

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Alpine Care of Evanston		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Asbury Street Evanston, IL 60202	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to obtain order for usage of oxygen, ensure oxygen tubing are label on date when it was changed, and oxygen humidifier water bottle are not emptied. This deficiency affects all four residents (R3, R9, R85 and R96) in the sample of 20 reviewed for Oxygen management. Findings include: 1.On 12/2/25 at 12:10PM, Observed R9 lying in bed with oxygen via nasal cannula at 3 LPM (liters per minutes) with V17 LPN (Licensed Practical Nurse). Observed oxygen tubing not dated and tangled around the bedside rail. V17 said oxygen tubing should be free from tangled and kinks. The oxygen tubing should also be dated when it was changed weekly. R9 is admitted on [DATE] with diagnosis listed in part but no limited to Chronic Obstructive Pulmonary Disease (COPD), Pleural effusion, Palliative care. Active physician order sheet indicated Oxygen continuous (2-3) liters per minute (LPM) via nasal cannula every shift. Check humidifier water level every shift and as needed. Comprehensive care plan indicated that she is on oxygen therapy related to ineffective gas exchange, Respiratory illness, and mild COPD.2.On 12/2/25 at 12:15PM, Observed R96 lying in bed with family members at bedside. She has oxygen via nasal cannula at 3LPM, the tubing is not dated. V17 LPN said that oxygen tubing should be dated. R96 is admitted on [DATE] with diagnosis listed in part but no limited to Cerebral infarction due to occlusion or stenosis of left middle cerebral artery. Active physician order sheet indicated oxygen at 3LPM via nasal cannula for spO2 below 90% every shift for shortness of breath. No care plan formulated for usage of oxygen. 3.On 12/2/25 at 12:20PM, Observed R85 lying in bed with oxygen via nasal cannula at 3LPM with emptied humidifier bottle and oxygen tubing not dated. V17 LPN said that oxygen tubing should be dated, and humidifier bottle water should be check and replaced when emptied. R85 is admitted on [DATE] with diagnosis listed in part but not limited to hemiplegia and hemiparesis, muscle wasting and atrophy, Active physician order sheet indicated: continuous oxygen at 2LPM per nasal cannula. Comprehensive care plan indicated she is on oxygen therapy related to ineffective gas exchange, respiratory illness interstitial pulmonary disease. Intervention: Give oxygen as ordered by the physician4.On 12/2/25 at 12:27PM, Observed R3 lying in bed with oxygen via nasal cannula a 2.5 LPM with tubing not dated. V17 LPN said that oxygen tubing should be dated. R3 is admitted on [DATE] with diagnosis listed in part but not limited to hemiplegia and hemiparesis, paroxysmal atrial fibrillation. Active physician order sheet did not have order for oxygen usage. Comprehensive care plan did indicate plan for oxygen usage. On 12/3/25 at 9:42AM, Informed V2 DON (Director of Nursing) of above concerns with R3, R9, R85 and R96. V2 said that oxygen tubing should be dated when it was changed, and humidifier water bottle should be check and replaced as needed.On 12/4/25 at 1:22PM, Reviewed R3's medical records with V30 Nursing Consultant. V30 said that resident using oxygen should have physician order and should be care planned.Facility's policy on Oxygen Therapy and administration revised 7/2/25 indicated: Purpose: To assure adequate oxygenation to all spontaneous breathingNote: b.1. Oxygen rounds include checking the humidifier bottle has at least an inch of water. c. Oxygen setups should be changed every seven days and as needed if heavy soiling is present. Facility's policy on Physician orders revised on 7/3/25 indicated: Policy statement: it is the policy of this facility to ensure that all resident/patient medications, treatment, and plan of care must be in (continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>accordance with the licensed physician's orders. The facility shall ensure to follow physician orders as it is written in the POC.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure resident medications were appropriately stored. This deficiency has to potential to affect all 5 residents (R7, R32, R49, R60, R74) reviewed for medication storage in a sample of 20. Findings Include: On 12/2/25 at 11:30AM, Observed V7 Wound Care Nurse (WCN), V21 Wound Tech, and V22 CNA (Certified Nurse Assistant) performed wound care to R7. Observed the following medications at bedside: Ketoconazole 2% cream, Zinc Oxide 4%, Triamcinolone 0.1% ointment and Mupirocin ointment 2%. V7 WCN that treatment medications should not be allowed at bedside unless ordered by physician but R7 requested his medications at bedside. She said that R7's son also brought medications from home. R7 said that he has the CNA apply those medications after incontinence to his buttocks. V7 added that R7's son also applied the medications when he comes to visit.