(X6) DATE

Illinois Department of Public Health

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	W 2222244				C 03/21/2025	
		IL6003644			03/2	1/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
NILES N	SG & REHAB CTR	9777 GRE NILES, IL				
(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 SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	.D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	Complaint Investiga	ation 2592105/IL187877				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations:				
	300.686d)3)5) 300.1210b) 300.1210d)3) 300.1610a)1)					
	Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Medications					
		shall not be given unnecessary sary drug is any drug used:				
	3) Without ade	equate monitoring;				
	5) In the presence of adverse consequences that indicate the medications should be reduced or discontinued (Section 2-106.1(a) of the Act); or					
	Section 300.1210 General Requirements for Nursing and Personal Care					
	care and services to practicable physica well-being of the re- each resident's con plan. Adequate and care and personal of	shall provide the necessary of attain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive resident care I properly supervised nursing care shall be provided to each the total nursing and personal esident.				
	d) Pursuant to nursing care shall in	subsection (a), general nclude, at a minimum, the				

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

04/02/25 **Electronically Signed**

TITLE

STATE FORM 6899 M4QS11 If continuation sheet 1 of 9

					(3) DATE SURVEY COMPLETED	
			7. BOILDING.			:
	IL6003644		B. WING			1/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NILES N	SG & REHAB CTR	9777 GRE NILES, IL	ENWOOD 60714			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	DN	(X5)
PREFIX TAG	,	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLÉTE DATE
S9999	Continued From pa	ge 1	S9999			
	following and shall l seven-day-a-week	be practiced on a 24-hour, basis:				
	resident's condition emotional changes determining care refurther medical eva made by nursing stresident's medical resident's medical resident's medical resident and Developme	Medication Policies and nt of Medication Policies				
	 Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws. These regulations were not met as evidenced by: 					
	failed to assess sid- medication for one residents reviewed based on blood leve to R2 being hospita	and record review, the facility e effects and adjust resident (R2) out of three for medication adjustment el results. This failure resulted lized on 3/7/2025 with I mental status and lithium				
	rindings include:					

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On 3/19/2025 at 1:34, V12 (Registered

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
					С		
		IL6003644	B. WING		1	, 1/2025	
		120003044			03/2	1/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
NII 50 N	00 0 051140 070	9777 GRE	ENWOOD				
NILES N	SG & REHAB CTR	NILES, IL	60714				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)	
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
				DEFICIENCY)			
S9999	Continued From pa	ge 2	S9999				
	-						
		2 was the nurse for R2 on					
		d that she received the lithium					
	blood test result of	•					
		r). V12 said that the normal					
		od level is between 0.6 - 1.20					
		nium level of 1.53 is high. V12					
		ed the V15 (Medical Nurse					
	Practitioner/NP) that was making rounds on the						
	residents. V12 said that no new order was received from V15. V12 also said that V12						
		viewed the lab results. V12 ert and oriented x 3 -4 and					
		eeds known. V12 said that R2					
		goes downstairs for lunch with					
		id that V12 administered R2's					
		as ordered. On 03/20/2025 at					
		I that the normal range for					
		1.20. V12 said that high					
		sult in patients having tremors,					
		us, weakness, confusion,					
	coma, and death.	weakiless, comasion,					
	doma, and adam.						
	On 3/19/2025 at 12	:55 PM, V11 (RN) said that					
		of R2 when R2 was a patient					
		aid that R2 is alert, and					
		id that R2 was cooperative,					
		ulatory. V11 said that R2 is					
		needs. V11 said that normal					
	•	reen 0.6 - 1.20 mEq/L. V11					
		es the doctor of lithium level					
		whether it is normal or					
	abnormal. V11 said that she was not the nurse						
		2 on February 28, 2025.					
		• •					
	On 3/20/2022 at 9:4	19 AM, V11 said that the					
		um blood level is checked					
		etermine if the level is high or					
		thium blood of 1.53 is high.					
	V11 said that signs	and symptoms of high lithium					
	level are diarrhea, vomiting, abdominal pain,						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	A.		·	C	
	IL6003644	B. WING		1	21/2025
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NILES NSG & REHAB CTR	9777 GRE NILES, IL	ENWOOD 60714			
PREFIX (EACH DEFICIENCY	NTEMENT 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 APPRI DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
able to speak clear gait. V11 said that s 3/7/2025. V11 said lithium level result of V10 (Assistant Dire (Psych Nurse Pract result. V11 said that R2's lithium carbon On 3/19/2025 at 2:5 had R2 as one of V year. V13 said that shift. V13 said that cooperative. V13 received report that R2 was having weakness. V13 said Practitioner) gave a and ordered cough respiratory panel cathat in a couple of of from general weakness v13 reached out to said that V13 receives shift for CBC (Com (Comprehensive M and urine culture to Infection) and seps of 3/7. V13 said that by pharmacy, and v13 never dispense On 03/20/2025 at 1 v14 is familiar with care to R2 before. v	us such as disorientation, not ly, confusion, and unsteady she was the day shift RN on that V11 was aware of R2's of 2.81 mEq/L. V11 said that ector of Nursing) notified V16 titioner) of R2's lithium level t V10 received an order for ate to be discontinued. 56 PM, V13 (RN) said that V13 (13 residents for about one V13 always works the PM R2 was oriented x 4 and very aid that R2 walks with normal sistive device. V13 said that ervision with ADL's (Activities 3 said that around March 4th, t from the previous shift nurse a minor cough, and general d that V15 (Medical Nurse an order for respiratory panel syrup. V13 said that all the ame back negative. V13 said days, R2's condition changed hess to confused state and V15 for detailed labs. V13 ved an order on 3/6 evening plete Blood Count), CMP etabolic Panel), Chest X-ray, or rule out UTI (Urinary Tract is to be drawn on the morning at every medication is prefilled V13 only dispenses it. V13 said that R2 because V14 provided V14 said that R2 was oriented ther needs known, and	S9999			

