Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 Complaint Investigation #2313582/IL 159307- 300.610a) 300.620a),300.810a),300.810b)1)2)3)4),300.820a 300.820b),300.820c),300.820e),300.820f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e),300.1230f,300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313592/IL 159319- 300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.8 20f),300.830e) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e0, 300.1230f,300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3),.300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313595/IL 159327- 300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.8 20f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a),	S 000	**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	Continued From page 1 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e), 300.1230f,300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313581/IL 159308- 300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.8 20f),300.830e) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e),300.1230f),300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313963/IL 159436- 300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.8 20f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e), 300.1230f,300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a)	S 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	Continued From page 2 Complaint Investigation #2313704/IL 159461-300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.820f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e), 300.1230f),300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2)3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313702/IL 159459-300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.820f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e), 300.1230f),300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2)3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313604/IL 159337-300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.820f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a),	S 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	Continued From page 3 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d),300.1230e), 300.1230f),300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313624/IL 159361-300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.8 20f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e), 300.1230f,300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313653/IL 159397-300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.8 20f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e), 300.1230f),300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a)	S 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	Continued From page 4 Complaint Investigation #2313647/IL 159390-300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.8 20f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e), 300.1230f),300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313751/IL 159519-300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.8 20f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a), 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e),300.1230f),300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a) Complaint Investigation #2313982/IL 159806-300.610a) 300.620a),300.810a),300.810b)1)2)3)4), 300.820a),300.820b),300.820c),300.820e),300.8 20f) 300.1210b),300.1210d)1)2)3)4)A)D)6),300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7,300.1230a),	S 000		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	Continued From page 5 300.1230b)1)2)A)B)C)3) 300.1230c),300.1230d), 300.1230e), 300.1230f),300.1230g), 300.1230h 300.1230k)1)2)aA)B)3)4)5)607)8),300.1230l)1)2) 3), 300.1240a) 300.1240c),300.1240d),300.1240e)300.1610a)1), 300.1610d) 300.1620a),300.16302),300.1650a),300.3240a)	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 2 findings 300.610a) 300.620a) 300.810a) 300.810b)1)2)3)4) 300.820a) 300.820b) 300.820c) 300.820e) 300.820f) 300.1210b) 300.1210d)1)2)3)4)A)D)6) 300.1220a)1)2)3)5)6) 300.1220b)1)2)4)6)7 300.1230a) 300.1230b)1)2)A)B)C)3) 300.1230c) 300.1230d) 300.1230e) 300.1230f 300.1230g 300.1230h 300.1230k)1)2)A)B)3)4)5)6)7)8) 300.1230l)1)2)3) 300.1240a)	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	S9999		

300.1240c)
300.1240d)
300.1240e)
300.1610a)1)
300.1610d)
300.1620a)
300.1650a)
300.3240a)

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 300.620 Admission, Retention and Discharge Policies

a) All involuntary discharges and transfers shall be in accordance with Sections 3-401 through 3-423 of the Act.

Section 300.810 General

a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least one staff member awake, dressed, and on duty at all times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ____ B. WING ____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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		

b) The number and categories of personnel to be provided shall be based on the following:

1) Number of residents.
2) Amount and kind of personal care, nursing care, supervision, and program needed to meet the particular needs of the residents at all times.
3) Size, physical condition, and the layout of the building including proximity of service areas to the resident's rooms.
4) Medical orders.

Section 300.820 Categories of Personnel

a) The facility shall provide an administrator as set forth in Subpart B.
b) The facility shall provide a Resident Services Director who is assigned responsibility for the coordination and monitoring of the resident's overall plan of care. The director of nurses or an individual on the professional staff of the facility may fill this assignment to assure that residents' plans of care are individualized, written in terms of short and long-range goals, understandable and utilized; their needs are met through appropriate staff interventions and community resources; and residents are involved, whenever possible, in the preparation of their plan of care.
c) The facility shall provide activity personnel as set forth in Section 300.1410(b).
e) The facility shall designate a staff member(s) to provide social services to residents.
f) The facility shall provide nursing personnel as set forth in Subpart F.

Section 300.1210 General Requirements for Nursing and Personal Care

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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		

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.

4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:

A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.

