(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
9016273		B. WING		04/15/2025		
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
THE OAK	(S AT BARTLETT		LON DRIVE T, IL 60103			
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
S 000	Initial Comments		S 000			
	First Probationary L	icensure Survey				
S9999	Final Observations		S9999			
	Statement of Licens	sure Violations(1 of 3)				
	300.696d)2)					
	Section 300.696 In	fection Prevention and Control				
	d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):					
	2) Guideline for Health-Care Setting	or Hand Hygiene in gs				
	This REQUIREMEN	NT was not met as evidenced				
	review, the facility factorized their gloves and per cleaning a wound a materials for 1 of 1	on, interview, and record ailed to ensure staff changed rformed hand hygiene before fter handling soiled wound residents (R5) in the sample hand hygiene during wound				
	The findings include	e:				
		cord dated 4/15/25 shows he facility on 4/3/25 with				

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

04/16/25 **Electronically Signed**

TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED	
		9016273	B. WING		04/	15/2025
	NAME OF PROVIDER OR SUPPLIER THE OAKS AT BARTLETT STREET ADD 829 CARIL BARTLETT			TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	On 4/14/25 at 10:3 was changing R5's dressing/wound varemoved the foam biohazard bag. The blood and other flui hands, V4 proceed blood clots from R5 and 4 by 4 gauze. On 4/15/25 at 9:15 (DON), said when pure should reremoving the dirty rand don new glove infection risk. V2 sany harmful bacteri. The facility's Woundated) shows exam loosen the tape and the dressing materi with the gloves. The their hands thorough then proceed with the cleaning/treatment. (C) (2 of 2) 300.1620a) Section 300.1620 (C) Prescriber's Order a) All medicati the written, facsimil licensed prescriber order of a licensed authenticated by the	1 AM, V4, Wound Care Nurse, right groin wound c. With gloved hands, V4 packing and placed in the e foam was saturated with ds. With the same gloved ed to wash out and remove ded to wash out and remove ded to wash out and remove deferming a dressing change, amove their gloves after materials, wash their hands, as because it could be an aid you don't want to introduce a from the dirty to the clean. If Care Policy/Procedure (not a gloves should be worn to defend the dressing, then it is should be discarded along the nurse should wash and dry ghly and put on clean gloves, he ordered wound Compliance with Licensed some shall be given only upon the, or electronic order of a constant of the facsimile or electronic	S9999			

Illinois Department of Public Health

STATE FORM 6899 YNCZ11 If continuation sheet 2 of 7

MAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 829 CARILLON DRIVE BARTLETT BARTLETT, IL 60103 (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 300,1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. This REQUIREMENTS were not met as evidenced by: Based on observation, interview and record review the facility failed to ensure medications were administered at designated time. The facility also failed to ensure insulin pens were primed prior to administration record (MAR) for April 2025 shows, a physician prescribed order for "insulin glargine (long acting insulin) solostar subcutaneous solution pen-injector 300 unit/ml [millitlet], inject 15 unit subcutaneously two times a day for diabetes." On April 14, 2025 at 10:16 AM, V5 Registered Nurse (RN) was preparing RP's morning medications. V5 applied a needle to RP's insulin glargine pen. He turned the dail to 15 units. He did not prime the needle with 2 units prior to turning the dial to 15 units. He did not prime the needles prior to giving insulin.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY PLETED	
THE OAKS AT BARTLETT CA1 D			9016273	B. WING		04/	15/2025
CALL Commonstrate Commonstrate	NAME OF	PROVIDER OR SUPPLIER					
PRÉFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) S9999 Continued From page 2 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. This REQUIREMENTS were not met as evidenced by: Based on observation, interview and record review the facility failed to ensure medications were administered at designated times. The facility also failed to ensure insulin pens were primed prior to administration. This applies to 4 of 5 residents (R6, R9, R10 & R11) reviewed for medication administration in the sample of 11. The findings include: 1. R9's medication administration record (MAR) for April 2025 shows, a physician prescribed order for "insulin glargine (long acting insulin) solostar subcutaneous solution pen-injector 300 unit/ml [millillier], inject 15 unit subcutaneously two times a day for diabetes." On April 14, 2025 at 10:16 AM, V5 Registered Nurse (RN) was preparing R9's morning medications. V5 applied a needle to R9's insulin glargine pen. He turned the dial to 15 units. He did not prime the needle with 2 units prior to turning the dial to 15 units. He stated, he doesn't ever prime the insulin pen needles prior to giving	THE OAI	KS AT BARTLETT					
300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. This REQUIREMENTS were not met as evidenced by: Based on observation, interview and record review the facility failed to ensure medications were administered at designated times. The facility also failed to ensure insulin pens were primed prior to administration. This applies to 4 of 5 residents (R6, R9, R10 & R11) reviewed for medication administration in the sample of 11. The findings include: 1. R9's medication administration record (MAR) for April 2025 shows, a physician prescribed order for "insulin glargine (long acting insulin) solostar subcutaneous solution pen-injector 300 unit/ml [milliliter], inject 15 unit subcutaneously two times a day for diabetes." On April 14, 2025 at 10:16 AM, V5 Registered Nurse (RN) was preparing R9's morning medications. V5 applied a needle to R9's insulin glargine pen. He turned the dial to 15 units. He did not prime the needle with 2 units prior to turning the dial to 15 units. He stated, he doesn't ever prime the insulin pen needles prior to giving	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLETE
On April 15, 2025 at 8:45 AM, V2 Director of Nursing (DON) confirmed, insulin pens should be primed prior to administrating to the residents.	S9999	300.1810. All order signature (or unique prescriber. (Rubbe acceptable.) These administered as orderescriber and at the This REQUIREMENT evidenced by: Based on observation review the facility fawere administered facility also failed to primed prior to admost 5 residents (R6, medication administered facility also failed to primed prior to admost 5 residents (R6, medication administered facility also failed to primed prior to admost 5 residents (R6, medication administered facility also failed to primed prior to admost 5 residents (R6, medication administered facility also failed to 2025 show order for "insulin glissolostar subcutane unit/ml [milliliter], injution times a day for On April 14, 2025 a Nurse (RN) was premedications. V5 agargine pen. He tudid not prime the insulinsulin. On April 15, 2025 a Nursing (DON) con	rs shall have the handwritten e identifier) of the licensed or stamp signatures are not e medications shall be dered-by the licensed are designated time. NTS were not met as on, interview and record alled to ensure medications at designated times. The of ensure insulin pens were alinistration. This applies to 4 R9, R10 & R11) reviewed for stration in the sample of 11. e: administration record (MAR) s, a physician prescribed argine (long acting insulin) ous solution pen-injector 300 iject 15 unit subcutaneously diabetes." t 10:16 AM, V5 Registered eparing R9's morning oplied a needle to R9's insulinumed the dial to 15 units. He eedle with 2 units prior to 5 units. He stated, he doesn't lin pen needles prior to giving	\$9999			

