STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0057828	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMONY PALOS	11860 SOUTHWEST HIGHWAY , PALOS HEIGHTS, Illinois, 60463

(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) COMPLETION DATE
S0000	Initial Comments Annual Licensure and Recertification	S0000		11/13/2025
S9999	Final Observations Statement of Licensure Violations (1 of 2) 300.610a) 300.1210a) 300.1210b) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive	S9999		11/14/2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the facility failed to develop and implement comprehensive, person-centered care plans that addressed opioid use for 5 residents (R8, R12, R38, R72, and R97) reviewed for care plans. These failures have the potential to affect 5 residents (R8, R12, R38, R72 and R97) reviewed for care plans in the total sample of 37 residents. Findings include: R8's face sheet documents and admission date of 8/05/25, and diagnoses that include but are not limited to tracheostomy status, pulmonary embolism, and aphasia. R8's "Order Summary Report," dated 9/24/25, documents, in part, "Hydrocodone-Acetaminophen Oral Tablet 5-325 MG (Hydrocodone-Acetaminophen): Give 1 tablet via G-Tube three times a day for pain." Hydrocodone-Acetaminophen pharmacological classification is an opioid analgesic. Upon review of R8's care plan, R8 is receiving Hydrocodone-Acetaminophen (opioid) for pain management; however, R8's care plan does not address the use of opioid medication or the associated risks. Opioids are high-risk medications due to potential side effects such as sedation, constipation, respiratory depression, and increased fall risk. All identified medical issues, including medication risks, must be reflected in R8's care plan. R12's face sheet documents an admission date of 12/12/23, and diagnoses that include but are not limited to venous thrombosis and chronic obstructive pulmonary disease.	S9999		

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S9999	Continued from page 2 R12's "Order Summary Report," dated 9/24/25, documents, in part, "Hydrocodone-Acetaminophen Oral Tablet 5-325MG (Hydrocodone-Acetaminophen): Give 1 tablet by mouth every 6 hours as needed for Moderate to severe pain." Hydrocodone-Acetaminophen pharmacological classification is an opioid analgesic. Upon review of R12's care plan, R12 is receiving Hydrocodone-Acetaminophen (opioid) for pain management; however, R12's care plan does not address the use of opioid medication or the associated risks. Opioids are high-risk medications due to potential side effects such as sedation, constipation, respiratory depression, and increased fall risk. All identified medical issues, including medication risks, must be reflected in R12's care plan. R38's face sheet documents an admission date of 9/03/25, and diagnoses that include but are not limited to absence of left leg above knee, absence of right leg above knee, peripheral vascular disease, and pressure ulcer of sacral region. R38's "Order Summary Report," dated 9/24/25, documents, in part, "Hydrocodone-Acetaminophen Tablet 5-325 MG: Give 1 tablet by mouth every 6 hours as needed for moderate to severe pain." Hydrocodone-Acetaminophen pharmacological classification is an opioid analgesic. Upon review of R38's care plan, R38 is receiving Hydrocodone-Acetaminophen (opioid) for pain management; however, R38's care plan does not address the use of opioid medication or the associated risks. Opioids are high-risk medications due to potential side effects such as sedation, constipation, respiratory depression, and increased fall risk. All identified medical issues, including medication risks, must be reflected in R38's care plan. R72's face sheet documents an admission date of 8/14/25, and diagnoses that include but are not limited to fracture of unspecified part of left clavicle and fracture with routine healing and nondisplaced fracture of proximal phalanx of left lesser toe(s). R72's "Order Summary Report," dated 9/24/25, documents, in part, "Hydrocodone-Acetaminophen Oral Tablet 5-325MG (Hydrocodone-Acetaminophen): Give 1 tablet by mouth every 8 hours as needed for breakthrough pain." Upon review of R72's care plan, R72 is receiving Hydrocodone-Acetaminophen (opioid) for pain management;	S9999		