</p> <p>On 12/3/25 at 9:24AM, Informed V2 DON (Director of Nursing) of above concerns. V2 said that resident cannot keep treatment medications at bedside without physician orders.</p> <p>On 12/4/25 at 1:29PM, Reviewed R7's medical records with V2 DON. R7 was admitted on [DATE] with diagnosis listed in part but not limited to Psoriatic arthropathy, Type 2 Diabetes Mellitus, Contracture left knee, anxiety disorder, adjustment disorder with depression. Dementia. Active physician orders indicated: Mupirocin external cream 2% apply to drain site topically every day shift for wound care. Apply to drain site and covered with bordered gauze. Triamcinolone Acetonide external cream 0.1% apply to buttocks, back and thighs topically every day shift for wound care. Triamcinolone Acetonide external cream 0.1% apply to upper back topically as needed for it the dressing is compromised daily as needed PRN). Triamcinolone Acetonide external cream 0.1% apply to upper back topically for wound care. Cleanse with NS (Normal Saline). Pat dry. Apply triamcinolone and leave open to air daily and PRN. Informed V7 that R7 does not have order for the following medications: Ketoconazole 2% cream and Zinc oxide 4%. V2 DON said that those medications were brought by V23 family member. R7's comprehensive care plan indicated: He exhibits the symptoms of resisting care which is refusing to follow doctor's orders and guidance promoting optimal health specifically complying with daily wound care and wound care treatments. The resident often dismisses health diagnosis and believes the approach to treatments is more beneficial that what is recommended by the health care professionals. He is at high risk for pressure sore development based on Braden scale score of 13 and related to arthropathic psoriasis, seborrheic dermatitis. R7 is not care planned that he wants to keep his medication at bedside.</p> <p>Facility's policy on medication Storage, Labeling and Disposal revised 7/2/25 indicated: Procedures: 4. Medications will be secured in locked storage area.</p> <p>Facility's policy on Physician orders revised 7/3/25 indicated: Policy statement: it is the policy of this facility to ensure that all resident/patient medications, treatment, and plan of care must be in accordance with the licensed physician's orders. The facility shall ensure to follow physician orders as it is written in the physician order sheet. Procedures: 2. All medications administered to the resident/patient must be ordered in writing by the patient's attending physician.</p> <p>3. Provision of care, treatment and services administered by the facility to the patient must be approved by the attending physician unless these treatment and services are governed by the (continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>facility's clinical policy and procedures as approved by the medical director.</p> <p>On 12/2/2025 at 11:07 AM, third floor refrigerator medication room observed with R32, R49, R60, R74 medications stored inside the refrigerator with a broken thermometer. Refrigerator daily monitoring log for November and December was incomplete and observed an expired medication inside the refrigerator for one resident (R49) with the label Konvomep (also known as Omeprazole) 2-84 mg/ml, date opened 8/28/2025, expired 9/27/2025. V16 (Registered Nurse) said he was not aware the thermometer was broken, and refrigerator daily log is completed by night shift nurse. V16 returned the expired medication in the refrigerator.</p> <p>On 12/3/2025 at 9:21 AM, V2 (Director of Nursing) stated broken refrigerator thermometer should be reported to maintenance right away so a replacement can be obtained, refrigerator daily monitoring log should be checked, and form filled out daily, and no expired medication will be kept in the medication refrigerator. Expired medication should be removed and discarded.</p> <p>Policy and Procedure</p> <p>Policy Title: Storage of Medications, no revision</p> <p>Policy: Medications and biologicals are stored safely, securely, and properly, following manufacture's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>Procedures:</p> <p>7. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal and reordered from pharmacy if current order exists.</p> <p>Temperature</p> <p>3. Medications requiring refrigeration are kept in refrigerator at temperatures between 2 C (36 F) and 8 C (46 F) with a thermometer to allow temperature monitoring.</p> <p>5. The facility should maintain a temperature log in the storage area to record temperatures at least once a day.</p> <p>Expiration Dating (Beyond & use dating)</p> <p>8. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner.