(X6) DATE

(X3) DATE SURVEY

Illinois Department of Public Health

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	.ETED
		IL6009120	B. WING		C 02/2 4	4/2025
	PROVIDER OR SUPPLIER	1021 WES	DRESS, CITY, S BT E STREET LLE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 Investiga 2541375/IL186630 2541220/IL186356	itions:				
S9999	Final Observations		S9999			
	a) The facility sprocedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conformed and other policies shall complete the facility and shall by this committee, cand dated minutes of the facility and shall by this committee, cand dated minutes of the facility and shall by this committee, cand dated minutes of the facility and shall by this committee, cand dated minutes of the facility and shall by this committee, cand dated minutes of the facility and shall by this committee, cand dated minutes of the facility and shall by this committee, cand dated minutes of the facility and shall be called t	esident Care Policies shall have written policies and ng all services provided by the policies and procedures shall Resident Care Policy ng of at least the dvisory physician or the smmittee, and representatives r services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually documented by written, signed of the meeting.				
	b) The facility scare and services to practicable physical well-being of the reseach resident's complan. Adequate and care and personal of	General Requirements for hal Care shall provide the necessary of attain or maintain the highest of attain and psychological sident, in accordance with aprehensive resident care properly supervised nursing eare shall be provided to each a total nursing and personal				
	tment of Public Health	, total haroling and personal				

(X2) MULTIPLE CONSTRUCTION

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

03/20/25 **Electronically Signed**

TITLE

STATE FORM 6899 If continuation sheet 1 of 11 5EU311

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION		E SURVEY PLETED	
		IL6009120	B. WING02		l l	C 24/2025
NAME OF	PROVIDER OR SUPPLIER		<u>I</u>	STATE, ZIP CODE	021	24/2025
	L'S SENIOR COMMUN	1021 WF	ST E STREET			
31 FAUL	I	BELLEVI	LLE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 1	S9999			
	care needs of the r	esident.				
	nursing care shall i	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:				
	2) All treatments and procedures shall be administered as ordered by the physician.					
	These Regulations	are not met as evidenced by:				
	review the facility fa needs met current (R1, R2, R4, R5, R care. This failure re chest pain and tigh	ion, interview, and record ailed to ensure respiratory care standards of practice for 5 of 6 of reviewed for respiratory esulted in R1 experiencing tness, shortness of breath and saturations after R1 did not bulizer treatments.				
	Findings include:					
	diagnoses of, in pa heart failure (CHF)	to the facility on 2/11/25 with rt, acute on chronic congestive , lymphedema and chronic ary disease (COPD).				
		a Set (MDS) dated 2/18/25, cognitively intact, and is on				
	has oxygen therapy (SOB); R1 has pne ordered, monitor/do effectiveness; R1 h give nebulizer treat ordered, monitor fo	ed 2/18/25 documented R1 y related to shortness of breath umonia, give medications as ocument for side effects and has asthma related to COPD, ments and oxygen therapy as or signs and symptoms of attack: coughing spells,				

Illinois Department of Public Health

STATE FORM 5EU311 If continuation sheet 2 of 11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		IL6009120	B. WING		02/2	24/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CT DALII	IS SENIOD COMMUN	1021 WFS	T E STREET			
ST PAUL	'S SENIOR COMMUN	BELLEVIL	LE, IL 6222	0		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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	Continued From pa	ge 2	S9999			
	decreased energy, chest tightness or h breath, tightness of malaise or fatigue; aerosol or bronchoo monitor/document a	rapid breathing, complaint of jurting, wheezing, shortness of neck or chest muscles, and R1 has COPD, give dilators as ordered,				
	Solution 0.5-2.5 (3) (Ipratropium-Albute	pium-Albuterol Inhalation				
	documented on 2/1 LPN, V19, LPN, and treatments. R1's broat 12:00 PM and 6:0 administered by V1 on 2/18/25 at 12:00 documented as addr breathing treatment documented as addr breathing treatment	ministration Record (MAR), 7/25 through 2/20/225, V14 d V20 LPN gave R1 breathing eathing treatments on 2/17/25 00 PM were documented as 4. R1's breathing treatments AM and 6:00 AM were ministered by V19 LPN. R1's ton 2/19/25 at 6:00 AM was ministered by V19. R1's is on 2/20/25 at 12:00 AM and mented as administered by				
	Nurse (LPN), went her breathing treath need some time ge because it is a new treatment she's receiving oxygen via was set to 3(liters)L had not received a facility yet, she had	PM, V4, Licensed Practical into R1's room to administer nent. V4 stated she would tting the supplies together order and would be the first eived at the facility. R1 was a nasal cannula and her tank At this time, R1 stated she breathing treatment at the gotten some while in the I feels like it would help her.				