D) Each resident shall have clean bed linens at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ____ B. WING ____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	S9999		

least once weekly and more often if necessary.

6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.

Section 300.1220 Supervision of Nursing Services

a) Each facility shall have a director of nursing services (DON) who shall be a registered nurse.

1) This person shall have knowledge and training in nursing service administration and restorative/rehabilitative nursing. This person shall also have some knowledge and training in the care of the type of residents the facility cares for (e.g., geriatric or psychiatric residents). This does not mean that the director of nursing must have completed a specific course or a specific number of hours of training in restorative/rehabilitative nursing unless this person is in charge of the restorative/rehabilitative nursing program. (See Section 300.1210(a).)

2) This person shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. At least 50 percent of this person's hours shall be regularly scheduled between 7 A.M. and 7 P.M.

3) In skilled nursing facilities of l00 or more occupied beds, there shall be an assistant director of nursing (ADON) who is a registered nurse. This person shall also meet the qualifications specified in subsection (a)(1) of this Section for the director of nursing service.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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		

5) The assistant shall be a full-time employee who is on duty a minimum of 36 hours, four days per week. The assistant may be assigned to work hours any time of the day or night.

6) The assistant shall assist the DON in carrying out his/her responsibilities.

b) The DON shall supervise and oversee the nursing services of the facility, including:

1) Assigning and directing the activities of nursing service personnel.

2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.

4) Recommending to the administrator the number and levels of nursing personnel to be employed, participating in their recruitment and selection and recommending termination of employment when necessary.
6) Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing personnel.
7) Coordinating the care and services provided to residents in the nursing facility.

Section 300.1230 Direct Care Staffing

a) For purposes of the minimum staffing ratios in Section 3-202.05 of the Act and this Section, all

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	S9999		

residents shall be classified as requiring either skilled care or intermediate care. (Section 3-202.05(b-5) of the Act)

b) For the purposes of this Section, the following definitions shall apply:

1) "Direct care" - the provision of nursing care or personal care as defined in Section 300.330, therapies, and care provided by staff listed in subsection (i). Direct care staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental and psychosocial well-being. Direct care staff does not include individuals whose primary duty is maintaining the physical environment of the facility (e.g., housekeeping).

2) "Skilled care" - skilled nursing care, continuous skilled nursing observations, restorative nursing, and other services under professional direction with frequent medical supervision. (Section 3-202.05(b-5) of the Act) Skilled nursing services are either nursing or therapy care services, furnished pursuant to physician orders, that require the skills of a licensed nurse to treat, manage, and observe a resident's condition and evaluate a resident's care. The skilled nursing services may be provided by a CNA, under the supervision of a licensed nurse to ensure the safety of the patient and to achieve the medically desired result. A resident in a skilled nursing facility is classified as receiving skilled care if:

A) The resident is receiving care covered by Medicare under any arrangement allowed by Title XVIII of the Social Security Act;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ________ B. WING ________	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 B) The resident is receiving care that would be covered by Medicare, but the resident has exhausted his or her Medicare benefits; or C) The resident is not Medicare eligible, but is receiving care that would be covered by Medicare if the resident were eligible. 3) "Intermediate care" - basic nursing care and other restorative services under periodic medical direction. (Section 3-202.05(b-5) of the Act) Services not classified as skilled care will be classified as intermediate care. c) A minimum of 25% of nursing and personal care time shall be provided by licensed nurses, with at least 10% of nursing and personal care time provided by registered nurses. Registered nurses and licensed practical nurses employed by a facility in excess of these requirements may be used to satisfy the remaining 75% of the nursing and personal care time requirements. (Section 3-202.05(e) of the Act) d) The minimum staffing ratios shall be 3.8 hours of nursing and personal care each day for a resident needing skilled care and 2.5 hours of nursing and personal care each day for a resident needing intermediate care. (Section 3-202.05(d) of the Act) For the purpose of this subsection, "nursing care" and "personal care" mean direct care provided by staff listed in subsection (i). e) The facility shall schedule nursing personnel so that the nursing needs of all residents are met. f) The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents, and shall be	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	S9999		

determined by figuring the number of hours of direct care each resident needs per day.

g) Each facility shall provide minimum direct care staff by complying with subsection (f) and meeting the minimum direct care staffing ratios set forth in this Section.

h) The direct care staffing calculations in this Section shall include only the number of staff actually on duty on site. The following shall not be included in direct care staffing calculations:

k) To determine the direct care staffing required to meet daily minimum staffing ratios for skilled care and intermediate care, the following staffing formula shall be used:

1) Determine the number of residents requiring skilled care and the number of residents requiring intermediate care.