</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>Based on observation, interview, and record review the facility failed to ensure that call light is placed within reach of resident who can use it all times. This deficiency affects one (R7) of three residents in the sample of 20 reviewed for Resident's accommodation of needs. Findings include: On 12/2/25 at 10:46AM, Observed R7 lying in bed. He is alert and oriented x3, able to verbalize his needs. Observed R7 has difficulty trying to reach for his call light that is tangled between the bed siderail and mattress. He has limited mobility on upper extremities. He said that he is trying to reach to for his call light to call for his nurse or CNA (Certified Nurse Assistant). Surveyor called for nursing staff assigned to R7. On 12/2/25 at 10:50AM, Showed observation made to V19 RN (Registered Nurse). V19 said that she gave R7's medication this morning and forgot to make sure that his call light is accessible to him. V19 removed the call light tangled between the siderail mattress by lifting the mattress. On 12/2/25 at 1:30PM, Informed V2 DON (Director of Nursing) of above observation. V2 said that resident's call light should be within reach and accessible to them. Facility's policy on Call light revised on 6/30/25 indicated: Procedure: 5. Be sure call lights are placed within reach of residents who are able to use it at all times.</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure a resident was out of bed when requested for 1 of 4 residents (R18) in a sample of 20 reviewed for self-determination. Findings include: On 12/2/2025 at 11:15am R18 said I ask every day to be placed in my wheelchair and the certified nursing assistants say they will and never return until later, I have not been out of the bed since my therapy was discontinued a couple of weeks ago at least 2 to three, I would like to get out of bed. On 12/2/2025 at 11:20am V24(Certified Nursing Assistant-CNA) said I assist R18 out of bed when she had therapy, it's been weeks since I have assisted her to her wheelchair, I don't think she is in therapy anymore. On 12/2/2025 at 11:25am V26(Licensed Practical Nurse-LPN) said R18 should be out of bed as requested by the resident or they are on a schedule for being up in the chair. On 12/3/2025 at 1:00pm V27(Rehab Director) said R18 does not have any bed restrictions she can be out of the bed as requested by the resident or a schedule she PROM-passive range of motion to all extremities. On 12/3/2025 at 10:30am V2(Director of Nursing-DON) said all residents should be out of bed as per a schedule, therapy or by the resident request no-one should be in bed because therapy was completed. A admission record indicates that R18 has a diagnosis of hemiplegia and hemiparesis and a history of falling, an order review report as of 4/22/2025 R18 nursing rehab transfer to manual wheelchair via full body lift 2-3 staff for safety , a care plan dated 1/25/2025 transfer via mechanical aid, lift sling, 2 staff for transfers, a occupational therapy Discharge summary dated [DATE]-[DATE] highest practical level achieved. Facility Policy: Statement of Resident Rights No resident shall be deprived of any rights, benefits, or privileges guaranteed by law, the constitution of the state of Illinois, or constitution of the United States solely on account of his or her status as a resident of the community, nor shall a resident forfeit any of the following rights. (F) Self Determination. The resident has the right to, and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs(f), (l) through (11) of this section. 2. The resident has the right to make choices about aspects of his or her life in the facility that are significant to the resident, including the right to exercise free choice in selecting activities, schedules and daily routines.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure an indwelling urinary catheter was placed below the waist for 1 resident's (R77) and failed to follow physician order for indwelling catheter size usage and failed to empty the urinary drainage bag every shift and as needed for 1 resident (R7) of 4 reviewed for urinary catheter in a sample of 20. Findings include: On 12/2/25 at 11:30AM, Observed V7 Wound Care Nurse (WCN), V21 Wound Tech, and V22 CNA (Certified Nurse Assistant) performed wound care to R7. Observed urinary catheter tubing with sediments draining to dark yellow orange colored urine. V22 CNA emptied the urinary drainage bag using urinal. Urinary output obtained 1000ml. V22 said that the urinary bag was empty when she came at 7:00AM. V22 said that R7 pee a lot. V7 WCN checked R7's indwelling urinary catheter size and said that he is on Fr 18 with 5cc balloon.</p> <p>On 12/2/25 at 1:28PM, Informed V2 DON (Director of Nursing) of above observation. V2 said that R7 cannot have a urinary out of 1000 ml from 7:00am to 11:30am. The night shift did not empty the urinary drainage bag after their shift ends. V2 said that she will provide in-service with her staff regarding urinary catheter management.