

Illinois Department of Public Health

| | | | | |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z 000 | COMMENTS Annual licensure survey Investigation of Facility Reported Incident of February 4, 2025/IL190136 | Z 000 | | |
| Z9999 | FINDINGS Statement of Licensure Violations: 350.620a) 350.700a) 350.1230a) 350.1210b)2) 350.1410a) 350.1410c) 350.1410d) 350.1420a) 350.1420c) 350.1430a)2) 350.1430b) 350.1430e) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.700 Incidents and Accidents a) The facility shall maintain a file of all written reports of each incident and accident affecting a resident that is not the expected outcome of a resident's condition or disease process. A descriptive summary of each incident or accident | Z9999 | | |

Illinois Department of Public Health

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

TITLE

(X6) DATE

07/08/25

Illinois Department of Public Health

| | | | | |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 1</p> <p>affecting a resident shall also be recorded in the progress notes or nurse's notes of that resident.</p> <p>Section 350.1210 Health Services b) The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: 2) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse.</p> <p>Section 350.1410 Medication Policies and Procedures a) 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. Medication policies and procedures shall be developed with the advice of a pharmaceutical advisory committee that includes at least one licensed pharmacist, one physician, the administrator and the director of nursing. This committee shall meet at least quarterly. c) All legend medications maintained in the facility shall be on individual prescription or from the licensed prescriber's personal office supply, and shall be labeled as set forth in Section 350.1440. d) All medications administered shall be recorded as set forth in Section 350.1620.</p> <p>Section 350.1420 Compliance with Licensed Prescriber's Orders</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | Continued From page 2 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 350.1610. All such 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. c) The staff pharmacist or consultant pharmacist shall review the medical record, including licensed prescriber's orders and laboratory test results, at least monthly and, based on their clinical experience and judgment, and Section 350.Appendix E, determine if there are irregularities that would cause adverse reactions, allergies, contraindications, medication errors or ineffectiveness. This review shall be done at the facility and shall be documented in the clinical record. Any irregularities noted shall be reported to the attending physician, the advisory physician, the director of nursing and the administrator and shall be acted upon. Section 350.1430 Administration of Medication a) All medications shall be administered only by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents. 2) Each dose administered shall be properly recorded in the clinical record by the person who | Z9999 | | |

Illinois Department of Public Health

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 3</p> <p>administered the dose. (See Section 350.1620.)</p> <p>b)The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident.</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>A.Based on observation, interview and record review, the facility does not have a check and balance system to make sure clients have the correct/proper medications. The facility failed to make sure the nursing staff confirm the medications ordered are the medication received and documented in the medication administration record. The facility failed to remove a discontinued medication from the current medication supply for R1. This failure impacts all clients in the facility, R1 to R11.</p> <p>B.Based on observation, interview and record review, the facility failed to administer medications to the clients without error, according to the current physician's orders and the medication policy for 1 of 6 (R1) residents</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 4</p> <p>reviewed for medication administration. This also impacted 7 (R1 to R4, R7, R10) of 7 clients observed for medication pass. This failure resulted in R1 being sent to the hospital for swelling of the lips, trouble breathing and speaking due to continued administration of a medication that was discontinued in October 2024.</p> <p>C.Based on observation, interview and record review, the facility failed to ensure staff administered medications to the clients without error and according to the current physician's orders and medication policy. This impacted 7 of 7 clients observed for medication pass: R1 to R4, R7, R10.</p> <p>Findings include:</p> <p>1. R1 is a resident with diagnoses including Hypertension (elevated blood pressure) and Stage 3A Chronic Kidney Disease (mild to moderate loss of kidney function) per the February 2025 through May 2025 Physician's Order Sheets (POS).</p> <p>The facility's undated Investigative Committee Report on R1's allergic reaction from an unknown source documents the following: - E1 (Administrator) received a call (no time) from E15 (Residential Services Director/RSD), about R1 going to the hospital for a possible allergic reaction. Staff observed R1's lips were swollen. R1 was experiencing trouble speaking and breathing. R1 was admitted to the hospital. -Investigation conducted - interviews with E15, E5</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | Continued From page 5 (Direct Support Person/DSP), E10 (DSP), E3 (Licensed Practical Nurse/LPN) and E2 (Registered Nurse Trainer/RNT). -Investigation reviewed: Medication Administration Record (MAR), Physician Order Sheet (POS), Medication list, Medication bubble packs or bingo cards (Dates reviewed unknown); staff schedule and hospital discharge report. -Summary: the allergic reaction that occurred was caused by Acute Kidney Injury (AKI) and angioedema reaction to an ace inhibitor. The medication that led to the allergic reaction was Lisinopril. This medication was discontinued initially in October of 2024. E2 stated the pharmacy continued to list this medication on R1's POS and sent the medication to the home for medication administration. R1's POS for November 2024, December 2024 and January 2025 had record of this medication and times to administer the medication. Before the final POS was signed by the physician it was noted that the nurse reviewed the POS and made the necessary changes and additions including noting the fact that the Lisinopril was discontinued. E2 stated that Lisinopril was listed in the POS again in February 2025 and the medication was sent to the home. The MARs noted that particular medication was discontinued on 10/28/24. Review of the MAR showed that the medication had been passed on 02/01/25 to 02/04/25. E5 and E10 administered the medications (to R1). This negligence led to the allergic reaction. E5 and E10 did not use the MAR to administer the medication. Pharmacy errors had been addressed and were ongoing for a total of four months. The medication that caused the allergic reaction was not discontinued on the February 2025 POS however it was discontinued on the MAR. Staff did not contact the RNT to report the medication error. The medication was not | Z9999 | | |

