(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		IL6014641	B. WING		C <b>08/15/2024</b>
	ROVIDER OR SUPPLIER HEIGHTS HEALTHCARE	4437 SOUT		TE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE
S 000	Initial Comments		S 000		
	Complaint Investigation	ons:			
	2485723/IL175800 2485246/IL175173				
S9999	Final Observations		S9999		
	Statement of Licensul	re Violations:			
	300.610a) 300.1210b) 300.1210c) 300.1210d)3)6) 300.1220b)3)				
	Section 300.610 Resi	dent Care Policies			
	procedures governing facility. The written pose formulated by a Re Committee consisting administrator, the advimedical advisory common formulation of nursing and other spolicies shall comply to the state of the st	of at least the			
	Section 300.1210 Gel Nursing and Personal	neral Requirements for Care			
	care and services to a practicable physical, r well-being of the resident's compo-	all provide the necessary attain or maintain the highest mental, and psychological dent, in accordance with rehensive resident care roperly supervised nursing			
	ment of Public Health DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE	,	TITLE	(X6) DATE

(X2) MULTIPLE CONSTRUCTION

 $\hbox{\it LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE}$ 

**Electronically Signed** 08/29/24

STATE FORM 6899 If continuation sheet 1 of 18 TUWK11

Illinois Department of Public Health

S9999 Continued From page 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.  c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.  d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
ARCHER HEIGHTS HEALTHCARE  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 1  care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.  c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.  d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the			IL6014641	B. WING		08	
ARCHER HEIGHTS HEALTHCARE  CHICAGO, IL 60632  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 1  care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.  c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.  d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the	NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
(X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S9999  Continued From page 1  care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.  c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.  d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the	ARCHER	HEIGHTS HEALTHCARE					
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following and shall be practiced on a 24-hour, seven-day-a-week basis:  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.  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.  300.1220 Supervision of Nursing Services  b) The DON shall supervise and oversee the nursing services of the facility, including:  3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as	S9999	care and personal car resident to meet the treat care needs of the rest cand be knowledgeably respective resident cand be knowledgeably respective resident cand assistance to present and assistance to present and goals to be according and personal care and representing other see and representing other see and representing of the resident see and representing other see and representing other see and representing of the resident resident cand and goals to be according to make the resident personal care and representing other see and representing other see and resident resident resident personal care and representing other see and representing other see and goals to the resident resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing other see and goals to the resident personal care and representing the resident personal care and representing th	re shall be provided to each otal nursing and personal ident.  are-giving staff shall review e about his or her residents' are plan.  absection (a), general lude, at a minimum, the practiced on a 24-hour, asis:  ervations of changes in a ncluding mental and as a means for analyzing and aired and the need for ation and treatment shall be and recorded in the cord.  precautions shall be taken idents' environment remains azards as possible. All all evaluate residents to see believes adequate supervision event accidents.  In of Nursing Services  Dervise and oversee the e facility, including:  to-date resident care plan for on the resident's sement, individual needs mplished, physician's orders, d nursing needs. Personnel, rvices such as nursing,	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		08	C 8/ <b>15/2024</b>
	ROVIDER OR SUPPLIER HEIGHTS HEALTHCARE	4437 SO	DDRESS, CITY, STATE UTH CICERO O, IL 60632	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	the preparation of the plan shall be in writin modified in keeping v indicated by the resid	nysician, shall be involved in e resident care plan. The g and shall be reviewed and with the care needed as	S9999			
	facility failed to prope intervene for four res with known substance	and record reviews, the erly monitor, supervise, and idents (R1, R12, R14, R15) e use disorder and history of es/narcotics and overdose in				
	to be under the influe substance.  3. R15 being found of due to suspected drutesting positive for he transferred to the host drug use.  4. R14 was found or	e for heroin use and er the influence of an we for cocaine and suspected ence of an unknown unresponsive in the facility ag use, admitting to drug use, eroin, and having to be spital due to an overdose of uresponsive in the facility, spital, and expired with				
	01/17/2024 who has	ocuments R1 is a nitted to the facility on diagnoses not limited to: with personal care, adult				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BOILDING			
		IL6014641	B. WING		1	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ARCHER	HEIGHTS HEALTHCARE	4437 SOUT				
		CHICAGO,	IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999	Continued From page 3		S9999			
	failure to thrive.					
