a resident's pain level was controlled. This resulted in the resident experiencing severe pain. This applies to 1 of 2 residents (R138) reviewed for pain in the sample of 17. The findings include: R138's Admission Record sheet shows he was admitted on 7/31/23. The same document shows his diagnoses includes right knee joint replacement surgery, depression, and anxiety. On 8/01/23 at 2:34 PM, R138 was in his room with the ice water pump attached to his right knee. R138 had periods of facial grimacing when he moved his leg. On 8/01/23 at 2:34 PM, R138 said, he just had a right knee replacement and he is in severe pain. R138 said, the only thing the nursing staff will give him is Acetaminophen. R138 rated his pain at an 8 during our interview. R138 said, he tells everyone he can, both the nurses and CNA's (Certified Nursing Assistants) that he is in pain. R138 said, he told the nursing staff he needed something stronger. On 8/02/23 at 8:30 AM, V13 Agency LPN (Licensed Practical Nurse) asked R138 about his pain level and he said, it was at an 8 out of 10. R138 told V13 didn't want to take the Acetaminophen because R138 said they didn't work, however V13 encouraged him to take them anyway. R138 took the Acetaminophen. V13 did not discuss other options with R138 about pain relief. Tramadol and oxycodone were available. On 8/2/23 at 1:30 PM, V13 was not in the facility

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