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S9999	Continued from page 3 however, R72's care plan does not address the use of opioid medication or the associated risks. Opioids are high-risk medications due to potential side effects such as sedation, constipation, respiratory depression, and increased fall risk. All identified medical issues, including medication risks, must be reflected in R72's care plan. R97's face sheet documents diagnoses that include but are not limited encounter for surgical aftercare following surgery on the digestive system." R97's "Order Summary Report," dated 9/24/25, documents, in part, "Tramadol HCl Oral Tablet 50 MG (Tramadol HCl): Give 1 tablet by mouth every 6 hours as needed for moderate to severe pain." Tramadol's pharmacological classification is an opioid analgesic. Upon review of R97's care plan, R97 is receiving Tramadol (opioid) for pain management; however, R97's care plan does not address the use of opioid medication or the associated risks. Opioids are high-risk medications due to potential side effects such as sedation, constipation, respiratory depression, and increased fall risk. All identified medical issues, including medication risks, must be reflected in R97's care plan. On 9/24/25 at 11:34am, V2 (Director of Nursing/DON) stated that V2 was unsure of the facility's requirement regarding the inclusion of opioid use in resident care plans. V2 said that The MDS (Minimum Data Set) Coordinator (V24) will "have more information in regard to opioids and care plans." On 9/24/25 at 11:37am, V24 (MDS Coordinator/Clinical Care Coordinator) said, "We (facility) have care plan for pain, but not specifically for opioid medications. Opioids are high risk medications and could develop into a adverse reaction. The care plan interventions let us (staff) know the correct care residents should be receiving. We (facility staff) can do that (initiate opioid care plans) moving forward. We, as a team, will look at that and not just pain itself." On 9/24/25 at 1:55pm, V24 (MDS Coordinator/Clinical Care Coordinator) presented R38's care plan updated, date initiated 9/24/25, that documents, in part, "(R38) has an opioid medication (Hydrocodone-Acetaminophen) … Goal: Resident will be free from adverse reactions related to opioid medication through next review… with interventions: … Monitor/document side effects and effectiveness. Opioid side effects: constipation, drowsiness and sedation, nausea, vomiting, dizziness,	S9999		

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S9999	Continued from page 4 confusion, itchiness, urinary retention, respiratory depression, overdose, dependence, addiction, withdrawal, opioid-induced hyperalgesia, cardiac effects, immunosuppression…. Provide pain management interventions." Facility policy titled, "Care Plan," revised date 6/30/25, documents, in part, "Policy Statement: It is the policy of the facility to ensure that all care plans including base line care plans are in conjunction with the federal regulations… 2. The baseline care plan at a minimum should include initial goals based on admission orders, physician orders, dietary orders, therapy services, social services, and PASARR recommendations if applicable…" Record review of CMS's RAI (Resident Assessment Instrument) 3.0 Manual Chapter 3 N0415: High-Risk Drug Classes: Use and Indication (dated October 2024) documents, in part, "… H. Opioid… Health-related Quality of Life: Medications are an integral part of the care provided to residents of nursing homes. They are administered to try to achieve various outcomes, such as curing an illness, diagnosing a disease or condition, arresting or slowing a disease's progress, reducing or eliminating symptoms, or preventing a disease or symptom. Residents taking medications in these medication categories and pharmacologic classes are at risk of side effects that can adversely affect health, safety, and quality of life. While assuring that only those medications required to treat the resident's assessed condition are being used, it is important to assess the need to reduce these medications wherever possible and ensure that the medication is the most effective for the resident's assessed condition. As part of all medication management, it is important for the interdisciplinary team to consider non-pharmacological approaches. Educating the nursing home staff and providers about non-pharmacological approaches in addition to and/or in conjunction with the use of medication may minimize the need for medications or reduce the dose and duration of those medications…. Possible adverse effects of these medications should be well understood by nursing staff. Educate nursing home staff to be observant for these adverse effects. Implement systematic monitoring of each resident taking any of these medications to identify adverse consequences early… Opioid medications can be an effective intervention in a resident's pain management plan but also carry risks such as overuse and constipation. A thorough assessment and root-cause analysis of the resident's pain should be conducted prior to initiation of an opioid medication and re-evaluation of the resident's pain, side effects, and	S9999		

