

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/21/2025
NAME OF PROVIDER OR SUPPLIER  Libertyville Manor Ext Care		STREET ADDRESS, CITY, STATE, ZIP CODE  610 Peterson Road Libertyville, IL 60048	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review, the facility failed to ensure resident protected health information was not displayed for two of 12 residents (R5, R135) reviewed for privacy in the sample of 12.</p> <p>The findings include:</p> <p>1. R5's Record of Admission shows she was admitted to the facility on [DATE].</p> <p>R5's Physician Orders, dated January 1, 2025-January 31, 2025, shows starting January 10, 2025 R5 was on Covid-19 Quarantine for ten days until January 20, 2025.</p> <p>On January 15, 2025 at 1:22 PM, there was a red stop sign on the outside of R5's door that showed, STOP COVID 19. This stop was visible to all those that walked in the facility's hallway.</p> <p>2. R135's Record of Admission shows she was admitted to the facility on [DATE] with diagnoses including enterocolitis due to Clostridium Difficile (bacteria infection that causes diarrhea).</p> <p>On January 13, 2025 at 11:30 AM, there was a typed up letter on a white piece of paper that was hanging on the outside of R135's room. The letter shows R135 had clostridium difficile, and explained to wash hands with soap and water. This letter also explained what exactly clostridium difficile is.</p> <p>On January 15, 2025 at 10:37 AM, V11, CNA (Certified Nursing Assistant), said residents information should not be visible. That information is private.</p> <p>The facility's Resident [NAME] of Rights policy, not dated, shows on admission to the facility, residents will be assured confidential treatment of personal and medical records, and may approve or refuse their release to any individual outside the facility, except in the case of transfer to another health care facility, or as required by law or third party payment contract.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review, the facility failed to ensure Activities of Daily Living (ADL) assistance was provided for residents that required assistance for two of 12 residents (R15, R9) reviewed for ADL care.</p> <p>The findings include:</p> <p>1. R15's Physician Orders shows he was admitted to the facility on [DATE], with diagnoses including traumatic brain injury, epileptic syndrome, dysphagia, anemia, and major depressive disorder.</p> <p>R15's MDS (Minimum Data Set), dated October 23, 2024, shows R15 is dependent on staff for toileting hygiene, personal hygiene, and is always incontinent of bowel and bladder.</p> <p>On January 13, 2025 at 12:12 PM, V9 and V10, CNAs (Certified Nursing Assistants), provided incontinence care for R15. R15's incontinence brief was completely saturated with dark urine. There was a strong urine odor. V9 said R15 was last changed on night shift, about 5:00 AM, when night shift got R15 up for the day. R15's right ring finger nail was long. R15's right ring fingernail was about one inch long.</p> <p>2. R9's Record of Admission shows he was admitted to the facility on [DATE].</p> <p>R9's Physician Orders, dated January 1, 2024-January 31, 2025, shows he has diagnoses including urinary tract infection, elevated white blood cell count, and chronic kidney disease.</p> <p>R9's MDS, dated [DATE], shows R9 requires substantial/maximal assistance with personal hygiene. R9 is frequently incontinent of bowel and bladder.</p> <p>On January 13, 2025 at 11:10 AM, V10, CNA, provided incontinence care for R9. R9 was laying crooked in bed. R9's head was where his waist should be in the bed, and his legs were bent with his feet on his bed. V10 did not reposition R9 in his bed when she was finished provided incontinence care.</p> <p>On January 15, 2025 at 10:37 AM, V11, CNA, said, Before leaving the room after incontinence care, make sure the residents are laying comfortably in bed. Incontinence care should be done at least every two hours because it is important to keep the residents clean and dry.</p> <p>The facility's Personal Hygiene policy, not dated, shows the purpose is to ensure that the facility is providing all residents the necessary personal care to meet the needs of the resident. All residents shall be assessed to determine the resident's needs regarding bathing, dressing, grooming and all personal hygiene needs and the staff shall ensure that these are being completed for each resident based on the resident's needs. Ensure resident is receiving daily attention to skin, peri care, foot care, nails, hair and oral hygiene.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35541</p> <p>Based on observation, interview, and record review, the facility failed to assess if a dementia resident was safe to smoke; failed to ensure a resident at risk for aspiration received fluids in a consistency that were safe to drink; failed to ensure a resident was transferred in a safe manner; and failed to ensure fall interventions were in place for a resident with a history of falling. These failures apply to 4 of 12 residents (R28, R13, R6, R5) reviewed for safety and supervision in the sample of 12.