| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED C 10/11/2024 | | |
|--|--|--|------------------------|--|---------|-------------------------|
| | | | | | | |
| IAME OF PF | ROVIDER OR SUPPLIER | | DRESS, CITY, STATE | | | |
| | CARE NORTH BRANCH | 6840 WES NILES, IL | T TOUHY AVENU 60714 | E | | |
| (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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY) | OULD BE | (X5) COMPLET DATE |
| S 000 | Initial Comments | | S 000 | | | |
| | Complaint Investigati | on 2497867/IL178632 | | | | |
| S9999 | Final Observations | | S9999 | | | |
| | Statement of Licensure Violations: | | | | | |
| | 300.610a) 300.1210b) 300.1210d)1) | | | | | |
| | Section 300.610 Res | ident Care Policies | | | | |
| | procedures governing facility. The written p be formulated by a R Committee consisting administrator, the adv medical advisory com of nursing and other s policies shall comply | - | | | | |
| | Section 300.1210 Ge Nursing and Persona | neral Requirements for I Care | | | | |
| | care and services to a practicable physical, well-being of the resid each resident's comp plan. Adequate and p care and personal ca | nall provide the necessary attain or maintain the highest mental, and psychological dent, in accordance with prehensive resident care properly supervised nursing re shall be provided to each total nursing and personal ident. | | | | |
| | d) Pursuant to s | ubsection (a), general | | | | |
| | nent_of Public Health DIRECTOR'S OR PROVIDER/S | SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE | | (X6) DATE |
| | ally Signed | | | | | 10/21/24 |

| Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY | |
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| | | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | COMPLETED |
| | | IL6003214 | B. WING | | 10 | C)/11/2024 |
| NAME OF PF | ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | | 6840 WI | EST TOUHY AVENU | E | | |
| ELEVAIE | CARE NORTH BRANCH | NILES, I | L 60714 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| S9999 | Continued From page | 91 | S9999 | | | |
| | 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. | | | | | |
| | These requirements were not met as evidenced by: | | | | | |
| | failed to ensure 2 of 3 reviewed for viral infe were administered the medications. This fail | nd record review, the facility 8 (R2, R4) residents ctions in the sample of 3 e correct dose of antiviral ure resulted in R2 being lys and R4 having significant | | | | |
| | The findings include: | | | | | |
| | shingles and was put gram (1000 milligram seven days, which is shingles. V6 said R2 adjusted because he dose should have bee times a day for seven know why it was not a | d R2 was diagnosed with on Valtrex (an antiviral), 1 s) three times a day for a standard dose for dose should have been is a dialysis patient. R2's en 500 milligrams (mg) three days. V6 said she does not adjusted; it just did not get | | | | |
| | delirium. V6 said R2 v low blood glucose but have been that he hav V6 said patients with should be given dose | Id include confusion and was sent to the hospital for t admits that part of it could d extra Valtrex in his system. renal (kidney) problems s of antiviral medications | | | | |
| | (like Valtrex) based or (labs indicating kidney | n their creatinine clearance | | | | |

| Illinois De | partment of Public He | alth | | | - | RM APPROVE | | |
|--|---|--|----------------------|--|-----------------|------------------|--|---|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE C | | (X3) DATE SURVEY COMPLETED | | | | |
| | | IDENTIFICATION NUMBER: | A. BUILDING: | | СОМ | PLETED | | |
| | | | | | | | | С |
| | | IL6003214 | B. WING | | 10 |)/11/2024 | | |
| NAME OF PF | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | | | |
| | | 6840 WI | EST TOUHY AVENU | E | | | | |
| ELEVAIE | CARE NORTH BRANCH | NILES, I | L 60714 | | | | | |
| (X4) ID | | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN O | | (X5) | | |
| PREFIX TAG | (| Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | THE APPROPRIATE | COMPLETE DATE | | |
| S9999 | Continued From page | e 2 | S9999 | | | | | |
| | On 10/11/24 at 2:25 F | PM, V2, Director of Nursing, | | | | | | |
| | | to the hospital (on 9/14/24) | | | | | | |
| | with altered mental st | atus. V2 said R2 had been | | | | | | |
| | - | said it is his understanding | | | | | | |
| | that the NP put in an order for regular dosing | | | | | | | |
| | versus renal dosing, and R2 was dependent on renal dialysis. V2 said the Valtrex dosing | | | | | | | |
| | - | • | | | | | | |
| | | ospitalization as there are | | | | | | |
| | precautions for Valtrex affecting renally impaired patients. V2 said signs and symptoms of Valtrex | | | | | | | |
| | overdose include hallucinations and decreased | | | | | | | |
| | mentation. V2 said R2's Valtrex dosage was | | | | | | | |
| | larger than R2 could | - | | | | | | |
| | R2's Admission Reco | rd dated 9/24/24 shows R2's | | | | | | |
| | diagnoses include, bu | ut are not limited to, | | | | | | |
| | - | nd chronic kidney disease | | | | | | |
| | with heart failure and | with stage 5 chronic | | | | | | |
| | disease, or end stage | e renal disease, congestive | | | | | | |
| | heart failure, end stag | - | | | | | | |
| | dependence on renal | | | | | | | |
| | | ed 10/11/24 shows and | | | | | | |
| | | r Valacyclovir (Valtrex) one | | | | | | |
| | • • • | eight hours for cold sores, | | | | | | |
| | | erpes for seven days. R2's | | | | | | |
| | | ation Record (MAR) for ws R2 began receiving the | | | | | | |
| | | 2:00 PM on 9/9/24 and | | | | | | |
| | received 12 doses fro | | | | | | | |
| | R2's Progress Notas | dated 9/14/24 at 11:57 AM | | | | | | |
| | - | | | | | | | |
| | show R2 was lethargic and slow to respond. R2 was sent via ambulance to the hospital. R2's | | | | | | | |
| | | d 9/14/24 at 9:55 PM show | | | | | | |
| | - | ne hospital with a diagnosis | | | | | | |
| | of altered mental stat | | | | | | | |
| | | of service 9/15/24 at 5:28 | | | | | | |
| | | nted to the hospital with | | | | | | |
| | altered mental status | - | | | | | | |

