Illinois D	epartment of Public	Health			1 01 01	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		(X3) DATE COMPI	
		IL6004550	B. WING		01/3	; 0/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
	F PALOS PARK	12220 SO	UTH WILL C	OOK ROAD		
ALITAU	F PALUS PARK	PALOS PA	RK, IL 6046	64		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Survey: 2398763/IL165735,	2398501/IL165399, & 2398429/IL165322				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations 1 of 2				
	300.1035 300.1210b)					
	Section 300.1210 (Nursing and Persor	General Requirements for nal Care				
	and services to atta practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	provide the necessary care in or maintain the highest l, mental, and psychological sident, in accordance with nprehensive resident care l properly supervised nursing care shall be provided to each e total nursing and personal esident.				
	Section 300.1035 I	_ife-Sustaining Treatments				
Ilinois Depar	medical treatment, that, in the judgmer when applied to a r prolong the dying p can include, but are cardiopulmonary re ventilation, renal dia blood transfusions, drugs, antibiotics, a hydration. Those pr	suscitation (CPR), assisted alysis, surgical procedures, and the administration of nd artificial nutrition and ocedures do not include nlich maneuver or clearing the				
ABORATOR	tment of Public Health / DIRECTOR'S OR PROVID ically Signed	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(X6) DATE 02/14/24
STATE FOR		6	6899 N	104711	If continuati	$\frac{02}{14}$

If continuation sheet 1 of 15

	Department of Public		1				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		IL6004550	B. WING	B. WING		C 01/30/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE			
ALIYA O	F PALOS PARK		OUTH WILL CO				
		PALOS F	PARK, IL 6046	4			
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S9999	Continued From pa	ige 1	S9999				
	These Requirements were NOT MET as evidenced by:						
	Based on interviews and records reviewed the facility failed to ensure one resident's airway (R4) with a tracheostomy was free of obstruction by not removing the inner cannula during Cardiopulmonary Resuscitation (CPR) attempts. This affected one of three (R4) residents reviewed for emergency management. This failure resulted in R4 remaining in respiratory distress and the facility was unable to locate a spare trach tube to provide emergency oxygen during a Code Blue. R4 was transported to the local emergency room and pronounced deceased on the same day. Findings include:						
	limited to Acute Bro Respiratory Failure	ith diagnosis including, but not onchitis, Dysphagia, Chronic , Vascular Dementia, I Gastrostomy status.					
	Nurse (LPN), said I if she is ok, V4 said said I did not see a entered the room. No oxygen saturation of V2, Registered Nur said R4's "head got forehead got sweat started Cardiopulm said I started chest faint pulse. V4 said thing" and stuck it is when she pulled it of	M V4, Licensed Practical went to R4's room and asked d R4 didn't say anything. V4 reason to suction R4 when I /4 said R4 displayed an of approximately 70%. V4 said se (RN), suctioned R4. V4 t clammy." V4 clarified, R4's cy. V4 said R4 got worse, and I onary Resuscitation, CPR. V4 compressions and R4 had a V2 grabbed the "suction n the tracheostomy (trach) but, it was clear. On a follow /24 at 1:04PM V4 said I am no					