</p> <p>The findings include:</p> <p>1 A facility list, dated January 14, 2025 showed R28 was listed as a resident who smoked in the facility.</p> <p>R28's initial/admission care plan, dated May 11, 2023, showed R28 was admitted to the facility with a diagnosis of dementia. The care plan showed no documentation R28 was a smoker until January 14, 2025.</p> <p>On January 13, 2025 at 1:34 PM, R28 was seated in a recliner in his room. R28 was receiving supplemental oxygen via nasal cannula. R28 stated he usually goes out to smoke cigarettes, three times a day, after meals.</p> <p>On January 14, 2025 at 10:48 AM, V16, Resident Assistant (RA), stated when assigned, she has gone out with R28 when he smoked. V16 stated, He usually likes to smoke after every meal. I don't know if (R28) has a diagnosis of dementia. I don't know if he is safe to smoke. Lately, he's been dropping the cigarettes out of his hand onto the ground. I just pick it back up and give it to him. V16 stated she did not report R28's recent episodes of R28 having difficulty holding his cigarette to any nursing staff.</p> <p>On January 14, 2025 at 1:52 PM, V4, Director of Nursing (DON), stated the facility currently does not complete safe smoking assessments on residents that smoke.</p> <p>The facility's Smoking in Nursing Home policy, dated February 8, 2024, showed no documentation that safe smoking assessments should be completed on residents that choose to smoke.</p> <p>2. R13's interdisciplinary plan of care note, dated November 18, 2024, showed R13 required a mechanical soft diet with nectar thickened liquids due to her diagnosis of dysphagia. R13 was at risk for aspiration. R13 also had a diagnosis of dementia.</p> <p>R13's January 2025 Physician Order report showed R13's diet had been downgraded to a pureed diet with nectar thick liquids.</p> <p>On January 13, 2025 at 10:18 AM, R13 was seated in a high back wheelchair in her room. No staff were present. R13 was slowly trying to drink from a cup that contained a thickened orange colored drink. A cup of un-thickened coffee was also noted on the table in front of R13.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On January 13, 2025 at 12:29 PM, R13 remained seated in her room with no staff present. The cup of thickened orange drink was in front of her on the table. R13 was holding onto the cup of un-thickened coffee and attempting to lift it to her mouth.</p> <p>On January 14, 2025 at 12:08 PM, V15, Licensed Practical Nurse (LPN), stated, (R13) has trouble swallowing so she is on thickened liquids so she doesn't choke.</p> <p>On January 15, 2025 at 2:14 PM, V4, Director of Nursing/DON, stated she did not know why R13 required a pureed diet with nectar-thick liquids but stated, If a resident requires a special diet, the information should be in the resident's care plan. V4 stated the facility did not have a policy on aspiration prevention for residents with dysphagia.</p> <p>R13's current care plan, dated October 20, 2024, showed no documentation related to R13's nutritional needs including no documentation of R13's dysphagia diagnosis and/or her need for a pureed diet with thickened liquids.</p> <p>3. R6's care plan, dated November 18, 2024, showed R6 was at high risk for falling due to previous multiple falls in the facility. The plan showed R6 needed staff assistance when transferring and walking. The plan showed, Utilize gait belt at all times.</p> <p>On January 13, 2025 at 9:42 AM, V15, Licensed Practical Nurse/LPN, transferred R6 from her recliner to wheelchair by holding onto R6's arm. No gait belt was used. V15 then wheeled R6 into the bathroom. V15 transferred R6 from the wheelchair to the toilet by placing both hands under R6's buttocks and lifting R6 onto the toilet. No gait belt was used.</p> <p>On January 14, 2025 at 1:52 PM, V4, DON, stated R6 is at high risk for falls. V4 stated, She is a one person assist for transfers. A gait belt should be used on all of her transfers.</p> <p>An undated facility Proper Body Mechanics staff inservice record showed, Use your gait belt! You, as well as your patient, will be less likely to suffer an injury if you use your gait belt appropriately. Using your gait belt will allow you to be prepared to support the weight of your patient if they suddenly need assist. Make sure the belt is cinched up securely and you have a hand on it or be prepared to grasp it if necessary.</p> <p>34506</p> <p>4. R5's Physician Orders shows she was admitted to the facility on [DATE] with diagnoses including right humerus fracture, and femur fracture.</p> <p>R5's Care Plan, dated August 29, 2024 shows, Fall potential related to weakness and unsteady gait related to recent fall and fractured right humerus and right femur. Call light within reach.</p> <p>R5's Progress Notes shows she had a fall on December 24, 2024 and January 7, 2025.</p> <p>On January 13, 2025 at 10:04 AM, R5 was sitting in her wheelchair in the middle of her room. R5's call light was attached to the bed. R5's call light was not within reach.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On January 15, 2025 at 12:24 PM, V4, Director of Nursing, said fall prevention interventions include chair alarms, bed alarms, frequent monitoring, and ensuring everyone has their call lights within reach.