Illinois Department of Public Health

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			X3) DATE SURVEY COMPLETED		
	IL6014377		B. WING			C 02/11/2025		
					STATE, ZIP CODE	02/	11/2023	
	SERENITY ESTATES OF LINCOLNSHIRE 150 JAMESTOWN LANE							
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
S 000	Initial Comments			S 000				
	Complaint Investiga 2511055/IL186077	ation Survey						
S9999	Final Observations			S9999				
	Statement of Licens	sure Violations						
	300.1210a) 300.1210b)							
	Section 300.1210 Nursing and Persor		nents for					
	a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)							
	b) The facility shall and services to atta practicable physical well-being of the re- each resident's con plan. Adequate and care and personal of	nin or maintain the I, mental, and psy sident, in accorda nprehensive resid I properly supervis	highest chological nce with ent care sed nursing					
	tment of Public Health Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRES	SENTATIVE'S SIG	NATURE	TITLE		(X6) DATE	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed 02/28/25

TITLE

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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
IL6014377		7	B. WING			C 11/2025	
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , ,	
				ESTOWN LAI			
SERENI	TY ESTATES OF LINC	OLNSHIRE		SHIRE, IL 60			
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	(X5) COMPLETE DATE		
S9999	Continued From pa	ae 1		S9999			
	resident to meet the	e total nursing a	and personal				
	These requirement by:	s were not met	as evidenced				
	Based on observation, interview, and record review the facility failed to ensure a residents pain was managed for 1 of 4 residents (R1) reviewed for pain in the sample of 4. This failure resulted in R1 experiencing severe pain.						
	Findings include:						
	On 2/11/25 at 10:15 hallway of the facility for her nurse. R1 sher medicine espect Reliever). R1 said had part of her storn has severe stomac way she can eat so the facility runs out is always different erenew it, the medicinew doctor took ow said they try to give help the pain. R1 shorco for years. Revery 8 hours. It all have pain every sin (2/10/25) I spent all to unit looking for a They didn't order it left. The pain got so know what to do and to call the "State" so she would give it to blace to go and to the said to said the said t	ty. R1 said she has prosially her Norco she had stoma nach removed. It has been been been been been been been bee	was looking oblems getting (Narcotic Pain ch cancer and R1 said she co is the only at pain. R1 said at time and there is forgot to ered yet, or a have it yet. R1 iich doesn't en taking take the Norco solid food. I fe. Yesterday ound from unit ne my Norco. dn't have any wing. I didn't eme a number en urse told me d 2 more				
	places to go and then 30 minutes goes by and then an hour, and an hour and a half and still no						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
, and i do a d			A. BUILDING:		C	
		IL6014377	B. WING			1/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
SERENI	TY ESTATES OF LINC	:OLNSHIRE	ESTOWN LAN ISHIRE, IL 60			
(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)	ILD BE	(X5) COMPLETE DATE
S9999	medicine. They tree what they want, they up the ladder and they want they want they want to do. They do this morning so I go when it runs out ago. On 2/11/25 at 11:10 said the pharmacy per day. V2 said nor refills directly from V2 said nurses show when there is around and should not wait completely deplete. Norco is available it system. V2 said as order, the nurses comedication system has not been deliver medications should not wait completely deplete.	eat it like it's a cookie and if I do ey will give it to me. I tried to go alk to the Director of Nursing would look into it. I don't know lid get my medicine delivered ot my Norco, but what happens				
	concerns and there pharmacy deliveried On 2/11/25 at 11:20 Nurse (LPN) said FPM. V4 said yeste she was in pain. Very give to her, there we cart. V4 said R1 we that she give her NLPN always gives it that I didn't know he does, so I told her the left and came back given R1 Norco frosaid she doesn't has	e has been no issues with state that she is aware of. O AM, V4 Licensed Practical R1 takes Norco in the AM and rday R1 came to me and said 4 said she didn't have Norco to as no medication card in the as upset and kept insisting forco and was saying that V5 to her. V4 stated "I told R1 ow and R1 kept saying V5 to go find V5 then." V4 said R1 with V5 who said she had am the medication supply. V4 ave a key or access to the back oly, only the Supervisor does.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		IL6014377		B. WING			C 11/2025	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET AD				STATE, ZIP CODE			
SERENII	SERENITY ESTATES OF LINCOLNSHIRE 150 JAMESTOWN LANE							
OLIVEIVII	T LOTATEO OF EINO	O ENGINICE	LINCOLN	SHIRE, IL 60	0069			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE	D BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 3		S9999				
\$9999	V4 said she was not the back up medical wasn't sure if the N the doctor needs to Norco. V4 said the pharmacy. V4 said V6 Nurse Practition pharmacy. V4 said morning. On 2/11/25 at 12:07 on another unit yes a Norco. V5 said R give her Norco. V5 from the back up mother day, even tho R1, she gave R1 h the back up medical Norco for stomach V5 said R1 knows writes down when swhen 8 hours is up V5 said if R1 has a medication form the try to find me. V5 smedication when shave access to the but not all. V5 said access, there is alwed duty that can access supply. On 2/11/25 at 1:07 said R1 has chronic and takes Norco fo aware that R1 takes effective at relieving the said takes to the said takes of the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective at relieving the said takes that R1 takes effective that R1 takes effective that R1 takes effective the said takes that R1 takes effective that R1 takes eff	of oriented on horation supply. V4 orco got sent for sign a script in of script is then ser she printed a script is then ser she printed a script is and the R1's Norco was If PM, V5 said she terday and R1 cat told her the nusaid she gave Fredication supply ugh she was not er Norco twice that on supply. V5 pain from stomather she can have takes it, so she takes	said she a refill, but order to refill at to ript and had en sent it to delivered this e was working ame to her for urse wouldn't an Norco assigned to nat day from said R1 takes ch cancer. It is and he knows we another. If her some nurses tion supply, sn't have hervisor on edication ractitioner ach cancer aid she is y and it is said R1	S9999				
	should get Norco to relieves R1's pain and make R1 comfortable. V6 said the expectation is for R1's Norco to be given as ordered which is every							