2) Calculate the total daily required nursing and personal care hours for each level of care:

A) The number of residents requiring skilled care shall be multiplied by the required number of hours (3.8) per resident.

B) The number of residents requiring intermediate care shall be multiplied by the required number of hours (2.5) per resident.

3) Add the total number of hours of direct care required for each level of care to determine the total number of hours required to provide direct care for all residents in the facility.

4) Multiplying the total minimum hours of direct care hours required for all residents, determined

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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	S9999		

under subsection (k)(3), by 25% results in the minimum amount of licensed nurse hours that shall be provided during a 24-hour period.

5) Multiplying the total minimum hours of direct care time required for all residents, determined under subsection (k)(3), by 10% results in the minimum amount of registered nurse hours that shall be provided during a 24-hour period.

6) The remaining 75% of the minimum required direct care hours may also be fulfilled by other staff identified in subsection (i) as long as it can be documented that those staff provide direct care, and that nursing care and nursing delegation is in accordance with the Nurse Practice Act.

7) The amount of time determined in subsections (k)(4), (5) and (6) is expressed in hours.

8) See Appendix A for an example of staffing calculations.

l) A written work schedule shall be posted at least 10 days prior to the first day on the schedule. The work schedule shall be posted in a location conspicuous and accessible only to employees.

1) This work schedule shall contain the employee's name, job title, (identifying the job title or titles listed in subsection (i), if applicable), shift assignment, hours of work, and days off.

2) If an employee works in more than one job during the same week, specifically including those job duties listed in subsection (i), if applicable, the facility shall separately state the

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 hours of work for each job duty. 3) The work schedule, whether a hard copy or in an electronic format, shall be kept on file in the facility in the administrator's office for a minimum of three years after the week for which the schedule was used. Section 300.1240 Additional Requirements In addition to the staffing requirements, in Section 300.1230, the following staffing requirements also apply to all Skilled Nursing Facillties and Intermediate Care Facilities: a) There shall be a licensed nurse designated as being in charge of nursing services on all shifts when neither the director of nursing or assistant director of nursing are on duty. If registered nurses and licensed practical nurses are on duty on the same shift, this person shall be a registered nurse. This person may be a charge nurse on one of the nursing units. c)There shall be at least one registered nurse on duty seven days per week, 8 consecutive hours, in a skilled nursing facility. d) There shall be at least one registered nurse or licensed practical nurse on duty at all times in an intermediate care facility or a skilled nursing facility. e) There shall be at least one registered nurse or licensed practical nurse on duty on each floor housing residents in a skilled nursing facility. Section 300.1610 Medication Policies and Procedures	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 16	S9999		

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. These policies and procedures shall be in compliance with all applicable federal, State and local laws.

d) All medications administered shall be recorded as set forth in Section 300.1810. Medications shall not be recorded as having been administered prior to their actual administration to the resident.

Section 300.1620 Compliance with Licensed Prescriber's Orders

a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered by the licensed prescriber and at the designated time.

Section 300.1650 Control of Medications

a) The facility shall comply with all federal and State laws and State regulations relating to the procurement, storage, dispensing, administration, and disposal of medications.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 17	S9999		

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These regulations were not met as evidence by:

Based on interview and record review the facility neglected to have licensed nursing staff to assess and monitor a resident with low blood oxygen levels, neglected to have licensed nursing staff to assess, monitor, and provide medications, and neglected to assist with safe discharge planning. These failure also resulted in R13 being sent out of the facility by emergency personnel related to no licensed nursing staff to monitor or assess R13. These failures also resulted in no licensed nursing staff in the facility for approximately 2 hours to assess, monitor, and provide morning medications as ordered by a physician. These failures applies to all 108 residents residing in the facility. These failures also resulted in R1 and R8 leaving the facility with no physician orders or medications. The facility also failed to ensure a dressing change was done per physician orders. This applies to 1 of 33 residents (R13) reviewed for care and services in the sample of 33.

