PRINTED: 08/11/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		4.464.96			С		
		146186	B. WING _			07/	20/2021
NAME OF PI	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ALDEN E	STATES OTS OF HUNTH	-v		1:	2140 REGENCY PARKWAY		
ALDEN ES	STATES CTS OF HUNTLE	=1		Н	IUNTLEY, IL 60142		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(	(EACH CORRECTIVE ACTION SHOULD B	E	COMPLETION
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPRIA	ATE	DATE
					DEFICIENCY)		
			1				
F 000	INITIAL COMMENTS		FC	000			
	Complaint Investigat						
	2114853/IL135849 -	•					
	2115057/IL136118 - N	No deficiencies					
	A partial extended su	rvey was conducted.					
F 600	Free from Abuse and	Neglect	F6	00			7/21/21
SS=G		•					
	\$483.12 Freedom fro	m Abuse, Neglect, and					
	Exploitation	m ibaco, region, and					
	· •	right to be free from abuse,					
		ation of resident property,					
	•	efined in this subpart. This					
	includes but is not lim						
		involuntary seclusion and					
		ical restraint not required to					
	treat the resident's m	edical symptoms.					
	§483.12(a) The facilit	y must-					
	§483.12(a)(1) Not use	e verbal, mental, sexual, or					
	physical abuse, corpo	oral punishment, or					
	involuntary seclusion						
		is not met as evidenced					
	by:						
1		and record review the facility			Plan of Correction		
1		er a physician prescribed			3. 33.133.131		
1		) for twenty-nine days (29) to			F600 483.12(a)(1) FREE FROM ABUS	F	
	,	resulted in R1 missing			AND NEGLECT	_	
					AND NEGLECT		
		f the medication. This			Cubmission of this way of some stirm by		
		R1 being hospitalized with a			Submission of this plan of correction by		
	diagnosis of septic sh	IUUK.			Alden Estates-Courts of Huntley is not		
					legal admission that a deficiency exists		
		residents (R1) reviewed for			that this Statement of Deficiencies was		
	neglect in the sample	of 7.			correctly cited. In addition, preparation	l	
					and submission of this POC does not		
	The findings include:				constitute an admission or agreement	of	
LABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

**Electronically Signed** 

Facility ID: IL6016950

06/27/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			7 55.25			С	
		146186	B. WING	<del> </del>	0	7/20/2021	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
				12140 REGENCY PARKWAY			
ALDEN ES	STATES CTS OF HUNTLI	EY		HUNTLEY, IL 60142			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 600	showed R1 had a his (methicillin-susceptib bacteremia (blood inf the intervertebral disc (methicillin-resistant scolonization in her lureffusions, and Asperg showed, "Plan: To co by mouth twice a day above MSSA bactere with MRSA). A fax	se Note dated May 27, 2021 tory of MSSA le Staphylococcus aureus) rection), discitis (infection of	F 60	any kind by the facility of the tr facts set forth in this allegation survey agency.  1. Corrective actions which vaccomplished for those resider to have been affected by the dipractice:  a. R1, and all other residents receiving reconciled and verifications as physician presensure the prevention of negle	vere nts alleged eficient s, are ed cribed to		
	5/27/21) was faxed so Physician).  R1's Nurses Note dat was admitted to the factor R1's hospital After Visidated June 5, 2021 s	ted June 5, 2021 showed R1 acility from the hospital. sit Summary instructions howed R1 was to continue 00 mg, twice a day, in the		<ul> <li>2. Actions taken to identify or residents that may have the population be affected by the same deficient.</li> <li>a. All residents have been of ensure medications are being verified, and administered in action with standards of practice.</li> <li>b. Although no additional residents.</li> </ul>	nave the potential to same deficient practice:  ave been observed to are being reconciled, stered in accordance ractice.		