	No diagnoses of histo on R1's face sheet.	ory of substance abuse listed				
	4:10 PM documents i male with significant i	er's note dated 1/19/2024 n part, "R1 is a 61-year-old medical history of OUD takes suboxone (used to der)".				
	documents R1 has a	Set (MDS) dated 07/17/2024 Brief Interview for Mental out of 15, indicating R1 is intact.				
	ago, they accused me resident was just giving they said it was drug questioned R1 if he known getting inside the faci. "Someway they are go was asked if he knewn bringing the drugs insum "Some people on the but I can't say the name exchanges would occominate in resident's rooms to he has taken any drug responded, "I took me ago; I didn't get it from resident gave it to me	etting in here". When R1 which residents were side the facility, R1 stated, 3rd floor and 1st floor leave, mes". R1 stated drug cur in the smoking area and o. Surveyor questioned R1 if				
	got methadone from a	I V11 (insurance care 1 informed her last week he another resident and the m to feel extremely drowsy.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			71. 201221110.		C	
		IL6014641	B. WING		08/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ARCHER	HEIGHTS HEALTHCARE	4437 SOUT				
		CHICAGO,	IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
S9999	Continued From page	e 4	S9999			
	(Licensed Practical N procedure says the fais suspected of being responded that staff r social services will hat test if the resident alloresident refuses, ther continue to monitor the "Really, we just monitis not sure what social nurse will notify the air usually want to hold the "whatever else the document of the questioned V3 if a characteristic suspected V3 responded she this	acility does when a resident under the influence. V3 notify social services and ove the resident do a drug ows it. V3 stated if the a staff will document and just he resident. V3 stated, for after that." V3 stated she all services do. V3 stated the ttending provider and they he resident's medication, octor orders". Surveyor				
	the facility for four more residents can go on the	d she has been working for on the now. V4 stated neir own to smoke. V4 an extra CNA, then the CNA				
	Director) stated R1 hat tested negative recent	PM V17 (Social Service as had urine drug tests and tly. V17 stated the urine lel test detects for opiates, ne, marijuana,				
	5-panel urine test. V3	31 (social services d the urine drug test is the 1 stated, "It takes like two wouldn't be able to be tested				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S			
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
		IL6014641	B. WING		08/1	5/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ITE, ZIP CODE		
<b>ADCHED</b>	HEIGHTS HEALTHCARE	4437 SOI	JTH CICERO			
AKCIILK	ILIGITIS TILALITICANE	CHICAG	O, IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From page	÷ 5	S9999			
S9999	in the urine test." Surfithere are any resident methadone. V31 responded V31 if the is drug trafficking insiresponded, "Yes". Surfacility has done about now, the most we car around the areas. We ask them to take thing have the right to say it belongings that visitor. We will search the be independent community what they have. If the independent pass belike a family member with them. They won't They get 30 day super will get another scree with supervised, if it of the independent pass on the independent pass. O8/05/2024 12:38 PM (insurance care coord happened on 07/01/2 was sitting in the hall, respond to V34. V34 was "high". V34 state in the hallway. V34 state	veyor questioned V31 if ts suspected of doing of have an order for conded, "No". Surveyor are are any allegations there de the facility. V31 responded, "For a do is search rooms, a can't search them. We can age out their pockets, but they no. Also searching residents' are brought when they came. longings. Residents with aity pass, they get asked by break the rules, their comes a supervised pass or staff member will go out to be able to go out alone. Ervision. After 30 days, we ning even if they went out somes clean, then they get	S9999			
	R1's social services n	note dated 3/15/2024 2:39				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		IL6014641	B. WING		08	C <b>3/15/2024</b>
NAME OF PROVIDE	R OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ARCHER HEIGH	TS HEALTHCARE		OUTH CICERO SO, IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
