

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 02/05/2026
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide necessary respiratory care and monitoring for a ventilator-dependent resident by failing to assess and respond to ventilator alarms and failing to ensure the resident's ventilator circuit and closed suction system were intact and functioning. These deficiencies affect one (R1) of four residents in the sample of nine reviewed for quality of care. These failures resulted in R1 not receiving ventilation and being found unresponsive, requiring emergency medical intervention; and expired. These failures resulted in Immediate Jeopardy. The Immediate Jeopardy was identified on [DATE] when R1 was found unresponsive, pale and disconnected from ventilator. V1 (Administrator), V2 (Director of Nursing) and V3 (Assistant Director of Nursing) were notified of the Immediate Jeopardy on [DATE] at 10:31 AM. The survey team confirmed by observation, interviews and record reviews that Immediate Jeopardy was removed on [DATE], but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training. Findings include: R1 is a [AGE] year-old female, admitted in the facility on [DATE] with the following diagnoses: Encephalopathy, Unspecified; Quadriplegia, Unspecified; Chronic Obstructive Pulmonary Disease (COPD), Unspecified; Encounter for Attention to Tracheostomy; Dependence on Respirator (Ventilator) Status; Vascular dementia, Unspecified Severity, without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety. MDS (Minimum Data Set) dated [DATE] documented R1 had short and long-term memory problems and her cognitive skills for daily decision making were severely impaired. R1's POS (Physician Order Sheet) dated [DATE] recorded: vent order mode: AC (assist control) rate: 18 AVT (actual tidal volume); 400 ml PEEP (positive end-expiratory pressure): 5 oxygen, 28% fio2 (fraction of inspired oxygen) 2 lpm (liters per minute) via oxygen concentrator continuously every shift. R1's care plans documented: Trache/ventilator dependent related to respiratory failure (revision [DATE]): Interventions: Assess for signs and symptoms of hypoxia: altered level of consciousness, irritability, listlessness, cyanosis. Ineffective breathing pattern/airway clearance related to COPD (revision [DATE]): Interventions: Monitor for signs and symptoms of acute respiratory insufficiency: Anxiety, confusion, Restlessness, SOB at rest, Cyanosis Somnolence. R1's progress notes dated [DATE] documented the following: Time stamped 1:45AM: ventilator alarms intermittently, came to patient's room, suctioned mouth due to copious thin secretions, trach suctioned once with blood-tinged thin secretions, moderate amount. VS (vital signs) checked and recorded. Gtube (gastrostomy tube) dressing changed, gtube is patent and flushing well. No distress noted. Time stamped 4:10 AM: Attention was called by RT (Respiratory Therapist) needing help, patient was found pale, no breathing noted, high quality CPR (cardiopulmonary resuscitation) initiated, code blue called, EMS was called by another nurse, RT started Ambu bagging. A colleague brought in crash cart, CPR board placed at the patient (R1) back, tube feeding disconnected, portable defibrillator placed on patient's chest following defibrillator's guide. Resident (R1) attached to vital sign monitor, with the following</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
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