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		9016273	B. WING		04/	15/2025
	NAME OF PROVIDER OR SUPPLIER THE OAKS AT BARTLETT STREET ADD 829 CARIL BARTLET			TATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
\$9999	The manufacturer's injection pens provi 2025 shows, "How glargine) solostar p Attach the needle test: dial a test dos The facility's insulin dated August 20179. Attach the nee prime pen. 10. Pri knob to select 2 uni 2. On April 14, 202 administering morn AM until 10:55 AM. administered R9's r At 10:32 AM, he ad (32 minutes late). R11's medications of R9's MAR for April prescribed orders for (milligrams), give 1 day for HTN (hypermg, give 1 tablet by AFIB (atrial fibrillatin acting insulin) solos pen-injector 300 un subcutaneously two three medications wand 5:00 PM. R10's MAR for April prescribed order formg give 1 capsule I UTI (urinary tract in 6.25 mg give 1 table for HTN, doxycyclin for HTN, doxycyclin for HTN, doxycyclin for HTN, doxycyclin	guidelines for insulin glargine ded by the facility on April 15, to use your lantus (insulin en in 6 steps:Step 2: Step 3: Perform a safety e of 2 units" pen administration policy shows, "Steps in procedure: edle to the end of the pen and me pen by dialing the dose its" 5 V5 RN was observed ing medications from 10:16 At 10:16 AM, he medications (16 minutes late). ministered R10's medications At 10:48 AM, he administered (48 minutes late). 2025 shows, physician or carvedilol 12.5 mg tablet by mouth two times a tension), Eliquis oral tablet 5 mouth two times a day for on) and insulin glargine (long star subcutaneous solution	S9999			