PM dalleg aske would R1 duntil R1's docupass purcedirty while 2. R' 46-yi 02/11 opioi 08/0 friend R14' would not construct the retries R12' is not when 08/0 susphere I've r	ed drug trafficking d to take a urine d test positive for idn't have abuse 5/3/24.  social service not ments in part, "For independently a hase/use drugs. For substances. In the communitation of the interest of the interes	tt, "Met with R1 to discussing in the facility. R1 was drop and he admitted he reference."  substance care planned of the dated 05/03/24 3:28 PM R1 is noted going out on and with visitors to R1 has been noted to drop R1 admitted to getting drugs ty".  documents R12 is a dimitted to the facility on diagnoses not limited to: with withdrawal.  MR12 stated R14 was here a she knew R14 was in a segal drugs.  MR12 stated R14 was in a segal drugs.  Clicensed Practical he has been working for the segal drugs.  Clicensed Practical he has been working for the segal stated she has e". V32 stated she thinks a searching the visitor's items	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
ANDILAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING: _			
		IL6014641	B. WING		C 08/15/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ARCHER	HEIGHTS HEALTHCARE		H CICERO			
	OLUMBIA DV OT	CHICAGO,				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999	Continued From page	÷ 7	S9999			
	they are doing downs what comes inside".	tairs. They need to monitor				
	documents in part, "T	lated 04/16/2024 2:03 PM he resident (R12) was drug sted positive for cocaine".				
	R12 didn't have the a planned until 5/3/24.	buse substance care				
	documents, "Supervis	set dated 05/19/2024 sion: Resident (R12) may y with supervision from staff				
	Per record review, on 7/24/24, R12 observe using substance abus	d by staff and suspected of				
	R12's progress note dated 6/05/2024 documents in part, "V35 informed writer (V1) R12 admitted to having THC (tetrahydrocannabinol) in her system and she doesn't take cocaine, only distributes it".					
	09:48 PM documents with slurred speech, or is almost unable to be 30-minute monitoring	in part, "She (R12) is noted drowsiness to the point she alance in her rollator. is initiated per facility staff. or and follow up at a later				
	documents, "Residen suspected substance staff to give a urine sa declined using vulgar	dated 07/24/2024 4:42 PM t (R12) was observed of abuse. When asked by ample the resident (R12) language. Resident (R12) aggressive threatening				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6014641	B. WING		08	C 3/ <b>15/2024</b>
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	•	
ARCHER	HEIGHTS HEALTHCARE		TH CICERO			
	Т		), IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From page	: 8	S9999			
	opioid abuse with into R15's Minimum Data /2024, documents R1	nitted to the facility on diagnoses not limited to:				
	R15 is cognitively inta	ict.				
	NH (nursing home) th opioid withdrawn and report, pt was normal	t (patient) was admitted to e day before yesterday for anemia. Per nursing home round this am (morning).				
	documents in part: Ac	3 9:00 PM Admitted From: itting Dx: opioid				
		needed) order documented admission, Narcan PRN /2024.				
	No care plan docume overdose incident on	nting addressing R15's 12/21/2023.				
	documents in part, "U noted guarding ABD ( After further assessm needed some help an Methadone program.	Writer called nurse him aware of resident c/o				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		IL6014641	B. WING		08	C 8/ <b>15/2024</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ARCHER	HEIGHTS HEALTHCARE		UTH CICERO O, IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From page	e 9	S9999			
	through 3/27/2024 do attend an outside me disorder managemen	R15's care plan regarding				
	R15's progress note documents in part, "Vinformed R15 had a funable to complete a constricted bilateral. Writer (V36) administ 4mg on left nostril. Riminutes of administraticlear. Activity more e to sit up on his wheel	dated 2/17/2024 at 4:39 PM				
	dated 01/04/2024 do	vival skills assessment cuments R15 does not e of unsupervised outside s time.				
	dated 04/21/2024 do	vival skills assessment cuments R15 does not of unsupervised outside s time.				
