

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/06/2025
NAME OF PROVIDER OR SUPPLIER LAKEWOOD NRSG & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE PLAINFIELD, IL 60544		
(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 2570870/IL185535	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)2) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. 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	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

02/20/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/06/2025
NAME OF PROVIDER OR SUPPLIER LAKEWOOD NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE PLAINFIELD, IL 60544		
(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 resident to meet the total nursing and personal care needs of the resident. 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: 2) All treatments and procedures shall be administered as ordered by the physician. These Requirements were not met as evidenced by: Based on interviews and record reviews, the facility failed to provide timely tracheotomy (trach) care to a resident with a tracheotomy that required suctioning as needed to maintain the airway and Oxygen levels. This failure has caused severe respiratory distress, oxygen desaturation, and the need for hospitalization. This applies to 1 of 3 residents (R1) reviewed for respiratory care and treatment in a sample of 3. The findings include: R1 is a 73-year-old male admitted on 1/14/25 with an admitting diagnosis including cerebral infraction, hemiplegia, chronic respiratory failure, tracheotomy (trach), and gastrostomy. On 2/4/25 at 12:10 PM, V12 (Licensed Practical Nurse/LPN) stated that she cared for the trach resident R1 last week, who is admitted to the hospital now. V12 said R1 requires a lot of care, including oral and trach suctioning, and that she had to suction R1 thrice during her shift. V12 added that R1 was nonverbal but could nod or	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/06/2025
NAME OF PROVIDER OR SUPPLIER LAKEWOOD NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE PLAINFIELD, IL 60544		
(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 thump up with the caregiver's questions. The health status progress note dated 1/27/25 at 2:33 AM documents that R1 was noticed with breathing difficulty using the accessory muscle at 01:50 AM, having oxygen saturation of 86% (low levels) with oxygen delivery at 10 liters per minute. 911 was called, and R1 was transported to the nearest hospital. On 2/4/25 at 1:50 PM, V10 (Registered Nurse/RN) stated, "I took care of R1 during the afternoon shift on 1/26/25. I can't tell how many times I suctioned his trach during my shift on 1/26/25. R1 is a difficult resident to care for, and we had to provide oral and trach suction as needed. I really take care of him during my shift. We have so many agency nurses working here. The nurse I endorsed R1's care on the 1/26/25 night shift was also from the agency (V11)." On 2/5/25 at 11:10 AM, V8 (R1's Certified Nursing Assistant/CNA on the 1/26/25 night shift) stated, "The nurse (V11) is the one who found R1 with respiratory distress. I made my rounds at 1:00 AM, and he was sleeping with little breathing noise from the trach. But he was fine as that was his normal. I don't know if V11 suctioned him after she found him in respiratory distress. She called 911 to send him out to the local hospital." On 2/4/25 at 11:35 AM, V3 (Fire Department EMS coordinator) stated, "I got a report from my crews. According to my crews, R1 was in severe respiratory distress and was struggling for breath with low oxygen saturations. R1 was a trach patient who was taken to hospital via 911 two times in two weeks. We need to provide extensive suctioning at both times. He had so much mucus and secretion, and the suction	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/06/2025
NAME OF PROVIDER OR SUPPLIER LAKEWOOD NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE PLAINFIELD, IL 60544		
(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 wasn't done properly. On 1/27/25, R1's roommate said that R1 was struggling for almost an hour and thirty minutes, and nobody made rounds or cared for him." On 2/5/25 at 1:35 PM, V4 (Fire Department Lieutenant) stated, "When we got there, no staff was present in R1's room. It was just R1 and his roommate. R1 was in poor condition with respiratory distress. The nurse told us that R1 had difficulty breathing for five minutes, but the roommate said R1 had been struggling to breathe for an hour to an hour and thirty minutes. We suctioned R1 and a significant amount of secretions came out. His oxygen saturation improved from the low 70s to the mid-90s. I did not see a mucus plug, but I heard from colleagues verbalizing it." On 2/5/25 at 12:00 PM, V5 (Fire Department Crew) stated that R1 was in respiratory distress when he arrived. R1 had been struggling so long