

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 05/24/2024
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 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45000</p> <p>Based on observation, interview, and record review, the facility failed to maintain a resident's dignity during lunch dining for one (R67) resident in a total sample of 35 residents.</p> <p>Findings include:</p> <p>On 05/21/2024 at 12:01 PM, surveyor located on the 5th floor of the facility and observes meal carts arrive in the dining room. 5th floor of facility is identified as a locked memory care unit.</p> <p>On 05/21/2024 at 12:27PM, surveyor observes R67 sitting at a table inside the 5th floor dining room. Surveyor observes V8 (Certified Nursing Assistant/CNA) standing over R67 while V8 fed R67 her lunch meal.</p> <p>On 05/21/2024, surveyor observes multiple other staff members sitting down while feeding residents in the dining room. Surveyor only observes V8 standing to feed a resident, no other staff members are observed standing to feed residents their meal.</p> <p>On 05/23/2024 at 12:07 PM, surveyor located on the 5th floor of the facility in the dining room.</p> <p>On 05/23/2024 at 12:08PM, surveyor observes R67 sitting at a table inside the 5th floor dining room. Surveyor observes V8 (CNA) standing over R67 while V8 fed R67 her lunch meal.</p> <p>On 05/23/2024 at 12:21PM, V21 (CNA Supervisor) states the CNAs have to sit down while feeding the residents their meals. V21 states it is not okay for the CNA staff to stand up while feeding the residents because it is a dignity issue. V21 states if a staff member stands up while feeding the resident, it signals that the staff is rushing the resident to eat. V21 states when a staff member sits down when feeding a resident, it creates a home-like environment for the resident.</p> <p>On 05/23/2024 at 12:23PM, V8 (CNA) states she stands up to feed R67 because R67 has her eyes closed and she wants R67 to see V8. V8 states R67 also speaks Polish so V8 stands to feed R67 so R67 can hear V8's voice.</p> <p>On 05/23/2024, surveyor observes multiple other staff members sitting down while feeding residents in the dining room. Surveyor only observes V8 standing to feed a resident, no other staff members are observed standing to feed residents their meal.</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 05/24/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/23/2024 at 12:41PM, V2 (Director of Nursing/DON) states the staff should be sitting while feeding any resident because it creates a relaxing environment and enjoyable experience for the residents. V2 states it does not matter what the resident's cognitive status is because standing while feeding any resident creates a dignity issue for the resident.</p> <p>R67's face sheet documents that R67 has diagnoses not limited to: Alzheimer's disease, torticollis, muscle weakness, need for assistance with personal care, dysphagia, and unspecified dementia.</p> <p>R67's MDS/Minimum Data Set, dated dated dated [DATE] documents that R67 does not score on the BIMS/Brief Interview for Mental Status scale. R67's MDS documents that R67 is dependent with eating and other Activities of Daily Living/ADL activities.</p> <p>R67's care plan dated 07/15/2023 documents that R67 has a cognitive loss and documents in part, Assure R67 that safety, security, and dignity are paramount.</p> <p>Facility provided document titled Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities documents in part, Your facility must treat you with dignity and respect and must care for you in a manner that promote your quality of life.</p> <p>Facility policy dated 10/21 titled Resident Dignity and Privacy Policy documents in part, 1. All residents should: a.) be treated with dignity in the way in which the staff deal with dressings, bathing, feeding, incontinence and all other needs.</p>