</p> <p>The facility's Fall Risk Assessment and Fall Prevention policy, revised April 25, 2024, shows, Interventions should be established to reduce the risk of falls. These may include: Resident's call light to be placed within resident's reach.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident was thoroughly cleansed after a bowel movement for one of four residents (R9) reviewed for incontinence care in the sample of 12.</p> <p>The findings include:</p> <p>R9's Record of Admission shows he was admitted to the facility on [DATE].</p> <p>R9's Physician Orders, dated January 1, 2024-January 31, 2025, shows he has diagnoses including urinary tract infection, elevated white blood cell count, and chronic kidney disease.</p> <p>R9's Minimum Data Set/MDS, dated [DATE], shows R9 requires substantial/maximal assistance with personal hygiene. R9 is frequently incontinent of bowel and bladder.</p> <p>On January 13, 2025 at 11:10 AM, V10, CNA (Certified Nursing Assistant), provided incontinence care to R9 while he was laying in bed. There was stool in R9's rectum and on his buttocks. There was still visible stool present to R9's buttocks when V10 placed a clean incontinence brief onto R9 and pulled up his pants.</p> <p>On January 15, 2025 at 10:37 AM, V11, CNA, said staff should make sure all the bowel movement is cleaned off of residents because it can prevent infection and bring the resident comfort. V11 said if stool is not cleaned off of residents, then it can cause odor.</p> <p>The facility's Incontinence Care policy, revised on April 5, 2023, shows, If a resident's clinical condition becomes such that continence is not possible to maintain, the facility will ensure that correct incontinence care will occur.</p>

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<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35541</p> <p>Based on observation, interview, and record review, the facility failed to have a system in place to monitor residents (R135, R10, R86) for weight loss, including a resident (R183) with a gastrostomy tube (G-Tube); failed to ensure physician ordered weights were performed (R183, R135, R10, R86); failed to report a resident's decreased oral intake and obtain/report this resident's current weight to the physician prior to discontinuing this resident's (R183) enteral feeding; failed to notify the Registered Dietician that a resident's (R183) enteral feedings were discontinued; and failed to ensure interventions were in place to maintain nutritional intake prior to discontinuing an enteral feeding (R183). These failures apply to 4 of 9 residents (R183, R135, R10, R86) reviewed for weight loss in the sample of 12. These failures resulted in R183 sustaining a weight loss of 3.3% in 41 days despite having a gastrostomy tube (G-Tube) in place.</p> <p>These failures resulted in an Immediate Jeopardy.</p> <p>The Immediate Jeopardy began on 12/5/24 when R183 was not weighed upon admission to the facility. These failures resulted in R183 sustaining a weight loss. V1, Administrator, was notified of the Immediate Jeopardy on 1/16/25 at 9:40 AM. This surveyor confirmed by observation, interview, and record review, the Immediate Jeopardy was removed on 1/17/25, however, noncompliance remains at a Level 2 because additional time is needed to evaluate the implementation and effectiveness of in-service training.</p> <p>The findings include:</p> <p>1. R183's hospital records, dated September 29, 2024 to November 13, 2024, showed R183 was admitted to the hospital on September 29, 2024 due to fracturing her left hip after falling at home. R183 had surgery to repair her left hip fracture on September 30, 2024. The records showed R183 also had diagnoses of alcohol abuse, alcoholic polyneuropathy, altered mental status, protein-calorie malnutrition, UTI (urinary tract infection), esophageal ulcers, and esophagitis. During R183's hospitalization, a gastrostomy tube (G-Tube) was placed in R183 to supplement her feedings, due to her decreased oral intake. The hospital records also showed complications of delayed-healing to R183's left hip surgical wound. The records showed R183 was discharged to a local skilled nursing facility on November 13, 2024.</p> <p>R183's admission records, dated December 5, 2024, showed R183 was admitted to the facility from another local skilled nursing care facility. R183's physician discharge orders and records, dated December 5, 2024, from the local skilled nursing facility showed an order for R183 to be weighed once a day. The records showed R183's discharge weight as 154 pounds (lbs) on December 5, 2024. The discharge orders showed R183 was prescribed a regular diet to eat orally, but was to also receive supplemental bolus enteral feedings via G-Tube, every 4 hours during the day, for nutritional support.</p> <p>R183's December 2024/January 2025 Weight Report showed R183 was not weighed on December 5, 2024, upon admission to the facility. The report showed no weights were obtained on R183 from December 5, 2024 to January 14, 2025.