STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015168	A. BUILDING: _____ B. WING _____	C 05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL OF NORTHBROOK, THE	3300 MILWAUKEE AVE. NORTHBROOK, IL 60062

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation 2493628/IL172923	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)3) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015168	A. BUILDING: _____ B. WING _____	C 05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL OF NORTHBROOK, THE	3300 MILWAUKEE AVE. NORTHBROOK, IL 60062

(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 1 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 following and shall be practiced on a 24-hour, seven-day-a-week basis: 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 are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. These requirements were not met as evidenced by: Based on interviews and record reviews, the facility failed to provide effective supervision to	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015168	A. BUILDING: _____ B. WING _____	C 05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL OF NORTHBROOK, THE	3300 MILWAUKEE AVE. NORTHBROOK, IL 60062

(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 2	S9999		

prevent an avoidable fall for one resident (R1) exhibiting increased confusion/agitation/wandering due to dementia and low blood sugar levels. This affected one of three residents (R1) reviewed for fall prevention. This failure resulted in R1 being involved in a fall incident sustaining a right femur fracture.

Findings include:

R1's medical record notes R1 with diagnoses including, but not limited to, diabetes, unsteadiness on feet, abnormalities of gait and mobility, lack of coordination, and weakness.

R1's MDS (minimum data set), dated 3/14/24, notes R1's BIMS (brief interview of mental status) score was 5 out of 15. R1 required partial assistance with bed mobility. R1 required substantial assistance with toileting, transfers, and bathing. Per CMS (Centers for Medicare and Medicaid Services) a BIMS score 0-7 notes severe cognitive impairment.

R1's care plan, initiated 3/8/24, notes R1 is at risk for falls related to gangrene left toes, unsteadiness on feet, abnormalities of gait and mobility, lack of coordination, weakness, and reduced mobility.

R1's physical therapy evaluation, dated 3/8/24, notes R1 presents with balance deficits, body awareness deficits, decreased static/dynamic balance, and strength impairments.

On 5/15/24 at 2:05 PM, V5 (Rehabilitation Director) stated R1 was receiving physical therapy from 3/8/24 - 4/9/24. V5 stated R1 was able to walk with a front wheeled walker and contact guard assistance. V5 stated R1 was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015168	A. BUILDING: _____ B. WING _____	C 05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL OF NORTHBROOK, THE	3300 MILWAUKEE AVE. NORTHBROOK, IL 60062

(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 3	S9999		

able to walk without a walker. V5 stated R1 needed verbal cues for hand placement on walker with ambulation.

On 5/15/24 at 2:30 PM, V4 CNA (certified nurse aide) stated V4 was working on the other wing of the nursing unit. V4 stated V4 went onto the wing R1 resides on and was looking for the lift device. V4 stated V4 observed the lift device halfway down the hall near R1's room and retrieved it. V4 stated V4 heard something as he was pushing the lift device near the nurses' station. V4 stated when he looked back, he saw R1 on the floor by a resident's door. V4 stated he was not sure if was R1's room or not. V4 stated he was not paying attention to the surroundings prior to R1's fall. V4 denied seeing a walker near R1.

On 5/15/24 at 2:45 PM, V3 RN (registered nurse) stated on 4/10 about 8:00 PM, V3 heard a commotion and saw V4 CNA with R1. V3 stated R1 was laying on the floor halfway in another resident's room and halfway in hall. V3 stated V3 did not know R1 walked, R1 was usually in bed or wheelchair when V3 works. V3 stated on day R1 was more confused than usual. V3 stated R1 was looking for her brother. V3 stated prior to 4/10, R1 was alert and oriented x 1-2. V3 stated V3 was not informed by off-going nurse of R1's increased confusion. V3 stated prior to the fall, R1 was sitting in wheelchair in her room. V3 denied seeing a walker in R1's room or near R1 at time of fall.

On 5/16/24 at 1:30 PM, V8 NP (nurse practitioner) stated residents have dementia and are experiencing hypoglycemia might not be able to tell staff how they are feeling. V8 stated with these residents must rely more on what resident exhibits. V8 stated these residents will exhibit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015168	A. BUILDING: _____ B. WING _____	C 05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL OF NORTHBROOK, THE	3300 MILWAUKEE AVE. NORTHBROOK, IL 60062

(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		

agitation and increased confusion. V8 stated R1's blood sugar was low on 4/10, it was 37. V8 stated she held R1's insulin to see if R1's agitation and confusion would improve. V8 stated residents with dementia may also exhibit sundowning (increased confusion and restlessness) in the evenings. V8 stated R1's dementia, hypoglycemia, and sundowning contributed to R1's fall.

On 5/16/24 at 2:40 PM, V7 CNA stated V7 worked 3:00 PM -11:00 PM shift on 4/10/24. V7 stated R1 was having more that confusion day. V7 stated earlier in shift, R1 was wandering on the nursing unit looking for her brother. V7 stated R1 was able to self-propel in wheelchair. V7 stated before dinner V3 RN instructed V7 to bring R1 to her room. When questioned if R1 preferred to eat meals in her room rather than in the dining room, V7 responded, "No, it is just the routine". V7 denied R1 exhibiting any wandering behaviors prior to day. V7 stated V7 was just finishing his dinner break when another CNA got him and informed him R1 fell. V7 stated R1 stated she was looking for her son, R1 heard his voice and thought he was in the other room. V7 stated after V3 assessed R1, V3 instructed V7 to put R1 in bed. V7 denied seeing a walker in R1's room or near R1 at time of fall.

R1's hospital medical record, Hospital record, dated 4/10/24-4/13/24, notes x-ray of R1's right hip shows an acute valgus (deformity in which an anatomical part is turned outward to an abnormal degree) impacted fracture of the right femoral neck. No evidence of dislocation. Mild degenerative changes in the hips. On 4/11/24, R1 was taken to surgery for repair of fracture.

R1's medical record, dated 4/10/24 at 2:36pm, V6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6015168	A. BUILDING: _____ B. WING _____	C 05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL OF NORTHBROOK, THE	3300 MILWAUKEE AVE. NORTHBROOK, IL 60062

(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 5 LPN (licensed practical nurse) noted R1 has been confused and agitated since yesterday (4/9/24). R1's medical record, dated 4/10/24 at 2:45pm, V8 NP (nurse practitioner) notified by V6 LPN R1 has been confused and agitated since yesterday evening. R1 seen in dining room. Confused. Believes her sister/family members are in the room and need help. Needs frequent orientation as she is trying to get up. Glucose 37 (normal range is 70-99) on laboratory results this morning; point of care glucose 75 at 6:00 AM. Confusion likely related to hypoglycemia; will consider urinalysis if there is no improvement. R1's medical record, dated 4/10/24 at 7:40 PM, V3 RN noted V3 was about to pass bedtime medications when V3 found out from another CNA, V4, R1 was on the floor. Found out R1 was lying on her back in another resident's room. Both upper and lower extremities extended. R1's wheelchair was in R1's room and R1 walked alone going to the other resident's room. R1 was asked if she hit her head and she said yes but it's not painful. No injuries noted except for a small scratch on R1's elbow. Range of motion of both upper and lower extremities adequate. Physician was notified and ordered to send R1 to the hospital. (A)	S9999		