	R1 was sent to the hochest pain. R1 was had 18-25, 2021. R1's Nursing Admissi 25, 2021 showed R1 facility. R1's hospital After Vidated June 25, 2021 medicationsdoxyomouth two times daily	ycline 100 mg capsule by y"  dated July 9, 2021 showed		determined to be affected, then the potential for residents to be by the alleged deficient practic response to this potential, the taken actions as stated below.  3. Measures taken to ensure practices continue:  a. Nurses were in-serviced of admission process related to no reconciliation and verification.	re remains e affected e. In facility has e that proper on facility nedication		
		emergency room with fever ing sent from the facility by		b. Nurses were in-serviced of abuse and neglect policy, with	-		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		146186	B. WING	B. WING		C 7/20/2021	
NAME OF P	ROVIDER OR SUPPLIER	1.0.00		STREET ADDRESS, CITY, STATE, ZIP COD	•	772072021	
TO THE OT THE	TO VIDER OR GOLF EIER			12140 REGENCY PARKWAY			
ALDEN ES	STATES CTS OF HUNTLI	ΞΥ					
				HUNTLEY, IL 60142			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 600	Continued From page	e 2	F 60	00			
	subsequently admitted with a diagnosis of sec R1's hospital Orthoped dated July 11, 2021 s surgical revision of he	edic Surgery Consult note howed R1 underwent a er left knee replacement due knee arthroplasty infection		emphasis on prevention of ne relates to proper medication administration.  c. QA audits on medication and verification have been conew admissions/re-admission leadership.	reconciliation		
	and July 1-9, 2021 Pl were each reviewed a orders for doxycycline R1's June 2021 and A Administration Recor- showed R1 was not a doxycycline while res 5, 2021 through July	July 2021 Medication ds were reviewed and administered any doses of iding in the facility from June		<ul> <li>d. A verification process, contwo nurses at the time of admition been developed to ensure converifying resident medication admission, physician review orders, and pharmacy receipt medication orders.</li> <li>e. A resident admission mereconciliation and verification schedule has been developed</li> </ul>	nission, has nsistency in lists upon of medication t of  dication audit		
	Visit Summaries (date physician orders, and administration record Administrator and V2 (DON). V2 stated, "V the facility from the homedication list sent for resource for what me resident. The admission resident's medication then sends the orders should have been on she was here. R1's production don't know what happed was missed."	ed 6/5/21 and 6/25/21), I June/July 2021 medication s were reviewed with V1 Interim Director of Nursing When a resident returns to ospital, we use the om the hospital as a ds to order/continue for our sion nurse reviews the list with the physician and s to our pharmacy. (R1) doxycycline the whole time		being conducted by clinical le ensure orders are correctly or f. Facility changes made to admission process to ensure medication orders are verified ordered have been added to medication administration poladdendum.  g. Nurses were in-serviced facility medication administration related to verification of medicularing admission process.  h. Additional education related admission medication reconditions are concorrected to the control of th	eadership, to arried out.  the resident all dand the facility icy as an on updated tion policy cation orders  ted to facility iliation and		
	stated R1 was to be			new nurse training binders ar			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		146186	B. WING	B. WING		C 7 <b>20/2021</b>	
	ROVIDER OR SUPPLIER	ΕΥ		STREET ADDRESS, CITY, STATE, ZIP CODE  12140 REGENCY PARKWAY  HUNTLEY, IL 60142		720/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 600 F 760 SS=J	her history of sepsis a infection to the prosth stated she never disc order. V8 stated R1 sthe doxycycline twice facility.  