CIES (X				СОМ	E SURVEY PLETED
	IL6004550	B. WING		C 01/30/2024	
JPPLIER	STREET AI	DRESS, CITY, ST	ATE, ZIP CODE		
K					
D SUMMARY STATEMENT OF DEFICIENCIES IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)PREFIX TAG(EACH CORRECTIVE ACTIONTAGCROSS-REFERENCED TO THE		ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
ok out the am not the aramedics were aski oom to loc aramedics were aski oom to loc aramedics were aski oom to loc are came in a tube fro aughter ha t 1:51PM v me R4 was 4 and she 's vitals an 11 and call 3:05PM, v evel was m was on ox nula attach 1 suctione to be she ha f breath. V chine. V2 s no out whe ick like, ha aid there aid during V2 said " " V2 said " " V2 said a vith trach co was on an ode I used in e crash ca uscitation called the now, R4 ha	inner trach tube before we at familiar with the stuff. V4 the inner cannula. V4 said I e entire time of the code and arrived. V4 said the ng for a new tube. V4 said k for a tube. V4 said then n and she gave the m a box, V4 said we didn't d the box. /2, Registered Nurse, said s short of breath. V2 said I was clear. V2 said V4 nd they were low. V2 said ed a full code. On follow up /2 said R4 oxygen haybe in the 80s, it is low. ygen continuously by a ned to the tracheostomy ed R4 because its automatic s a blockage that is causing 2 said then I turned on the aid no blood came out, in I suctioned. V2 said then arder tube to suction her was not even saliva in R4's this R4's saturations kept I know trach care, it's not no one had trained me at are. V2 said I made sure d connected to R4. V2 said I he resuscitation bag ind attached it to the oxygen art to give 100% oxygen. I bag during the code. At surveyor and said, "I ad a nasal cannula she did				
	UPPLIER WARY STATEM FICIENCY MU ORY OR LSC From page pok out the armedics armedics were aski oom to loo ter came in a tube fro aughter have the armedics were aski oom to loo ter came in a tube fro aughter have the armedics were aski oom to loo ter came in a tube fro aughter have the she have f breath. V evel was m was on ox nula attach d I suctioned /be she have f breath. V chine. V2 s and there was a during . V2 said r with trach c was on an code I used the crash ca suscitation called the how, R4 have ygen conn	ILE004550 UPPLIER STREET AL 2K 12220 SC PALOS P MARY STATEMENT OF DEFICIENCIES EFICIENCY MUST BE PRECEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION) From page 2 bok out the inner trach tube before we am not that familiar with the stuff. V4 ot remove the inner cannula. V4 said I e room the entire time of the code and aramedics arrived. V4 said the s were asking for a new tube. V4 said oom to look for a tube. V4 said then ter came in and she gave the s a tube from a box, V4 said we didn't aughter had the box. It 1:51PM V2, Registered Nurse, said me R4 was short of breath. V2 said I A and she was clear. V2 said V4 I's vitals and they were low. V2 said 11 and called a full code. On follow up 3:05PM, V2 said R4 oxygen evel was maybe in the 80s, it is low. was on oxygen continuously by a nula attached to the tracheostomy d I suctioned R4 because its automatic	CIES IN (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE A. BUILDING: IL6004550 B. WING UPPLIER STREET ADDRESS, CITY, ST 12220 SOUTH WILL CO PALOS PARK, IL 60464 WARY STATEMENT OF DEFICIENCIES FICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG From page 2 S9999 book out the inner trach tube before we am not that familiar with the stuff. V4 ot remove the inner cannula. V4 said the coom the entire time of the code and aramedics arrived. V4 said then ter came in and she gave the a tube from a box, V4 said we didn't aughter had the box. at 1:51PM V2, Registered Nurse, said me R4 was short of breath. V2 said 1 44 and she was clear. V2 said V4 Vs vitals and they were low. V2 said 11 and called a full code. On follow up 3:05PM, V2 said R4 oxygen evel was maybe in the 80s, it is low. was on oxygen continuously by a nula attached to the tracheostomy d1 suctioned R4 because its automatic /be she has a blockage that is causing f breath. V2 said nen 1 turned on the chine. V2 said no blood came out, ne out when I suctioned. V2 said then tick like, harder tube to suction her said during this R4's saturations kept . V2 said no one had trained me at with trach care. V2 said 1 made sure was on and connected to R4. V2 said ne room and attached it to the oxygen ne crash cart to give 100% oxygen. I uscitation bag during the code. At called the surveyor and said, "I now, R4 had a nasal cannula she did ygen connected to her trach collar for	Image: Construction in the inner track tube before we am not that familiar with the stuff. V4 said the inner track tube. V4 said or to book for a tube. V4 said then the tow. Image: Construction inner track tube. V4 said tube inner tark tube. V4 said tube inner tark tube. V4 said tube inner tark tube. V4 said tube inner tube. V4 said tube inner tark tube. V2 said 11 and called a full code. On follow up 3:05PM, V2 said R4 oxygen swel was maybe in the 80s, it is low. was on oxygen continuously by a nula attached to the tracheostomy 11 suctioned R4 because its automatic be she has a blockage that is causing f breath. V2 said then a was not even saliva in R4's said tube in one had trained me at with trach care. V2 said 1 made sure was on and connected to R4. V2 said tube in ersuscitation hag the resuscitation hag the row and attached it to the oxygen is erroram ad attached it to the oxygen is	CIES (X1) PROVIDERSUPPLIENCIAL DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATL A. BUILDING: UPPLER STREET ADDRESS, CITY, STATE, ZIP CODE IX 12220 SOUTH WILL COOK ROAD PALOS PARK, IL 600464 WARY STATEMENT OF DEFICIENCIES FORCINGY MUST BE PRECEDED BY FULL DRY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL ORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) "Tom page 2 S9999 S9999 Sok dut the inner trach tube before we am not that familiar with the stuff. V4 at merowe the inner cannula. V4 said the were asking for a new tube. V4 said oom to look for a tube. V2 said 14 4 and she was clear. V2 said 14 5 vitals and they were low. V2 said 1 suctioned R4 because its automatic be she has a blockage that is causing 1 freath. V2 said then 1 turned on the shine. V2 said no blod came out, he out when I suction Hade sure was on and connected to R4. V2 said there was not even saliva in R4's said during this R4's saturations kept . V2 said is no box during the code. At called the survey and said, "I tow, R4 had a nasal cannula shed id yeen connected to her tach collar for