	R15 didn't have the a planned until 2/18/20	abuse substance care 24.				
	documents in part, "v the resident's (R15) r on the floor. Speech	dated 2/19/2024 at 4:59 PM writer (V36) was notified by commate the resident was was slur (sic). Answered . R15 stood up with minimal				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		IL6014641	B. WING		08	C 8 <b>/15/2024</b>
	PROVIDER OR SUPPLIER  HEIGHTS HEALTHCARE	4437 SC	ADDRESS, CITY, STATE	, ZIP CODE		
		CHICAG	O, IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
\$9999	assistance from the v suspicion of opioid at administered Narcan minutes, R15 became questioning the reside R15 confess to have stated he got a hold of to the methadone clir R15's Methadone methadone clir R15's Methadone methadone clir R15's Methadone methadone clir R15's Social Services (medical doctor) give oncoming shift aware R15's social services PM documents in patake a urine screen a had been using heroi No documentation in signs/symptoms of in vital signs or any ass 04/17/2024.  08/15/2024 12:55 PM are no vital signs for R15's social service in AM documents in pathonest about what qui what obstacles stand No individualized care R15's substance abut R15's substance AID R15's	writer (V36). Due to buse, writer (V36) 0.4mg left nostril. After 4 er more active. After ent of what lead to his fall, drugs on his system. R15 of heroin when he went out nic".  edication note dated documents in part "resident and hard to arouse. Per MD this dose at 9am. Made s".  note dated 4/17/2024 3:04 art, "the resident was asked to nd he fully self-disclosed he n".  R15's chart regarding toxication/inebriation. No essment taken on  If V2 stated via email there R15 for the month of April.  note dated 5/6/2024 11:54 art, "the resident (R15) got uitting requires as well as in the way of sobriety".  e plan including addressing d.  se assessment dated in part: R15 admitted to	S9999			

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		IL6014641	B. WING		08	C 3 <b>/15/2024</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE	•	
			UTH CICERO	,		
ARCHER	HEIGHTS HEALTHCARE		O, IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From page	e 11	S9999			
	and treatment recomicare plan or medical using heroin in the far.  R15's progress note of documents in part, "A notified of a Rapid redining room, during spresented sitting on hunconscious, mouth Resident was transfer.	any follow-up interventions mendations noted in R15's record after R15 admitted to cility.  dated 7/21/2024 12:08 PM at 1140am, the writer was sponse at the first-floor moke break. Resident his four-wheel rollator. open, heavy drooling. rred to the floor, left lateral en jerking of the body. Vitals:				
	obtain. Oxygen place mask. Suction as nee	5. Pulse ox was unable to be d, 3L via non-re breather eded. Paramedics arrived at to be transferred to the				
	in part, "reason for vis (emergency medical Narcan became resp	dated 7/21/2024 documents sit: overdose per EMS services) pt was given onsive and presented with endorses snorting heroine".				
	room, sitting on his be R15. R15 stated he for R15 what happened of stated he had drank hay. R15 stated he ke stated he was feeling on the elevator. I saw something white in a it". When questioned snorted it, the heroin" staff were in the elevate	PM R15 observed in his ed, rollator walker next to eels safe. When questioned on July 21st, 2024, R15 his methadone drink that ept throwing up and R15 sick. R15 stated, "I had got a small package; it was small green bag and I used what it was, R15 stated, "I '. R15 stated he denies any eator with him. R15 stated he the smoking patio on the first as crowded and then he				

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER			COMPLETED
	A. BUILD	ING:	COMPLETED
IL6014641	B. WING		C 08/15/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CIT	Y, STATE, ZIP CODE	
ARCHER HEIGHTS HEALTHCARE	4437 SOUTH CICER	0	
AROHER HEIGHTO HEAETHOARE	CHICAGO, IL 60632	·	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUI TAG REGULATORY OR LSC IDENTIFYING INFORMATIO		ODGGG DEFERENCES TO T	ON SHOULD BE COMPLETE HE APPROPRIATE DATE
