| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145602 | A. Building<br>B. Wing | 03/12/2026 |

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| Village at Victory Lakes, The | 1055 East Grand Avenue<br>Lindenhurst, IL 60046 |

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| F 0678<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident?s advance directives.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to immediately identify the code status and initiate Cardiopulmonary Resuscitation (CPR) to a resident (R96) who had elected to be a full code. This failure resulted in an approximate 2 - 4 minute delay in initiating CPR to R96 who was pronounced deceased on [DATE] at the facility. This applies to 1 of 3 residents (R96) reviewed for resident death in the sample of 18. This failure resulted in an Immediate Jeopardy on [DATE] when V5 Certified Nursing Assistant (CNA) found R96 without a pulse or respirations, V5 did not begin CPR, she exited R96's room and went to find V3 Registered Nurse (RN). V3 and V5 both returned to R96s room and V3 confirmed that R96 was not breathing and did not have a pulse, both staff without starting CPR or calling a code again left R96s room to inform V6 (RN) that R96 had passed away. V1 (Administrator) and V19 (Assistant Director of Nursing) were informed of the Immediate Jeopardy on [DATE] at 1:19 PM. This surveyor confirmed by interview and record review the Immediate Jeopardy was removed on [DATE] but noncompliance remains at a Level Two because additional time is needed to evaluate the implementation and effectiveness of the CPR policy revision and in-service trainings. The findings include: R96's face sheet shows he was admitted to the facility on [DATE] with diagnoses including left below the knee amputee, pneumonia, and malignant neoplasm of the bladder and prostate.R96's Physician Order Summary initiated on [DATE] shows that R96 had elected to be a Full Code. R96's Care Plan dated [DATE] also shows R96 has elected to be a Full Code and facility staff should adhere to his desired code status. R96's nursing progress notes show R96 was started on an antibiotic for pneumonia on [DATE]. R96's nursing progress notes then show on [DATE] at 6:00 AM, an entry completed by V6 (RN) shows V6 had been alerted by another nurse and CNA at approximately 5:26 AM, that R96 did not have any respirations or pulse and herself and another nurse then initiated CPR. Emergency Medical Services were contacted and arrived at the facility at 5:35 AM and took over CPR. R96 was pronounced deceased at 5:57 AM. On [DATE] at 2:20 PM, V6 said on [DATE] she was notified by both V3 (RN) and V5 (CNA) and in her opinion, without a sense of urgency that there was an issue with R96 and that your patient is dead. V6 said she went to assess R96 and found him without a pulse or respirations and she could not immediately remember if he was a full code or not. V6 said she went to check his code status and to grab her phone to call 911 and told V3 to begin CPR. V6 said she would guess from the time she was notified to CPR being initiated was less than 2 minutes, however she could not say how long had gone by since V5 first found R96 without a pulse. V6 said she had some concerns with how this code was handled and the fact that neither V3 nor V5 immediately implemented CPR to R96. V6 said when a resident is a full code and found without a pulse or breathing a code should be called and CPR should be initiated immediately without a delay. V6 said she could not speak for anyone else as to why they did not start CPR but she believes they were not aware of the residents code status. V6 said a residents code status is on a report sheet the nurses have as well as in the residents electronic medical record (EMR). On [DATE] at 10:05 AM, V3 (RN) said she was notified by a CNA (V5) sometime around 5:25 AM, on [DATE] that R96 needed to be checked V3 said she went to assess R96 and found him without a pulse and without any<br>(continued on next page) |

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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| F 0678<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | respirations. V3 said she could not recall her and V5 then leaving the room to go get R96s primary nurse V6, but she remembers she did CPR with V6. V3 said the report sheet is easily accessible to the nurses but she does not know for sure how a CNA knows a residents code status. On [DATE] at 10:25 AM, V2 (Director of Nursing) said if a resident is a full code CPR should be initiated immediately. V2 said she does not know why V5 did not call a code and initiate CPR maybe she panicked, and V3 also should have immediately started CPR instead of going to find V6, but maybe she did not know R96's code status. V2 verified that V3, V5 and V6 are all CPR certified. V2 verified that nurses have the residents code status on report sheets and that they are also in a residents electronic medical record. V2 said a CNA