ALIYA OF PALO (X4) ID PREFIX TAG S9999 Cont the p cann draw the s the p need seard they was cann On 1 arrive	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE tinued From pa paramedics arri nula for R4. V2 ver. V2 said I ha supply room to paramedics did ded to be chang	12220 SO PALOS PA TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	B. WING DRESS, CITY, ST UTH WILL CC ARK, IL 60464 PREFIX TAG S9999	OOK ROAD	FION JLD BE	0/2024 (X5) COMPLET DATE
ALIYA OF PALO (X4) ID PREFIX TAG S9999 Cont the p cann draw the s the p need seard they was cann On 1 arrive	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE tinued From pa paramedics arrinula for R4. V2 ver. V2 said I ha supply room to paramedics did ded to be chang	STREET AD 12220 SO PALOS P/ TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 3 ived and asked for an inner said we could not find it in the	DRESS, CITY, ST UTH WILL CC ARK, IL 60464 ID PREFIX TAG	OOK ROAD 4 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR	FION JLD BE	(X5) COMPLET
ALIYA OF PALO (X4) ID PREFIX TAG S9999 Cont the p cann draw the s the p need seard they was cann On 1 arrive	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE tinued From pa paramedics arrinula for R4. V2 ver. V2 said I ha supply room to paramedics did ded to be chang	12220 SO PALOS PALOS PALOS PALOS PALOS PALOS PALOS PALOS PALOS PALOS PA MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 3 ived and asked for an inner said we could not find it in the	UTH WILL CO ARK, IL 60464 PREFIX TAG	OOK ROAD 4 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR	JLD BE	COMPLET
(X4) ID PREFIX TAG S99999 Cont the p cann draw the s the p need searc they was cann On 1 arrive	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE tinued From pa paramedics arri nula for R4. V2 ver. V2 said I ha supply room to paramedics did ded to be chang	PALOS PALOS PALOS PALOS PALOS PALOS PALOS PA TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ge 3 ived and asked for an inner said we could not find it in the	ARK, IL 60464 ID PREFIX TAG	4 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR	JLD BE	COMPLET
PREFIX TAG S99999 Cont the p cann draw the s the p need searc they was cann On 1 arrive	(EACH DEFICIENCY REGULATORY OR L tinued From pa paramedics arri nula for R4. V2 ver. V2 said I ha supply room to paramedics did ded to be chang	we and asked for an inner said we could not find it in the	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE	COMPLET
TAGRS9999Contthe pcanndrawthe sthe pneedseardtheywascannOn 1arriveOn 1	tinued From pa paramedics arri nula for R4. V2 ver. V2 said I ha supply room to paramedics did ded to be chang	sc IDENTIFYING INFORMATION) ge 3 ived and asked for an inner said we could not find it in the	TAG	CROSS-REFERENCED TO THE APPR		
the p cann draw the s the p need searc they was cann On 1 arrive	paramedics arri nula for R4. V2 ver. V2 said I ha supply room to paramedics did ded to be chang	ved and asked for an inner said we could not find it in the	S9999			
cann draw the s the p need searc they was cann On 1 arrive	hula for R4. V2 ver. V2 said I ha supply room to paramedics did ded to be chang	said we could not find it in the				
cann draw the s the p need searc they was cann On 1 arrive	hula for R4. V2 ver. V2 said I ha supply room to paramedics did ded to be chang	said we could not find it in the				
draw the s the p need searc they was cann On 1 arrive	ver. V2 said I ha supply room to paramedics did ded to be chang					
the p need searc they was cann On 1 arrive On 1 arrive	paramedics did ded to be chang					
need searc they was cann On 1 arrive On 1 arrive	ded to be chang	look for a trach tube. V2 said				
seard they was cann On 1 arrive On 1 arrive		not tell me why the inner tube				
they was cann On 1 arrive On 1 arrive	rching for an inr	ged. V2 said while she was				
was cann On 1 arrive On 1 arrive		ner cannula someone told her				
cann On 1 arrive On 1 arrive		said she was not told where it				
On 1 arrive On 1 arrive		she never found an inner				
arrive On 1 arrive	nula while she v	vas searching.				
arrive On 1 arrive	1/3/24 at 2:35Pl	M V15, RN, said when I				
On 1 arrive		e I did not see staff suction R4.				
arrive						
		PM V18, R4's family said she				
		y around 11:30AM on 10/8/23.				
		entered R4's room the				
		there is another tube (inner				
		18 said I heard a nurse say I				
		was it was probably locked up				
		es. V18 said I went to the				
		the drawer and the inner				
		V18 said I removed my				
		nula and "it was clogged with				
		ou could not see thru the inner een removed. V18 said I found				
		y mother's admission to the				
		their first trach patient. V18				
		thave the skills to take care				
	tracheostomy p					
0r 1	1/1/21 -+ 12.10	DM V/10 Despiratory				
		PM V19, Respiratory				
		is seeing R4 because she is a aid the Airvo is a heated				
		ce, it heats the airway. This				
		ake sure her secretions are				
		o prevent plugging. V19 said				
		ver oxygen with a separate				
		connected. V19 said when I				
		have oxygen in the room. V19				