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 05/24/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45002</p> <p>Based on observation, interview and record review the facility failed to ensure two residents (R30 and R34) had a call light within reach and the facility failed to answer the call light within a timely manner for one resident (R151).</p> <p>Findings include:</p> <p>On 05/21/2024 at 12:06 PM, surveyor observed R34's call light is on the floor. R34 stated she does not know where her call light is.</p> <p>R34's facesheet documents in part: R34's diagnosis; Unspecified dementia, psychotic disturbance, mood disturbance, Hypothyroidism, Type 2 diabetes mellitus, Gastro-esophageal reflux disease, Chronic obstructive pulmonary disease, (primary) hypertension, pain in left knee due to osteoarthritis of knee.</p> <p>R34's care plan documents in part: Call light within reach.</p> <p>45001</p> <p>Findings include:</p> <p>On 5/21/24 at 12:20 PM, Observed R30 lying in bed. Surveyor did not see a call light in place. Surveyor asked R30 where the call light was. R30 said Its behind my head. They put it so I can hardly get it. Surveyor asked R30 what's the purpose of the call light. R30 said I press the button if I need them. I have to yell out if I cannot reach the call light. Surveyor asked R30 to reach for the call light. R30 made slight movements attempting to look for the call light and said Its behind this pillow. I can't get to it.</p> <p>Minimum Data Set, 4/9/2024, Brief Interview for Mental Status score indicates R30 has moderate cognitive impairment.</p> <p>On 5/21/24 at 12:30 PM, Surveyor returned to R30's room with V27 (Certified Nursing Assistant). V27 located the call light on the floor and wrapped it around R30's left upper side rail. V27 stated the call light should not be on the floor. When R30 leans to the left the call light falls down so R30 cannot reach it. If R30 cannot reach the call light R30 will yell out for assistance. V27 stated V27 did not use the clip on the call light to secure it because R30 is just going to lean to the left and it will fall again.</p> <p>(continued on next page)</p>		

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 05/24/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/23/24 at 2:00 PM, V2 (Director of Nursing) stated all residents should have appropriate call lights accessible to them. The call light should not be on the floor. The purpose of the call light is to alert staff that the resident needs assistance. Anybody can answer a call light. The clip on the call light should be utilized to clip where it is within reach of the resident. If one way of securing the call light is not working, then try a different way to secure the call light to keep the light in place. Staff does purposeful rounding, but they are not in each room [ROOM NUMBER]/7. We don't encourage the resident to yell for assistance, best case scenario is the light will be in reach at all times.</p> <p>Facility Call Light policy, 6/21, documents in part: Functioning call light placed where it is accessible to the resident.</p> <p>45111</p> <p>Findings include:</p> <p>R151 current face sheet documents is [AGE] year old individual with medical diagnosis that include but not limited to: Acute and chronic respiratory failure with hypoxia, Difficulty in walking, not elsewhere classified, Localized swelling, mass and lump, lower limb, bilateral, Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease, Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits.</p> <p>R151's MDS (Minimum Data Set) section C- Cognitive Patterns dated 04/24/2024 document R51's BIMS (Brief Interview for Mental Status) as 09/15, indicating R151 has moderate cognitive impairment. R151's MDS section GG-Functional Abilities and Goals documents R151 uses a wheelchair and is dependent on staff for toileting hygiene, needs substantial/maximal assistance with shower/bathe self, lower body dressing and putting on/taking off footwear. R151 needs partial/moderate assistance with upper body dressing and personal hygiene and upper body dressing.</p> <p>On 5/21/2024 at 12:45am, R151 was observed fumbling with her bedside table and stated she was trying to untangle her oxygen tubing from under the table to free it and loosen it. Observed under the bedside table was a spill of clear liquid. R151 was seated at the edge of her bed, with her feet on the floor. R151 was observed wearing a nasal cannula with oxygen running and tubing connected to the oxygen concentrator. At 12:49am, R151 put her call on for staff assistance to help detangle her oxygen tubing and wipe floor where the spill was, and floor was wet. R151 stated staff do not answer call lights and sometimes it takes over one hour before staff come to help her, and sometimes they do not come. R151 stated she feels bad that staff do not respond to her call light when she puts it on. Surveyor stayed in R151's room and call light remained on until 01:10pm.</p> <p>V12(Certified Nursing Assistant-CNA) come to R151's room to deliver food to other residents in R151's room and did not answer R151's call until he delivered R151's tray at 01:10pm. V12 assisted R151 with the tangled oxygen tubing and delivered her food. V12 stated he did not know R151's call light was on, and R151 is always putting on her call light on and keeps pressing it multiple times. V12 stated any staff member should answer the call light as soon as possible because the resident can be in distress needing immediate assistance.</p> <p>(continued on next page)</p>		