Illinois Department of Public Health STATE FORM

| F CORRECTION | | A. BUILDING: | | | |
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| | 11 0000044 | A. BUILDING: | | COMPLETED C 10/11/2024 | |
| | IL6003214 | B. WING | | | |
| ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | |
| CARE NORTH BRANCH | | EST TOUHY AVENU | E | | |
| | NILES, I | L 60714 | | | |
| (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | ID PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE |
| Continued From page | e 3 | S9999 | | | |
| chest wall, and end stage renal disease requiring hemodialysis. R2 had been receiving antivirals orally but he was "getting 1 gram instead of the 500 mg for renal dose adjustment." Under the Assessment/Plan of the H&P the physician documented the following: Altered mental statumost probably metabolic multifactorial secondate to the high dose of acyclovir and missing his scheduled dialysis on 9/14. R2's hospital Progress Note, date of service 10/3/24 at 5:40 PM, shows" toxic encephalopathy related to acyclovir toxicity present on admission" R2's After Visit Summary dated 10/5/24 show R2 was hospitalized from 9/14/24 to 10/5/24 with a diagnosis of altered mental status. 2. On 10/11/24 at 11:38 AM, R4 said he had shingles and was treated with Valtrex. R4 said remembers getting dizzy when he was taking the Valtrex and felt much better once it was discontinued. R4's Admission Record dated 10/11/24 shows diagnoses include, but are not limited to, | | | | | |
| with heart failure and disease, or end stage heart failure, end stage | with stage 5 chronic renal disease, congestive ge renal disease, and | | | | |
| Summary Report date prescribed valacyclov | ed 10/11/24 shows R4 was ⁄ir (Valtrex) one gram by | | | | |
| 9/18/24. R4's Progres 11:52 AM show multip | ss Notes from 9/24/24 at ble staff report R4 is having | | | | |
| Progress Notes from | 9/24/24 at 12:07 PM show | | | | |
| | (EACH DEFICIENC REGULATORY OR I REGULATORY OR I Continued From page responsiveness, herp chest wall, and end s hemodialysis. R2 had orally but he was "gel 500 mg for renal dose Assessment/Plan of t documented the follow most probably metab to the high dose of ac scheduled dialysis on Progress Note, date of PM, shows" toxic e acyclovir toxicity pres After Visit Summary of hospitalized from 9/14 diagnosis of altered m 2. On 10/11/24 at 11:3 shingles and was treat remembers getting di Valtrex and felt much discontinued. R4's Admission Reco diagnoses include, but hypertensive heart ar with heart failure and disease, or end stage heart failure, and stage heart failure, end stage heart failure for heart failure and disease, or end stage heart failure for heart failure and disease for heart failure and heart failure for heart failure and heart failure and heart failure for heart failure and heart failure for heart failure and heart failure and felt much heart fail | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 responsiveness, herpes simplex infection of the chest wall, and end stage renal disease requiring hemodialysis. R2 had been receiving antivirals orally but he was "getting 1 gram instead of the 500 mg for renal dose adjustment." 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R4's Order Summary Report dated 10/11/24 shows R4 was prescribed valacyclovir (Valtrex) one gram by mouth three times a day for seven days on 9/18/24. R4's Progress Notes from 9/24/24 at 11:52 AM show multiple staff report R4 is having bouts of confusion and hallucinations which have increased since he began taking Valtrex. R4's Progress Notes from 9/24/24 at 12:07 PM show R4 was observed with confusion. R4's MAR for 9/1/24 to 9/30/24 shows R4 received Valtrex one | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 3 S9999 responsiveness, herpes simplex infection of the chest wall, and end stage renal disease requiring hemodialysis. R2 had been receiving antivirals orally but he was "getting 1 gram instead of the 500 mg for renal dose adjustment." 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| LEVATE | CARE NORTH BRANCH | | | E | | |
| | | NILES, I | | PROVIDER'S PLAN OF | | (25) |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| S9999 | Continued From page | e 4 | S9999 | | | |
| | continued to receive before the medication 500 mg once a day. On 10/11/24 at 2:25 H said the Valtrex dosin was not originally giv Valtrex. V2 said R4 d receiving Valtrex, so it is the providers res proper dosage of me The facility's Adminis Medications Policy (e | tration Procedures for all effective 10/25/2014) shows it nister medications in a safe | | | | |
| | | | | | | |