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STATE FORM 5899 5EU311 If continuation sheet 3 of 11

	IT OF DEFICIENCIES		(V2) MULTIPL	E CONSTRUCTION	(V2) DATE	CLID\/EV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	LETED
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		II 6000420	B. WING		00/0	
		IL6009120	D. WIIIO		02/2	4/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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		BELLEVIL	LE, IL 6222	0		
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S9999	Continued From pa	ge 3	S9999			
	room after getting a R1's breathing treat feeling constricted i now. R1 had her righer chest felt heavy for 3milliters(mL) of to be given over 10-administered the br stated she was not treatments were to not told they hadn't noticed the orders the first to get them was not feeling wor treatment was com. On 2/19/25 at 10:30	PM, V4 went back to R1's all the supplies she needed for timent. R1 stated she had in her chest for a few days with hand over her chest stating it. V4 stated the orders were breathing treatment solution -15minutues for five days. V4 eathing treatment to R1. V4 aware the breathing be started yesterday and was been given. V4 stated she oday and assumed she was . At 1:35 PM, R1 stated she se after the breathing pleted but not much better.				
	morning. R1 stated charted giving me n know it wasn't done to complain becaus assistant) don't care remember anyone oyet either. R1 stated am but she was fee now.	eatment but did not get it this , "The nurse might have my breathing treatment, but I ". R1 stated she doesn't like te the CNAs (certified nursing te. R1 stated she doesn't checking her vital signs today d the less I say the better off I eling lightheaded and tired				
	oxygen level and re was receiving 2L of reported to V6 her of her breathing treatn	O AM, V6, LPN checked R1's eported it to be 93% while R1 oxygen via nasal cannula. R1 chest felt tight and did not get nent this morning. V6 told R1 er orders and get her				
		7 AM, V4, LPN, stated she missed her breathing				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			, 20.22			;
		IL6009120	B. WING			4/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPROFIDERICIENCY)	D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 4	S9999			
	On 2/20/25 at 10:03 get her breathing tr at 6:00 AM. R1 stat and reported it to th and still hasn't beer	aing, the nurse did not report off. B AM, R1 stated she did not eatment again at midnight or led she was having chest pain lie CNA about 44 minutes ago in seen. R1's oxygen was set to ula at this time. R1 does not				
	have orders for oxygen to be given or orders on the settings it should be at. On 2/20/25 at 10:06 AM, this surveyor reported					
	R1's complaints of and V14 LPN. V14 reported anything to pain. V14 stood up vitals sign monitor. temperature, 131/6 saturation, 125 hea shortness of breath having audible whe R1 to take some dedose of her albuter rather get her breat she missed her oth and came back witl got readings of 100 heart rate of 72. V1 crackled but did no stethoscope. V14 s off report to her did breathing treatment provider about her	chest pain to nurses V6 LPN stated V13 CNA had not of her about R1 having chest and went to R1's room with R1's vitals were 98.2 blood pressure, 88% oxygen it rate with reports of in feeling uncomfortable and ezes while breathing. V14 told eep breaths and offered her a fol inhaler. R1 stated would ching treatment instead since eer doses earlier today. V14 left in a different pulsometer and woxygen saturation with 4 stated R1's lungs were to listen to them with a tated the nurse that gave hand not mention R1 missed any its. V14 told V6 to contact R1's findings.				
	the staff should be treatments as orde	5 PM, R1 stated she feels like giving her breathing red, if they had been I might w but my chest still feels				