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 05/24/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>05/22/24 11:00 AM V2(Director of Nursing-DON) stated call light should be answered as soon as possible when the resident puts it on to first determine the resident's need, then care/assistance is provided based on the resident's needs. V2 stated all staff should answer the call light notify the appropriate staff who can provide care to resident if the staff who answered the call light cannot assist the resident.</p> <p>On 5/21/2024 at 1:16pm, V13(Licensed Practical Nurse-LPN) stated he call lights are answered by CNAs but if nurses are not busy, they too can answer call lights. V13 stated he was busy and did not see R151's call light on. V13 stated call light should be answered when the resident puts it on because it can be an emergency that need to be attended to right away.</p> <p>R151's care plan dated 01/02/2024 documents:</p> <p>Visual reminder to utilize the call light for assistance posted in room.</p> <p>Facility Policy titled Call Light dated 06/21 documents:</p> <p>-Staff are to answer the call light in a prompt, calm courteous manner.</p>		

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 05/24/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666</p> <p>Based on interview and record review the facility failed to follow their policy and routinely invite resident's representative to participate in a care plan conference for 1 resident (R121) in a total sample of 35 residents.</p> <p>Findings include:</p> <p>R121's Face sheet documents that R121 is a [AGE] year-old male admitted to the facility on [DATE] who has diagnoses not limited to: encephalopathy, persistent vegetative state, dependence on respirator (ventilator) status, encounter for attention to tracheostomy, epilepsy, chronic respiratory failure.</p> <p>05/21/24 11:58 AM V26 (R121's Mother/ Guardian) at bedside, call light within reach. V26 states that she has informed the Director of Nursing that she does not want R121 's indwelling urinary catheter to be changed by a Licensed Practical Nurse because V26 states that she does not feel comfortable with that due to R121 has had a lot of infections in the past. V26 states that the doctor informed her that a RN or Doctor should be changing the indwelling urinary catheter. Surveyor questioned V26 if she has been involved in R121's care planning and V26 states that she has not been asked to do so. Surveyor explained what care plan conference is and V26 states that she has not been offered by staff to participate in R121 's care plan conference. V26 states that she is there every day, and she has not been asked to attend a care plan conference for R121.</p> <p>05/23/24 02:26 PM V10 (Assistant administrator) states that she is currently responsible for Admission and Discharge Care plans and ongoing care plans. V10 states that V26 is here every day and V10 states that V26 is involved in R121 's care. V10 states that she has not coordinated R121's care plan but V10 states that she believes that the previous social services coordinator addressed R121 's care plan meeting.</p> <p>5/23/24 4:02 PM V10 provided surveyor with R121's care conference note dated 09/15/2023.</p> <p>5/23/24 4:02 PM V10 states that it is supposed to be documented if the resident's POA was offered to be involved in residents' quarterly care plan meeting.</p> <p>R121's care plan documents in part:</p> <p>last care conference: 09/15/2023</p> <p>next care conference: 12/14/2023</p> <p>Facility document titled Interdisciplinary Team Care Planning and Care Conference, dated 3/18, documents in part: To the extent practicable, the resident, the resident's family or the resident's legal representative should participate in the development of the care .Every effort will be made to schedule care plan meetings at the best time of the day for resident and family.</p> <p>(continued on next page)</p>		

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 05/24/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility document titled Comprehensive Care Plans, not dated, documents in part: Resident and/or representative will be afforded the opportunity to sign acknowledgement of participation and approval of plan of care .Care plans are revised as changes in the resident's condition dictates, but no less than on a quarterly basis.</p>		