STATEMEN	epartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004550	(X2) MULTIPLE A. BUILDING: _ B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 01/30/2024	
	PROVIDER OR SUPPLIER		DDRESS, CITY, S			50/2024
			OUTH WILL CO			
ALIYA O	F PALOS PARK		ARK, IL 6046			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT		ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
\$9999	listen to the lung so V19 said if clear an suctioning. V19 said suction order. V19 resuscitation bag a purposes in the roo cannula. V19 said has respiratory dist remove the inner ca and apply oxygen. V site we remove the is clean, we put it b suction. V19 said if stop you or you fee V19 reviewed the p progress notes and for oxygen. V19 said for oxygen. V19 said changed, I should h approached the sum nurses were docum R4 but meant flow i understand the diffe On 1/4/24 at 1:44Pl Assistant (CNA), said blue and ran to R4 ⁴ I saw was R4 was o	suctioning is needed, we bunds or if we audibly hear it. d no sounds, they don't need d R4 had an as needed (PRN) said protocol is to have nd spare tube for emergency om. V19 said R4 had a #4 inner when a patient with a trach ress, we check the airway, annula, suction, check oxygen, V19 said to check the trach inner cannula, if the cannula ack in and then attempt to the trach tube is clogged it will I it resist in the suction tube. hysician orders and the I said R4 did not have orders id if the order for oxygen was have been made aware. V19 rveyor and said we think the nenting 10 liters of oxygen for rate. V19 said they don't erence, but they should. M V21, Certified Nursing aid on 10/8/23 I heard a code s room. V21 said the first thing but of color, like she lost color,				
	trouble placing the said during the cod something. V21 sa	it. V21 said the nurses had resuscitation bag on R4. V21 e blue V2 left the room to get id I heard the paramedics aving difficulty, and something be.				
	I was told about R4 could not get the ov resuscitation bag a	M V5, Director of Nursing, said 's code. V5 said I was told V2 kygen connected to nd there was panic over ation bag to connect to the				