The findings include:

The facility data sheet provided on May 1, 2023 shows, there are 108 residents residing in the facility.

On May 1, 2023 at 12:51 PM, V9 Police Detective

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 18	S9999		

stated, V7 Former Medical Director and V8 Nurse Practitioner (NP) came in (on May 1, 2023) and there was only 8 Certified Nursing Assistants (CNAs) and 12 kitchen staff in the building. At 2:45 PM, V9 Police Detective stated, R13 was sent to the hospital for a low pulse oxygen saturation.

On May 3, 2023, at 3:01PM, V1 New Administrator said at 12:01AM on May 1, 2023, he took over ownership of the facility. He assumed all the staff would be coming over to work for him.

On May 4, 2023 at 2:50 PM, V7 Former Medical Director stated, he arrived at the facility around 8:00 AM on May 1, 2023 and did not see a nurse or any former administrative staff. He "got concerned" and called 911.

On May 4, 2023 at 12:19 PM, V8 NP stated, she arrived to the facility at "8:45 AM" on May 1, 2023. "No one was really here besides me, V7 former Medical Director, 1 CNA for each unit and kitchen staff."

On May 5, 2023 at 11:00 AM, V43 (RN), stated she arrived to the unit around 10:30 AM and rounded the unit. She said the 8:00 AM and 9:00 AM meds were not passed on the unit. V43 stated she started passing the 11:00 AM meds after she rounded on the residents on the unit and did accuchecks.

On May 8, 2023, at 10:25 AM, V5 New Ownership Associate Manager stated, from approximately 8:30AM until approximately 11:00 AM there were no licensed nurses in the building.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 19	S9999		

The facility's nursing staff schedule April 30, 2023 - May 1, 2023 showed V32 Licensed Practical Nurse (LPN) and V33 LPN were in the facility until 8:20AM. This same list shows there were only 8 Certified Nursing Assistants CNAs working in the facility for day shift, V21 CNA, V37 CNA, V24 CNA, V23 CNA, V14 CNA, V16 CNA, V22 CNA, V38 CNA. There were no licensed nursing staff on this schedule for 8 AM.

On May 2, 2023, at 2:03PM, V32 LPN said she worked night shift (11pm - 7am) from April 30 to May 1 and left at 8:20AM. V32 said nobody came in to give report to so I left. At 3:07PM, V35 RN said he worked night shift (11pm - 7am) from April 30 to May 1 and left at 8:15AM. V35 said no nurse came to relieve him. At 3:14PM, V34 RN said he worked night shift (11pm - 7am) from April 30 to May 1 and left at 8:30AM. V34 said there were no nurses to give report to when she left. V34 said no nurse came to relieve her. V34 said she left the building and there were no nurses to give report to. At 3:23PM, V36 RN said she worked night shift (11pm - 7am) from April 30 to May 1 and left at 8:00AM. V36 said staff were waiting for the new owner's team of nurses to come but they did not show up. At 3:36PM, V33 LPN said she worked night shift (11pm - 7am) from April 30 to May 1. V33 said she didn't feel right or safe about leaving. V33 said there were no nurses to give report to.

On May 3, 2023, at 10:23AM, V19 RN said she worked night shift (11pm - 7am) from April 30 to May 1. V19 said she called V47 Former Director of Nursing on May 1, 2023 and said there were no nurses at 8:00AM in the facility, but there was a CNA on every unit. V19 said she talked to V6 Managing Director for New Owners and told V6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 20	S9999		

there were no nurses showing up from their team. V19 said she went with [V6] and collected the narcotic keys from the night shift nurses and gave those keys to [V6]. V19 said [V6] asked how many nurses the facility needed. V19 said she told [V6] the facility needed 7 nurses in the skilled area and 1 nurse in the assisted living portion. V19 said [V6] said she would take care of staffing.

On May 3, 11:40AM, V20 LPN said she worked night shift (11pm - 7am) from April 30 to May 1, 2023. V20 said she was told by V47 Former DON all the nurses were to leave together on May 1, 2023 between 7:00AM - 8:00AM. V20 said she left around 8:00AM and saw V7 Former Medical Director in the parking lot and told V7 there were no nurses in the building.