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IIIInois L	epartment of Public	Health				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		11 6003644	B. WING			
		IL6003644	B. W. C		03/2	1/2025
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		9777 GRF	ENWOOD			
NILES N	SG & REHAB CTR	NILES, IL				
			00714			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
		,		DEFICIENCY)		
22222	0 " 1-		00000			
S9999	Continued From pa	ge 4	S9999			
	ambulatory V14 sa	id that V14 was the nurse that				
		mergency Room/ER). V14				
		s a quick assessment before				
		and observed that R2 was				
	, 0 0 .	nerself. During shift report,				
		off going RN) reported to V14				
		el was elevated, and the				
		as discontinued. V14 said that				
		2 is weak and V14 should				
		V14 said that made V14 put				
		list. V14 said that V14				
		or R2. V14 said that V14				
		I sugar, and it was normal.				
		proceeded to assess other				
		after about 5 minutes, V14				
		on R2 and observed that R2				
		r, and V14 said that V14 felt				
		nsferred to the hospital. V14				
		I the shift supervisor. V14 said				
		called V15 (Medical Nurse				
		as in the facility at the moment				
		oor. V14 said that V15 came to				
		gave the order to transfer R2				
	to (Local ER).					
	V14 said that month	nly lithium levels are ordered				
		can be adjusted depending on				
		said that the normal lithium				
		6 - 1.20 mEq/L. V14 said that				
	a Lithium level of 2.81 is high. V14 said that some of the side effects of high lithium levels are weakness, seizure, confusion, dizziness, and					
	altered mental statu	15.				
	On 02/20/2005 -+ 4	1:20 AM \/10 (A==:=t===t				
		1:20 AM, V10 (Assistant				
), said that lithium levels are				
		djust the medication, and to				
		ty is happening. V10 said that				
		nen levels go above normal				
	range, and it can af	fect the mental status. V10				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION		DATE SURVEY COMPLETED	
		IL6003644	B. WING		03/2	21/2025	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
NILES N	SG & REHAB CTR	9777 GRE NILES, IL	ENWOOD				
			PROVIDER'S PLAN OF CORRECTION		(VE)		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
S9999	Continued From pa	ge 5	S9999				
	include confusion, unheadache, vomiting coma, and death. V for lithium blood levisaid that a lithium obecause it is above that staff follow the on 3/7/2025, V10 re of 2.81 at 1:23 PM. (Psych NP) and not level result. V10 sa lithium carbonate 4	atal status is altered symptoms unable to walk, severe in abdominal pain, seizure, if 10 said that the normal range rel is between 0.6 - 1.20. V10 and the normal level. V10 said doctor's order. V10 said that eviewed the lithium lab result v10 said V10 called V16 arified V16 of the 2.81 lithium and that V16 discontinued the ithium in that V16 discontinued the ithium is between 2.5 - 3.5, and eater than 3.5.					
	Nursing), said that a ordered to monitor purpose is to make actually treating the not memorize the rasaid that when V2 looks at the range. the result is above signs of lithium toxi abdominal pain, result and maybe death. NR2's lithium level result that when V10 discontinued R2's lithium level result that when V10 discontinued R2's lithium level result that when V15 (Medical V15 ordered for R2 On 3/20/2025 at 12 said that lithium car because R2 has so are drawn to make with a dose that is a	2:08 PM, V2 (Director of the lithium blood draws are the levels. V2 said that the sure that the medication is patient. V2 said that V2 does ange for normal lab results. V2 tooks at the lab results, V2 v2 said that toxicity is when the normal range. V2 said that city are nausea, vomiting, stlessness, weakness. coma, v2 said that V2 was aware of sult of 2.81 on 3/7/2025. V2 called V16 (Psych NP), V16 thium Carbonate. V2 said that NP) came later and saw R2, to be sent out to the hospital. :50 PM, V15 (Medical NP) bonate was ordered for R2 hizoaffective disorder. Levels sure that she is being treated appropriate for her to prevent at toxicity is too high of the					