blanked out. R15 stated in December, the sa thing happened to him. R15 stated he was fe sick, and he kept throwing up the methadone R15 stated he obtained heroin from another resident in the facility that is no longer in the facility. R15 stated it is tempting to know R15 be able to access the drug inside the facility it is known residents can access it inside the facility. R15 stated there is no specific individ is selling it.  08/07/2204 10:40 AM V2 (Director of Nursing/DON) stated no escort was with R15 since R15 has not been using drugs until his recent incident. V2 stated R15 was getting independent passes. V2 stated at one-point was going by himself because his health improved, and he didn't need assistance.  08/06/2024 at 10:20 V36 (LPN) via telephone stated she has been working for the facility fe eight years. V36 stated, "I had to send him out gave him the Narcan. Since he is on the program". Surveyor questioned V36 how she thought he obtained the heroin, V26 respond she is not sure.  08/14/2024 12:06 PM surveyor questioned V (Medical Director) on her thoughts about a resident with history of abuse in the facility are being able to go to the methadone clinic on the own. V43 stated, "This is like a home, it is a r is against their freedom, is why we can put the on supervised pass". V43 stated she didn't kn what was going on in the facility. V43 stated residents could have brought the illicit drugs after the methadone clinic if the resident wen their own.	eling  may since  ual  R15  e or the , I  ed  43  ad neir ight, nem now back		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		IL6014641	B. WING		08	C 3/ <b>15/2024</b>
	ROVIDER OR SUPPLIER	4437 SC	ADDRESS, CITY, STATE  DUTH CICERO  GO, IL 60632	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
\$9999	02/27/2024 who has opioid abuse, major of R14's care plan doct 05/06/2024, "Visitor is substance abuse, per R14's community suit dated 04/30/2024 do appear to be capable pass privileges at thi Per record review on facility unaccompanion AM and returned to the R14's progress note documents in part, "Fan appointment this is the facility around 9: transferred by insura (V36) called transporresident's ride; writer resident (R14) has not moment".  R14's progress note documents in part, "Valocation where resides stated the resident (FM, accompanied by R14's progress note documents, "resident facility".	documents R14 is a dmitted to the facility on diagnoses not limited to: depressive disorder.  Imments in part date initiated restriction due to ongoing or physician order".  Invival skills assessment cuments R14 does not e of unsupervised outside is time.  In 05/23/2024, R14 left the ed to an appointment at 9:15 he facility at 9:49 PM.  Indated 05/23/2024 2:57 PM.  Resident (R14) went out on morning. Resident (R14) left 15A. The resident was noce health care. The writer retation regarding the ref (V36) was informed the ot requested a pick at the late of the dated 05/23/2024 5:11 PM.  Writer (V36) contacted ent (R14) attended. Location R14) had left around 2:00	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	IL6014641	B. WING		08	C / <b>15/2024</b>		
NAME OF PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE				
ARCHER HEIGHTS HEALTHCARI		UTH CICERO O, IL 60632					
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE		
the residents (R14) rdrug tested and was R14'S physician progressing "5 bagging years old".  R14's general note of documents in part, "In on the floor in her room BP 100/60, T97.2, 000 glucagon 1mg (millig blue was called. At 1 unresponsive CPR wat the facility".  R14's nursing progressing 12:08 AM documents the facility for face she heading to the hosping R14's nursing progressing to the hosping R14's nursing progressing to the hosping R14's experience of the hosping R14's experience of the hosping R14's emergency de or (R14) has progressident (R14) has progressident (R14) presents in EE cardiopulmonary arroreportedly hypoglyce PM, 2mg (milligrams) or (M12024 1:40 PM)	Ind heroin and contraband in foom. The resident (R14) was POSITIVE for heroin".  Igress note dated 6/26/2024 in part, "Opioids: Patient is per day since I was 15  Idated 07/18/2024 11:10 PM resident (R14) was observed form, blood glucose was 50, 292, slow breathing frams) given, 911 and code 1:12pm resident become was stated till the CFD arrive resident dated 07/19/2024 in part, Police officers are in freet and stated they will be tall to obtain a report.  The sess note dated 07/19/2024 part, "Call received from foffice. Made aware the fassed away at the hospital. The set from nursing home, are from nursing home.	S9999					

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.11.2 1 27.11	or connection	IDEITH IOMION NOMBER.	A. BUILDING: _			
		IL6014641	14641 B. WING		08/1	5 15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
ARCHER	HEIGHTS HEALTHCARE	4437 SOU CHICAGO	TH CICERO			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	) BE	(X5) COMPLETE DATE