Illinois Department of Public Health

STATE FORM 6899 YNCZ11 If continuation sheet 4 of 7

9016273 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			9016273	B. WING		04/1	5/2025
	NAME OF I	PROVIDER OR SUPPLIER			,		
THE OAKS AT BARTLETT 829 CARILLON DRIVE BARTLETT, IL 60103	THE OA	KS AT BARTLETT					
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	PRÉFIX	(EACH DEFICIENCY	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE
S9999 Continued From page 4 osteomyellitis left 5th toe, furosemide table 40 mg give 1 tablet by mouth two times a day for fluid retention and vancocin oral capsule 250 mg give 1 capsule by mouth four times a day for c-diff (scheduled at 9:00AM, 1:00 PM, 5:00 PM, 9:00 PM). The rest of the medications were scheduled for 9:00 AM and 5:00 PM. R11's MAR for April 2025 shows, physician prescribed order for bethanechol chloride tablet 25 mg give 1 tablet by mouth two times a day for urinary retention, carvedilol tablet 6.25 mg give 1 tablet by mouth two times a day for rITN and eliquis oral tablet 5 mg give 1 tablet by mouth times a day for afib. All four medications were scheduled at 9:00 AM and 5:00 PM. 3. On 4/14/25 from 10:05 AM to 10:30 AM V3 was observed while administering morning medications to residents. The medications were scheduled of 8:00 AM and 9:00 AM. At 10:15 AM V3 was asked why medications are being given late. V3 stated, "The other side (Hall) was just busy." V3 then confirmed that he had 24 residents on his assignment to administer medications to. At 10:30 AM R6 was given Carvedilol 12.5mg , Eliquis 5 mg, and Hydralazine 25 mg twice a day (Antihypertensive). Eliquis 5 mg twice a day (Antihypertensive). All of these medications are scheduled for 9:00 AM. The undated facility policy entitled Administering Medications states, "Medications are	\$9999	osteomyelitis left 5t give 1 tablet by mo retention and vance 1 capsule by mouth (scheduled at 9:00/PM). The rest of the for 9:00 AM and 5:00 R11's MAR for Apri prescribed order for 25 mg give 1 tablet urinary retention, catablet by mouth two eliquis oral tablet 5 times a day for afib scheduled at 9:00 A 3. On 4/14/25 from was observed while medications to resischeduled for 8:00 At 10:15 AM V3 was just busy." V3 residents on his as medications to. At 10:30 AM R6 was Eliquis 5 mg, and I R6's Medication Ad 2025 shows orders day (Antihypertensiday (antihyperte	oth toe, furosemide table 40 mg buth two times a day for fluid cocin oral capsule 250 mg give th four times a day for c-diff DAM, 1:00 PM, 5:00 PM, 9:00 he medications were scheduled:00 PM. Til 2025 shows, physician for bethanechol chloride tablet to by mouth two times a day for carvedilol tablet 6.25 mg give 1 to times a day for HTN and 5 mg give 1 tablet by mouth to All four medications were AM and 5:00 PM. The 10:05 AM to 10:30 AM V3 de administering morning sidents. The medications were DAM and 9:00 AM. The other side (Hall) then confirmed that he had 24 seignment to administer. The as given Carvedilol 12.5mg, Hydralazine 25 mg. In Carvedilol 12.5mg twice a sive), Eliquis 5 mg twice a day do Hydralazine 25 mg twice a sive). All of these medications 9:00 AM.	S9999			

Illinois Department of Public Health

STATE FORM 6899 YNCZ11 If continuation sheet 5 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
	9016273	B. WING		04/	15/2025
NAME OF PROVIDER OR SUPPLIER THE OAKS AT BARTLETT	DDRESS, CITY, ST LILLON DRIVE TT, IL 60103	FATE, ZIP CODE			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
orders, including a "Medications are a their prescribed tin" (B) (3 of 3) 300.2100 Section 300.2100 Every facility shall rules entitled "Food This REQUIREME evidenced by: Based on observar review the facility fitems were labeled properly. This apprin the facility. The findings included The facility data shad shows, 55 resident facility. On April 14, 2025 of kitchen, multiple for opened/prepped a cooler had an open patty, a container of grapes, melons), of tomatoes, onions a had sheets of raw There were also sheets.	cordance with prescriber ny required time frame." and administered within 1 hour of the, unless otherwise specified Food Handling Sanitation comply with the Department's d Code." ENTS were not met as Ition, interview and record failed to ensure open food and ice scoops were stored blies to all 55 residents residing de: The et dated April 14, 2025 ts currently residing in the during the initial tour of the	S9999			

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STATE FORM 6899 YNCZ11 If continuation sheet 6 of 7

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		9016273	B. WING		04/1	5/2025
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
THE OAK	S AT BARTLETT		LON DRIVE T, IL 60103	!		
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 6	S9999			
	some type of gray s machines on the th in the ice and not pl On April 15, 2025 a Manager stated, all items should be lab	ette had a plastic bag with substance in it. Both ice ird floor had the scoops laying laced in the designated holder. It 8:45 AM, V6 Certified Dietary opened food items/prepped leled. V2 Director of Nursing hat the ice scoops should not				
	scooper storage (no must be placed in the ice machine. Do no	of meeting attendance for ice o date) shows, "Ice scooper he designated spot inside the ot leave the scooper sitting always store it appropriately."				
	received and prepa January 2, 2023 shropened for food pro open date and seal placed back into foo items prepared in h name and date of p	g, dating, and storage of red foods policy dated ows, "a. Any packages oduction will be labeled with an ed air tight prior to being od storage bin. 4. Any food ouse will be labeled with food preparation. Prepared foods that and placed in appropriate				

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YNCZ11 If continuation sheet 7 of 7