

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Generations at Regency		STREET ADDRESS, CITY, STATE, ZIP CODE 6631 Milwaukee Avenue Niles, IL 60714	

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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145237	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER Generations at Regency		STREET ADDRESS, CITY, STATE, ZIP CODE 6631 Milwaukee Avenue Niles, IL 60714	
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 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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. This failure was identified as an Immediate Jeopardy. The Immediate Jeopardy began on November 18, 2025. V1 (Administrator) was notified of the Immediate Jeopardy on December 17, 2025 at 1:07PM. The surveyor confirmed by observation, interview, and record review that the Immediate Jeopardy was removed on December 18, 2025, but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the removal plan. Findings include:R1 was a [AGE] year-old male who originally admitted to the facility on [DATE], discharged to the hospital on [DATE], 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 [DATE]. 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 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</p>		