Illinois Department of Public Health

| | | | | |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 6</p> <p>recorded properly on the MAR. Staff failed to administer the medication properly and as trained. E10 attempted to scratch out the record of administering the medication. E5 did not record passing the medication. The bingo card showed a total of four tablets missing from the pack.</p> <p>Facility reported incident dated 02/12/25 documents notification to the state surveying agency about R1's unknown illness. The facility summary documented:</p> <p>-Initial on 02/04/25: R1 sent to hospital due to possible allergic reaction, staff observed swelling, signs and symptoms of possible reaction: R1 lips swollen, R1 experiencing trouble speaking and breathing. R1 admitted to the hospital due to low oxygen and further evaluation to determine the source of the reaction.</p> <p>-Final: R1 discharged back to facility on 02/07/25. R1's experience was due to AKI and angioedema. Investigation determined that a medication, Lisinopril, that was discontinued was administered for a total of four days prior to the reaction. R1's current medication list has been audited and updated.</p> <p>There is no documentation in the investigation that interviews were conducted with R1 who is verbal and can provide a history, other Direct Support Persons who were passing medications to R1, the Pharmacy provider and the Day program staff who called the facility about R1 on 02/04/25 for observed swelling of her lips. The investigation also did not disclose what the ongoing medication errors of four months were about. The investigation did not include a timeline of events on 02/04/25.</p> <p>The 02/04/25 at 11:00 AM documentation at R1's day program includes "Staff noticed R1's lip and</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 7</p> <p>face (were) swollen but R1 says it is from her health problems and that she does not want to talk about it, it had gotten worse throughout the day."</p> <p>On 5/28/25 at 2:20 PM, Z6 (Day Program Nurse) stated that no medication is administered to R1 at the day program. The day program participants receive their medications in their facilities.</p> <p>On 5/30/25 at 4:08 PM, Z8 (Vice President of Community Day Program Services) stated that R1's facility was notified on 02/04/25 at 1:00 PM. Z8 shared the image of R1's face on 02/04/25 showing the swollen face of R1 especially around R1's mouth and lips. E15 picked up R1 from the day program on 02/04/25 at 2:00 PM.</p> <p>On 5/28/25 at 2:05 PM, E1 (Administrator) stated that E1 tried to narrow down the timeline on what happened to R1 on 02/04/25. The day program called E15 (Residential Services Director) and said that it seemed like R1 was having an allergic reaction. E15 called E2 (Registered Nurse Trainer). E15 notified E2 (Registered Nurse Trainer) on 02/04/25 at 2:46 PM that Emergency Medical Services was already called. E1 will have to check if E15 wrote a note and if a note was sent to the facility by the day program.</p> <p>R1's hospital record documented arrival time and date in the Emergency Room (ER) on 02/04/25 at 3:07 PM. R1's chief complaint is allergic reaction. R1 was admitted with the diagnosis of Acute Kidney Injury (AKI) on 02/05/25 at 1:18 AM.</p> <p>Hospital physician's progress notes on 02/04/25 at 8:10 AM and the 02/04/25 Emergency Room Physician's progress note documents the following:</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | | |
|---|--|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 | |
| Z9999 | Continued From page 8 A. History of present illness. - R1 has Chronic Kidney Disease (CKD) and Hypertension. R1 was previously on an ace inhibitor 10 milligrams (mg) daily but it was discontinued (dc) due to worsening renal function. It was however not removed from her pill boxes, and it appears R1 was still receiving it. R1 was brought in for swelling of her top lip. R1 denies Shortness of Breath (SOB) but says because of the swelling it is somewhat hard to speak. - On arrival, R1 was noted to be slightly hypoxic (Hypoxic is a state of reduced oxygen levels in the tissues and cells of the body). R1's chest x-ray (CXR) had significant (sig) cardiomegaly (Enlarged heart) and fluid overload (a condition where you have too much fluid volume in your body). R1's laboratory results showed significant AKI. - R1 will be admitted for monitoring of her airway with angioedema (Swelling or angioedema is often an allergic reaction that affects parts of your face like your eyes or lips. If it affects your airways, it's a medical emergency and you need to get help) secondary to ace inhibitor and also workup for renal failure. Angioedema, Present on Admission (POA) - Ace Inhibitor Induced; Acute Congestive Heart Failure (CHF is a long-term condition that happens when your heart can't pump blood well enough to give your body a normal supply. Blood and fluids collect in your lungs and legs over time); Acute Respiratory Failure with Hypoxia Secondary to Acute CHF; Acute Kidney Injury (AKI) Present on Admission (POA) with baseline Chronic Kidney Disease at Stage 3B. -Physical exam findings: coarse upper airway breath sounds noted. B. Assessment and plan: - Ace inhibitor induced angioedema of top lip. Had ace inhibitor discontinued due to worsening | Z9999 | | | |

