llinois	De	partm	ent	of F	ublic	Health
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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003958			СОМ	E SURVEY PLETED C 18/2024
	ROVIDER OR SUPPLIER	10935 SO	DRESS, CITY, S UTH HALSTE , IL 60628	TATE, ZIP CODE ED STREET		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	COMPLAINT INVE	STIGATION:				
	2482756/IL171687					
S9999	Final Observations		S9999			
	Statement of Licen	sure Violations:				
	300.610a) 300.1210b) 300.1210d)1) 300.1630d)					
	Section 300.610 F	Resident Care Policies				
	procedures govern facility. The written be formulated by a Committee consist administrator, the a medical advisory c of nursing and othe policies shall comp The written policies the facility and sha	advisory physician or the ommittee, and representatives er services in the facility. The oly with the Act and this Part. s shall be followed in operating ill be reviewed at least annually documented by written, signed				
	Section 300.1210 Nursing and Perso	General Requirements for anal Care				
	care and services practicable physica well-being of the re each resident's co	shall provide the necessary to attain or maintain the highest al, mental, and psychological esident, in accordance with mprehensive resident care d properly supervised nursing				
ORATORY	tment of Public Health Y DIRECTOR'S OR PROVI ically Signed	DER/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE 05/01/24

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURV COMPLETED	
		IL6003958	B. WING		18/2024	
		10935 SC	DDRESS, CITY, S DUTH HALSTE			
MORGAN	N PARK HEALTHCAI	CHICAG	O, IL 60628			
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From p	age 1	S9999			
		care shall be provided to each ne total nursing and personal resident.				
	nursing care shall	o subsection (a), general include, at a minimum, the I be practiced on a 24-hour, c basis:				
		ns, including oral, rectal, venous and intramuscular, shall istered.				
	Section 300.1630	Administration of Medication				
	medication order prescriber shall be reasonable, depen	reason, a licensed prescriber's cannot be followed, the licensed e notified as soon as is nding upon the situation, and a the resident's record.	1			
	These requiremer	nts are not met as evidenced by	r:			
	review the facility resident's (R4's) p policy. This failure residents reviewe	ations, interviews and record failed to ensure that one bain was managed as per facility has affected one of four d for pain management and ure pain consistently at a level he pain scale.	/			
	Findings include:					
	not limited to: Mus muscle weakness	d with diagnosis including but scle wasting and atrophy, , fracture of orbit and traumatic age with loss of consciousness ration.				

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If continuation sheet 2 of 6

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		IL6003958	B. WING	C 04/18/2024		
		STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		10935 SO	UTH HALSTE			
MORGA	N PARK HEALTHCA	RF	, IL 60628			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLET DATE
S9999	Continued From p	bage 2	S9999			
		Brief Interview for Mental Status) h indicates cognitively intact.				
		ing investigation, R4 was bed with a frown on his (R4's)				
	Nurse Assistant) a	10:20 AM, V5 CNA (Certified asked for permission and rolled le to check his back.				
		d a Lidocaine patch on R4's e of 4/12/2023 written on it.				
		NA said, "It looks like R4's pain anged on 4/12/2024."				
	is about an 8 (on	22 AM, R4 said, "My pain level 1-10 pain scale). I don't recall atch for a couple of days now."				
	Nurse/LPN) said, pain of 8 out of 10 medication. R4 sa work much. I (V4) have on his lidoca patch is scheduler night shift nurses every morning at 6 which the patch w	PN (Licensed Practical "R4 complained to me of back and I gave R4 oral pain tid the oral medication doesn't wasn't aware that R4 did not time patch because the lidocaine d for the night shift nurses. The put R4's pain patch on his back 6 AM and write the date in as applied on the patch. I will request a stronger oral pain eded."				
	Nursing) said," R4 be applied at the t to per order. If R4 4/12/2023, that is	10 PM, V2 DON (Director of s pain patch should absolutely ime and day that it is supposed hasn't had a pain patch since a medication error. If a patients' ed, it could spike the vitals and				