\$9999	(LPN) what happened really could only say was. It was on the this knowing she is diabet was 21 or 26. Immed said she had previous glucose gel, and I gay police were in the fact department came due Surveyor questioned concerns of R14 doin V30 responded, "This facility; we must be at are possibly under the her (R14) drug use, shonest I didn't work with she was on any drugs 08/01/2024 9:08 AM the nurse working the passed away. V33 stated R14 and R14 was on top of Surveyor questioned drug exchanges going responded, "With the the facility, there are surveyor questioned interventions are. V33 can avoid the overdos should have a securit the facility.  08/01/2024 11:40 AM Director) stated R14 months ago. V17 statest positive. V17 statest positive. V17 statest positive. V17 statest positive.	surveyor questioned V30 It to R14. V30 responded, "I when the rapid response rd floor. I went in the room, ic. I checked her sugar; it ately I asked the nurse. She sly given her (R14) the re glucagon." V30 stated the fility maybe because the fire to staff calling 911. V30 if there were any g substances in the facility. I facility is a drug rehab ware of the residents if they te influence of drugs. As for the has a history of it. To be with her. I can't speak on if	\$9999			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6014641		,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		B. WING			C 08/15/2024		
NAME OF F			DDECC CITY CTAI	TE 710 000E	00	13/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, STAT JTH CICERO	E, ZIP CODE			
ARCHER	HEIGHTS HEALTHCARE		D, IL 60632				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
\$9999	return intoxicated. V1 honest and say she g V17 stated social serv responsible for the suresidents' care plans. R14's care plan shoul she tested positive for stated, yes although it stated R14 was open about someone else, anything. V17 stated is she got a hold of the lifacility needs to take to 08/02/204 at 12:40 Pt worker) stated he rempositive for heroin and test. V39 stated R14 it husband gave it to he husband was a drug at thirty-day pass restrict staff can take them out can't go out on her ow 08/01/2024 11:36 AM stated the facility does 07/18/24 regarding R officer asked for a fact any record number. 08/02/2024 08:41 AM assistant) stated R14 pending, and it can tastated it can be soone 08/06/2024 at 10:20 Nurse/LPN) stated, "The was taking methal kidney issues because."	7 stated R14 would be of high with her husband. vices department is bstance use part of the Surveyor questioned V17 if d have been updated when reheroin in May 24. V17 at was not updated. V17 about herself but if it was she wouldn't tell V17 R14 did not say from where heroin. V17 stated the his under control.  M V39 (previous social members R14 testing did cocaine in her drug urine hold him R14 stated her r. V39 stated R14's abuser too. V39 stated a tion means only family and ut on pass and residents vin.  V2 (Director of Nursing) and the police e sheet but did not provide  V37 (medical examiner s toxicology report is ke up to 90 days but V37	S9999				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMIT LETED	
		IL6014641	B. WING		08/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ADCHED	HEIGHTS HEALTHCARE	4437 SOUT	H CICERO			
ARCHER	HEIGHTS HEALTHCARE	CHICAGO,	IL 60632			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999	Continued From page	e 17	S9999			
	medication. The last the excited she was going about her death. I did would seek but I known depression". V36 state her medications and I Facility document dat "Alcohol/substance us in part, "Documentation regarding signs/sympintoxication/inebriation."  Facility document dat "Alcohol/substance us "Alcohol/s	ime I saw her she was g home; I was shocked n't see her as somebody v she suffered from ed R14 was compliant with blood sugar checks.  ed June 2017 titled, se/abuse policy", documents on will be placed in the chart toms of n".  ed June 2017 titled, se/abuse policy", documents				
	and/or appear inebria policy of the nursing f healthy living environ the individual to provi- referrals to enable the abstinence, sobriety, reducing chances of r	tof individuals who "use" ted/impairedIt is the facility to provide a safe and ment. The facility shall with de appropriate treatment e individual to work on personal improvement and recidivism. Appropriate and recommended to ce abuse problems".				
	documents in part, "A comprehensive asses individualized plan of					
	part "Guideline: Chan Appropriate assessme be completed based of	ed 02/01/2022 documents in ge in Resident's Condition. ent and documentation will on the resident's change in a. The care plan for the ed as indicated. (A)				

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