Illinois Department of Public Health

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 9</p> <p>renal function but was still receiving it at the facility. Discontinue ace inhibitor and list it as an allergy.</p> <ul style="list-style-type: none"> - Cardiomegaly on CXR and fluid overload. Requiring 3LNC (Liters Nasal Cannula), not on oxygen at home. - AKI on CKD. Will check Renal Ultrasound (RUS). Holding nephrotoxic (toxic to the kidneys) drugs. <p>R1's Medication Administration Record (MARs) from October 2024 to March 2025 include the following:</p> <ul style="list-style-type: none"> - October 2024 printed order for the 7AM dose of Lisinopril 10mg had initials and a circle for the 10/29/24 dose and an arrow through 10/31/24. No other mark/direction on the MAR for the Lisinopril (no indication as to reason for the circle and the arrow). - On 5/21/25 at 2:30 PM, E2 (Registered Nurse Trainer) stated that R1's physician discontinued the Lisinopril in the end of October 2024 due to different medication changes. - November 2024 printed order for the 7AM dose of Lisinopril 10mg. Initials for this drug were entered from 11/02/24 through 11/06/24, indicating that the Lisinopril was given. - The same Lisinopril order was printed in the December 2024, January 2025, February 2025 and March 2025 pharmacy printed order. - The staff initials that were handwritten on the February 2025 MAR from 02/01/25 to 02/02/25 were scratched out with ink. <p>The Annual Medication Administration Re-authorization of Direct Care Staff Forms dated 01/03/25 for E5 (DSP) and dated 01/07/25 for E10 (DSP) documented E5 and E10's current approval to pass medications to R1-R11 by E2 (RNT). E5 and E10 demonstrated competence in</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | | |
|---|--|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 | |
| Z9999 | <p>Continued From page 10</p> <p>the safe administration of medications to R1 to R11.</p> <p>The RN Trainer Quality Assurance report in January 2025 which reviewed Medication Errors for October 2024, November 2024 and December 2024 included information about missing initials for medications listed for R1 and other clients.</p> <p>On 5/20/25 at 2:27 PM, E1 (Administrator) stated that the staff (E5 and E10 DSPs) were just punching out the medications that were bunched together. There was a total of four missing pills on the bubble card of R1's Lisinopril. Staff, E10, initialed on 02/01/25 and 02/02/25 and then scribbled/wrote over the initials. E5 did not initial the MAR for 02/03/25 and 02/04/25. E1 stated that the facility recently changed pharmacies. E1 does not recall exactly when. The Pharmacy prints the clients MARs and POSs and sends the MARs and POSs to the nurse for review. Revisions on the MAR and/or POS are made and sent to the Pharmacy for corrections before the final POS and MAR for the month are sent to the facility. The bubble cards (medication supply) get to the facility on the 24th or 25th of the month before the next cycle (starts on the 1st). The nurses were definitely checking the MAR and POS at the time of the medication error of R1 in February 2025.</p> <p>On 5/21/25 at 2:30 PM, E2 (RNT) stated that she spoke with E15 (RSD) who was asking E2 about ace inhibitors for R1. E2 told E15 that R1 should not be on an ace inhibitor because it was discontinued in October 2024. R1 had kidney, cardiac, and an increase in health issues, which is why the medication was changed. E2 stated that the role of the RNT is to teach the medication administration class and review the client's POS'</p> | Z9999 | | | |