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A. BUILDING: COMPLE	
IL6003644 B. WING 03/21/2	/2025
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
NILES NSG & REHAB CTR 9777 GREENWOOD	
NILES, IL 60714	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999 Continued From page 6 lithium level. V15 said that altered mental status is a sign of lithium toxicity such as nausea, vomiting, confusion, and kidney failure. V15 said that you want the level to be less than 1.5 and also assess the patient condition. V15 said that she will say that a lithium level of 1.53 is on the high side, but she will also assess the patient symptoms. V15 said that she was aware of R2's lithium level or 2/28/2025. V15 said that V15 collaborates with the psych NP R2's lithium level result. V15 said that lit is the decision of the psych NP to adjust the lithium carbonate dose for R2. V15 said that she was not managing R2's psychotropic medication. On 3/20/2025 at 1:19 PM, V16 (psych NP) said that R2 was V16's patient. V16 said that R2 is alert, oriented and usually pleasant. V16 said that X16 was not aware of R2's lithium level of 1.53 mEq/L on 2/28/2025. V16 said that if he was notlified of the 1.53 mEq/L lab result on 2/28/2025, V16 would have discontinued R2's lithium carbonate. V16 said that staff was to notify psych NP about results of psych medications and notify medical NP of medical medications. V16 said that V16 is are quired to see residents every 60 days. V16 said that V16 is required to see residents every 60 days. V16 said that Ithium carbonate to be discontinued. V16 said that Ithium toxicity is above 2.5 mEq/L. V16 said that lithium toxicity is psych include nausea, vomiting, diarrhea, and confusion. V16 said that he ordered for the patient to be monitored. V16 said that V16 (Medical NP) is responsible for sending residents out to hospital for behavioral reasons. and V16 said to the hospital for behavioral reasons.	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7. Bolebino.		С	
		IL6003644	B. WING			1/2025
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
NILES N	SG & REHAB CTR		ENWOOD			
NILES, IL						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 7	S9999			
39999	V15 said that she w 3/7/2025 of 2.81 in V15 told the staff to is notified. V15 said facility, V15 assess confused. V15 said questions appropria V15 sent R2 out to R2 is a 54-year-old on 4/5/2022. R2's of Lithium Carbonate Review of the medi 10/24/2025 to 3/7/2 Lithium Carbonate R2's blood lithium In 3/7/2025 indicated 2/28/2025 = 1.53 m mEq/L were above mEq/L. R2's electro record indicated that medicated with Lith daily after a lithium R2's progress note started on 3/4/2025 was weak on 3/4/20 R2 was weak both NP) indicated that In 3/6 and indicated in continue lithium 450 V15 indicated that In commands and wa	vas notified of the level on the morning. V15 said that make sure that the psych NP that when V15 came to ed R2. V15 said that R2 was that R2 could not answer her ately like R2 normally does, so the hospital. female admitted to the facility order indicates that R2 was on tablet 450 mg twice a day. cal administration record from 2025 indicated that R2 received 450 mg twice daily as ordered. evel from 10/24/2025 to that R2's blood lithium level for 1Eq/L and for 3/7/2025 = 2.81 the normal range of 0.6 - 1.20 onic medication administration at R2 continued to be ium carbonate 450 mg twice level of 1.53 mEq/L. Review of indicated that R2's weakness is V13 (RN) indicated that R2 025; V11 (RN) indicated that R2 025; V11 (RN) indicated that R2 on 3/5 & 3/6; V15 (Medical R2 had general weakness on V15's note that R2 should on mg twice daily; On 3/7/2025, R2 was not able to follow sonly speaking minimally. V14 R2 had increased confusion	39999			
	lithium level on 3/7/ indicated on R2's E	cal ER) indicated that R2's '2025, was 2.8. It was 'R record that R2 was ered Mental Status (AMS) and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6003644	B. WING			C 21/2025
	PROVIDER OR SUPPLIER SG & REHAB CTR		ENWOOD	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	2) Lithium Toxicity. The facilities Policy Psychotropic Drugs Policy: Factors that may confor changes in a residentified by the fact but are not limited to environmental stress Procedure: 1. Each resident medication for organ observed for.	and Procedure for	\$9999			

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