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>R183's nursing notes/progress notes, dated December 5, 2024 to January 14, 2025, showed multiple entries of R183 having a fair-poor oral intake/appetite and/or refusing meals at times. R183's medical records dated December 5, 2024 to January 14, 2025 showed no documentation of staff monitoring and recording R183's daily oral intake.</p> <p>R183's Dietary Note, dated December 9, 2024, showed she was seen by V6, Dietician. The note showed R183's appetite and oral intake have been poor. The note showed V6, Dietician, added an order for a continuous enteral feeding for R183 at night; Jevity 1.2 cal (enteral feeding/nutritional supplement) at 60 cc/hour (cubic centimeters per hour) from 7 AM-7 PM, due to R183's poor oral intake. The note showed, RD (Registered Dietician) recommends to add nocturnal feeding to promote oral/calorie intake during day time hours .Goals for tolerance to new enteral feeding order, weight stability and improvement in oral intake . RD will monitor for change/tolerance issues and follow up as needed. R183's daytime bolus enteral feeding were discontinued.</p> <p>A physician order, dated January 6, 2025, showed R183's continuous nighttime enteral feedings were discontinued by V12 (Physician of R183). The order showed V3, Nurse Manager, got the verbal order from V12 on January 6, 2025 to discontinue the feedings.</p> <p>R183's medical records, dated January 6, 2025 to January 14, 2025 showed R183 received no supplemental enteral feedings during this time, despite continuing to have poor-fair oral intake.</p> <p>R183's January 2025 Weight Report showed R183 was weighed for the first time in the facility on January 15, 2025 and was 140.2 pounds. R183 was re-weighed on January 16, 2025 and was 149 lbs. This showed R183 sustained a 3.3% weight loss from December 5, 2024 to January 16, 2025 (41 days).</p> <p>On January 14, 2025 at 12:10 PM, R183 was seated in a high-back wheelchair in her room. R183 appeared thin and slightly jaundiced. R138's gastrostomy tubing hung down by her waist. R138 stated, I don't think I have ever been weighed here. The last time I was weighed was at the old rehab place. No one has asked to weigh me here. When R138 was asked about her appetite, she stated, I don't like the food here and I am not real hungry.</p> <p>On January 15, 2025 at 10:49 AM, V3, Nurse Manager, stated she got the verbal order from V12 (Physician of R183) on January 6, 2025 to discontinue R183's enteral feedings because the family wanted her to get hungry and eat more. V3 stated she was aware of R183's poor-fair appetite when she spoke with V12 on January 6, 2025. V3 stated, I wasn't aware she had never been weighed until yesterday. When I called and got the order, (V12) didn't ask for a current weight on (R183). I didn't look for one. I didn't say anything about her appetite and he didn't ask about it. V3 stated she had never notified V6, Dietician, that R183's enteral feedings had been discontinued.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On January 15, 2025 at 10:11 AM, V4, Director of Nursing (DON), confirmed R183 was not weighed upon admission to the facility. V4 stated she was unaware R183 had not been weighed at all in the facility until January 15, 2025. V4 stated R183 was not weighed until January 15, 2025 because someone did not put the physician order for her to be weighed. It got missed when she got admitted . She should have been weighed at least once a week for the first four weeks of her admission. The admitting nurse should have put the order in. Myself and the Dietician are responsible for making sure the weights are done. V4 stated she was aware R183 was no longer receiving enteral feedings, but was not sure how long she had gone without. V4 stated she had not notified V6, Dietician, that R183 had never been weighed in the facility or that R183's enteral feedings had been discontinued. V4 stated she had not notified V6, Dietician, or V12 (Physician of R183) of R183's poor-fair oral intake. V4 stated, The family wanted the enteral feeding to be stopped to see if she would eat more. V4 stated R183's oral appetite had not really improved since discontinuing R183's enteral feeding. V4 state she had not notified R183's family R183 had never been weighed in the facility.</p> <p>On January 14, 2025 at 2:36 PM, V6, Dietician, stated all new admissions should be weighed within 24 hours of admission and once a week for the first four weeks of admission. V6 stated, I was not aware (R183) was not being weighed. She should have been weighed once a week. When I saw her on December 9, 2024, I started her on continuous enteral feedings at night because I was concerned about her losing weight and she had not been eating much. Checking weights and monitoring oral intakes are ways that I monitor for weight loss. I am contracted so I am only at the facility for eight hours a month. No one called me to let me know she had not been weighed or that her appetite had not improved.