Illinois Department of Public Health

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 11</p> <p>and MARs.</p> <p>On 5/22/25 at 11:55 AM, E1 stated that Behavior Management Committee (BMC) goes over medication errors quarterly (every three months). The last BMC meeting was in April 2025. A report (for April 2025) is not available because there is no RNT to complete the report. The months of October 2024 to December 2024 were reviewed. There are RNTs that cover this home but none of them do the medication error audits. The facility does not have a Director of Nursing (DON).</p> <p>On 5/28/25 at 11:49 AM, E5 (DSP) stated that she gave R1 the Lisinopril back in February 2025. E5 had to take the medication class over in person and was not able to pass medications for a while.</p> <p>On 5/28/25 at 12:15 PM, Z9 (Pharmacy Operations Manager) stated that the pharmacy courier drops off the medication supply at the facility with a nurse. There is a manifest that the driver and facility nurse will check for the correct amount, dose and drug order for all the medications.</p> <p>On 5/28/25 at 12:36 PM, Z5 (Pharmacist) stated that they onboarded the facility in November 2024. The previous pharmacy provider would have provided the MAR, POS and medications to the facility for the month of November 2024. The facility's POS and MAR should always match because they're printed by the pharmacy. A medication printed on the MAR and POS are supplied to the facility. If the facility returns the medication, the pharmacy can credit it, if the bubble pack was not opened. If the bubble pack is opened, the pharmacy destroys those doses. Only R1's December 2024 supply of 31 doses of</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | | |
|---|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 12</p> <p>Lisinopril 10mg was recorded as returned and destroyed in the period from November 2024 to May 2025. The pharmacy did not receive the discontinuation order for R1's Lisinopril until 3/05/25.</p> <p>2. On 5/20/25 during the evening medication pass by E7 (Direct Support Person/ DSP) to R1, R2, R4, R7 and R10, E7 did not initial the MARs after administering the medications. E7 did not document her initials, title and signature on the back of any of the May 2025 MARs of R1, R2, R4, R7 and R10. Review of the POS, MAR and medication supply of clients confirm that E7 did not administer R1's Isospin with food, R1's Nifedipine order is printed in the MAR but not in the POS and is being given, R2's Celecoxib was not given with food. R4 received three instead of one spray of the Moist mouth spray.</p> <p>R1's May 2025 Medication Administration Record (MAR) does not have a listing for Olanzapine (Antipsychotic) 7.5mg at 8PM.</p> <p>R1's May 2025 Medication Administration Record (MAR) does not have a listing for Olanzapine (Antipsychotic) 7.5 mg at 8PM.</p> <p>R1's May 2025 Physician's Order Sheet (POS) includes an order for Olanzapine 7.5 mg at 8PM.</p> <p>On 5/22/25 during the morning medication pass, E5 (DSP) administered medications to R3. E5 did not initial the MAR after administering the Losartan to R3. E5 did not administer R3's Psyllium. R3's MAR has two separate pages with the entry for Polyethylene glycol (PEG) and both pages are initialed to indicate they were given twice per date and time of the doses printed.</p> | Z9999 | | | |