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S9999	Continued from page 5 medication use, and plan should be ongoing…" Facility policy titled, "Pain,' revised date 7/29/25, documents, in part, "… Ensure that prior to initiating pain meds, resident or representatives were educated on the risk, benefits, alternatives, black box warning of the pain meds and is given the right to consent to or refuse the pain meds." Facility provided pamphlet titled, "Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities," revised date 11/18, documents, in part, "… Your facility must provide services to keep your physical and mental health, at their highest practical levels. Your facility must be safe, clean, comfortable, and homelike…" (B) (2 of 2) 300.610a) 300.1210b) 300.1210d)6) 300.1620a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. Section 300.1210b) General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly	S9999		

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S9999	Continued from page 6 supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1620a) Compliance with Licensed Prescriber's Orders 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 acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. This requirement is NOT met as evidenced by: Based on observation, interview and record review, the facility failed to provide adequate foot care and failed to ensure podiatric services as indicated and failed to obtain orders from healthcare provider for medication prior to administration. The facility also failed to have a registered nurse act within their scope of practice; failed to follow the physician order policy. This failure affects 1 resident reviewed for foot care and 1 resident (R5) in a sample of 37 residents reviewed for professional standards. Findings include: R5's progress note (6/16/2025) documents in part "…Patient (R5) is seen at nursing home today for evaluation of painful digital nail deformities and generalized foot care. The patient has been unable to provide self nail care due to the severe nature of deformity which causes pressure and limits the patient's ability to walk in shoe gear without pain…. Impression: PVD, Symptomatic Onychomycosis,	S9999		

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S9999	Continued from page 7 Hyperkeratosis, Xerosis, Muscle Weakness, HDS Treatment: A treatment plan was established for the above patient. 8 symptomatic toe nails were manually debrided using nail forceps. Trimmed hallux nail bil using nail forcep. Relief of pain noted after nail debridement. Debride hyperkeratotic lesion x 2 using 10 blade. Professional treatment is required to relieve inflammation and pain due to pressure and to prevent exposing the patient to medically significant risk due to comorbidities. All procedures were performed without incident and complications. Patient seen today using CDC protocols for Covid-19. Patient to be seen in 9 weeks…" R5's minimum data set (8/26/2025) documents in part a brief interview of mental status summary score of 10, indicating that R5 has cognitive impairment. R5's admission record documents in part the following diagnosis: end stage renal disease, peptic ulcer, gastroesophageal reflux disease, unspecified dementia unspecified severity, chronic systolic heart failure. On 9/22/2025 at 9:53 AM, R5 stated, "My biggest issue is my toe. I saw a foot doctor a long time ago, but I haven't seen one since then. I want to be seen more often, and I really need someone to address my big toe. It's my right one. It's like 9/10 pain, it hurts so much. It has been hurting for a while, and I have been wanting to see the doctor." On 9/22/2025 at 9:58 AM, V18 (Agency Registered Nurse) affirmed that V18 is assigned to care for R5. V18 lifted R5's blanket and assessed R5's right foot. R5's right hallux toenail appeared thick and yellow in color. V18 affirmed that R5's hallux toenail appeared thick and long. V18 pressed against the side of R5's toe where R5 grimaced and exclaimed in pain. V18 offered to call R5's nurse practitioner to report the change in condition and offered to administer pain medication. V18 was unsure how often the podiatrist rounds at the facility or how often R5 receives podiatric care. On 9/22/2025 at 10:06 AM, V18 documented, "Late Entry: Note Text: Resident complaint of pain related to right big toe, nurse assess Resident's toe, area pain to touch, no redness, broken skin or swelling noted. pain 7/10, PRN ibuprofen given and tolerated well. NP notified NNO given. will continue to monitor. Record review of R5's physician orders do not document an active order to administer ibuprofen.	S9999		

