STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0049841	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GENERATIONS AT REGENCY	**6631 MILWAUKEE AVENUE , NILES, Illinois, 60714**

(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 Complaint Investigation Survey 25911318/2672767	S0000		12/19/2025
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1220b)2)3) 300.3220f) 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 300.1210 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 supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. c) Each direct care-giving staff shall review and be	S9999		12/19/2025

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

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S9999	Continued from page 1 knowledgeable about his or her residents' respective resident care plan. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) These regulations were not met as evidence by: Based on interview and record review, the facility failed to ensure that a resident received care and services in accordance with professional standards of practice to promptly intervene, monitor, and escalate treatment for severe hypoglycemia for a resident. This failure applied to one (R1) of three residents reviewed for nursing care and resulted in R1 experiencing prolonged hypoglycemia of over two hours with decreased responsiveness, requiring emergent hospital transfer. R1 subsequently expired at the hospital the same day. Findings Include:	S9999		

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S9999	Continued from page 2 R1 was a 60-year-old male who originally admitted to the facility on 9/25/2025, discharged to the hospital on 11/18/2025, and later expired. R1 had multiple diagnoses including but not limited to the following: anemia, ESRD dependence on dialysis, type II DM, CHF, colitis, pleural effusion, adult failure to thrive, and deep vein thrombosis. R1 expired at the hospital on 11/18/25. Hospital record documents that upon arrival to the hospital at 10:31AM, R1 was found to be: desaturating into the 80s and placed on a non-rebreather at 15L. R1 was intubated and sedated at this time. On 11/18/2025, R1 experienced a hypoglycemic episode that was identified at 6:50AM by V6 (Former Licensed Practical Nurse). According to vital signs flowsheet report and progress notes, R1 experienced the following Blood Glucose levels and interventions on 11/18/2025: At 6:50AM, R1 was assessed by V6 to have a blood glucose of 42 mg/dl. V6 administered an emergency dose of Glucagon at this time. At 7:20AM, V6 rechecked R1's blood glucose to be at 43 mg/dl. V6 administered another emergency dose of Glucagon and apple juice was given to R1. At 7:30AM, R1's blood glucose was checked to be at 46 ml/dl. At this time V6 endorsed and gave report to day shift nurse, V5 (Licensed Practical Nurse). At 8:45AM, R1's blood sugar was checked to be at 52 mg/dl. V5 administered another emergency dose of Glucagon. At 9:20AM, R1's blood sugar was checked to be at 50 mg/dl. At this time, R1's vitals were checked, and it was noted that R1 was having labored breathing and decreased respirations. Per documentation, V7 (Nurse Practitioner) was notified and ordered to send R1 to the hospital via 911. At 9:23AM, R1's blood glucose was checked to be at 48 mg/dl. At 9:30AM, R1 left the facility with paramedics. Fire Department Field Care Report dated 11/18/2025 shows team was called to the scene for R1 having a diabetic problem. R1 was found in a seated position on	S9999		

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S9999	Continued from page 3 his bed, unresponsive, head tilted forward, non-rebreather on. Staff states that R1 is normally alert and oriented x 4. Staff states R1 blood glucose was 42 at 7:00AM. Staff gave one dose of glucagon at that time. Staff rechecked R1's blood glucose at 9:00AM and found that it was still low at 48 mg/dl. Then called 911. It is to be noted that there is no documentation that the physician or the nurse practitioner was notified prior to 9:20AM. It is also to be noted that R1's blood glucose levels remained under 70 ml/dl for estimated two hours and thirty minutes before the nurse practitioner or 911 was called. On 12/16/2025 at 12:05PM, V6 (Former night LPN) said around 6:45AM, I went into R1's room. I noted R1 was not at his baseline, and I had to vigorously shake him to get him to arouse. I took R1's vitals and noted a blood glucose level of 42 mg/dl. I administered Glucagon at this time. I rechecked a bit later and noted his blood glucose level did not rise much. I then administered another dose of Glucagon. At this point, V5 (Morning LPN) arrived and gave him some apple juice, which he was able to drink. My understanding was that V5 was going to monitor R1 and I left the facility. On both 12/15/2025 at 11:25AM and 12/17/2025 at 11:10AM, V5 was interviewed. V5 said I arrived to my shift on 11/18/2025 between 7:00-7:30AM. I sat with V6 at the nurses' station and received report. V6 had mentioned that R1 was experiencing low blood glucose. After report, V6 and myself went into R1's room. No one was in R1's room when we arrived. We checked R1's blood glucose and I remember it was low, definitely below 50 mg/dl. We gave glucagon and apple juice which R1 drank. I rechecked a couple times, but it never got above 60 ml/dl. I gave the glucagon again and noted that he was having some abdominal, labored breathing. At this point, I hooked him up to the continuous vital monitor and noted his respirations were low. I called V3 (Assistant Director of Nursing) to help assist. On 12/15/2025 at 11:50AM, V3 said V5 called myself and another nursing supervisor to the floor to help assist. I would estimate that this was between 8:30AM-9:00AM. V5 said that R1's blood glucose was low and that she had given him Glucagon. We assessed R1 to not be at his baseline. R1's oxygen saturations were very low and they had him on a non-rebreather mask, receiving 25	S9999		