On July 14, 2021 at 1 Disease Physician states the highest physician states the staph (staphylococcublood and MRSA discondoxycycline, twice the rest of her life. V6 doxycycline was to trybecoming septic again her left knee prosth. The facility's Abuse Pshowed, "Neglect is the employees, or service and services necessate pain, mental anguish, Residents are Free of CFR(s): 483.45(f)(2). The facility must ensure \$483.45(f)(2) Resider medication errors. This REQUIREMENT by:  Based on interview a failed to ensure a resiphysician prescribed R1 missing fifty-two (structure). This failure contribute in an intensive care under the contribute in the contribute in an intensive care under the contribute in an intensive care under the contribute in the contribute in an intensive care under the contribute in the co	nitely, twice a day, due to and also to prevent an etic in her left knee. V8 ontinued R1's doxycycline should have been receiving a day while residing in the  1:20 AM, V6 Infectious ated R1 had a history of a saureus) infection of her itis which required her to be a day, prophylactically for a stated, "The goal of the a to prevent (R1) from an or risk getting an infection etic.  olicy dated September 2020 he failure of the facility, its a providers to provide goods by the avoid physical harm, or emotional stress."  To Significant Med Errors  are that its- are that its- are that its- are free of any significant  is not met as evidenced	F 6	discussed during new hire oriental clinical leadership, with every new going forward.  i. In-servicing and QA audit too developed during this plan have be implemented to ensure ongoing compliance and are monitored by Administrator and/or designee.  The results of the monitoring communder this POC are submitted to the Committee for review and follow the new interventions developed as not these QA/QI tools will continue under QAPI Committee deems it is no longer than the policy of the provided that the provided tha	v nurse  ols been  the  pleted the QAPI up with ueeded. ntil the onger	7/21/21	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
			7 56.25			С	
		146186	B. WING _			07/20/2021	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL	DE .		
				12140 REGENCY PARKWAY			
ALDEN ES	STATES CTS OF HUNTLI	ΞΥ		HUNTLEY, IL 60142			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 760	Continued From page	e 4	F 70	60			
	infection to her left kr residents (R1) review sample of 7.	rvention to treat an acute eee. This applies to 1 of 4 ed for medications in the		legal admission that a deficie that this Statement of Deficie correctly cited. In addition, p and submission of this POC constitute an admission or ag any kind by the facility of the	encies was reparation does not greement of		
	The Immediate Jeopa when the facility failed physician's order for R1 upon her readmis hospital. The Immed on July 14, 2021. V1 informed of the Immed 2021. This surveyor interview and record Jeopardy was remove however, noncompliant.	diate Jeopardy on July 20, confirmed by observation, review that the Immediate ed on July 20, 2021, nce remains at a Level 2 me is needed to evaluate the		any kind by the facility of the facts set forth in this allegatic survey agency.  1. Corrective actions which accomplished for those resid to have been affected by the practice:  a. R1, and all other resider receiving reconciled and veri medications as physician pre  2. Actions taken to identify residents that may have the pe affected by the same deficed.  a. All residents have been	on by the  n were lents alleged deficient  hts, are fied escribed.  other potential to cient practice:		
	showed R1 had a his (methicillin-susceptib bacteremia (blood inf the intervertebral disc (methicillin-resistant scolonization in her lureffusions, and Asperg showed, "Plan: To co by mouth twice a day above MSSA bactere with MRSA). A fax showed R1's Infection	le Staphylococcus aureus) ection), discitis (infection of		ensure medications are being verified, and administered in with standards of practice.  b. Although no additional redetermined to be affected, the the potential for residents to by the alleged deficient practices response to this potential, the taken actions as stated below.  3. Measures taken to ensure practices continue:  a. Nurses were in-serviced admission process related to	esidents were here remains be affected cice. In the facility has w.  The that proper that on facility		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1)		I DENTIFICATION NUMBER:		MULTIPLE CONSTRUCTION UILDING			(X3) DATE SURVEY COMPLETED	
		146186	B. WING _	3			C / <b>20/2021</b>	
NAME OF P	ROVIDER OR SUPPLIER	110100	<del> </del>	S	TREET ADDRESS, CITY, STATE, ZIP CODE	1 077	20/2021	
	10115211 011 001 1 21211				2140 REGENCY PARKWAY			
ALDEN ES	STATES CTS OF HUNTLI	EY						
				П	IUNTLEY, IL 60142			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 760	Continued From page	e 5	F 7	760				
	germinaea i reini pag		' '	00	reconciliation and verification.			