Illinois Department of Public Health

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 13</p> <p>On 5/22/25 at 2:16 PM, E3 (LPN) stated during interview that E3 doesn't know what happened with the discrepancies of the Olanzapine (Zyprexa) for R1. The 4/22/25 date on R1's May 2025 MAR is when E3 checked R1's POS against R1's MAR. E3 never leaves blank the front of the MAR's "Reviewed By" Section. E3 always signs all the MARs in front. All the client's May 2025 MARs were all reviewed by E3. Z7 (Registered Nurse Trainer, RNT) doesn't help with the review of the client's MARs and POS'. When E2 worked at the facility, E2 and E3 both reviewed the client's MARs and POS.</p> <p>On 5/23/25 at 9:33 AM, R1's current supply of medication cards includes one card with Olanzapine 7.5 mg. The 8PM card of R1's Olanzapine has been punched out from May 1st through May 22nd, 2025.</p> <p>On 5/23/25 at 9:33 AM, E9 (DSP) stated that E9 usually works the second shift. E9 stated that the punches on the medication card of R1 for Olanzapine means the drug was being given. E9 did not see the entry for the order of Olanzapine 7.5 mg at 8PM in R1's May 2025 MAR. There is no entry on R1's May 2025 MAR for the administered drug of Olanzapine 7.5 mg at 8PM. E9 stated that the punches in the medication cards of R1 for Nifedipine means the drugs are being given.</p> <p>On 5/23/25 at 10:10 AM, E1 (Administrator) stated that E3 is aware of the problem with R1's Olanzapine order discrepancy. The Psychiatrist sends the prescriptions to the pharmacy and the pharmacy sends the medication to the facility without letting the nurse know. It doesn't sound</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 14</p> <p>like the Direct Support Persons alert the nurse when R1's Olanzapine supply arrives to the facility. The nursing staff are responsible for reconciling R1's POS and MAR. E1 is not medication authorized for this facility so E1 does not get into all of that.</p> <p>On 5/23/25 at 10:18 AM, E1 (Administrator) stated that E1 understands that staff are signing for both orders on R3's MAR for the order of PEG but they're only giving it one at a time per E5 when E1 spoke with E5 yesterday.</p> <p>On 5/28/25 at 11:20 AM, E5 (DSP) was asked who else was with her in the facility today. E5 stated it was just her. E5 was informed that surveyor saw someone quickly return into the facility from the front door as surveyor was walking towards the front door. E5 stated that it was the nurse, but she just left. Surveyor informed E5 that she needed to speak with the nurse. Surveyor walked towards the exit door to the parking lot through the female side hallway. The bathroom in the back of the female side was dark and rustling noises were heard. Surveyor headed towards this area and E3 (LPN) walked towards the surveyor while holding papers in her arms. Surveyor told E3 that some questions need to be asked of E3.</p> <p>On 5/28/25 at 11:36 AM, E3 stated that E3 ran and tried to hide from surveyor because E3 is currently reconciling the MAR and POS for June 2025 by checking with the May 2025 MAR and POS. E3 stated she did not check the supply of medications for June 2025 against the MAR or POS. E3 added that staff are trained to know that they're supposed to check the medications when the Pharmacy sends them to the home. E3 does</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | | |
|---|---|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 | |
| Z9999 | <p>Continued From page 15</p> <p>not check in the medications for the next cycle from the pharmacy.</p> <p>On 5/28/25 at 1:38 PM, Z7 (Contract Registered Nurse Trainer, RNT) stated that Z7 does not come into the facility. Z7 started as the RNT for the facility in February 2025. Z7 is the on-call nurse for telephone triage and provides medication directions for DSPs on how to administer a medication including what side effects to monitor and on new drug orders and changes in existing drug orders. Z7 does not reconcile the POS and MAR with the client's current medication supply. Z7 believes that E3 reconciles the clients POSs and MARs. Z7 stated that staff (DSP) should check the supply of medications with the MAR to ensure there is no missing medication. Z7 should be notified by staff when there are discrepancies with the current medication supply or the MAR. Z7 stated she doesn't document what they call her about. Z7 asked the surveyor "is there anything that needs to be addressed in the home?"</p> <p>Facility Policy 7.14, Subject: Medication Administration Record (MAR) and Required Documentation, Revised 8/2023 documents: Policy: The home shall provide a medication administration record that is part of the individual's permanent record. It is an important record that describes the medications used by the individual, the doses, the routes, and the times medications were taken. Procedure. A. All medications, including patent or proprietary medications, shall be given only upon the written order of a physician, ...All orders shall be given as prescribed by the physician and at the designated time. E. The MAR shall be completed and initialed immediately after the medication is administered by the registered professional</p> | Z9999 | | | |