would have to ask a nurse for a residents code status or check the EMR if a resident is found down. On [DATE] at 12:55 PM, V5 said sometime around 5:30 AM, she went into R96's room and he did not wake up, which was not normal for him. V5 said she felt for a pulse and checked for respirations and R96 did not have either and she was not sure of his code status so she went and got V3 to verify that R96 wasn't breathing. V5 said V3 came to the room and verified that R96 was pulseless and they both left the room to go find V6 and confirm R96's code status. V5 said this was the first time she had found a resident in need of CPR and looking back she should have called for help and immediately started CPR. V5 said she can only guess that it was less than 5 minutes from when she found R96 down to when CPR was finally initiated. On [DATE] at 9:10 AM, V18 (Medical Director) said if a resident is found down CPR should be initiated immediately if there is a delay in CPR it can result in a poor outcome for the patient.The facility provided list of Active CPR certified staff show V3, V5 and V6 are all currently active and certified to perform CPR. The facility provided CPR policy last revised [DATE] shows that when a resident has designated their wishes to be a full code it should be honored. The policy additionally shows that if a resident is found down, unresponsive without a pulse, a licensed staff person should initiate CPR immediately to increase their chances of survival.R96's death certificate shows his cause of death on [DATE] was pneumonia. The facility provided Immediate Jeopardy removal plan was presented to the surveyor on [DATE] at 8:18 AM, and V1 (Administrator) was notified it was accepted at 10:43 AM. The Immediate Jeopardy that began on [DATE] was removed on [DATE] when the facility took the following actions to remove the immediacy.1. An Emergency QAPI (Quality Assurance Performance Improvement) meeting was held with facility administration and V18 on [DATE] to discuss revisions to the CPR policy.2. A chart audit was completed on [DATE] for all residents to identify their code status and ensure accuracy.3. The facilities CPR policy was revised to include that all clinical staff that are CPR certified should initiate CPR immediately. 4. All staff will be in-serviced prior to the start of their shift where to find a residents code status in the EMR and to immediately initiate CPR.5. A charge nurse will be designated on each shift and posted in the facility for each shift to take the lead role during a code.6. The Director of Nursing will do random mock CPR code drills with return demonstrations weekly for 3 months.7. The Director of Nursing or designee will audit all new admissions to ensure code status is identifiable.8. The effectiveness of the implemented policies and audits will be reviewed monthly at the QA meeting. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | 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.<br><br>Based on observation, interview and record review, the facility failed to ensure that only authorized personnel entered the medication room.This has the potential to affect all the residents residing at the facility.The findings include:The form CMS 671 dated 3/9/26 show there are 86 residents residing at the facility.On 03/10/2026 at 9:11 AM, V12 (Restorative Certified Nursing Assistant-CNA) approached V16 (Registered Nurse-RN) and asked for the keys for the medication room. V16 (RN) handed V12 (Restorative CNA) the set of keys. V12 opened the medication room and went inside the medication room. V16 (RN) said V12 is not a Nurse but she is the CNA manager so she can enter the medication room, otherwise only Nurses can enter the medication room. On 3/10/26 at 9:35 AM, V9 (Assistant Director of Nursing-ADON) said the Medication room is a secure room where resident's medications including narcotics and over the counter medications were stored. Only authorized personnel which would be the nurses are the only ones allowed to enter a medication room to ensure safety and proper handling of medication. The 2nd floor medication room also has stock meds-over the counter meds that are used for both first and 2nd floor residents.The facility Policy on Medication Storage dated March 2021 states medications and by following manufacturers recommendations or supplier. The medication supply is accessible only to licensed nursing personnel pharmacy personnel or staff members lawfully authorized to administer medications medication rooms cards and medication supplies are locked when not in use or in direct view of person with authorized access. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, interview and record review the facility failed to ensure food was served in a manner to prevent cross contamination. This failure has the potential to affect all 85 residents residing in the facility and receiving food from the kitchen. The findings include: On 3/9/26 The noon meal service line in the facility kitchen was observed continuously from 10:56 AM though 12:01 PM. At 11:11 AM, V8 (Dietary Alde) put on gloves and during the entire meal service V8 wore the same gloves. At 11:18 AM, a green bean had fallen into the mashed potatoes and V8 picked it out with her gloved hands and continued to wear the same gloves and plated to serve the mashed potatoes to residents. At 11:23 AM, V8 used her gloved hands to pick up a hamburger patty and place it on a bun and plated it to be served to a resident. At 11:43 AM, V8 picked up 2 sandwiches and plated and served them to residents. During the meal service V8 handled residents meal cards, plates, utensils, trays and took additional items out of the warmer when needed. V8 plated all dinner rolls using the same gloves and plated them to serve to residents. On 3/10/26 at 9:17 AM, V7 (General Manager) said he did notice that V8 had used her hands to pick up meal items during the service on 3/9/26 and she should have used utensils or should have changed her gloves and put on clean gloves to prevent contamination of other food after doing so. The facility completed form CMS-671 shows on 3/9/26 there were 86 residents residing in the facility. The facility provided diet list shows only 1 resident R7 does not receive food from the kitchen due to being fed via a feeding tube. The facility provided Sanitation policy dated 1/24 shows that gloves should be changed and hands washed when moving between tasks or when gloves are dirty. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation interview and record review the facility failed to ensure a resident was safe during care to 1 of 18 residents (R86) reviewed for safety in the sample of 18.The findings include:R86's face sheet show R86 has diagnoses that include s/p (status post) left hip arthroplasty, dementia with agitation, depression and hypertension.R86's facility assessment dated [DATE] shows R86 is severely cognitively impaired.R86's fall risk assessment dated [DATE] shows R86 is high risk for falls.On 3/8/25 at 11 AM, R86 was in the common area being monitored closely. V15 (Registered Nurse) said R86 was kept in the common area due to being a high fall risk.Review of R86's fall incident report show R86 fell on: 2/16/26- fell out of bed while being changed by a CNA (Certified Nurse Assistant) during care. On 3/5/26 at 9:12 AM, V11 (CNA) said she was R86's CNA last 2/16/26 when R86 fell out of bed. V11 (CNA) said she provided incontinent care to R86. V11 said she was applying R86's incontinent pad, turning R86 in bed side to side. V11 said when she turned R86 to face the opposite side of the bed, R86 was noted to be so close to the edge of the bed and R86 rolled out of bed. V11 said she needed another staff at the opposite side of the bed for R86's safety but everyone was busy, so she went ahead and provided R86's care by herself. On 3/10/26 at 12:58 PM, V21 (Physical Therapist) said he attends daily meetings where fall incidents were discussed. R86 was a fall risk resident due to her fall with injury in the past (witnessed by a Nurse.) Following that incident, R86 had another fall, R86 rolled out bed while being changed, staff should ensure the resident's proper positioning in the bed, not at the edge at the bed. Staff should make sure there was a staff on each side of the bed during care for R86's safety. |

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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.<br><br>Based on observation, interview, and record review, the facility failed to ensure urinary catheter bags were kept from resting on the floor for 1 of 5 residents (R102) reviewed for catheters in the sample of 18.The findings include:On 3/9/26 at 12:07 PM, R102 was lying in bed in his room. R102's catheter drainage bag was resting directly on the floor to the left side of his bed. R102 said staff position his catheter bag since he's stuck in bed.R102's admission Record dated 3/10/26 shows R102 has hemiplegia and hemiparesis following a cerebral infarction affecting his left, non-dominant side. R102's Order Summary Report dated 3/10/26 shows current, active orders written on 3/3/26 for an indwelling catheter for a diagnosis of (urine) retention and catheter site care to be performed every shift.On 3/10/26 at 1:10 PM, V19, Assistant Director of Nursing/Infection Prevention nurse, said it is not acceptable for a catheter drainage bag to be on the floor due to infection control issues.The facility's Foley Catheter Management Policy (effective 9/1/23) under the heading of Infection Control shows the catheter drainage bag is to be kept off the floor. |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure a resident was weighed upon admission and readmission and failed to verify the accuracy of a resident's weight for a resident with potential for weight loss which applies to 2 of 7 residents (R1, R14) reviewed for weight loss in a sample of 18.The findings include:1.) R1's Facility assessment dated [DATE] showed R1 is a [AGE] year-old cognitively intact resident with diagnoses which include: dysphagia and aftercare following surgery on the digestive system (feeding tube).