A list of residents provided by the V26 (Lieutenant Local Fire Department) show R7 transferring to another facility, R8 going home with family, and R3 going home (On May 3, 2023, at 11:15 AM, R3 stated he went to the hospital).

1. On May 1, 2023 at 2:45 PM, V9 Police Detective stated, R13 was sent to the hospital for a low pulse oxygen saturation.

R13's face sheet lists his diagnoses to include: Parkinson's disease, dementia & personal history of transient ischemic attack (TIA) and cerebral infarction without residual deficits.

On May 8, 2023 at 9:47 AM, V30 CNA/Dietary stated she was working the morning of May 1, 2023 in the kitchen. She was one of the 12 kitchen staff that was in the building. She was helping V22 CNA with breakfast when she went into R13's room. She stated, breakfast was late

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 21	S9999		

that morning and she wasn't sure what time she first went into R13's room. His breakfast tray was in front of him and he hadn't eaten anything yet. She stated, she woke him up and tried to get him to eat. She left the room while he was eating. She went back a little while later to check on him and take his breakfast tray. At that time, she checked his vital signs and his oxygen level was 90% on 3 LPM. He was not his usual self and pale. She left and found V8 NP. She made V8 NP aware of his pulse oxygen. V8 NP told her to call 911 and send him to the hospital because there was no one to monitor him. She called 911 at 10:46 AM from her personal cell phone. She did verify that there were no nurses to help R13.

On May 4, 2023 at 12:19 PM, V8 NP stated, a CNA (V30 CNA/Dietary) told her that R13's oxygen was "dropping." She was increasing his oxygen and his oxygen saturation was not going up. "I said to discharge him to the hospital because there is no one here to take care of him." She stated, the CNAs were titrating his oxygen and that is typically done by the nurses. She also stated it was important to have nurses in the building for "a million reasons, basic care, medications, in case of emergencies, they have good critical thinking skills, they are the backbone in healthcare."

On May 4, 2023 at 2:50 PM, V7 Former Medical Director stated, R13 does not usually wear oxygen and he wasn't aware he was sent out to the hospital.

On May 8, 2023 at 11:18 AM, V32 Licensed Practical Nurse (LPN) stated, she worked the night shift with R13. "Around 2-3:00 AM (she was not sure exactly)", she was told that R13's pulse oxygen saturation was 86-88% (normal is