Illinois Department of Public Health

| | | | | |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | Continued From page 16 nurse, licensed practical nurse, or ADSP (Authorized Direct Support Person) ...In the event of mistaken documentation, the error will be noted with one single line strike through and corrected documentation completed. J. In the event of a medication error, ADSP shall immediately report the error to the registered professional nurse, RN Trainer, ...All medication errors shall be documented in the individual's record and a Medication Error Report (GN-108) shall be completed within eight hours or before the end of the shift in which the error was discovered ...L. In the event of a suspected drug reaction, ADSP shall immediately report the signs and symptoms to the registered professional nurse, RN Trainer ...All adverse drug reactions shall be documented in the individual's record and a Progress Note (GP-15) or General Event Report (GER), if applicable, shall be maintained as a part of the agency's quality assurance program. Facility Policy 5.24, Subject: Investigative Committee (IC), Revised 4/2024 documents: Purpose: The IC shall be responsible for the following: Identify, review and determine if alleged violations of any individual's rights, including abuse and neglect, have occurred between the employee and an individual. Procedure. B. If the allegation is that an employee committed an act of abuse or neglect, the employee shall be suspended from duty until such time as the: 1. Investigation is complete, and 2. The Administrator considers the report and takes administrative action. Definition. Abuse: "The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting harm, pain, or mental anguish." Neglect: "Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental | Z9999 | | |

Illinois Department of Public Health

| | | | | |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | Continued From page 17 illness." Facility's Policy 7.16 (Revised 05/25), Area: Nursing, Subject: Training Authorized DSP (Direct Support Person) (ADSP) to Administer Medications includes: - Policy. The home shall provide an on-going program designed to train ADSP in the theory and practice of medication administration. The Registered Nurse Trainer (RN-T) shall be responsible to provide training, delegating and supervising the task of med administration, retraining and appropriate documentation to indicate time, program content and personnel attending. - Procedure. C. Only an RN-T may delegate, supervise, and authorize the task of medication administration to an ADSP. F. The ADSP shall be re-evaluated by a RN-T at least annually or more frequently at the discretion of the Registered Professional Nurse. Any retraining shall be to the extent that is necessary to ensure competency of the ADSP to administer PRN medication. Ongoing monitoring and review in theory and practice of medication administration shall also be provided. G. The RN-T retains professional accountability for the outcome of delegated tasks and all nursing care as subcomponents of the total patient care delegated to the qualified competent personnel. Facility Policy 5.29 (revised 03/19), Area: Administration, Subject: Quality Assurance Committee includes: - Policy: the home shall have a Quality Assurance Committee to QA (sic) review medication records, medication administration practices, pharmacy recommendations, medical issues and individual incident reports. - Purpose: the Quality Assurance Committee | Z9999 | | |

Illinois Department of Public Health

| | | | | |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | Continued From page 18 assists Administration by ensuring practices and policies regarding medication administration, nursing services, home environment and individual safety meet regulatory standards and quality outcomes. - Procedure: 3. QA review all medication orders, labels, refusals by the individual, medications on the MAR, and administration records to ensure they were administered as ordered, completed appropriately, match physician's orders, and documentation of all full signatures and title for all initials used. QA review must be done by a registered nurse, advanced practice nurse, licensed practical nurse, pharmacist, or physician. A medication QA review shall be done at least quarterly but may be done more frequently at the direction of the RN-T. 4. QA review of all medication errors, adverse drug reactions, and medication related incidents to identify contributing factors and plan corrective action, including documentation of medication refusals by the individual on the MAR. 7. QA review all incidents and accidents: including issues that pose a safety risk to an individual, such as change of condition and unusual incidents (either resulting in observable injury or not resulting in observable injury), injuries and bruises of unknown origin, and involving individuals and/or staff to ensure that no patterns or trends are occurring. Committee will implement a plan of correction when necessary to prevent future incidents or accidents. 3. On 5/20/25 during the evening medication pass, E7 (Direct Support Person/DSP) administered the following medications: - from 3:35 PM to 3:37 PM, E7 administered one dose of Bumetanide 1milligram (mg), Carvedilol 3.125mg, Icosapent 0.5grams, Vitamin D3 | Z9999 | | |