</p> <p>On January 15, 2025 at 11:21 AM, V6, Dietician, was asked if she had been notified R183's enteral feedings had been discontinued and/or of R183's weights from January 4 to January 15, 2025. V6 stated, No one told me her (enteral) feedings had been discontinued. Why? No one has called to let me know she lost weight. If I had known they were considering stopping her enteral feedings, I would have come in to assess her, get an accurate weight and review her oral intakes. If I had been aware of her poor appetite and weight loss, I would have recommended to not discontinue her feedings.</p> <p>On January 16, 2025 at 1:13 PM, V12 (Physician of R183) stated he discontinued R183's enteral feeding order on January 6, 2025 because the family requested, however, I was not notified that she had never been weighed or that her oral intake had continued to be poor. V12 stated R183 should have been weighed once a week upon admission to the facility. V12 stated had he known R183's appetite was not improving and that she had not been weighed, he probably would not have given the order to discontinue her enteral feeding.</p> <p>On January 15, 2025 at 11:46 AM, V13 (Family of R183) stated she had not been notified R183 had not been weighed in the facility. V13 stated, I knew she wasn't eating a lot. That's why I wanted to stop her other feedings to see if would eat more, but I did not know they weren't weighing her. No one has called to tell me her appetite had not improved since stopping the feedings. She is not hospice. We are trying to get her better to get her home.</p> <p>The facility's Weight Maintenance policy, dated February 26, 2024, showed, The purpose of this policy is to assess the proper nutrition and weight maintenance of each resident. This can be accomplished through a weight schedule that will allow the facility to monitor any changes in weight . Each resident will be weighed on admission. Medicare residents will be weighed weekly, every Monday. Skilled residents will be weighed on admission and monthly thereafter . Recommendations given by dietary or the physician will be followed .</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Libertyville Manor Ext Care		STREET ADDRESS, CITY, STATE, ZIP CODE  610 Peterson Road Libertyville, IL 60048	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>The facility presented an abatement plan to remove the immediacy on January 16, 2025. The survey team reviewed the abatement plan and was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented a second revised abatement plan on January 16, 2025. The survey team was unable to accept the plan to remove the immediacy. The abatement plan was returned to the facility for revisions. The facility presented a third revised abatement plan on January 16, 2025 and the survey team accepted the abatement plan on January 16, 2025.</p> <p>The Immediate Jeopardy that began on December 5, 2024 was removed on January 17, 2025 when the facility took the following actions to remove the immediacy:</p> <p>Corrective actions for the resident includes:</p> <ul style="list-style-type: none"> <li>-An order for daily weights on the day shift was obtained and implemented by the V3 nurse supervisor for R183.</li> <li>-V24, Dietician, arrived at the facility on January 16, 2025 at 1:45 PM, and will assess the resident, provide recommendations and documentation.</li> <li>-V4, Director of Nursing, spoke to the R183's POA (Power of Attorney) on January 16, 2025 at 11:30 AM, and the POA is in agreement to start the tube feedings again.</li> <li>-The nursing staff will monitor all resident's oral intake and notify physician and dietician with any complications.</li> <li>-V3, Nurse Supervisor, has contacted V12, R183's physician, on January 16, 2025 and he will be in contact with the facility within the next hour.</li> <li>-V5, QAPI (Quality Assurance Performance Improvement) had an emergency meeting with V25, Medical Director, V1, Administrator, V4, DON, and V3, Nurse Supervisor on January 16, 2025 at 9:30 AM. The problem was discussed, identified, and a system will be put into place for monitoring the compliance with the facility weight protocol.</li> <li>-The facility will follow the recommendations from the Dietician as well as any orders from V12, R183's physician, and these will be implemented. Both are being completed at this time January 16, 2025 at 2:00 pm.</li> <li>-The staff will be in serviced by V4, DON, V3, Nurse Supervisor, and V7, Unit Manager, on the facility policy for obtaining weights on admission on all residents and the facility policy on obtaining weights for medicare and skilled residents. This will involve all nursing staff and CNA's and will be completed by 11:30 pm on January 16, 2025.</li> <li>-The facility will weigh all residents on January 16, 2025. Any significant weight gain or loss of 5 percent or more, the physician will be contacted and the Dietician will be consulted for an assessment. This will be done by Janaury 17, 2025 by V4, Director of Nursing.</li> <li>-The Dietician currently visits twice a month, 4 hours each visit, and as needed.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>-V3, Nurse Supervisor, and V7, Unit Manager, will audit all weights on their units for new admissions, weekly weights, and monthly weights, and provide the weights daily to the Director of Nursing.