</p> <p>On 12/4/25 at 10:52AM, Surveyor and V3 ADON (Assistant DON) checked R7's indwelling urinary catheter size of Fr 18 with 5 cc balloon. Reviewed R7's medical records with V3 ADON. R7 is admitted is admitted on [DATE] with diagnosis listed din part but not limited to Retention of urine, Functional quadriplegia, Benign Prostatic Hypertrophy (BPH) Obstructive and reflux uropathy, calculus of kidney. Active physician order sheet indicated: Indwelling catheter type (Foley) catheter size (18 Fr), (10cc) balloon, reason for use: BPH related to obstructive and reflux uropathy. Catheter care every shift. Change indwelling catheter drainage bag. Informed V3 that R7 has indwelling catheter size of Fr 18 with 5 cc balloon but the order is Fr 18 with 10cc balloon. V3 said that they should be following physician order for indwelling urinary catheter usage.</p> <p>Facility's policy on Physician orders revised 7/3/25 indicated: Policy statement: it is the policy of this facility to secure that all resident/patient medications, treatment and plan of care must be in accordance with the licensed physician's order. The facility shall ensure to follow physician orders as it is written in the POS.</p> <p>Facility's policy on Urinary catheter care revised 7/3/25 indicated: Purpose: to prevent catheter-associated urinary tract infections. General guidelines: a. Observed the resident's urine level for noticeable increases or decreases. If the level stays the same or increases rapidly, report it to the physician or supervisor. Maintain an accurate record of the resident's daily output, per facility policy and procedure Infection Control: 2. c. Empty the drainage bag regularly using a separate, clean collection container for each resident. d. Empty the collection bag at least every 8 hours.</p> <p>On 12/2/2025 at 11:10am this writer observed R77 in bed with her indwelling urinary catheter drainage bag attached to the upper bed railing above her waist.</p> <p>On 12/2/2025 at 11:45am this writer and V26(Licensed Practical Nurse) observed R77 urinary catheter drainage bag above the waistline.</p> <p>On 12/2/2025 at 11:48am V26 said R77 indwelling catheter drainage bag should be placed below her (continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>waist to prevent back flow and a possible urinary tract infection, V26 then placed R77 urinary catheter drainage bag below her waist.</p> <p>On 12/3/2025 at 10:30am V2(Director of Nursing-DON) said all indwelling catheter drainage bag should be placed below the waist to prevent urinary tract infections and backflow of urine into the bladder.</p> <p>An admission record for R77 indicates a diagnosis of quadriplegia, an order review report dated 12/4/2025 for an indwelling size FR16/10ml balloon for neurogenic bladder and functional quadriplegia and chronic multiple wounds, a care plan dated 4/15/2025 intervention please position catheter bag and tubing below the level of the bladder.</p> <p>Facility Policy: Indwelling Catheter revised/reviewed 6/30/2025</p> <p>Policy Statement</p> <p>It is the facility's policy to ensure that no resident will have indwelling catheter, unless condition shows that there is a medical reason to justify the use of the indwelling catheter.</p> <p>Procedures</p> <p>7. Indwelling catheter bag will always be positioned below the bladder region to prevent backflow if the foley bag has no anti-backflow valve.</p>		

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<p>F 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>Number of residents sampled:1Number of residents cited:1Based on observation, interview, and record review the facility failed to ensure enteral (tube) feeding management was implemented with medication administration affecting 1 of 1 (R85) resident reviewed for enteral feeding management in a sample of 20.Findings Include:On 12/3/2025 at 8:15 AM, V19 (Registered Nurse) administered one medication via enteral tube for R19 without checking tube feeding (TF) placement prior to administration. V19 stated she did not check for placement, but TF should be checked for placement prior to medication administration using pH strip or by aspiration. TF site was covered with clean dry dressing; there was no other placement confirmation identified. TF bottle was hanging and infusing at 50ml/hr, container did not have a visible start time. V19 said she cannot assume as to when feeding was started, there should be a start time of infusion. V19 reset the tube feeding machine to zero after medication administration. V19 flushed tube feeding with 60ml of tap (sink) water before medication administration and 90ml of water after one medication administration. V19 stated she gives extra flushing to R85 because she does not drink water.On 12/3/2025 at 9:21 AM, V2 (Director of Nursing) stated nurse should check tube feeding placement before medication administration. Tube feeding container should have name, rate, and start time of infusion. Tube feeding should be flushed according to physician order and policy.Review of Order Summary Report indicate start date of 8/13/2025, read Enteral Feed Order every shift Enteral feeding - Tube type: (G tube). Jevity 1.2, Rate: (50 ml/hr). start at 3pm and infuse for 21 hours or until 1050ml is reached per day. Flush Gtube 150 ml q 6hr.Policy and ProcedureTitle: Enteral Tube Feeding Care, Revised 6/30/25Procedure:3. Check that feeding bag is properly labeled to include: c. Date and time feeding was started.Title: Medication Pass, Revised 7/2/25Procedures:1. G-Tube Medications:c. Check placement of G-tube by checking if the marker of the actual enteral tube is still located at the G-tube insertion site.d. The nurse will aspirate the gastric content and confirm the pH of the aspirated material.e. Flush GT with at least 15 to 30mL of water before and after administering medications.