	P1's Nurses Note dat	ted June 5, 2021 showed R1			reconciliation and verification.			
		acility from the hospital.			b. QA audits on medication reconcilia	ation		
		sit Summary instructions			and verification have been conducted			
		howed R1 was to continue			new admissions/re-admissions, by clin			
		00 mg, twice a day, in the			leadership.			
	facility.	oog,oo a aay, ao						
	,				c. A verification process, conducted	by		
	R1's Nurses Notes da	ated June 18, 2021 showed			two nurses at the time of admission, ha			
	R1 was sent to the hospital for the complaint of				been developed to ensure consistency	in		
	chest pain. R1 was h	nospitalized from June			verifying resident medication lists upon			
	18-25, 2021. R1's Nursing Admission Assessment dated June				admission, physician review of medica	tion		
					orders, and pharmacy receipt of			
	25, 2021 showed R1 facility.	was readmitted to the			medication orders.			
		sit Summary instruction			d. A resident admission medication			
	dated June 25, 2021				reconciliation and verification audit			
	medicationsdoxyc	ycline 100 mg capsule by			schedule has been developed, and is			
	mouth two times daily	/"			being conducted by clinical leadership, ensure orders are correctly carried out			
	R1's hospital record o	dated July 9, 2021 showed			Should bracis are correctly carried out	•		
		emergency room with fever			e. Facility changes made to the resid	ent		
	-	ng sent from the facility by			admission process to ensure all			
		"found to be markedly			medication orders are verified and			
	hypotensive". R1's h	ospital record showed R1			ordered have been added to the facility	/		
	was subsequently ad	mitted to the intensive care			medication administration policy as an			
	unit with a diagnosis	of septic shock.			addendum.			
		ulture results dated July 10,						
		s positive for MSSA bacteria			f. Nurses were in-serviced on update			
	growth in her blood.				facility medication administration policy			
		edic Surgery Consult note			related to verification of medication ord	ers		
	_	showed R1 underwent			during admission process.			
		er left knee replacement due			Additional adversion melatrolis	:1:4		
		knee arthroplasty infection			g. Additional education related to fac	-		
	from chronic MSSA d	iiscilis/pacteremia."			admission medication reconciliation an			
	D1's lung 1 20 2024	Physician Order Summers			verification process has been added to			
		Physician Order Summary hysician Order Summary			new nurse training binders and is being discussed during new hire orientation,	-		
		and showed no physician			clinical leadership, with every new nurs			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		146186	B. WING _			0.	C 7/ <b>20/2021</b>
NAME OF PROVIDER OR SUPPLIER  ALDEN ESTATES CTS OF HUNTLEY			12	REET ADDRESS, CITY, STATE, ZIP CODE  140 REGENCY PARKWAY  JNTLEY, IL 60142	1 0	720/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 760	Continued From page orders for doxycycline R1's June 2021 and a Administration Recorshowed R1 was not a doxycycline while res 5, 2021 through July  On July 14, 2021 at 1 Visit Summaries (date physician orders, and administration record Administrator and V2 (DON). V2 stated, "V the facility from the himedication list sent for resource for what me resident. The admission resident. The admission resident is medication then sends the orders should have been on she was here. R1's prodoxycycline never go don't know what happy was missed."	e 6 e for R1. July 2021 Medication ds were reviewed and administered any doses of iding in the facility from June 9, 2021.  2:05 PM, R1's hospital After ed 6/5/21 and 6/25/21), I June/July 2021 medication s were reviewed with V1 Interim Director of Nursing When a resident returns to ospital, we use the om the hospital as a ds to order/continue for our sion nurse reviews the list with the physician and s to our pharmacy. (R1) doxycycline the whole time		760		d API h d. e	
