STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments First Probationary Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 6: 300.696b) 300.696d)2) Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure staff followed hand hygiene practices per facility policy. This applies to 6 of 20 residents (R9, R10, R17, R14, R15, and R16) reviewed for infection control in a	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1	S9999		

sample size of 20.

The findings include:

1. On 9/12/23 at 11:50 AM, V4 (RN-Registered Nurse) performed a blood glucose test (accucheck) for R10. After the procedure, V4 did not clean the blood glucose machine and placed it back into her "clean tray" with other clean supplies. After the procedure, V4 did not remove her used gloves and did not perform hand hygiene then set up the lunch tray for R10 wearing the used gloves. V4 put the blood-stained alcohol swab & other trash into the clean tray with clean supplies and picked up the clean tray with the used gloved hand and left R10's room.

2. On 9/13/23 at 8:50 AM, V5 (Registered Nurse/RN) inserted a syringe needle into R14's multi-dose insulin vial without cleaning the rubber cap of the vial with alcohol swab, to prepare R14's insulin dose. V5 administered R14's insulin injection and oral medications, discarded her used gloves, and did not perform hand hygiene. V5 began working on her computer/paperwork and proceeded to prepare medications for the next resident.

3. On 9/12/23 at 10:00 AM, V13 (Certified Nursing Assistant/CNA) provided perineal care for R9. After wiping R9, V13 used the same gloved hand to pick out more clean wipes from the clean box of wipes. After V13 provided perineal care for R9, removed his used gloves, and wore clean gloves without sanitizing his hands in between.

4. On 9/12/23 at12:25 PM, V7 (Housekeeper) cleaned R17's isolation room wearing PPE (Personal Protective Equipment). After cleaning,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 V7 removed the PPE and did not perform hand hygiene and pushed her cart further along the hallway to clean the next area. 5. On 9/13/23 at 9:18 AM, V6 (RN) administered oral medications to R15, discarded her used gloves, did not perform hand hygiene, and began working on her computer/paperwork. V6 then proceeded to prepare medications for the next resident. 6. On 9/13/23 at 9:55 AM, V6 administered R16's oral medications, discarded her used gloves, did not perform hand hygiene, and began working on her computer/paperwork. On 9/13/23 at 3:10 PM, V3 (Assistant Director of Nursing and Infection Preventionist) stated, hand hygiene must be done before wearing gloves and after removing gloves. V3 stated, after any task, unclean/used gloves must be discarded, hand hygiene must be done, and then clean gloves should be worn for further care. V3 stated, the blood sugar testing machine must be cleaned after each use with chlorine wipes. V3 stated, meal trays must not be handled with unclean/used gloves. V3 stated, good hand hygiene practices will prevent cross contamination and reduce the chances of healthcare associated infections. On 9/13/23 at 2:00 PM, V2 (Director of Nursing) stated, hand hygiene must be done after removing used gloves and before wearing clean gloves to prevent spread of infections. Facility policy 'Hand Hygiene' dated April 2023, stated ' ... alcohol-based hand rub may be used for routinely decontaminating hands in the following clinical situations: ... ... Before and	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 after contact with inanimate objects including medical equipment in the immediate vicinity of the resident, after removing gloves, before and after medication administration, before and after assisting a resident with eating ... . Remove gloves promptly after use before touching non-contaminated items .... "C" Statement of Licensure Violations 2 of 6: 300.1210a) 300.1210d)2) 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 guardian 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, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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: 2) All treatments and procedures shall be	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 administered as ordered by the physician. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to apply the ace wrap to the resident's swollen lower extremities per the physician's order. This applies to 1 of 3 residents (R20) reviewed for resident care in a sample of 20. The findings include: R20 is an 82-year-old female with cognitive impairment as per the Minimum Data Set (MDS) dated 6/27/23. R20's admitting diagnosis includes heart failure and lymphedema. On 9/12/23 at 10:30 AM, R20 was observed in her wheelchair in her room with swollen bilateral lower extremities and feet (+3 edema) with no ace wrap around her lower extremities. On 9/12/23 at 10:30 AM, R20 stated, "My legs are swollen, and the facility is not applying ace wrap on my legs." On 9/12/23 at 2:25 AM, R20 added, "I kept asking for ace wrap, and they never do that. They never applied ace wrap to my legs since I was admitted. I lived in another facility; they always put it on me. On 9/12/23 at 2:30 PM, V11 (Licensed Practical Nurse /LPN) stated that R20 was refusing ace wrap. On 9/12/23 at 2:32 PM, R20 stated (with V11 present in R20's room) that the facility never applied ace wrap on her, and she never refused.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 Record review on Physician Order Sheet (POS) documented a physician order dated 5/17/23 to apply Ace Wrap to bilateral lower extremities (BLEs) - on in AM and off HS (bedtime). On 9/13/23 at 10:30 AM, V2 (Director of Nursing /DON) stated, "R20 was refusing ace wrap. Even today, she refused it, saying she needed to go for a dentist appointment." On 9/13/23 at 1:30 PM, R20 stated, "They came at 5:00 AM to apply ace wrap. I want to apply after my breakfast. But today I told them I have a dentist appointment and they can put it on me after my appointment. I never refused ace wrap on previous days." Record review on treatment record, medication administration record, and clinical progress note did not indicate any refusals from R20. On 9/13/23 at 12:30 PM, V2 (DON) added, "The Treatment Administration Record (TAR) is not triggered because the order has no frequency mentioned. Our staff could have called the physician to clarify the order. Still, if R20 refused ace wrapping throughout these days, the nurses should have documented in the progress note if TAR was not triggered and notified the physician. The facility provided policy on Physician Orders (revised 05/2023) documents: 2. The physician's order must be documented completely with sufficient content to convey the provider's intent clearly. Indication for PRN (as needed) orders should be included in the order.... 4. Orders that are unclear must be clarified prior to implementation.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6 "C" Statement of Licensure Violations 3 of 6: 300.610a) 300.1210d)1)3) 300.1610a)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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care 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. 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.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7	S9999		