Illinois Department of Public Health

| | | | | | |
|---|--|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 | |
| Z9999 | <p>Continued From page 19</p> <p>25(micrograms)mcg, Hydralazine 100mg and Nifedipine XL 60mg to R1. - from 3:40 PM to 3:43 PM, E7 administered one dose of Clonazepam 1mg, Levetiracetam 1000mg, Divalproex Sodium Delayed Release (DR) 250mg, Celecoxib 200mg and Carbamazepine 200mg to R2. - at 3:46 PM, E7 administered 3 sprays of (Brand) Moist Mouth Spray into R4's mouth. - at 3:47 PM E7 administered one dose of Fish oil 1000mg in apple sauce to R10. - at 3:52 PM E7 administered one dose of Hydroxyzine 50mg and two doses of Acetylcysteine 600mg to R7.</p> <p>E7 did not sign the Medication Administration Record (MAR) after giving the medications to R1, R2, R4, R7 and R10. E7 did not document her initials, title and signature on the back of any of the May 2025 MARs of R1, R2, R4, R7 and R10.</p> <p>On 5/22/25 during the morning medication pass, E5 (DSP) administered the following medications: - at 6:14 AM, E5 administered one dose of Losartan 25mg to R3. E5 did not sign on R3's MAR after administering the medication to R3. - from 6:15 AM to 6:34 AM, E5 administered one dose of (Plecanatide) 3mg, Benzotropine 1mg, Buspirone 5mg, Carbamazepine 100mg x2, Divalproex DR 125mg x 2, Risperidone 0.25mg, Docusate 100mg and Polyethylene glycol (PEG) 3350 powder 1 capful mix with water to R3. - from 6:54 AM to 7:00 AM, E5 administered one dose of Fenofibrate 67mg, Carvedilol 3.125mg, Icosapent 0.5grams, Vitamin D3 25mcg, Bumetanide 1mg and Levothyroxine 50mcg to R.1 - at 7:52 AM E5 administered one dose of Nifedipine ER 60mg and Hydralazine 100mg to R1.</p> | Z9999 | | | |

Illinois Department of Public Health

| | | | | | |
|---|---|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 | |
| Z9999 | <p>Continued From page 20</p> <p>- from 7:11AM to 7:20 AM E5 administered one dose of Levothyroxine 100mcg, Amlodipine 10mg, Vitamin B12 1000mcg, Vitamin D3 50mcg, Carbamazepine 200mg, Celecoxib 200mg, Divalproex DR 250mg, Divalproex DR 500mg, Levetiracetam 1000mg, Citalopram 20mg and Clonazepam 1mg to R2.</p> <p>Upon reconciling the May 2025 Physician's Orders Sheet (POS), the May 2025 Medication Administration Record (MAR) and the current supply of client's medications, the following errors were identified:</p> <p>- R1's order is Icosapent Ethyl 0.5grams, take 1 capsule by mouth twice daily with meals at 7AM and 4PM. Icosapent was administered to R1 on 5/20/25 and 5/22/25 with water only and without food.</p> <p>- R1's order is Nifedipine ER 60mg (generic for Procardia XL 60mg) take 1 tablet twice daily at 7AM and 4PM. Nifedipine was administered to R1 on 5/20/25 and 5/22/25. Nifedipine is listed in the May 2025 MAR but not in the May 2025 POS.</p> <p>- R2's order is Celecoxib 200mg, take 1 capsule by mouth twice daily with food at 7AM and 4PM. Celecoxib was administered to R2 on 5/20/25 and 5/22/25 with water only and without food.</p> <p>- R3's order is (Psyllium) 1 packet sugar free in 8 ounces of liquid every day at 7AM. Polyethylene glycol (PEG) at 7AM, 4PM and 8PM. Psyllium was not administered to R3 on 5/22/25. There was a gallon zipped bag with single serve packets of the Psyllium in the medication cabinet.</p> <p>- R3's May 2025 MAR includes two entries (one order listed in two separate pages) of the PEG at 7AM, 4PM and 8PM order. One dose of the PEG was administered to R3 on 5/22/25. There are staff initials written in the boxes in both pages for the PEG order from 5/01/25 to 5/22/25 indicating two doses were given.</p> | Z9999 | | | |