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to use appropriate infection control practices during medication administration. The facility also failed to obtain an order for EBP (Enhanced barrier precaution), place signage and set up for resident with surgical drainage tube on left inner thigh. This deficiency affects two (R89 and R96) in the sample of 20 reviewed for Infection Control Program. Findings include: On 12/2/25 on 12:15PM, Observed R96 lying in bed with family members at bedside. No EBP (Enhanced Barrier Precaution) signage posted and no set up outside her room.</p> <p>R96 is admitted on [DATE] with diagnosis listed in part but no limited to Cerebral infarction due to occlusion or stenosis of left middle cerebral artery. Active physician order sheet indicated Empty right side groin JP (Jackson Pratt) drain every shift for right groin hematoma. Monitor JP drain site every shift ordered 12/3/25. No ordered for EBP (Enhanced barrier precaution).</p> <p>On 12/4/25 at 10:44AM, Rounds made with V3 Infection Preventionist to R96. Still observed no EBP signage posted and no set up outside her room. Informed V3 that R96 has JP drain on her right surgical incision inner thigh. V3 said that R96 should have an order for EBP due to surgical drainage. R96 should have EBP signage posted and set up outside her door.</p> <p>Facility's policy on Enhanced Barrier Precaution (EBP) revised 9/16/25 indicated: Policy: The facility will use EBP to reduce transmission of multi-drug-resistant organism in the nursing homes. EBP involves the use of gowns and gloves to reduce transmission of resistant organisms during high contact resident care activities for residents known to be colonized or infected with MDROs as well as residents with wounds and or indwelling medical devices. Procedure: 1. EBP will be used for any resident in the facility: *Has indwelling medical devices regardless of XDRO colonization status.7. An EBP sign should be posted on the doors of each resident on EBP</p> <p>On 12/2/2025 at 9:40 AM during medication pass observation V15 (Licensed Practical Nurse) prepared a medication Magnesium 100mg as ordered by physician for R89. Magnesium Oxide was not available at 100mg but a house stock Magnesium Oxide 400mg tablet was available. V15 proceeded with dispensing the 400mg, cut it into four parts, retrieved one-fourth of the medication and returned the remaining three-fourths in the original bottle of Magnesium Oxide (400mg) while touching medication with her bare hands and without performing hand hygiene throughout the process. V15 stated the remaining portion of the tablet should not be thrown away and should be returned in the original bottle container because that is what she read in the book at nursing school.</p> <p>On 12/3/2025 at 9:21 AM V2 (Director of Nursing) stated medication should not be touched using bare hands and once dispensed and split into four, remaining unused medication should be discarded and not returned into original bottle for infection control purposes.</p> <p>On 12/4/2025 at 9:20AM V2 stated facility does not have policy and procedure specific to handling medications, but as standard of practice, medications should not be handled with bare hands because of infection control.</p> <p>Review of R89 Order Summary read, start date of 11/16/2025 Magnesium Oral Tablet 100 MG. Give 1 tablet by mouth one time a day for supplement for 30 Days.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145011	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER Alpine Care of Evanston		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Asbury Street Evanston, IL 60202	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, interview, and record review the facility failed to ensure to update facility's daily nurse staffing information form posted at the front desk. This failure has the potential to affect 92 residents receiving care in the facility. Findings include: On 12/2/25 at 9:24AM, Observed daily nurse staffing form posted at the front desk indicated date of 11/24/25. V14 Receptionist said that she got busy due to holiday and forgot to update it. She said that she is responsible for updating the nursing daily posting when she comes to work at 8am. On 12/2/25 at 1:28PM, Informed V1 Administrator of above observation. He said that the daily 24-hour nurse staffing form should be updated and posted on daily basis. V1 said that they don't have policy on daily nurse staffing posting. Facility unable to provide policy.</p>		