</p> <p>-Any weights that are missing will be obtained immediately, the employee responsible for the missed weight will be in serviced to ensure compliance in the future.</p> <p>-The audit will be provided to V5, QAPI, at the weekly management meeting to ensure compliance.</p> <p>-The QAPI committee will be updated quarterly.</p> <p>34314</p> <p>2. R135's face sheet shows she was admitted to the facility on [DATE].</p> <p>R135's hospital records shows she weighed 132 lbs (pounds) on December 14, 2024 in the hospital.</p> <p>The facility did not weigh R135 on admission. The first weight done in the facility was on January 9, 2025 (23 days after admission). R135's weight was 119.4 lbs. (13 lb weight loss in 23 days).</p> <p>On January 16, 2025 at 10:57 AM, V4, Director of Nursing, stated R135's weight was not done because she was on contact isolation when she was admitted to the facility.</p> <p>3. R10's face sheet shows she was admitted to the facility on [DATE].</p> <p>R10 was not weighed until January 1, 2025 (12 days later).</p> <p>4. R86's face sheet shows, she was admitted to the facility on [DATE].</p> <p>R86 was not weighed until January 3, 2025 (22 days later).</p> <p>On January 16, 2025 at 10:57 AM, V4, Director of Nursing, stated weights should be done on admission.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>34314</p> <p>Based on observation, interview, and record review, the facility failed to have a Registered Nurse (RN) 8 hours a day, 7 days a week. This deficiency affects all 35 residents living in the facility.</p> <p>The findings include:</p> <p>The CMS-671 long-term care facility application for Medicare and Medicaid, dated January 14, 2025, shows there were 35 residents residing in the facility.</p> <p>On January 13th, 14th &amp; 15th, 2025, a violation notice was on the entrance door of the facility saying they were in violation of staffing requirements from the Illinois Department of Public Health for the period of July 1, 2024 - September 30, 2024.</p> <p>On July 4, 2024 and September 2, 2024, there were no RNs available in the facility.</p> <p>On January 15, 2025 at 2:57 PM, V4, Director of Nursing, stated, There was two days with no RN coverage. They were July 4th and Septemeber 2nd, 2024.</p> <p>The facility's minimum staffing requirements (no date) shows, R.N.- 1 per shift is 24 hours per day (Only one is need for 2 shifts per day).</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review, the facility failed to ensure medications were administered uncrushed. There were 25 opportunities with three errors, resulting in a 12% error rate.</p> <p>This applies to one of three residents (R5) observed in the medication pass.</p> <p>The findings include:</p> <p>R5's Physician Orders show she was admitted to the facility on [DATE], with diagnoses including humerus fracture, femur fracture, and methicillin resistant staph infection. R5 has orders for potassium chloride 20 meq extended release, potassium chloride 10 meq extended release, and metoprolol succinate (blood pressure medication) 50 mg extended release.</p> <p>On January 13, 2025 at 10:04 AM, V7, LPN (Licensed Practical Nurse), crushed all of R5's ordered medications and placed them in one cup with pudding. V7 then administered all the medications to R5.</p> <p>On January 15, 2025 at 10:42 AM, V7 said she believe all of R5's medications were crushable, except potassium. V7 said liquid potassium is available from the pharmacy.</p> <p>The facility's Medication Administration Policy, not dated, shows, When crushing make sure that the tablet does not get crushed in such a way that it will mix with previous medications that have been crushed. Do not crush enteric coated or sustained action medications. (see enclosed list of drugs which should not be crushed).</p> <p>The facility's List of Oral Dosage Forms that Should Not be Crushed, dated September 27, 2023, shows metoprolol succinate is a modified release medication and should not be crushed, and potassium chloride is a modified release and should not be crushed.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>34314</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident who is vegetarian was offered a protein substitute, and failed to ensure residents on puree diets were served the same menu as regular diets. This applies to 5 of 12 residents (R184, R11, R25, R13 &amp; R15) reviewed for following menus in the sample of 12.</p> <p>The findings include:</p> <p>The facility's week three menu shows: Monday (January 13, 2025): lemon chicken over noodles, broccoli, green salad, chilled pears, coffee/tea. Tuesday (January 14, 2025): Salisbury steak, mashed potato &amp; gravy, buttered corn, garden salad w/thousand island, chilled peaches, coffee/tea.</p> <p>1. R184's current diet order shows he is on a general diet, vegetarian.</p> <p>On January 13, 2025 at the noon meal, V3, Nurse Manager, gave R184 noodles, broccoli, green salad, and chilled pears. He was not provided with any protein substitutes. She stated, He is a vegetarian so he doesn't eat meat.