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 22 90-100%). She put him on oxygen at 3 liters per minute (LPM) and raised the head of his bed. His oxygen saturations came up to 90-92%. She did not call the doctor (V7 former Medical Director) until 7:00 AM. R13's electronic medical record (EMR) does not show any documentation about his condition the night of April 30, 2023, or May 1, 2023. On May 8, 2023 at 11:18 AM, V32 LPN stated, because there was a change of ownership at midnight and the computer system was no longer working. She did not chart anything on paper or in the computer regarding R13. R13's EMR also does not show a physician order for oxygen. On May 9, 2023 at 1:08 PM, V47 former Director of Nursing stated, R13 was discharged to the local hospital on May 1, 2023 and admitted with a diagnosis of Pneumonia. The facility's oxygen therapy and administration policy last revised July 28, 2022 shows, "Oxygen therapy shall be administered to patients as indicated and upon a physician's order. Purpose: To assure adequate oxygenation to all spontaneously breathing and ventilator dependent patients. Indications: ...Hypoxia- oxygen saturation levels of <92% (less than) ... Procedure: Confirm order from physician (this should include liter flow, FiO2 and delivery device) ... Note: b. Oxygen rounds should be completed weekly by RN (registered Nurse) or RCP (Respiratory Care Person), depending on facility ..." The facility's general care policy last revised on	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 23 July 28, 2022 shows, "Policy Statement- It is the facility's policy to provide care for every resident to meet their needs. 2. On May 1, 2023, at 5:00 PM, R18 stated, after 8:00 AM there were no nurses to care for him until later when V43 came in on her day off to care for the residents and pass medications. R18 said he did not receive his morning medications until approximately 12:36 PM, which are normally given around 9-9:30 AM. R18 said he was not able to get out bed due to lack of staffing. R18 said he normally gets out of bed every day. 3. On May 2, 2023 at 3:45 PM, V48 (R9's Son) stated, R9 did not receive her morning medications on May 1, 2023. 4.On May 3, 2023, at 9:54 AM, R24 stated, he did not receive his morning medications on May 1, 2023, due to lack of nurses in the building in the morning. 5. On May 4, 2023, at 10:20 AM, R29 stated he did not receive his morning medications on May 1, 2023 because there was no nurse until around lunch time. On May 2, 2023, at 10:45 AM, V13 (Registered Nurse) stated, she arrived to the facility on May 1, 2023 around 11:00 AM. There was not a nurse on the unit. V13 stated, none of the residents received their morning medications on time because there was not a nurse on duty to administer the medications. V13 stated R29 received his medications late including his IV antibiotic. 6. On May 4, 2023, at 10:45 AM, R30 stated she did not receive her morning medications. R30's	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 24 May 2023 MAR shows R30 is to receive the following medications at 9:00 AM. These medications were not signed off as given. 7. R31's May 2023 MAR shows R31 is to receive medications at 9:00 AM. On May 4, 2023, at 3:06 PM, V29 (LPN) stated she arrived to work around 10:20 AM and started passing medications around 11:00 AM. V29 confirmed there was not a nurse on the unit when she arrived and none of the morning medications were passed on the unit. 8. On May 3, 2023 at 11:15 AM, R3 stated he originally did not see any nurses after 8:30 AM, then some of the "old" staff started coming in around 10:40 AM. R3 stated he was told they were trying to bring staff back to the building to take care of the residents. R3 stated he was not told if he was going to be seen by wound care or anyone else. R3 stated he did not receive his morning medications and was not updated about wound care. R3 stated he was not going to wait around so he had V13 help him get an ambulance to a local hospital. R3 stated "it was a sinking ship, and I had to get out of there." V13 stated she arrived to the facility after 11:20 AM. V13 stated by the time she rounded on R3 it was around 11:45 AM when he received his morning medications. 9. On May 3, 2023, at 10:00 AM, V49 (R1's family) stated he arrived to the facility after 11:30 AM. V49 stated V53 came into the room to give R1's morning medications. 10. On May 4, 2023 at 10:15 AM, V54 (R6 family) stated she arrived to the facility around 12:30 PM on May 1, 2023. V54 stated V29 Licensed Practical Nurse came into R6's room after 1:00 PM to give R6 her morning medications. On May	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ____ B. WING ____	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 25 7, 2023 at 3:00 PM, V29 stated she arrived to the facility around 10:30 AM (May 1, 2023). V29 stated she administered R6's medications later on during the day. V29 could not recall the exact time she gave R6 her medications. 11. On May 4, 2023 at 1:10 PM, V55 (R2 family) stated on the morning of May 1, 2023, R2 was transported to a local hospital by ambulance due to the facility not having any nursing staff in the building. R2's MAR for May 2023 showed R2's medications to be given at 9:00 AM. None of the medications were signed off as given. 12. On May 3, 2023 at 2:45 PM, R28 stated on May 1, 2023, there were no nurses in the facility to pass morning medications. R28 stated she did not receive her morning medications until 1:00 PM. V44 Licensed Practical Nurse stated she arrived to the facility around 11:00 AM on May 1, 2023. V44 stated she assisted with medication administration for residents. V44 stated R28 did not receive her morning medications until early afternoon. 13. On May 1, 2023 at 1:00 PM, V45 R14's son stated, he arrived to the facility on May 1, 2023 at 10:00 AM. They are under "new management." At 10:00 AM, it "was empty, no one was here." His dad finally received his morning medications an "hour ago" (approximately 12:00 PM). 14. On May 3, 2023 at 11:08 AM, V18, R8's daughter stated, she came in the facility on May 1, 2023 at 9:00 AM. She walked in and noticed there was no one there. All of the lights were out and offices were empty. She went to her mom's (R8) room. She found R8 sitting in bed. Her diaper was soaked, t-shirt was wet and the bed was wet. She left the room to find someone to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ________ B. WING ________	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 26 help her change her mom. She couldn't find anyone. She wondered why the desks were clear and lights were off in offices. She finally found a "young man" on her mom's wing. She asked him (V21 CNA) what was going on and he said no one was at the facility and no one came to work. He told her they "switched hands" and the employees didn't want to work with the new owner so no one showed up to work. The Friday before (April 28, 2023) she had signed paperwork to keep her mom at the facility as a long term care resident. She ended up taking her mom (R8) home because there was no one to take care of her on May 1, 2023. V18 stated, she saw V5 Associate Manager and asked if she needed a doctor release or anything to take her mom home. He stated, "I'm sorry I can't give it to you." V18 stated, they were the first people to leave. The facility did not send her with any medications or orders to care for her mom at home. "I'm just giving her (medications) what I originally gave her before she went to the facility." R8's MAR for May 2023 shows she was to receive 9:00 AM medications. None of the medications were signed off. 15. On May 4, 2023 at 10:00 AM, V49 (R1 family) stated the facility had talked about referrals for hospice the week before we left, but none of the conversations were about discharging. V49 stated he was unable to reach anyone by phone at the facility and was fearful for R1's safety. V49 went to the facility to talk to the staff. V49 stated on May 1, 2023 he arrived to the facility around 12:30 PM. R1 was still in bed, and had not received any morning medications. V49 stated after finding out the new owners had no nursing staff show up he packed up R1's belongings and discharged R1 from the facility. V49 stated the facility did not give him any documentation	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 27	S9999		