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S9999	Continued from page 4 liters of oxygen. At this point, we called 9-1-1 to send him out to the hospital. On 12/17/2025 at 10:05AM, V7 (Nurse Practitioner) said hypoglycemia to me, is anything below 80 mg/dl. If a resident is experiencing hypoglycemia, my expectation would be that the nursing staff offer juice to the resident if they are able to take food by mouth. If they are unable to do so or the blood glucose is very low, they should be given glucagon. They should continue to monitor the resident and the blood glucose. After fifteen minutes, if the blood glucose did not rise, they can give another dose of glucagon. My expectation would be for the nursing staff to immediately assess the patient, give the glucagon, and notify me as they monitor the resident. I should be notified of any resident that is experiencing hypoglycemia. I would also expect for a staff member to be with the resident at all times. V7 said, on 11/18/2025, I was notified by V5 that R1 was experiencing low blood glucose and that she had already given glucagon. She also said that at this time R1 was in respiratory distress. I told her to call 9-1-1 and send him to the hospital. On 12/15/2025 at 1:35PM, V2 (Director of Nursing) said V6 (former LPN) was terminated due to failing to follow our facility protocol. V6 should have notified V7 (Nurse Practitioner) right away when she noted R1 had low blood glucose, instead she endorsed it to V5 (LPN) when she came on her shift. Employee Disciplinary Action dated 11/18/2025 shows V6 received disciplinary action and was ultimately terminated for failure to follow MD/NP orders and notify MD/NP of change of condition. On 12/17/2025 at 2:37PM, V16 (Medical Director) said I would expect the nursing staff to promptly notify the attending upon any resident having a blood glucose level of 70 mg/dl or below. The ASCP (American Society of Consultant Pharmacists) hypoglycemia protocol, primarily for older adults in long-term care, uses the "Rule of 15": if blood glucose (BG) is <70 mg/dL and the person can swallow, give 15g of fast-acting carbs (like glucose tabs/gel, juice), recheck in 15 mins, and repeat until BG >70 mg/dL; then provide a snack with carbs/protein, and for severe cases (unconscious/unable to swallow), administer glucagon and call 911. This protocol helps staff act without immediate physician orders in emergencies, following American Diabetes Association (ADA) guidelines. This protocol originated May 2023 and	S9999		

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S9999	Continued from page 5 may be implemented without a physician's order. Facility Policy titled Hypoglycemia Management with last revision date of 11/2025 states in part but not limited to the following: Residents experiencing hypoglycemia (blood glucose below 70 mg/dl with or without symptoms) will receive prompt intervention. Treatment and Interventions: Blood Glucose <70 ml/dl and resident is conscious and able to take nutrition orally: Immediately give 15 grams of carbohydrates, staff to remain with resident at all times, repeat blood glucose and re-treat every 15 minutes until blood glucose is > 70mg/dl. If blood glucose <70 mg/dL and resident is unable or unwilling to consume nutrition orally: Immediately give ready to use glucagon. Staff to remain with resident at all times. In 15 minutes if the resident is not able or willing to consume nutrition within 15 minutes, give another dose of glucagon, and call for emergency help, i.e. 911. Facility Policy titled Change of Condition with last revision date of 2/2025 states in part but not limited to the following: The nurse will notify the resident's attending physician or physician extender when: there is a significant change in the resident's physical, mental, or psychosocial status; there is a need to alter the resident's treatment significantly; and it deems necessary or appropriate in the best interest of the resident. The nurse will record in the resident's medical record any changes in the resident's medical condition or status. (AA)	S9999		