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 05/24/2024
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45002</p> <p>Based on interview and record review, facility failed to ensure residents are provided with regular baths twice a week for residents for 1 (R53) out of three residents reviewed for ADL care in a sample of 35.</p> <p>Findings include:</p> <p>On 05/21/2024 at 11:35 AM, R53 stated that she hasn't received a shower in a week. She wanted a shower on Saturday but they never gave her one.</p> <p>On 05/23/2024 at 2:00 PM, V2 (Director of Nursing) stated that all residents are supposed to receive baths twice a week. V2 stated that R53 is supposed to receive a bath on Wednesdays and Saturdays. V2 stated that R53 received a bath on Wednesday 5/22, Wednesday 5/15, Wednesday 5/8, and Saturday 4/28. If the residents refuses, it should be documented on the tasks by CNA and nurses.</p> <p>R53's ADL report documents in part: R53 received a bath on 5/22, 5/15, 5/8, 5/5 and then 4/28.</p> <p>Reviewed R53's progress notes. No documentation of resident refusing.</p> <p>Reviewed 3rd floor shower binder. shower sheets was not found for the following dates: 5/22, 5/15, 5/8, 5/5.</p> <p>R53's Facesheet documents in part: R53's room number is 312-1.</p> <p>Facility shower sheets documents in part: room [ROOM NUMBER]-1 receives showers in morning on Wednesdays and in the evenings on Saturdays.</p>

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 05/24/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>45002</p> <p>Based on interview and record review, facility failed to follow their policy to ensure resident's nutritional status are within acceptable parameters for 1 (R111) out of three residents reviewed for significant weight loss in a sample of 35.</p> <p>Findings include:</p> <p>On 05/21/2024 12:23 PM, surveyor observed R111 had not received any lunch. R111 was asleep in bed.</p> <p>On 05/21/2024 at 12:45 PM, surveyor observed R111 still had not received any lunch tray.</p> <p>On 05/21/2024 at 1:15 PM, R111 finally received her tray but was not fed. At 1:25 R111 was finally fed by CNA.</p> <p>On 05/23/2024 at 1:30 PM, V14 (Consultant Dietician) stated that she runs the weight report for every resident each month and then goes through to see who would have weight loss. V14 stated that she reviews the chart of the residents who have weight loss and add the appropriate interventions. V14 stated that some interventions she would put in place would be; supplements, preference could be updated. V14 stated that she is familiar with R111. V14 stated that she did trigger for weight loss last month. V14 stated that R111 was 114 lbs in March and she dropped down to 97 lbs in April. V14 stated she did not add any new interventions in the month of April for R111. V14 stated the facility does not have sures. The facility does not allow it. We only have health shake and ice cream provided by the kitchen. V14 stated that she does not update the care plan. She is not sure what is in the resident's care plan.</p> <p>R111's weight from December 2023 to May 2024 documents in part:</p> <p>05/07/2024 12:49 PM Weight: 96.8 lbs</p> <p>04/02/2024 11:15 AM Weight: 97.0 lbs</p> <p>03/05/2024 12:29 PM Weight: 114.6 lbs</p> <p>02/06/2024 07:19 AM Weight: 113 lbs</p> <p>01/11/2024 10:16 AM Weight: 112.4 lbs</p> <p>12/12/2023 10:22 AM Weight: 114 lb</p> <p>R111's diet order in her physician order sheet documents in part (12/2023): Diet: General, mechanical soft texture, Thin liquids. Super cereal at breakfast. Milk with all meals. Add Imperial Vanilla shake at breakfast and at dinner. No new supplements added on 04/02/2024.</p> <p>Reviewed R111's care plan. care plan to updated with significant weight loss problem and appropriate interventions.</p> <p>(continued on next page)</p>		

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 05/24/2024
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Reviewed R111's progress note by V14 documents in part (4/30/2024) : Significant weight loss 15.6% past 1 month, 13.7% past 3 months, 16.4%-6 months. Weight on 4/2/2024 is 97lbs, 3/5/2024 114.6lbs, 1/1/2024 12.4lbs, 10/11/2023 116lbs. Diet: Regular Mechanical Soft texture, Thin liquids. Staff provides assist prn at all meals. Supplements: Super cereal at breakfast, Health shake twice a day-breakfast and dinner, milk with all meals.</p> <p>Progress note does not document notifying nurse practitioner with new recommendations or adding new supplements.</p> <p>Facility's Weight Maintenance policy (undated) documents in part: It is the policy of this facility to monitor the nutritional status of all residents, including all significant or trending patterns of weight change to maintain acceptable parameters of nutritional status. All significant, unplanned or trending weight changes must be investigated by the facility. In the case of a significant or trending weight change the following steps will be taken, determine possible cause, determine plan of action, notify physician and responsible party. The registered dietician will assess each resident with a significant weight change and make appropriate recommendations to the physician.</p>		