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
IL6014377		B. WING		I	C 02/11/2025		
SERENITY ESTATES OF LINCOLNSHIRE 150 JAME			DDRESS, CITY, STATE, ZIP CODE ESTOWN LANE ISHIRE, IL 60069				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
\$9999	8 hours as needed. R1's Electronic Medwritten prescription Hydrocodone - APA (N-acetyl-para-amir (milligrams) Give 1 as needed for seve prescription shows R1's Controlled Dru Tablet for Hydrocod (Norco) shows the contained 21 tablets last tablet was on 2 R1's Controlled Dru Tablet for Hydrocod the order was dated tablets. This same given was on 2/11/2 R1's Medication Ad February 2025 show on 2/10/25 until 8:3 by V5. R1's Minimum Data shows R1 has a dia other malignant neo cognitively intact, a and as needed pair same MDS shows I rated at a level of 7 limits day to day ac R1's Care Plan data	dical Records contains a dated 1/27/25 for NP mophenol) 10-325 mg tablet by mouth every 8 hours re pain. This same "dispense 30, refills 3." ag Administration Record lone- APAP 10-325 mg order was dated 1/28/25 and s. This same form shows R1/7/25 at 2:00 PM. ag Administration Record lone- APAP 10-325 mg shows di 2/10/25 and contained 27 form shows the first does 25 at 6:00 AM. aministration Record for ws R1 did not receive Norco 7 PM and was administered a Set (MDS) dated 12/31/24 agnosis of personal history of oplasm of the stomach, R1 is and R1 receives scheduled a medication for pain. The R1 has occasion pain, highest, and the pain occasionally tivities.					
	for pain (Acute or Chronic) related to diagnosis of chronic pain syndrome with interventions to provide analgesic as ordered."						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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IL6014377	B. W	WING			1/2025	
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS	SS, CITY, ST	TATE, ZIP CODE			
SERENITY ESTATES OF LINCOLNSHIRE	150 JAMESTON LINCOLNSHIR					
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S9999 Continued From page 5	S99	9999				
The facility's Resident Council Minute 12/26/24 shows "Issues waiting for parties few hours. Regular medications runn stock." The facility's Resident Council Minute 1/31/25 shows "Concerns with out of medications and how we follow up." The facility's Pain Management dates shows "In order to help a resident att maintain his/her highest practicable to physical, mental and psychosocial we to prevent or manage pain, the facility recognize when the resident is experand identify circumstances when the anticipated and Manage or prevent p consistent with the comprehensive as and plan of care, current professiona of practice, and the resident's goals a preferences."	es for ain meds-a ning out of es for stock d 10/23/24 ain or evel of ell-being and y will: iencing pain pain can be ain, ssessment I standards					

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