	Pepartment of Public IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 01/30/2024	
		IL6004550	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
ALIYA O	F PALOS PARK		OUTH WILL CO PARK, IL 6046			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULLPREFIX(EACH CORREREGULATORY OR LSC IDENTIFYING INFORMATION)TAGCROSS-REFERE		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
S9999	Continued From pa	ge 5	S9999			
	a tracheostomy neer resuscitation bag, s a trach tube, and su bedside. V5 said du remove the inner ca said at times R4 wo not be able to coug during the code blu pulled out R4's inner On 1/9/24 at 1:59PI we arrived to work of trach tube, because an airway. V24 said just shrugged her s room. V24 said oxy was not turned on. facility the tank was removed R4's trach one. When the old	aid Emergency equipment for eds to be available, a suction equipment at bedside, upplemental oxygen, at the uring an emergency, I would annula and check for clogs. V5 buld develop mucus plugs and h or clear them. V5 said e the nurses should have er cannula and checked it. M V24, Paramedic, said when on R4 we asked for a new e we were unable to establish I when we asked one nurse houlder and the other left the rgen tank the facility was using V24 said I told the nurse at the s not on. V24 said the daughter n tube and inserted the new tube was removed we could and that it was "rock hard"				
	clog. Review of Progress	s notes for 10/8/23 for R4. ch tube to check for clogs was				
		s notes on 10/8/23 states with 10 Liters oxygen; on 10/5 R4				
	Review of Physician Oxygen orders.	ns orders for October has no				
	sheet dated 10/8/23 11:42AM. Crew trie great resistance. Cr	ds including paramedic run 3 documents at patient at d to bag patient and met with rew asked nurses to change e trach, and they had to find				

Illinois D	epartment of Public	Health	T			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
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NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	F PALOS PARK	12220 SC	OUTH WILL CO	DOK ROAD		
		PALOS P	ARK, IL 6046	4		-
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 6	S9999			
	appropriately due to Crew tried to suction clear it. Crew also no trying to bag without Patients' daughter so replacing the trach nowhere to be found where the supply wo Hospital records do Illness: paramedics the trach due to a no arrival. Hospital emergency 12:22PM document EMS "was so clogg chunks."	ocuments on History of Present were called and changed out noted obstruction on their y room records 10/8/23 at t patient has a trach that per jed we were pulling out ate time of death was called				
	andV22 Cards were facility provided a lis cards for V29-V31 a Trach care in service	ty records for CPR cards. V21 e dated 1/4/23 and 1/5/23. The st of staff without current CPR				
	Tracheostomy Care	e policy dated 1/2023 states ula and insert new cannula.				
	facility policies, prooper facility policies, prooper participating in in-second rendered, resident in necessary data. Ad	ities include remain current in cedures, and nursing trends by ervice. Document nursing care response, and all pertinent here to all facility and policies and procedures.				