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 05/24/2024
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 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>49783</p> <p>Based on record review, observation, and interview, the facility failed to check the gastrointestinal tube (G-tube) infusion and water flush rate for 1 of 1 resident (R163) reviewed for G tubes in the sample of 35.</p> <p>Findings include:</p> <p>On 05/22/24 at 12:10 PM Surveyor with V15 (Registered Nurse) observed R163 g-tube feeding infusing Nepro Carb Steady at 45ml/hr infusing with 350ml water flush.</p> <p>On 05/22/2024 at 12:12PM V15 stated, I just took over R163 care today, the previous nurse had to leave. I was unaware the water flush was set wrong at 350 ml the previous nurse started the feeding at 10:00AM. Water flush should be set at 250ml as documented in the physician orders.</p> <p>On 5/23/2024 at 9:30AM V14 (Consultant Dietician) stated, I worked here for over three and a half years. I'm here once a week. I usually have a list prepared in advanced or referral to see residents. We have meetings once a month to communicate with nursing, Nurse practitioners and the Director of Nursing. I received reports on matrix with communication. I also follow resident that receive dialysis and tube feedings, and weight changes. V163 was on dialysis when she came to facility but no longer is on dialysis. The physician wanted her on Nepro her weight was elevated we have been maintaining it at 130 pounds weight she also had some abnormal labs. I estimated R163 needs with her actual weight, she is getting around 1800kcal 84 gr of protein 1657 cc of H2o we added protein due to skin ulcer bun creatinine is a little better. R163 tube feeding order is 45cc/hr and H2o flush is 250. When I'm here I look at g-tube bottles to make sure they are infusing correctly. If I notice rate for feeding or water flush is incorrect, I will address it immediately to the nursing staff, Assistant Director of nursing or Director. All staff should follow physicians orders for all nutritional needs.</p> <p>On 5/23/2024 at 11:28AM V18 (Registered Nurse) stated, I started R163 tube feeding and water flush before leaving yesterday around 10:00AM-11:00AM. Nurses should check g-tube feeding to make sure it's infusing rate and water flush correct each shift. We are also checking during medication administration. If feeding rate or water flush is incorrect it can possibly cause decrease nutritional intake, possible electrolyte imbalance or fluid overload. R163 feeding pump was set already since started on tube feeding so I didn't check the infusion rate. Nurses should check the electronic medication record or physician orders to verify feeding orders and water flushes every shift.</p> <p>Reviewed Record Physician orders dated 2/27/2024 document, Flush tube with 250mL water Every 6 Hours 06:00 PM, 12:00 AM, 06:00 AM, 12:00 PM.</p> <p>Facility policy date 09/2023 titled Tube Feeding/Enteral nutrition documents in part,1. To maintain the desired nutritional and fluid status of a resident.</p> <p>Facility policy dated 12/2023 title Physician Orders documents in part,5. Physician orders will be implemented by facility staff.</p>		