heavy. V14 came in and checked R1's oxygen
Illinois Department of Public Health

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.			,
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NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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\$9999	was set at 1.5L. V1 after her readings. after being placed of going to notify the complete of the property of of	I them to be 76%. R1's oxygen 4 changed R1's oxygen to 3L R1 had a saturation of 82% on 3L. V14 stated she was doctor. PM, V2, DON, stated V19 her breathing treatments but minister them. V2 stated she because R1 is cognitively with rese told her she had pulled them and had it ready to go, given but forgot to give it. V2 of if she charts it given, then she live it. V2 stated she expects accurately. V2 stated she was stely honest, on 2/17/25 the ts hadn't been started if V4 new supplies to administer it. AM, V18, R1's Nurse she would expect the facility cations to R1 as ordered and if over half the amount of ts to be notified of that also. Athing treatments were ordered oute breathing issue with the volume of the control of the con	S9999			
	diagnoses of, in pa	rt, congestive heart failure, mia, and chronic obstructive				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN			A. BUILDING:			
		IL6009120	B. WING C 02/24/		, 4/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ST PAUL	'S SENIOR COMMUN	ITY	ST E STREET LLE, IL 6222			
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S9999	Continued From pa	ge 6	S9999			
	moderately cognitive R2's Care Plan date has oxygen therapy monitor for signs and distress and report needed (PRN): Resultant Increased heart rate Diaphoresis, Heada Atelectasis, Hemop Accessory muscle to oxygen (O2) via nas	ed 2/17/25 documented R2 related to CHF and to nd symptoms of respiratory to medical doctor (MD) as spirations, Pulse oximetry, e (Tachycardia), Restlessness, aches, Lethargy, Confusion, tysis, Cough, Pleuritic pain, usage, Skin color; R2 has sal prongs/mask; R2 has				
	aerosol or bronchod monitor/document a effectiveness; R2 h status/difficulty brea respiratory therapy. R2's orders dated 2	any side effects and as altered respiratory athing related to chronic				
	On 2/20/25 at 9:42 directly across the hwith his door wide cattached to his face looking out his wind could hear an oxygofrom the hallway. Usurveyor observed R2's nasal cannula set to 3L laying on the hallway on the hallway.	AM, R2 was in his room nall from the nurse's station open, no nasal cannula was a. This surveyor observed R5 low in his wheelchair and en concentrator turned on pon entering R2's room, this hooked up to the concentrator he floor.				
	position with his nas At 10:22 AM, V10, I	O AM, R2 was in the same sal cannula lying on the floor. Physical Therapy, came to on. V10 removed R2's nasal				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		IL6009120	B. WING		02/2	4/2025
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
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(VA) ID	STIMMA DV STA	TEMENT OF DEFICIENCIES	LE, IL 6222			(VE)
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S9999	Continued From pa	ge 7	S9999			
	cannula from his conthe empty tank on the empty tank on the 10:25 AM, R2 was shallow breaths. The CNA, check R2's or leaving to physical oxygen levels and wasked R2 via a conhaving trouble breath V11 hooked R2 backed R2 from the before leaving him room alone after has at 50% and reports notifying his nurse, with one oxygen tar she is going on breath 10:25 AM, R2 was a she is going on breath 10:25 AM, R2 was a she is going on breath 10:25 AM, R2 was a she is going on breath 10:25 AM, R2 was a she is going on breath 10:25 AM, R2 was she is going on breath 10:25 AM, R2 was she is going on breath 10:25 AM, R2 was she is going on breath 10:25 AM, R2 was she is going on breath 10:25 AM, R2 was she is going on breath 10:25 AM, R2 was she is going on breath 10:25 AM, R2 was shallow breaths. The control of the con	oncentrator and hooked it up to the back of R2's wheelchair. At noted to be pale and took fast his surveyor requested V11, exygen saturation level before therapy. V11 assessed his were running at 48-50%. V11 amunications board if he was thing and he responded yes. It is concentrator and the oxygen saturation monitor in his room. V11 left R2 in his aving oxygen saturation levels of trouble breathing without At 10:30 AM, V11 returned the and told the other CNA that ak then left the unit. V12, estated V11 did not report any				