Illinois D	Department of Public	Health			FORM	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IL6004550	B. WING			C 30/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
ALIYA O	F PALOS PARK		OUTH WILL CO PARK, IL 60464			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID PROVIDER'S PLAN O		CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
	identify Respiratory Tracheostomy Care range of residents. The facility undated facility will ensure th CPR certified staff in perform CPR in the emergency. Recert expiration, failure to will exempt staff from emergencies. Copy filed in the HR office (AA) Licensure Violations 300.610a) 300.1210b) 300.1210d)2 300.1210d)2 300.1210d)5 Section 300.610 R a) The facility shall procedures governif facility. The written be formulated by a Committee consisti administrator, the a medical advisory co of nursing and othe policies shall comp The written policies the facility and shall	e list 0 number/average or a CPR Card policy states The hat an adequate amount of is always in the facility to a case of a medical ification is required prior to o recertify prior to expiration om participating in CPR during of staff's CPR card will be e. s 2 of 2 esident Care Policies have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ng of at least the idvisory physician or the committee, and representatives or services in the facility. The ly with the Act and this Part. s shall be followed in operating I be reviewed at least annually documented by written, signed				

If continuation sheet 8 of 15

STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		IL6004550	B. WING		C 01/30/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	ATE, ZIP CODE		
	F PALOS PARK		OUTH WILL CO			
			ARK, IL 60464			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 8	S9999			
	Section 300.1210 Nursing and Person	General Requirements for nal Care				
	and services to atta practicable physica well-being of the re each resident's cor plan. Adequate and care and personal	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with nprehensive resident care I properly supervised nursing care shall be provided to each total nursing and personal esident.				
	,	nd procedures shall be dered by the physician.				
	pressure sores, here breakdown shall be seven-day-a-week enters the facility w develop pressure s clinical condition de sores were unavoid pressure sores sha services to promote	Im to prevent and treat at rashes or other skin e practiced on a 24-hour, basis so that a resident who ithout pressure sores does not ores unless the individual's emonstrates that the pressure lable. A resident having II receive treatment and e healing, prevent infection, ressure sores from developing.				
	These Requiremen evidenced by:	ts were NOT MET as				
	review the facility fa and implement wou	ion, interview and record ailed to follow physician orders and care treatment for a				
iois Depar ATE FORM	tment of Public Health		6899 MO	4711	1 6 - 1	ition sheet 9 c

STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6004550	B. WING		C 01/30/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
		12220 SC	OUTH WILL CO	OOK ROAD		
ALIYA U	F PALOS PARK	PALOS P	ARK, IL 60464	4		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	ige 9	S9999			
	resident with a noted stage 2 pressure sore. This					
	affected one of thre	e residents (R1) reviewed for				
		is failure resulted in R1's				
		equiring debridement and				
	progressing to a sta	age 3.				
	Findings include:					
		vs R1 has diagnosis of				
	weakness, diabetes	s mellitus.				
	On 1/9/23 at 1:00pr	m V5 (director of nursing)				
		dated 9/6/23 denoting R1				
		turgor normal. No rashes or				
	lesions.					
	On 1/9/23 at 11:13a	am V9 (wound care				
		ie nurse documented that R1				
		8/23 with a wound, V9 said				
		d R1 on 9/11/23 R1 did not				
	have any skin issue	e, R1 skin was intact. V9 said				
		e documentation of the nurse.				
		the floor nurse informed her				
		sue on her tail bone. V9 said				
		an order for hydrocolloid. V9				
		e assessed R1 and R1 had a sure sore. V9 described the				
		the wound was superficial.				
		olloid treatment continued. V9				
		as appropriate for the stage 2.				
	V9 said R1 was see	en by the wound doctor on				
		und doctor ordered zinc,				
		alcium alginate and foam				
		ydrocolloid is used for				
		ound. Medi-honey is used for				
		AR (Medication Administration ment administration record),				
		ler sheet) and wound care				
		lewed with V9, V9 said she				
		for zinc, V9 said she don't see				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING.			<u> </u>	
		IL6004550	B. WING			C 01/30/2024	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	F PALOS PARK		OUTH WILL CO PARK, IL 60464				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC)	CH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE ULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		TION SHOULD BE THE APPROPRIATE	COMPLET DATE		
S9999	Continued From pa	ge 10	S9999				
	the order for benzo	the order for benzoin, V9 said she don't see an					
		ginate. V9 said she is					
		ibing the wound care					
		hen she receives them from					
	the wound care phy	/sician. V9 explained she don'					
	know what happened with transcribing the						
	treatment order for	zinc, calcium alginate, and					
	benzoin. V9 said sh	benzoin. V9 said she was doing R1 wound					
		en she worked, V9 was asked					
		nat she verified and implement					
		nt orders daily if they were not					
		(treatment administration					
		OS (physician order sheet). V9					
		se. V9 said calcium alginate is					
		of drainage but allow for					
		V9 said calcium alginate also					
		I. R1 wound assessment					
		/9 was asked what the					
		when the wound was					
		3, V9 said the nurse got order					
		POS reviewed with V9					
		id was ordered on 9/18/23, V9					
		reatment plan was when the					
		ed on 9/1123, V9 said					
	•	R reviewed with V9, V9					
		ials were listed once on R1) was asked how she ensured					
		taff implemented the correct					
		R1, if R1 POS and TAR does und treatment orders listed. VS					
		v what benzoin was. V9 said					
		d (PCC) is the only place she					
		treatment administration. V9					
		Ild be documented on the					
	physician order she						
	Upon exit of this su	rvey the facility failed to					
		orders/documentation					
		and treatment plan was					

Illinois D	Pepartment of Public	Health			-	APPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		IL6004550	B. WING		C 01/30/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
ALIYA O	F PALOS PARK		OUTH WILL C			
		PALOS P	ARK, IL 6046	54		
(X4) ID PREFIX TAG	PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 11	S9999			
	ulcer was identified					
	On 1/9/23 at 1:16PM V25 (wound care physician) said the facility should follow wound care treatment orders as prescribed. V25 said calcium alginate is used for wound drainage.					
	R1 admission assessment dated 9/8/23 denotes R1 has a "wound". There is no description of wound, no measurements of the wound, no location of the wound. V5 (Director of Nursing) name is identified as the person that signed/completed the admission assessment for R1.					
	document dated 8/2 superficial wound to admission, at 1:00p	ctor of nursing) presents 26/23 denoting R1 had a 5 bilateral gluteal area, prior to 5 m V5 presents document 1 skin color, texture, turgor 6 or lesions.				
	completing R1 adm she may have filled missing. V5 said sh sign documents tha said she don't know	rector of Nursing) denied hission assessment, V5 said in the information that was he should not electronically at she did not complete. V5 what missing information that dmission assessment.				
	denotes in-part date alteration, present of pink or red non grad distinct and attache x 1.30cm x 0.10cm depth) area 1.69cm at this time. Wound monitor. Reassess	nent detail report dated $9/18/23$ e identified $9/11/23$, pressure on admission, clinical stage 2, nulating 100%, wound edges ed, size 1.30 centimeters (cm) (L x W x D) (length x width x a squared. Wound bed is clean care will continue to treat and ment to be completed in one s to follow this Friday.				

