

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005607	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/30/2025
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 800 WEST OAKTON STREET ARLINGTON HTS, IL 60004		
(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: 2513620/IL190885	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.1010h) 300.1620a) 300.1630e) Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. Section 300.1620 Compliance with Licensed Prescriber's Orders a) All medications shall be given only upon the written, facsimile, or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Electronically Signed

05/16/25

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005607	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/30/2025
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME FOR THE AGED		STREET ADDRESS, CITY, STATE, ZIP CODE 800 WEST OAKTON STREET ARLINGTON HTS, IL 60004		
(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	<p>Continued From page 1</p> <p>acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>Section 300.1630 Administration of Medication</p> <p>e) Medication errors and drug reactions shall be immediately reported to the resident's physician, licensed prescriber if other than a physician, the consulting pharmacist and the dispensing pharmacist (if the consulting pharmacist and dispensing pharmacist are not associated with the same pharmacy). An entry shall be made in the resident's clinical record, and the error or reaction shall also be described in an incident report.</p> <p>This Requirement is not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to provide adequate pain control for a resident with a history of cancer and compression fracture. This failure resulted in R1 experiencing increased pain from 4/21/2025 to 4/24/2025.</p> <p>This applies to 1 of 3 (R1) residents reviewed for pain in the sample of 3.</p> <p>The findings include:</p> <p>R1's current Admission Record shows R1 is an 88-year-old female resident with a history of lung cancer and compression fracture who was admitted on 4/21/2025.</p> <p>On 4/30/2025 at 10:00AM, R1 was observed lying in bed resting comfortably and showing a slight grimace with movement.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005607	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/30/2025
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME FOR THE AGED			STREET ADDRESS, CITY, STATE, ZIP CODE 800 WEST OAKTON STREET ARLINGTON HTS, IL 60004		
(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	<p>Continued From page 2</p> <p>On 4/30/2025 at 10:00AM & 10:18AM, R1 said her pain was "4" out of 10 and a "4" was acceptable. R1 said her pain is more controlled now. R1 said she doesn't like using the numbers to describe the pain. R1 said she had increased pain when she came into the facility because the facility had trouble getting her medication.</p> <p>On 4/30/2025 at 11:04PM, V5 Nurse Practitioner (NP) said she saw [R1] on 4/24/024 for the first time and she had reported increased pain in the previous days but stated her pain was better controlled now after she got a dose of medication this morning.</p> <p>On 4/30/2025 at 1:30PM, V3 Licensed Practical Nurse (LPN) said [R1] was admitted on 4/21/2025 and [R1] complained of 10/10 pain in the evening at 10:30PM. V3 said she gave [R1] Tylenol for her pain because she didn't have the morphine order from pharmacy yet. V3 said she would normally give a narcotic for that type of pain. V3 said she did get the morphine tablets that night and gave [R1] her morphine pills at 2:00AM on 4/22/2025. V3 said she never received the PRN (as needed) morphine from pharmacy that night. V3 said she couldn't get into the controlled substance box because her morphine order wasn't the right concentration and needed to be clarified. V3 said she did not contact the doctor to get a different as needed medication.</p> <p>V3 said [R1's] pain was an 8/10 when she gave her the morphine tablet and the resident was resting comfortably in bed with her eyes closed.</p> <p>On 4/30/2025 at 12:54PM, V4 Physician said Tylenol is not adequate for a patient complaining of 10/10 pain because Tylenol is a very mild analgesic.</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005607	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 04/30/2025
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOME FOR THE AGED			STREET ADDRESS, CITY, STATE, ZIP CODE 800 WEST OAKTON STREET ARLINGTON HTS, IL 60004		
(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	<p>Continued From page 3</p> <p>The facility provided Electronic Shipping Manifest shows the Morphine Sulfate 100mg/5mL was delivered on 4/24/2025 at 12:51AM and the Morphine Sulfate ER 15mg tablet was delivered on 4/22/2025 at 1:28AM.</p> <p>On 4/30/2025 at 9:52AM & 10:10AM, V6 LPN said he normally works the unit [R1] is on and has seen her since she came. V6 said [R1's] pain is more controlled now compared to where she was when she first came. V6 said [R1] is still working with therapy and pain medication is given prior to receiving therapy services.</p> <p>R1's Progress Notes dated 4/22/2025 at 11:22AM states the resident declined to get out of bed, complaining of back pain.</p> <p>R1's Weights and Vitals Summary dated 4/30/2025 shows the following pain scores 4/21/2025 10:32PM score of 10, 4/22/2025 [2:00AM verified by V3] score of 8 and 6:37AM score of 2.</p> <p>R1's Medication Administration Record dated 4/1/2025 to 4/30/2025 showed R1 received Morphine Sulfate Oral Tablet 15mg was scheduled on 4/21/2025 at 9:00PM but didn't receive the medication until 4/22/2025 at 2:00AM. (B)</p>	S9999			