Section 300.1610 Medication Policies and Procedures
a) Development of Medication Policies
1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility.

This REQUIREMENT was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to properly administer nebulizer medication as per their policy. This applies to 1 resident (R1) reviewed for nebulizer administration in a sample of 20.

The findings include:

On 9/12/23 at 1:43 PM, R1 was observed receiving a nebulizer treatment without observation from a nurse or licensed personnel. At 1:46 PM, R1 said the nurse put the mask on his face and then left the room. R1 was observed trying to adjust the nebulizer mask strap around his head. At 1:50 PM, R1 put his call light on to ask for assistance with the nebulizer mask falling off his face. A staff member answered the light at 1:50 PM over the speaker system and said they would be in to help him. At 2:14 PM, R1 said he put the call light on 24 minutes ago for assistance with the nebulizer mask and no one had come in to help him yet. R1 said the mask kept falling off and he was unable to hold it in place, so he took it

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8	S9999		

off and there was still medication coming out that he did not receive. R1 said the nurse always puts the nebulizer on and leaves the room and "never comes back to take it off." R1 verbalized during interview feeling short of breath and was observed using accessory muscles to breathe. As of 2:19 PM the medication had finished nebulizing and R1 had placed the nebulizer mask on his bedside table and staff had still not come in to help him adjust nebulizer mask. This was 29 minutes after they said they would be right in, and over 35 minutes since the nebulizer treatment was started.

On 9/13/23 at 11:55 AM, V2 (DON/Director of Nursing) said nurses need to stay at the bedside during nebulizer administration to monitor resident's heart rate and make sure medication is fully received/administered. V2 said there can be adverse effects and harm from a resident not taking their medications. On 9/13/23 at 1:57 PM V2 said there are not any residents currently in the facility that have a physician's order to self-administer medications.

R1's September 2023 POS (Physician Order Sheet) does not show an order allowing him to self-administer medications. R1's POS shows an order for Albuterol Sulfate Inhalation Nebulization Solution orally via nebulizer four times a day scheduled for 0900, 1300, 1700, and 2100 and an order for Ipratropium-Albuterol Inhalation Solution inhaled orally every four hours scheduled for 0200, 0600, 1000, 1400, 1800, and 2200. R1's September 2023 MAR (Medication Administration Record) shows nurse documentation of both the 1300 dose of Albuterol and the 1400 dose of Ipratropium-Albuterol on 9/12/23.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 The facility's policy titled "Oral Inhalation Administration" revised August 2014 states, "Nebulizer-Administering medications through a Small Volume (Handheld) Nebulizer ...L. Remain with the resident for the treatment unless the resident has been assessed and authorized to self-administer..." "C" Statement of Licensure Violations 4 of 6: 300.1630a)1)3) Section 300.1630 Administration of Medication a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents. 1) Medications shall be administered as soon as possible after doses are prepared at the facility and shall be administered by the same person who prepared the doses for administration, except under single unit dose packaged distribution systems. 3) Self-administration of medication shall be permitted only upon the written order of the licensed prescriber. This REQUIREMENT is not met as evidenced by:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10	S9999		

Based on observation, interview, and record review, the facility failed to ensure nurses administered the medications to residents as soon as possible after they were prepared. This applies to 5 of 9 residents (R3, R7, R5, R12 and R13) reviewed for medication administration in a sample size of 20.

Findings include:

1. On 9/12/23 at 10:39 AM, four medications were found on R3's bedside table: Advair Diskus (inhaler), Fluticasone nasal spray bottle, Latanoprost eye drops bottle, and Loteprednol etabonate eye drops bottle. R3 said she self-administers the inhaler twice a day, the nasal spray "once or twice" a day, and the eye drops one drop each eye every night without the staff's knowledge. R3 said she asked her nurse to leave the nasal spray at her bedside because if she puts her call light on it takes the nurse too long to bring the nasal spray in. R3's September 2023 Physician Order Sheet (POS) does not show an order for self-administration of medications or to permit medications stored at the bedside, or a Physician Order for any administration the Loteprednol etabonate eye drops.