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STATEMEN	epartment of Public	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY PLETED
IL6003958		B. WING			C 04/18/2024	
	PROVIDER OR SUPPLIER		DRESS, CITY, S	TATE, ZIP CODE		
NORGAN	N PARK HEALTHCAR	F	OUTH HALSTE D, IL 60628	DSTREET		
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLET DATE
S9999	uncomfortable whe Unmanaged pain of such as even eatin eat if they are in pa On 4/16/2024 at 17 Surveyor to R4's ro Upon checking, it v lidocaine patch on On 4/16/2024 at 17 doesn't have a pat put on his patch." On 4/16/2024 at 17 said that he (R4) w did not want the ac not work. R4's pain back and offer R4 nurse V15 (LPN) w coded the Lidocain the lidocaine was r note as to why V17 the medication is a cart." On 4/16/2024 at 17 offered me a pain V15 (LPN) was un	Accuse the patient is en pain is not managed. could affect their daily activities ig. A patient may not want to ain." I:23 AM, V13 (LPN) went with bom. was noted that there was no				
	R4's nurse on 4/13 scheduled to give	2:20 PM V17 (LPN) said, "I was 3 and 4/14 overnight shifts. I am R4's lidocaine patch at 6 AM d of my shift. R4 usually pain patch."				

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If continuation sheet 4 of 6

PRINTED: 06/05/2024 OVED

Health		FORM APPROV
(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
IL6003958	B. WING	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

STREET ADDRESS, CITY, STATE, ZIP CODE

MORGAN PARK HEALTHCARE

Illinois Department of Public Health

10935 SOUTH HALSTED STREET

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4	S9999		
	Surveyor asked if V17 administered R4's pain patch on the mornings of 4/14/2024 and 4/15/2024.			
	On 4/17/2024 at 12:25 PM V17 (LPN) said, "I think that maybe I was moving too fast and forgot to put the lidocaine patch on R4's back. I did sign the medication out, but I don't remember giving the medication."			
	On 4/18/2024 at 4:11 PM, V20 (Nurse Practitioner) said, "I was just informed that R4's pain is consistent. I have scheduled an oral medication for R4 to take daily. If the pain is not managed, it could cause frustration and worsened back pain."			
	R4's Physician Order Sheet documents, Lidocaine patch 5% apply to lower back topically in the morning for pain 3/10/2024 through 4/15/2024; Lidocaine patch 5% apply to lower back topically one time daily for pain 4/16/2024 through current.			
	R4's Medication Administration Record documents, No documentation of Lidocaine patch administered on 4/13/2024; V17 (LPN) documented that Lidocaine patch was administered on 4/14/2024 and 4/15/2024; V15 (LPN) documented '9' for Lidocaine patch on 4/16/2024.			
	R4's care plan documents, Focus: alteration in comfort secondary to pain. R4's pain related to lower back pain; Goal: R4 will be free of pain as evidenced by R4's subjective statement; R4 is at increased risk for alteration in pain/discomfort; Interventions: administer analgesic medication as ordered per plan of care.			

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If continuation sheet 5 of 6

Illinois E	Department	t of Public	Health
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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		COMF	E SURVEY IPLETED	
		IL6003958	B. WING		04/	18/2024	
AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE			
ORGA	N PARK HEALTHCAP	 	OUTH HALSTE O, IL 60628	ED STREET			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
\$9999	R4's pain level sur pain level of 10 on level of 8 on 1-10 s on 1-10 scale. R4's Pain Review R4 has had pain in constantly; pain lev prescribed pain me effective and decre a 1-10 pain scale. Facility policy titled Assessment docum necessary comfort independence and optimizing their ab	nmary documents, 4/13/2024 scale of 1-10; 4/15/2024 pain scale; 4/16/2024 pain level of 8 dated 4/15/2024 documents, in the last 5 days almost vel of 8 on a 1-10 scale; current edication Lidocaine patch eases pain from an 8 to a 3 on I Pain Management and ments, residents will receive t, exercise greater I enhance dignity through ility to perform activities of daily ent centered individualized					

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