pertaining to any orders, medication changes, therapy notes, or home health nursing referrals. V49 stated R1 was seen by her primary physician on May 1, 2023. R1's primary physician put through all of the medication and home health orders for R1.

On May 1, 2023, R1 and R8 were discharged from the facility by family with no physician orders or medications.

On May 2, 2023 at 10:48 AM, V43 Registered Nurse (RN) stated, she came in at approximately 10:30 AM on May 1, 2023. There were only CNAs on the unit when she arrived and no nurses. None of the resident's morning medications had been provided. V43 RN stated, she rounded on the residents right away. They said they were fearful and anxious. "This has never happened before."

On May 4, 2023 at 3:06 PM, V29 Licensed Practical Nurse (LPN) stated, she came in around 10:00 AM to help out because no staff showed up to work. She verified there were no nurses working until she arrived. She passed R12, R8, R14 & R15's morning medications.

16. On May 3, 2023 at 11:15 AM, R3 stated he originally did not see any nurses after 8:30 AM then some of the "old" staff started coming in around 10:40 AM. R3 stated he was told they were trying to bring staff back to the building to take care of the residents. R3 stated he was not told if he was going to be seen by wound care or anyone else. R3 stated he did not receive his morning medications and was not updated about wound care. R3 stated he was not going to wait around so he had V13 helped him get an ambulance to a local hospital. R3 stated "it was a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 28	S9999		

sinking ship, and I had to get out of there." On May 7, 2023, at 2:45 PM, V13 stated she arrived to the facility after 11:20 AM. V13 stated by the time she rounded on R3 it was around 11:45 AM when he received his morning medications.

On May 3, 2023 at 11:08 AM, V18 R8's daughter stated, "This is neglect. How can the nurses leave her like this?"
On 5/1/23 at 5:30 PM during a group interview, V1 (Administrator) stated his Director of Nursing (DON) was going to be V58 (Corporate Nurse Consultant). Immediately, V58 stated she was not the DON. During this same interview V5(Associate Manager) confirmed there were no licensed nurses in the building that morning for a few hours from 8:00AM until around 11:00 AM.

On 5/2/2023 at 8:40AM, V41 (First Interim Director of Nursing) stated he was hired today as the DON.

On 5/2/23 at 2:30PM a staffing plan was presented to the surveyor showing the previous owner would help provide staffing for the new owner for seven days starting 5/1 and ending 5/8/23. Open shifts would be filled using agency staff hired by the previous owner. The new owner would provide daily updates to the staff hired to add to the daily schedules. The facility will consolidate residents to five units, 19 residents will need to be moved and appropriate notifications will be made. Any further discharges will allow the new owners to reduce units if needed.