2. On 9/12/23 at 1:00 PM, a bottle of (brand name) Women's vitamins and a bottle of Biotin 2500 mcg (Microgram) gummies were found on R7's bedside table. R7 said she takes both once a day because she needs vitamins, and her nurse doesn't give her vitamins. R7's September 2023 POS (Physician Order Sheet) shows an order for a multivitamin daily, and her MAR (Medication Administration Record) shows she has been receiving the multivitamin daily since 9/6/23. R7's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 11 POS does not show an order for either the (brand name) Women's vitamin or the biotin. R7's POS does not show an order for self-administration of medications or for medications stored at the bedside. 3. On 9/12/23 at 11:15 AM, a bottle of (brand name) eye drops were found on R5's bedside table. R5 said she self-administers the (brand name) Eye Drops anywhere from 2-5 times a day. R5's September 2023 POS does not show an order for (brand name) eye drops or for self-administration of medications. 4. On 9/12/23 at 12:42 PM, a medicine cup with seven pills was seen on the bedside table of R13. There was no nurse present in R13's room. R13 stated the cup of pills were her morning pills that the nurse left on her table, she took those that she is familiar with and would like to know the indications for the rest of her pills. 5. On 9/13/23 at 8:30 AM, a medicine cup full of pills was seen on the bedside table of R12. There was no nurse present in R12's room. R12 stated "sometimes the nurse leaves the cup of pills with me, and I take them on my own." On 9/13/23 at 3:10 PM, V3 (ADON-Assistant Director of Nursing and IP-Infection Preventionist) stated, medicine cups with pills should not be left at bedside as there is the hazard risk of someone other than the intended resident consuming it and that the resident may not consume all the pills. V3 stated, R12 and R13 do not have orders for self-administration of medications. On 9/13/23 at 1:57 PM, V2 verified there are currently no residents in the facility with an order to keep medications at the bedside or an order to self-administer medications.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 12	S9999		

On 9/13/23, at 3:30 PM, review of September 2023 Physician Order Sheets for R12 and R13 showed R12 and R13 do not have orders for self-administration of medications.

Facility policy on Administration of Medications (dated 04/2023) showed, " ... 17. Remain with the resident to ensure that the resident swallows the medications ...."

"C"

Statement of Licensure Violations 5 of 6: 300.1640a)

Section 300.1640 Labeling and Storage of Medications
a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage.

This REQUIREMENT was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to properly store medications.
This applies to 2 residents (R2, R8) reviewed for medication storage in a sample of 20.

The findings include:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 13 1. On 9/12/23 at 1:47 PM, a tube of Nystatin cream, Oxymetazoline HCL nasal spray bottle, Azelastine nasal solution bottle, and Fluticasone nasal spray bottle were found on R8's bedside table. R8's POS does not show an order for the Azelastine nasal solution, Oxymetazoline nasal spray, or medications stored at the bedside. 2. On 9/12/23 at 12:27 PM, a bottle of Nystatin topical powder 100,000 units was observed on R2's bedside table. R2's September 2023 POS does not show an order for medications stored at the bedside. On 9/13/23 at 11:55 AM, V2 (DON/Director of Nursing) said medications are only allowed at the bedside if there is a Physician Order for it. V2 said if the resident has not been properly assessed to have medications at the bedside, there is a risk the resident can overdose. The facility's policy titled, "Medication Storage in the Facility" last revised August 2014 states, "Policy: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications..." "C" Statement of Licensure Violations 6 of 6: 300.2100 Section 300.2100 Food Handling Sanitation	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 14 Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750). This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to store refrigerated food items with a label and date. The facility also failed to discard food items exceeding the use-by date. This applies to 102 residents out of 104 consuming foods from the kitchen. Findings include: On 9/12/23 at 10:05 AM, during the initial kitchen tour with V8 (Executive Chef), the freezer storage was observed with a peanut butter brownie that expired on 8/12/23, 15 pork cutlets covered in plastic wrap without having any open or use-by date, two-pound expired shrimp with a use by date 8/29/23, and five boxes of five-pound diced chicken with a use by date 9/9/23. On 9/12/23 at 10:10 AM, observed the kitchen walk-in cooler with a cart loaded with bowls of cut pineapple without having a date or label. On 9/13/23 at 9:40 AM, V8 stated, "Every week, me and the cook are supposed to check the use-by dates. All food items stored in the refrigerator and freezer should be dated and labeled. I threw those items that exceeded the use-by date. We have 102 residents consuming food from the kitchen." The facility presented a policy on the Storage of Refrigerated Foods (revised 2017) which	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016554	A. BUILDING: _____ B. WING _____	09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IGNITE MEDICAL HANOVER PARK	2000 WEST LAKE STREET HANOVER PARK, IL 60133

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 15 documented: "Food in the refrigerator is covered, labeled, and dated with a use-by date.... Open products that have not been properly sealed and dated are discarded..." "AW"	S9999		