</p> <p>On January 14, 2025 at the noon meal, V3, Nurse Manager, gave R184 mashed potatoes, corn, and a garden salad. He was not provided with any protein substitutes.</p> <p>On January 14, 2025 at 12:57 PM, V17, Cook, stated R184 will get everything except the meat. He did not make anything else for him.</p> <p>On January 14, 2025 at 2:37 PM, V6, Dietician, stated she didn't know what the facility was providing for R184 as a protein substitute, and it was up to V19, Dietary Manager.</p> <p>2. The facility's diet type provided on January 14, 2025 shows R11, R25, R13, and R15 are all on a pureed diet.</p> <p>On January 14, 2025 at the noon meal, R11, R25, R13, &amp; R15 were served Salisbury steak and mashed potatoes. There was no corn, garden salad, or peaches.</p> <p>On January 14, 2025 at 12:57 PM, V17, Cook, stated he did not puree the corn, salad, or peaches. He didn't think you could puree corn because of the hull/shell.</p> <p>The facility's spreadsheet for the noon meal shows residents on a puree diet can have pureed corn, garden salad, and peaches.</p> <p>On January 14, 2025 at 2:37 PM, V6, Dietitian, stated corn can be pureed.</p> <p>The facility's puree policy, dated February 15, 2017, shows, Purpose: .Here at the facility, residents that are on a pureed diet receive the same menu items as all other residents with the exception of other diet order restrictions .</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's diets policy, dated March 1, 2024, shows, Purpose: The purpose of this policy is to assure the facility is providing standard and therapeutic diets that will meet the nutritional needs of residents in accordance with established national guidelines Procedure: Menus and nutritional adequacy: The facility will offer diets based on a resident's nutritional needs and requirements. The facility will make reasonable efforts to accommodate religious, cultural and ethnic diet needs of a resident. The facility dietitian will review the diets and diet order for nutritional adequacy. Food will accommodate a resident's allergies, intolerance's and preferences .</p>		

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<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>34314</p> <p>Based on observation, interview, and record review, the facility failed to ensure food temperatures were monitored and failed to ensure dry food scoops were not stored in bins. This applies to all 35 residents living in the facility.</p> <p>The findings include:</p> <p>The CMS-671 long-term care facility application for Medicare and Medicaid, dated January 14, 2025, shows there were 35 residents residing in the facility.</p> <p>1. On January 13, 2025 at 12:40 PM, V18, Dietary Aide, brought the food from the kitchen to the kitchenette on the unit. He took the food out of the hot box and placed it on the counter in the kitchenette. He did not place the food in the steam table. The steam table did not appear to be on. At 12:51 PM, V3, Nurse Manager, moved the food from the counter to the steam table. She started plating the food for the residents. She did not check the temperature of the food prior to serving the food. The steam table and food did not appear to be hot.</p> <p>On January 14, 2025 at 9:13 AM, V3, Nurse Manager, was serving breakfast. At 12:41 PM, V3, Nurse Manager, was serving lunch. She did not check the temperature of the food prior to serving either meal. She stated she did not know that she was supposed too. She was just helping because there was no one else to serve the meals.</p> <p>On January 13, 2025 at 1:45 PM, V17, Cook, stated he checks the food temperatures, but doesn't know where the logs are, so he doesn't log it. I'm new here since Thursday. They all need to log temperatures. They should be checking temperatures before serving the food.</p> <p>The facility did not provide any food temperature logs.</p> <p>The facility's food temperature monitoring policy (no date) shows, Purpose: The purpose of this policy is to ensure that the facility is serving all foods provided to the residents at the correct temperature. Procedure: 1. The Dietary temperature will be taken in the kitchen. The foods tested will be identified on the Temperature Monitoring Sheet and the temperature taken shall be documented on this form as well. 2. The Food Temperature will be taken when the food arrives on the floor. This will be documented on this form as well. 3. The food temperatures will be taken for the breakfast, lunch and supper meals. 4. It will be the responsibility of the dietary aide to ensure that this is completed.</p> <p>2. On January 13, 2025 at 11:07 AM, there were three metal bins with sugar, flour, and oatmeal. All three bins had a scoop lying inside of the bin on the flour, sugar, and oatmeal.</p> <p>The facility's scoops in bins policy, dated February 15, 2017, shows, Purpose: The purpose of this policy is to avoid unnecessary manual contact with food. Procedure: Suitable dispensing utensils used by employees shall be stored in the food with the dispensing utensil handle extending out of the food. Dispensing utensils shall be stored clean and dry.