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 05/24/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 49666</p> <p>Based on observation, interview, and record review the facility failed to provide continuous oxygen therapy per physician order for 1 resident (R160) in a total sample of 35 residents.</p> <p>Findings include:</p> <p>R160's Face sheet documents that R160 is a [AGE] year-old female admitted to the facility on [DATE] who has diagnoses not limited to: Anoxic brain damage, acute and chronic respiratory failure with hypoxia, encounter for attention to tracheostomy, tracheostomy status, dependence on renal dialysis.</p> <p>R160's Minimum Data Set (MDS), dated [DATE], documents R160 is severely cognitively impaired.</p> <p>05/21/24 12:04 PM surveyor observed R160 in bed slightly HOB elevated, tracheostomy intact, respiratory Rate 22, surveyor observed oxygen concentrator off. Surveyor observed oxygen tank at red/empty mark. observed the liters/minute which read 4l/min.</p> <p>05/21/24 12:05 PM Observed V3 (respiratory therapist) walking out the restroom, surveyor questioned V3 regarding R160 and V3 states that nurses are mainly responsible for the residents with trach collars without vents. V3 states that respiratory therapist supports the nurse with the trach collar residents. Surveyor questioned V3 if R160 is supposed to be on continuous oxygen, and V3 states that R160 is supposed to be on continuous oxygen via trach collar. V3 states that CNAs bring the residents back from dialysis. V3 states that R160 has an order for 2 liters/minute of oxygen via trach collar. Surveyor and V3 walked into R160's room and V3 states that R160 is stable. Surveyor asked V3 if the oxygen tank was on red/empty and V3 states that the oxygen tank is at red/empty. V3 states that R160 just got back from dialysis. Surveyor observed V3 place Resident #160 on the oxygen concentrator and turn on the oxygen concentrator.</p> <p>On 05/21/2024 12:21 PM V25 (Certified Nursing Assistant) states that he transferred R160 to her bed after she returned from dialysis. V25 states that he told V3 that R160 was back in her room from dialysis. V25 states that her oxygen tank was not empty at the time that transferred R160 to bed. V25 states that he informed V3 that R160 was back before he went to his lunch break, V25 states that his lunch break is from 11:30 AM- 12:00 PM. V25 states that respiratory therapists take care of oxygen.</p> <p>05/23/2024 10:52 AM V2 (Director of Nursing) states that the nurse or respiratory therapist should attend to the resident as soon as possible to switch the resident from the oxygen tank to the concentrator. V2 states that if a resident is supposed to be on continuous oxygen and the oxygen tank is empty, the resident's oxygen saturation can fluctuate.</p> <p>R160's Physician Order Sheet dated 05/22/2024 documents:</p> <p>-oxygen order high humidity trach collar (HHTC) 35% 4 liters per minute (lpm) via oxygen concentrator continuously.</p> <p>(continued on next page)</p>		

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 05/24/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility document titled Oxygen Therapy documents in part: It is the policy of this facility that oxygen shall be used in a safe and effective manner in accordance with applicable rules and regulations. Nurses and Respiratory Therapists may start oxygen per physician order.</p>

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 05/24/2024
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 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>45001</p> <p>Based on observation, interview, and record review, the facility failed to a) properly date opened eyedrops for two residents (R81, R14); b) properly discard insulin on expiration date for three residents (R97, R44, R185); and failed to properly secure one medication cart. These failures were found on four of five medication carts reviewed.</p> <p>Findings include:</p> <p>On 5/21/24 at 9:32 AM, observed 5th floor 2nd medication cart in front of the nursing station, not locked. The two nurses on duty were sitting behind the nursing station, V5 (Licensed Practical Nurse) and V6 (Licensed Practical Nurse), no other nursing staff were at the cart. Reviewed the 5th floor 2nd medication cart with V5 and observed Insulin Lispro Injection vial labeled opened 4/12/24, expire 5/9/24 for R97.</p> <p>V5 stated the medication cart should not have been left unlocked. Someone would have easy access to it. The medication cart has medicines, narcotics, insulins, and syringes inside. If a resident accessed the contents in the cart, they could be harmful to the resident. This is the dementia unit. The insulin is expired and expired medications should not be passed to the residents. Passing expired medications could potentially be harmful to the resident. They could get sick. The expired medication could possibly not work as it should.</p> <p>R97 Physician Order Summary, printed 5/23/24, documents in part order: Humalog U-100 Insulin (Insulin Lispro) solution.</p> <p>On 5/21/24 at 10:00 AM, Reviewed 5th floor 1st medication cart with V6 (Licensed Practical Nurse) and observed two bottles of Latanoprost Ophthalmic Solution 0.005%, one for R81 and one for R14. Both bottles were not sealed and were not labeled with the dates they were opened or the discard dates.</p> <p>V6 stated eyedrops should be labeled with the date opened and the expiration date. The eyedrops are good for approximately 30 days from opening.</p> <p>R81 Physician Order Summary, printed 5/23/24, documents in part order: Latanoprost drops 0.0005%.</p> <p>R14 Physician Order Summary, printed 5/23/24, documents in part order: Latanoprost drops 0.0005%.</p> <p>On 5/23/24 at 10:20 AM, Reviewed 4th floor 2nd medication cart with V13 (Licensed Practical Nurse) and observed Admelog Insulin Lispro vial labeled opened 4/14/24, expire 5/13/24 for R44.</p> <p>V13 stated the insulin was expired according to the labeled dates. There should not be expired medications in the medication cart they should be discarded. Expired insulin may not work the way it is supposed to. It may do harm to the resident.</p> <p>(continued on next page)</p>		