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S9999	Continued from page 8 On 9/22/2025 at 11:12 AM, V18 documented, “Note Text: ibuprofen effective, Resident report no pain or discomfort at this time.” On 9/23/2025 at 11:41 AM, V2 (Director of Nursing) explained that V2 was aware of R5’s pain and instructed V18 (Agency Registry Nurse) to administer medication to address R5’s pain. V2 reviewed R5’s electronic health record and affirmed that there is documentation that V18 administered ibuprofen to R5. V2 stated that medications cannot be administered without a physician order. V2 affirmed that R5 did not have an order for ibuprofen when V18 administered ibuprofen. On 9/23/2025 at 11:41 AM, V2 (Director of Nursing) affirmed that V2 was familiar with R5. V2 reviewed R5’s progress notes by the V21 (Podiatrist) and affirmed that R5 has a history of foot conditions including fungal nail infections and skin conditions that can cause R5’s nails to thicken and/or cause pain. V2 affirmed that R5 should have been seen 9 weeks after the last podiatric visit. V2 stated, “(R5) should have been seen around August 11th. That would have been 9 weeks. I don’t know why (R5) wasn’t seen”. V2 was unsure who was responsible for arranging podiatry appointments within the facility. On 9/24/2025 at 10:13 AM, R5 recalled that on 9/22/2025 after V18 assessed R5, V18 gave R5 medication and said it was ibuprofen. On 9/24/2025 at 10:38 AM, V1 (Administrator) affirmed that it is outside of a licensed nurse’s scope of practice to administer medication without a physician order. On 9/24/2025 at 10:38 AM, V1 (Administrator) affirmed that the nursing department is responsible for arranging for residents and that the facility should be following the podiatry policy. On 9/24/2025 at 12:08 PM, V21 (Podiatrist) affirmed that V21 is the podiatrist for the facility, rounds on patients at the facility monthly, and has performed podiatric care R5 in the past. V21 explained that onychomycosis is a fungal infection and causes the nails to thicken and become discolored such as yellow or brown. V21 affirmed that onychomycosis is painful to the patient and often interferes with being able to wear socks, shoes or even a blanket— pressure will worsen the pain. V21 affirmed that it is not within the facility’s scope to be able to treat conditions like onychomycosis, hyperkeratosis, etc. they require the resident to be cared for by the podiatrist because the	S9999		

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S9999	Continued from page 9 nails would need to be debrided. Or if a family would like, topical antifungal medications can be applied but they would need to buy them. V21 said the professional standard of podiatric care is to see the patient every 9 weeks for treatment, and as needed like if a patient stubs a toe or there is a change in condition. V21 denied that R5 was seen after 6/17/2025. V21 was unsure why R5 was not seen, and stated, “I think maybe (R5) was at dialysis or something. I am not sure”. V21 stated that V21 was notified by the facility today asking V21 to come to the facility on a Monday, Wednesday or Friday so that V21 could see a patient. V21 stated, “that must be why they (the facility) were calling me this morning”. V21 stated that V21’s next visit to the facility will be at the end of October, around the week of the 27th or 29th. On 9/24/2025 at 10:03 AM, R5 was observed lying in bed. R5 affirmed that R5’s right hallux toe is causing R5 pain. R5 rated R5’s right hallux toe pain at 7/10. On 9/24/2025 at 12:17 PM, V2 (Director of Nursing) stated that V2 had just completed a call with V21 (Podiatrist) and that V21 would be coming next week to complete a visit for R5’s toe concerns. Facility policy titled, “Podiatry Consult” documents in part, “…2. Residents will be referred to Podiatrist based on the foot assessment. 3. Residents with orders for Podiatry service will be referred to a podiatrist. 4. If the podiatrist sees a need to have a follow up visit with the resident, the Podiatrist will notify the DON (Director of Nursing) or designee of the next visit…” Facility policy titled “Physician Orders” (7/3/2025) documents in part, “… It is the policy of this facility to ensure all resident/patient medications, treatment and plan of care must be in accordance to the licensed physician’s orders. The facility shall ensure to follow physician orders as it is written on the POS (Physician Order Sheet). Procedures… 2. All medications administered to the resident/patient must be ordered in writing by the patient’s attending physician…” (B)	S9999		