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility's diets policy, dated March 1, 2024, shows, Food safety requirements: Food should be stored, prepared, distributed and served in accordance with professional standards for food service safety.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 34506</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident's medications were administered in a manner to prevent cross contamination, failed to ensure gloves were changed and hand hygiene was performed in a manner to prevent cross contamination, and failed to ensure enhanced barrier precautions were implemented for residents with wounds and gastrostomy tube for five of 12 residents (R5, R9, R15, R183, R13) reviewed for infection control in the sample of 12.</p> <p>The findings include:</p> <p>1. R5's Physician Orders show she was admitted to the facility on [DATE], with diagnoses including humerus fracture, femur fracture, and methicillin resistant staph infection.</p> <p>On January 13, 2025 at 10:04 AM, V7, LPN (Licensed Practical Nurse), was preparing R5's morning medications. V7 pressed R5's medications out of the bingo cards directly into V7's hand. V7 then placed the medications in the medication cup. V7 crushed all of V7's medications and then administered the medications to R5. V7 did not have gloves on when she was preparing R5's medications.</p> <p>On January 15, 2025 at 10:42 AM, V7 said medication should be placed into the cups and not in the nurses hand.</p> <p>The facility's Medication Administration policy not dated shows, Do not touch the medication when opening the bottle of unit dose.</p> <p>2. R9's Record of Admission shows he was admitted to the facility on [DATE].</p> <p>R9's Physician Orders, dated January 1, 2024-January 31, 2025, shows he has diagnoses including urinary tract infection, elevated white blood cell count, and chronic kidney disease.</p> <p>On January 13, 2025 at 11:10 AM, V10 CNA (Certified Nursing Assistant), provided incontinence care to R9. V10 folded the front of R9's incontinence brief in between his legs while he was laying in bed on his back. V10 wiped R9's front peri area, touched R9's body to help him turn onto his side, wiped the stool from his buttocks, and then placed a clean incontinence brief on. V10 did not change her gloves nor perform hand hygiene.</p> <p>3. R15's Physician Orders shows he was admitted to the facility on [DATE], with diagnoses including traumatic brain injury, epileptic syndrome, dysphagia, anemia, and major depressive disorder.</p> <p>R15's MDS (Minimum Data Set), dated October 23, 2024, shows R15 is dependent on staff for toileting hygiene, personal hygiene, and is always incontinent of bowel and bladder.</p> <p>On January 13, 2025 at 12:12 PM, V9 and V10, CNAs, transferred R15 into his bed. R15's incontinence brief was saturated with dark urine. V10 folded the front of R15's incontinence brief in between his legs while he was laying on his back. V10 wiped R15's front peri area, then touched R15's body to help him to turn onto his side. V10 did not change her gloves or perform hand hygiene before touching R15's body.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On January 15, 2025 at 10:37 AM, V11, CNA, said she changes her gloves when they are visibly soiled.</p> <p>The facility's Handwashing Policy revised on April 5, 2023 shows, Hand Hygiene should occur immediately after touching a patient, contaminating items or surfaces, after contact with bodily fluids or excretions. Change gloves when conducting a task from a dirty area to a clean area</p> <p>35541</p> <p>4. R183's admission records, dated December 5, 2024, showed R183 was admitted with a gastrostomy tube in place. R183 received enteral feedings and medications via her gastrostomy tube.</p> <p>On January 13, 2025 at 10:05 AM, R183 was in bed with the end of her gastrostomy tube hanging out of the bottom of her shirt. No Enhanced Barrier Precautions (EBP) isolation sign hung on the doorway to R183's room. No isolation cart was noted outside of her room.</p> <p>5. R13's skin wound and wound care note, dated January 10, 2025, showed R13 had a stage 3 pressure injury to her right hip.</p> <p>On January 13, 2025 at 10:18 AM, R13 was seated in a wheelchair in her room. No Enhanced Barrier Precautions (EBP) isolation sign hung on the doorway to R13's room. No isolation cart was noted outside of her room.</p> <p>On January 14, 2025 at 1:52 PM, V4, Director of Nursing, stated any residents that have gastrostomy tubes, catheters, and/or wounds, should be on Enhanced Barrier Precautions. V4 stated, Staff will know if the resident is on EBP because there will be an EBP sign on the door to the room and a cart available with PPE (personal protective equipment) supplies.</p> <p>The facility's Enhanced Barrier Precautions policy, dated May 17, 2024, showed, If a resident has an indwelling medical device, they should be placed in EBP. Examples of indwelling medical devices: central venous catheter, urinary catheter, feeding tube (PEG Tube, G-Tube), and tracheostomy. If a resident has a wound, they need to be placed in EBP .</p>		