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA				CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		C	
		IL6004550	B. WING		01/30/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ALIYA O	F PALOS PARK		OUTH WILL CO ARK, IL 6046			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
S9999	Continued From pa	ge 12	S9999			
	denotes in-part date alteration, present of pink or red non grad adherent 20%, wou attached, size 5.50 0.10cm (L x W x D) 22.00cm squared. V and tissue is declin	nent detail report dated 9/26/23 e identified 9/11/23, pressure on admission, clinical stage 2, nulating 80%, slough loosely and edges distinct and centimeters (cm) x 4.00cm x (length x width x depth) area Wound has increased in size ing. Wound care will continue r. Reassessment to be yeek.				
	denotes in-part date alteration, present of pink or red non grad adherent 60%, nec distinct and attache x 8.00cm x 0.20cm depth) area 56.00c increased in size ar care will continue to	then t detail report dated $10/4/23$ e identified $9/11/23$, pressure on admission, clinical stage 2, nulating 30%, slough loosely rotic soft 10%, wound edges ed, size 7.00 centimeters (cm) (L x W x D) (length x width x m squared. Wound has nd tissue is declining. Wound o treat and monitor. be completed in one week.				
	(wound care doctor ulcer, sacral pressu the plan for the pre- with normal saline a wound cleanser. Pe benzoin, zinc oxide honey. Primary dressing	gress notes completed by V25) denotes in-part pressure ure ulcer, stage 2, treatment ssure ulcer is to clean the aera and the peri wound area with eri-wound skin treatment: 20%. Wound filler: Medi ssing: calcium alginate. g: foam. This treatment will be				
	treatment will be pe team and other car of the facility. The p	eek as needed. Today's erformed by the wound care e perform by staff and the staff pressure ulcer was not are discussed with facility staff				

	epartment of Public						
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6004550		B. WING			C 01/30/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE			
		12220 SC	OUTH WILL CO	OOK ROAD			
ALITAU	F PALOS PARK	PALOS P	ARK, IL 6046	4			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T		COMPLETE DATE	
				DEFICIENC	Y)		
S9999	Continued From pa	age 13	S9999				
	R1 POS (physician	Order sheet) dated 9/16/23					
		cleanse sacral ulcer with NS					
		(normal saline), pat dry, and apply hydrocolloid					
	dressing Q (every) 72 hours and PRN (as						
	needed) for sacral ulcer. Order date 9/16/23, start						
	date 9/16/23.						
	D1 DOC (nhusisian	Order check) deted 0/26/22					
		R1 POS (physician Order sheet) dated 9/26/23					
	denotes orders for cleanse sacral ulcer with NS (normal saline), pat dry, and apply medi-honey						
	with foam dressing, every 72 hours for sacral						
	ulcer. Order date 9/26/23, start date 9/26/23.						
	Review of R1 POS there is no wound care						
		treatment orders noted prior to 9/16/23, although					
	R1 wound assessment details denotes R1 wound						
	was identified on 9/	(11/23.					
	R1 POS (physician	order sheet) does not denote					
		orders for calcium alginate, R1 POS does not					
		inc 20%, R1 POS does not					
	denote orders for b	enzoin. R1 POS denotes R1					
		ent was ordered on 9/26/23,					
	four days after orde	ered by the wound care doctor.					
	D1 TAD (treatment	administration record) for					
		administration record) for nd October 2023, there is no					
		nted for calcium alginate, there					
		sumented for zinc 20%, there is					
	no treatment docur						
	Facility policy titled skin prevention dated 1/2023						
	denotes in-part all residents will receive appropriate care to decrease the risk of skin						
		Irsing department will review					
		/readmissions to put a plan in n based on the resident's					
		rbidities, mental status, risk					
		her pertinent information.					
ois Donar	rtment of Public Health		1			1	

Ilinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		IL6004550	B. WING			C 30/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	F PALOS PARK	12220 S	OUTH WILL CO	OOK ROAD		
			PARK, IL 60464			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
S9999	Continued From pa	ige 14	S9999			
	denotes in-part drug upon a clean, comp person lawfully auth Documentation of t medication order is medical record with person receiving th on the physician order	physician orders dated 2/203 gs will be administered only olete and signed order of a norized to prescribe. he medication order: each documented in the resident's in the date and signature of the e order. The order is recorded der sheet and the Medication ord (MAR) or Treatment ord (TAR).				