Illinois Department of Public Health

| | | | | |
|---|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 |
| Z9999 | <p>Continued From page 21</p> <p>- R4's order is (Brand) Moist Mouth Spray, Spray 1 spray in mouth 3 times a day at 7AM, 4PM and 8PM. Three sprays instead of one spray of the Moist Mouth Spray were administered to R4 on 5/20/25.</p> <p>On 5/22/25 at 2:16 PM, E3 (Licensed Practical Nurse/LPN) stated during interview that E3 doesn't know what happened with the discrepancies of the Olanzapine (Zyprexa) for R1. The 4/22/25 date on R1's May 2025 MAR is when E3 checked R1's POS against R1's MAR. E3 never leaves blank the front of the MAR's "Reviewed By" Section. E3 always signs all the MARs in front. All the client's May 2025 MARs were all reviewed by E3. Z7 (Registered Nurse Trainer/RNT) doesn't help with the review of the client's MARs and POS'. When E2 worked at the facility, E2 and E3 both reviewed the client's MARs and POS.</p> <p>On 5/23/25 at 9:30 AM, R1's supply of medication cards in the basket includes two cards of Nifedipine ER 60mg. The 7AM card of Nifedipine ER has been punched out from the 1st through the 23rd. The 4PM card of Nifedipine ER has been punched out from the 1st through the 22nd.</p> <p>On 5/23/25 at 9:33 AM, E9 (DSP) stated that E9 usually works 2nd shift. E9 stated that the punches in the medication cards of R1 for Nifedipine means the drugs are being given.</p> <p>On 5/23/25 at 10:10 AM, E1 (Administrator) stated that E1 spoke with E3 about R1's Nifedipine order this morning. E3 stated that the doctor sends prescription to the pharmacy and pharmacy sends the medication supply to the facility. E1 did not know that the Nifedipine prescription listed in the May 2025 MAR is not in</p> | Z9999 | | |

Illinois Department of Public Health

| | | | | | |
|---|--|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 | |
| Z9999 | <p>Continued From page 22</p> <p>the May 2025 POS is also an issue in the previous months. The nursing staff are responsible for reconciling R1's POS and MAR. E1 is not medication authorized for this facility so E1 do not get into all of that.</p> <p>On 5/23/25 at 10:18 AM, E1 (Administrator) stated that E1 understands that staff are signing for both orders on R3's MAR for the order of PEG but they're only giving it one at a time per E5 when E1 spoke with E5 yesterday.</p> <p>Facility Policy 7.14, Subject: Medication Administration Record (MAR) and Required Documentation, Revised 8/2023 documents: Policy: The home shall provide a medication administration record that is part of the individual's permanent record. It is an important record that describes the medications used by the individual, the doses, the routes, and the times medications were taken. Procedure. A. All medications, including patent or proprietary medications, shall be given only upon the written order of a physician, ...All orders shall be given as prescribed by the physician and at the designated time. E. The MAR shall be completed and initialed immediately after the medication is administered by the registered professional nurse, licensed practical nurse, or ADSP (Authorized Direct Support Person) ...In the event of mistaken documentation, the error will be noted with one single line strike through and corrected documentation completed. J. In the event of a medication error, ADSP shall immediately report the error to the registered professional nurse, RN Trainer, ...All medication errors shall be documented in the individual's record and a Medication Error Report (GN-108) shall be completed within eight hours or before</p> | Z9999 | | | |

Illinois Department of Public Health

| | | | | | |
|---|---|---|--|--------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6013833 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | | (X3) DATE SURVEY COMPLETED 06/13/2025 |
| NAME OF PROVIDER OR SUPPLIER TORRENCE PLACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2601 223RD STREET SAUK VILLAGE, IL 60411 | | |
| (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 | |
| Z9999 | Continued From page 23 the end of the shift in which the error was discovered ...L. In the event of a suspected drug reaction, ADSP shall immediately report the signs and symptoms to the registered professional nurse, RN Trainer ...All adverse drug reactions shall be documented in the individual's record and a Progress Note (GP-15) or General Event Report (GER), if applicable, shall be maintained as a part of the agency's quality assurance program. "A" | Z9999 | | | |