<br><br>R1's Census Sheet printed on 3/12/26 showed R1was admitted to the facility on [DATE], discharged on 1/10/26 (to local hospital), and readmitted to the facility on [DATE].<br><br>R1's Weights and Vitals Summary printed on 3/10/26 showed R1 had no weights recorded from 1/7/26 through 1/10/26 and was not weighed until 2/9/26 after being readmitted to the facility on [DATE].<br><br>On 3/9/26 at 1:35 PM, V13 Dietitian stated residents who are on tube feeding are at risk for weight loss. R1 can eat pureed foods but get most of their calories from tube feeding. Weights should be done on admission so we can monitor the residents for weight gain/loss and put interventions in place as needed. On admission residents are usually weighed 3 days in a row then as ordered.<br><br>On 3/11/26 at 11:45 AM, V20 Registered Nurse stated residents are weighed 3 days in a row then as ordered.<br><br>The facility's Weight Management Policy dated 8/21/24 showed the purpose is to provide a systematic and interdisciplinary approach to obtaining and monitoring of resident weights. This Policy showed all new admissions and readmissions should be weighed within 24 hours of admission.<br><br>2. R14's face sheets document that R14 was admitted to the facility on [DATE], severely cognitively impaired with osteoporosis and hypertension.<br><br>R14's weight dated 1/21/26 was 114 pounds (lbs).<br><br>On 3/9/26 at 10 AM, R14 had her breakfast tray in an overbed table in front of her in her room. R14 said she did not want to eat. At 12PM, R14 was in the dining room eating lunch, R14 was only taking bites of her Salisbury steak and green beans. R14 said she was not hungry.<br><br>R14's comprehensive nutritional assessment dated [DATE] documents weight on1/21/26-114 lbs., 1/23/26-100 lbs. Weight on 2/3/26 was 95.7 lbs. Significant weight loss with recommendations of Boost three times a day and medications to help with appetite due to poor po (oral) intake. (Intervention to be approved by family.)<br><br>R14's weights and vital summary documents: that R14's admission weight of 114 lbs. last 1/21/26 was strike out on 3/3/26 approximately two months after the original entry by V14 (Registered Nurse-RN) with a note of incorrect documentation.<br><br>On 3/9/26 at 2:20 pm, V14 (RN) said she strike out R14's 1/21/26 weight of 114 lbs. on 3/3/26 because she believed that was an error. V14 said she did not speak to any staff, did not verify who<br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | weighed R14 back on 1/21/26, she just went ahead and removed it and said incorrect documentation.<br><br>On 3/9/26 at 1:45 PM, V13 (Dietician) said R14 was a resident that had weight loss and continued to be at risk for weight loss due to poor appetite. The weight loss has been addressed and put interventions in place. Per family they need to approve all dietary recommendations (instead of supplement TID only daily and hold off with the medication Remeron for now.) However, V14 said the weight from January was struck through in March. The weight should not be removed without verification. Resident's weights are used to monitor resident's nutritional status.<br><br>On 3/11/26 at 10 AM V9 (ADON) said weight serves as a baseline for comparison and should remain in the medical record. |

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| F 0883<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement policies and procedures for flu and pneumonia vaccinations.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a resident was offered and/or received an influenza vaccination for 1 of 5 residents (R18) reviewed for immunizations in the sample of 18.The findings include:R18's admission Record dated 3/11/26 shows she was admitted to the facility on [DATE]. R18's Immunizations list dated 3/11/26 shows R18's last influenza vaccination was administered on 11/4/24.On 3/11/26 at 1:00 PM, V19, Assistant Director of Nursing/Infection Prevention Nurse, said influenza vaccines are offered to all residents annually and on admission/readmission. V19 said the facility had an influenza vaccine clinic this past fall.The facility was not able to provide documentation that an influenza vaccine was offered and/or administered to R18 between 10/2025 and 3/10/26 when inquired about R18's immunization status.The facility's Immunization Program Policy (effective 9/1/23) shows the facility offers immunizations against seasonal influenza to all residents. Residents are encouraged to stay up to date on vaccinations per CDC recommendations to prevent transmission of influenza within the community. As soon as practical after the influenza vaccine supply is received, the community begins the process of administering vaccine to all residents. Residents are required to either consent to receive or decline to receive the vaccine in writing on the appropriate form. |