	room and hooked F V10 stated he was saturations levels what they were or wat staff to take him. V2 AM. On 2/20/25 at 8:50 not know how to chas on while receive the nurses to set it right. V5 stated yes back from physical	AM, V10, came back to R2's R2 up to the new oxygen tank. not told of what R2's oxygen were and did not check to see werify if it was safe with nursing 10 left the unit with R2 at 10:44. AM, V5 CNA stated she did teck how many liters a resident wing oxygen, she would rely on and check to make sure it was terday, 2/19/25, R2 had come therapy with an empty oxygen tion levels were in the 50s,				
	she reported it imm her to stay with R2 oxygen for him and	ediately to the nurse who told while she went to get more				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
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		IL6009120	B. WING		l l	24/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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S9999	Continued From pa	ge 8	S9999			
	she would tell the n had oxygen levels i	urse immediately if a resident n the 50s.				
	would get the nurse	5 AM, V16, CNA, stated she and wait to do anything while ident if they had oxygen levels ed chest pain.				
	would get the nurse or chest pain report oxygen tanks befor	B AM, V17, CNA stated she for oxygen levels in the 50s ts. V17 stated she checks on e hooking them up and every ng them to make sure they are				
		to the facility on 4/10/2024 n part, type two diabetes c kidney disease.				
	R4's MDS dated 1/0 moderately cognitive	6/25 documented R4 is rely impaired.				
	oxygen therapy with	ed 1/9/25, documented R4 has n no documentation of what it R4 has shortness of breath.				
	R4's current orders are for oxygen at 2	dated 4/10/2024 at 2:30 PM L continuously.				
		1 AM, R4 was lying in bed with l cannula at 3L (Liters).				
	with diagnoses of, i respiratory failure, a	I to the facility on 2/05/2025 n part, acute and chronic acute on chronic congestive ysema, and chronic ary disease.				
	R5's MDS dated 2/	12/25 documented R5 is				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION		SURVEY PLETED
		IL6009120	B. WING		1	C 24/2025
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ST PAUL	'S SENIOR COMMUN	ITY	ST E STREET LLE, IL 6222			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
S9999	cognitively intact. R5's Care Plan date has respiratory inferelated to chronic recopply comply comp	ed 2/17/25 documented R5 ction; R5 has oxygen therapy espiratory failure; and R5 has a therapy as ordered by the AM, R5 was sitting in the empty oxygen tank hooked to elchair set to 3L. R5 stated he oxygen running through his stated his lungs felt a little tight he should get breathing sn't. R5 pulled out an albuterolocket and stated he will take never he needs it. R5 reported et of oxygen too, then left to get from his room. R5's oxygen on. BO AM documented R5 is of oxygen nasal cannula. to the facility on 1/24/2025 in part, chronic obstructive acute respiratory failure with than the neoplasm of bronchus. B1/25 documented R6 is ed 2/10/25 documented R6 is ed 2/10/25 documented R6 is	S9999			
	related to acute res COPD, give oxyger physician.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		IL6009120	B. WING		1	4/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 10	S9999			
	the back of her whe	empty oxygen tank hooked to eelchair set to 2L. R6 stated oxygen coming through the				
	At 9:35 AM, V8 state out of oxygen tanks	ed the floor was completely s.				
	On 2/20/25 at 1:45 PM, V2 stated her expectation from staff when running low on oxygen tanks is to be notified right away so I can make an urgent delivery on them. V2 stated if someone has oxygen saturations in the 50s after not having oxygen on or if oxygen is not being administered, I expect to be notified.					
	I expect to be notified. The facility's Oxygen Administration Policy dated 12/24, documented under preparation to verify that there is a physician's order for this procedure for oxygen administration. The facility's Medication Administration Policy undated, documented all staff members are expected to follow these guidelines strictly and to report any issues or deviations from the policy; residents who self-administer must have a profile only MAR which lists their medications and indicates that they self-administer; medication administration should be accurately documented on the MAR immediately after each administration, any errors, omissions, or incidents related to medication administration must be documented in the clinical record and reported as per facility policy. The facility's Nebulized Medication Policy undated, documented under tasks to access lung sounds before and after treatments are given.					
		(B)				

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Illinois Department of Public Health STATE FORM