

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145626	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/22/2024
NAME OF PROVIDER OR SUPPLIER  Generations Oakton Pavillion		STREET ADDRESS, CITY, STATE, ZIP CODE  1660 Oakton Place Des Plaines, IL 60018	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50519</p> <p>Based on observations, interviews and records reviews the facility failed to provide a recliner wheelchair to a dependent resident. This failure affected one (R12) resident out of three residents reviewed for resident rights who expressed a desire to get out of bed and interact with the environment.</p> <p>Findings Includes:</p> <p>R12 is [AGE] years old admitted to the facility 09/08/23 with diagnoses including but not limited to multiple sclerosis, Sacral ulcer, Chronic anemia, and protein energy undernutrition.</p> <p>MDS (minimum data set) dated 06/17/2024 reads R12 uses a wheelchair for mobility.</p> <p>On 08/20/24 at 10:30AM during facility rounds R12 observed to be in bed and said, I want to get out of bed, but I don't have a wheelchair. I don't remember when the last time was, I got up. I asked the nursing assistants, but I was told I do not have a chair to get up in.</p> <p>On 08/21/2024 at 10:45 AM Observed V21(Certified Nursing Assistant) getting R12 out of bed to receive a shower. V21 said, I am R12's regular certified nursing assistant. R12 was under Hospice care. After R12 was discontinued from the service, the recliner wheelchair that R12 was using was pick up from the hospice company. I have not gotten R12 up since that time.</p> <p>On 08/21/2024 at 10:45 AM, R12 said, I want to get out of bed.</p> <p>On 08/21/2024 at 11:00AM V16 (Registered Nurse) said, I have not seen R12 getting out of bed. Hospice service used to get R12 out of bed. Hospice services was discontinued on 06/08/24. I am not aware that R12 does not have a recliner wheelchair to use.</p> <p>On 08/21/2024 at 11:15 AM V20 (Assistant Director of Nursing) said, I expect R12 to have a wheelchair. I do not know why R12 has not received a recliner wheelchair after hospice was discontinued.</p> <p>On 08/21/2024 at 2:00PM V2(Director of Nursing) said, I expect all the residents admitted to the facility to obtain a wheelchair during admission or as needed. The facility will provide a wheelchair to all residents that require one.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 08/20/2024 and 08/21/2024 surveyor checked R12's room both days and no wheelchair was available for R12 to use.</p> <p>On 08/21/2024 at 09:57 PM V1 (Administrator) presented Facility Policy titled: Residents' Right for People in the Long-term Care Facility undated, reads: facility must make reasonable arrangements to meet your needs and choices.</p>		