| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145307 | A. Building<br>B. Wing | 01/09/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Grove of Lagrange Park, The | 701 North Lagrange Road<br>LA Grange Park, IL 60526 |

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) |
|---|---|
| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>Based on interview and record review the facility failed to provide care and services to a resident that had a change of condition for 1 of 4 residents (R2) reviewed for change of condition in the sample of 4.The findings includeR2's electronic face sheet show R2 had diagnoses that include alcoholic cirrhosis of liver with ascites, alcohol abuse and hepatic encephalopathy. R2's progress notes dated 12/27/25 timed at 2329 (11:29 PM) documents, Received resident lying on bed. Lethargic with vital signs of BP- 69/33, PR-59, T-97.2, Spo2- 81%. Started oxygen at 4LPM via nasal Cannula, rechecked spo2-97%. 911 was called and R2 was sent to a (local hospital).R2's progress notes documents, R2's admitting diagnosis of electrolyte imbalance.On 1/9/26 at 10:40 AM, V9 (Registered Nurse-RN) said he was R2's night shift Nurse. RV9 said he came to work at 11 PM, he got report from V11 (RN) and made his rounds after the shift report. At around 11:20 PM, he was in R2's room making rounds, R2 was in respiratory distress with an oxygen saturation of 81%. R2's blood pressure was very low at 69/33. V9 said he applied oxygen via nasal cannula at 4liters, R2's oxygen saturation went up to 94-95%. R2 was then sent to the hospital via 911. V9 said R2 was a full code.On 1/9/26 at 10:19 PM, V11 (RN) said she was the day and PM shift nurse on 12/26/25 and worked double shift. R2 remained in bed alert but weak. V11 said at the end of the morning shift, R2's vital signs were checked, R2's blood pressure (Bp) was low, (73/43). V11 said she did not notify R2's physician who visited R2 earlier to report R2's low bp. V11 said she did not check R2's vital signs again on PMs shift even though R2's bp on day shift was significantly low. V11 said R2 did not get his bedtime meds because R2 refused. V11 said R2 was normally alert but slow to respond and weak. V11 said she did not notify R2's physician that R2 did not get her bedtime medications.R2's vital signs dated 12/26/25 timed at 14:52 (2:52 PM) documented R2's BP was 73/43.On 1/9/25 at 12 PM, V7 (R2's Physician) said she saw R2 on 12/26/25 mid-day. R2 looked unwell but stable, weak but alert, yellowish (jaundiced) with ascites due to end stage liver disease. V7 said R2's vital signs during her visit were also stable. V7 said R2's bp of 73/43 was very low and that she should have been informed. V7 said Nurses know that systolic bp below 90's or 85's. The Physician should be informed for immediate intervention, like stat labs or sent out to the hospital sooner. V7 siad R2 had complex medical condition that the facility could not manage. V7 also said she was not notified of R2 not getting her bedtime meds.On 1/9/25 at 10:30 AM, V2 (Assistant Director of Nursing) said R2 was full code, R2 had low blood pressure and refused her meds. Resident's significant changes should be relayed to their physicians.The facility policy on Notification for change of condition dated 7/2/25 documents, the facility will provide care to residents and provide notification, or residents change in status. The facility must immediately consult with the resident's physician when there is a significant change in the resident's physical, mental or psychosocial status- deterioration in health either life threatening conditions or clinical complications. |

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 |
|---|---|---|