On 5/4/2023 at 2:52PM, V7 Former Medical Director said he was not the medical director for the new owners. V7 said he had not spoken with the new owners regarding a position as their

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ________ B. WING ________	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 29	S9999		

medical director. V7 said on 5/1/2023 he arrived at the facility to find no licensed nurses or administrative staff present.

On 5/5/2023 at 1:00 PM, V1 stated he hired V46 as his new DON. V1 confirmed the staff needed to reapply with his company by 6pm on 4/30/23 or they would not have a job with him. V1 was not able to state how many nurses he had hired by his deadline. He stated he met with the night shift nurse around 2:00 AM on Monday morning to see who was going to stay with him; only one nurse indicated he was staying on with him. V1 stated the change in ownership went too quickly and he was not ready to staff the building. "I assumed everyone would be working for me. I was wrong."

The facility presented a list of new hires on 5/5/23 showing they had hired 6 Lisenced Practical Nurses (LPN), 2 Registered Nurses (RN) and 1 DON. They were still unable to provide the number of CNAs and nurses whom were hired by 6PM on 4/30/23 (5 days after taking ownership).

On 5/8/20023 at 3:26 PM, V6 Managing Director stated they had hired 5 LPNs and 1 RN and a DON since 5/1/23 (in a week). They have a nurse consultant but no other nursing managers.

On 5/9/2023 at 1:30PM, V46 (2nd Interim DON New Ownership) said he was the DON and his first day of work was 5/8/23.

The facility's staffing plan dated 5/10/23 shows the census is 65 residents there will be one nurse for each of the 4 open units and 2 CNAs for each of the four units on days and evenings, and there will be one nurse per unit and one CNA per unit for each of the four units on the night shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ______ B. WING ______	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 30 The facility's staffing schedule for 5/12/23 shows there are no nurses scheduled for the night shift (there should have been 4) and one unit was short a nurse (there were 3 nurses and there should have been 4) on the PM shift. On 5/12/23 at 9:20 AM, V59 (Social Services) stated as of this morning they had hired a total of 4 LPNs, 1 RN, 1 DON, an Infection Preventionist and a MDS Coordinator (in the 12 days since the new owner took over). V46 stated the staffing scheduler would not be in until after 4PM because she had another job. She was not sure how the open spots on the schedule were going to be filled; maybe agency. On 5/12/23 at 9:55 AM, V1 stated he did not have a contract for a medical director. (12 days after taking ownership) He was going to reach out to V7 to see if he would be the medical director and if not he had another physician in mind. V1 stated he believed they had contracts with staffing agencies but he would have to check. On 5/15/23 at 12:06 V60 (Interim Administrator) stated they just hired a new DON (third DON in two weeks) and were working on getting a medical director. They were actively interviewing nursing staff. This place was a mess. V1 was not prepared to take over on 5/1/23. The facility's Medication Pass Policy revised on 3/28/23 showed "It is the policy of the facility to adhere to all Federal and State regulations with mediation pass procedures." The facility's Transfer and Discharge Policy revised on July 28, 2022 showed under the "Procedure" heading: "Obtain a physician order	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014377	A. BUILDING: ___ B. WING ___	C 05/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEALSHIRE CTR OF EXCELLENCE	150 JAMESTOWN LANE LINCOLNSHIRE, IL 60069

(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 31 for transfers to other facilities or discharge to the community...Provide adequate preparation by giving resident or the responsible party education on the transfer/discharge procedure. Make referral as needed to the appropriate community agency to ensure continuity of services for the resident. Ensure safe transportation to the destination." The facility's abuse and neglect policy effective October 24, 2022 shows, "Policy Statement: It is the policy of the facility to provide professional care and services in an environment that is free from any type of abuse, corporal punishment, misappropriation of property, exploitation, neglect, or mistreatment. The facility follows the federal guidelines dedicated to prevention of abuse and timely and thorough investigations of allegations .... Types of Abuse and Examples: 7. Neglect: Neglect is the failure to provide necessary and adequate (medical, personal, or psychological) care. Neglect is the failure to care for a person in a manner, which would avoid harm and pain, or the failure to react to a situation which may be harmful. Staff may be aware of should have been aware of the service the resident requires but fails to provide that service." (A)	S9999		