that he looked tired of breathing. V5 continued that he didn't think the nurse had suctioned his trach and mouth, and she wasn't even there in R1's room when his team arrived. V5 also stated that the facility seemed disorganized, and V5 and his team suctioned R1's trach; a good amount of secretion came out. As soon as they suctioned him, he was much improved, and a mucus plug came out when they suctioned R1 in the ambulance. V5 added that R1's oxygen saturation improved from below 80 to over 95%, and R1's skin color returned to normal. On 2/5/25 at 1:10 PM, V6 (Fire Department Crew) stated, "The nurse (V11) was not even in his room. R1 had a very difficult time breathing, and his right leg was hanging on the right side of his bed. His oxygen saturation was only mid-70s. He	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/06/2025
NAME OF PROVIDER OR SUPPLIER LAKEWOOD NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE PLAINFIELD, IL 60544		
(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 was breathing through the mouth; his trach was occluded. There were blood-tangled secretions on his pillow, and his trach mask was not connected to the oxygen tubing; it was disconnected. The nurse didn't mention anything about whether she had suctioned R1 or not. She said R1 had breathing difficulty for 5 minutes, and she left after handing over the paperwork. R1 roommate told my colleagues that R1 had been struggling to breathe for 60-90 minutes." On 2/5/25 at 2:45 PM, V9 (Nurse Practitioner/NP) stated, "R1 has been on trach, ventilated, and had respiratory issues. He requires mouth and trach suction. Staff should suction as needed. If a trach resident is having breathing difficulties and oxygen is below 90, I would expect staff to suction his trach and mouth and call 911, as he is in respiratory distress." On 2/4/25 at 1:05 PM, V2 (Director of Nursing/DON) stated that R1 was producing a lot of secretions, and they had suction set up at the bedside to suction him. V2 continued that on 1/26/25, at midnight, an agency nurse (V11) took over R1's care, and a couple of hours later, V11 called my ADON (Assistant Director of Nursing) and called 911 due to R1 being tachycardic and using accessory muscles to breathe. V2 added that she didn't have any documentation proving that V11 suctioned R1 while he struggled to breathe. The order was to suction as needed. On 2/5/25 at 11:50 AM, V2 also stated that if she sees a resident with a trach is having breathing difficulties and if oxygen is below 90%, she will suction him to improve his oxygen level. R2 (R1's roommate on 1/26/25) is a 72-year-old male admitted on 12/11/24 with cognition intact as per the MDS dated 12/17/24.	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/06/2025
NAME OF PROVIDER OR SUPPLIER LAKEWOOD NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE PLAINFIELD, IL 60544		
(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 On 2/4/25 at 12:30 PM, R2 stated, "R1 was his roommate on 1/26/24 when he transferred to the hospital. R1 was gaging and choking that night. Sometimes they suction him, and sometimes they don't. The afternoon shift nurse (V10) tried to suction him. He was coughing with bloody sputum. The night nurse was from an agency, and she was not qualified to suction R1. She called 911. R1 might have had that breathing difficulty for 30-90 minutes." On 2/5/25 at 10:00 AM, R2 added, "When R1 was having breathing difficulty on 1/27/25 in the early morning, the CNA (V8) called the nurse (V11), and she came in, and I don't remember if V11 suctioned R1. R1 was making some specific unusual sounds with a mouthful of phlegm. The night nurse (V11) was from the agency. R1 was suctioned during the previous shift by V10. V11 told the EMS (Emergency Medical Service) that R1 had breathing difficulty for 10 minutes. But he had that difficulty for 30-60 minutes." A review of R1's care plan documents that R1 was care planned for shortness of breath related to respiratory failure, with interventions including maintaining a clear airway by encouraging the resident to clear their own secretions with effective coughing. If secretions cannot be cleared, suction as needed to clear them. The facility provided Tracheotomy Care policy (revised June 2005) document: Provide tracheotomy care as often as needed, at least once per shift, and PRN. On 2/5/25 at 10:40 AM, V13 (Ombudsman) stated that she receives many complaints from residents. The fire department called her and	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005235	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/06/2025
NAME OF PROVIDER OR SUPPLIER LAKEWOOD NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 14716 S EASTERN AVENUE PLAINFIELD, IL 60544		
(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 6 reported that the facility was not suctioning R1, causing severe respiratory distress and hospitalization. (A)	S9999			