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 05/24/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R44 Physician Order Summary, printed 5/24/24, documents in part order: Admelog U-100 Insulin Lispro (insulin lispro) solution.</p> <p>On 5/23/24 at 10:41 AM, Reviewed 3rd floor 2nd medication cart with V9 (Licensed Practical Nurse) and observed Insulin Aspart injection vial labeled opened 4/24, expire 5/22 for R185.</p> <p>V9 stated there should not be expired medications in the medication cart. If the medication is expired, it may not work as well. Expired medication should not be given to the residents. When we leave the medication cart, we always lock the cart to keep medications and residents safe. If the cart is not locked the residents or anybody can access the contents of the cart.</p> <p>R185 Physician Order Summary, printed 5/24/24, documents in part order: Novolog U-100 Insulin aspart (insulin aspart u-100) solution.</p> <p>On 5/23/24 at 2:00 PM, V2 (Director of Nursing) stated if the medication cart is not within sight of the nurse the cart should be locked. If the nurse walks away from the cart, it should be locked. The medication carts are locked for the safety of the residents, and anyone, that they don't go in the cart and take something. It is the responsibility of the nurse to make sure the cart is secure. Insulin should be labeled with the open and expiration date. Generally, insulins are good 28 days from opening. When they open insulin, the nurse should label the date opened, count 28 days, and label the discard date. Insulin labeled with expiration date 5/9/24 should not have been in the cart on 5/21/24. Eye drops are labeled with the date opened but discard date is the manufacturer date.</p> <p>Facility policy Storage of Medications, 8/2023, documents in part: No discontinued, outdated, or deteriorated drugs or biologicals are available for use in this facility. All such drugs are destroyed. Compartments containing drugs and biologicals are locked when not in use, and trays or carts used to transport such items are not left unattended. (Compartments include, but are not limited to, drawers, cabinets, rooms, refrigerators, carts, and boxes.)</p> <p>Facility policy Labeling of Medications, 12/2021, documents in part: All drugs and medications maintained in the facility shall be properly labeled in accordance with current state and federal regulations.</p> <p>Commonly Used Medications - Discard Timeframes, no date, documents in part: **Date opened and discard date should be entered on products. Insulin and Insulin related, Humalog, Humulin, Novolog, Lantus, discard timeframe is 28 days. Eye drops, all others including Artificial Tears, discard timeframe is 28 days.</p>		

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 05/24/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49666</p> <p>Based on observation, interview and record review the facility failed to store and label food items in accordance with professional standards for food service safety. This failure has the potential to affect 180 residents that eat food from the kitchen.</p> <p>Findings include:</p> <p>On 05/21/24 at 9:27 AM, surveyor conducted kitchen observation with V4 (Food Service Supervisor).</p> <p>On 05/21/2024 at 9:36 AM observations in the walk-in freezer:</p> <ul style="list-style-type: none"> -more than a liter of frozen corn stored in large plastic bag not labeled or dated -large bag of frozen fries not labeled or dated <p>05/21/24 9:36 AM, V4 stated that he cannot lie about it, it should be labeled and dated.</p> <p>Facility census report dated 05/21/2024 documents there are 197 residents.</p> <p>Facility document not dated documents list of 17 residents who have order for nothing by mouth (NPO).</p> <p>Facility document titled Storage of Frozen Foods dated 2017, documents in part: If taken out of original container, food is tightly wrapped and labeled with the name of the item and the use by date .Opened products that have not been properly sealed and dated are discarded.</p>