	stated, "When a residence hospital, we usually form the hospital and the resident received history of recurrent et sepsis. She takes do help prevent a recurrence prevent an infection for prosthetic in her left to discontinued her dox prescribed by her infe	lent is admitted from the collow the medication orders continue the medications in the hospital. (R1) has a fusions to her left knee and exycycline prophylactically to ent episode of sepsis and to rom developing around her					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		146186	B. WING		C 07/20/2021
NAME OF PROVIDER OR SUPPLIER  ALDEN ESTATES CTS OF HUNTLEY			STREET ADDRESS, CITY, STATE, ZIP CODE 12140 REGENCY PARKWAY HUNTLEY, IL 60142	07720/2021	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 760	(staphylococcus audalso lead to an infection prosthetic. Sepsis of bacteremia, and consider and	g septic again from staph reus bacteria) which could ction of her left knee could cause hypotension, ald lead to death."  11:20 AM, V6 Infectious stated R1 had a history of cus aureus) infection of her scitis which required her to be the a day, prophylactically for V6 stated, "The goal of the try to prevent (R1) from ain or risk getting an infection of the try to prevent (R1) was not getting the is at risk for becoming septic covergrowth of staphylococcus in lead to a fatal end result."  ation Administration policy D20 showed, "1. Drugs must accordance with the written ing physician."  sion Notes policy dated owed, "When the resident is sing unit, the Nurse must data (as each may apply) to rother appropriate placeh. cian Orders were received and pardy that began on June 5, on July 20, 2021 when the wing actions to remove the	F 76		
	from recent hospital	neted a medication on R1, upon her re-admission ization, to ensure all erified and carried out as			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>\</b> ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
						С	
		146186	B. WING			07/	20/2021
NAME OF PR	ROVIDER OR SUPPLIER			,	STREET ADDRESS, CITY, STATE, ZIP CODE		
					12140 REGENCY PARKWAY		
ALDEN ES	STATES CTS OF HUNTLE	ΞΥ			HUNTLEY, IL 60142		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		COMPLETION DATE
F 760	Continued From page	e 8	F	760			
	appropriate. Correcte						
		in-serviced by ADON on					
		cess related to medication					
		ification. Started 7/14/21 for					
	all nurses on duty. A						
	in-serviced before ne						
	3. A whole house me	dication reconciliation and					
	verification audit has	begun immediately on					
		clinical leadership, to ensure					
	all medications have	been carried out as ordered.					
	Started 7/14/21.						
	4. Medication reconci	liation and verification audits					
	have begun immedia	tely on new					
		sions, by clinical leadership.					
		aily for the next 2 weeks and					
	then weekly for 2 mor						
	admitting/re-admitting						
		ess, conducted by 2 nurses					
		on, has been immediately					
		consistency in verifying					
	resident medications	•					
		nedication orders, and					
		nedication orders. This will					
	_	onths. Started 7/20/21. on medication reconciliation					
	and verification audit						
		ed, and is being conducted					
		, to ensure orders are not					
		ct. This audit schedule will					
		onths. Started 7/14/21.					
	7. Facility changes m						
		ensure all medication					
		d ordered have been added					
		ion administration policy as					
	an addendum. Corre						
		in-serviced by ADON on					
		cation administration policy					
		of medications orders					
		cess. Started 7/20/21 for all					

	ND DLAN OF CORRECTION IDENTIFICATION NUMBER.		TIPLE CONSTRUCTION NG	(X3	B) DATE SURVEY COMPLETED	
		146186	B. WING			C <b>07/20/2021</b>
	ROVIDER OR SUPPLIER	EY		STREET ADDRESS, CITY, STATE, ZIP CO 12140 REGENCY PARKWAY HUNTLEY, IL 60142	DDE	01720/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 760	nurses on duty. All of in-serviced before new 9. Additional education medication reconciliate has been added to not and will be discussed by clinical leadership forward. Corrected 7.10. In-servicing and during this plan have ensure ongoing comply the Administrator weeks, then monthly the monitoring compliance of the thickness o	other nurses to be ext shift worked. on related to facility tion and verification process ew nurse training binders during new hire orientation, for every new nurse going	F	760		