

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 735 West Diversey Chicago, IL 60614	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</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 provide a scheduled pain medication per doctor's order for effective pain management treatment for one (R1) resident out of four residents reviewed.</p> <p>Findings include:</p> <p>R1's Face sheet documents R1 is a [AGE] year-old female admitted to the facility on [DATE] who has diagnoses not limited to: limited to progressive systemic sclerosis, Raynaud's syndrome without gangrene, other abnormalities of gait and mobility, unspecified lack of coordination, weakness.</p> <p>08/20/2024 10:23 AM observed V3 (Registered Nurse) standing by the nurse's medication cart. V3 stated she has been working for the facility for three months. V3 stated she has two more residents to give out morning medications to. V3 stated she will be passing out medications to R1 and R3.</p> <p>08/20/2024 10:25 AM observed V3 take R1's blood pressure reading via wrist blood pressure monitor. R1 observed lying on her bed, wearing own clothes. Observed R1's blood pressure reading to be 108/78, pulse-121. V3 stated she will recheck R1's pulse using a pulse oximetry. Surveyor observed R1 laying on her bed, slight facial grimacing, bilateral finger joints contracted. No respiratory distress noted.</p> <p>08/20/2024 10:28 AM V3 returned to R1 with a pulse oximeter. R1 stated, please don't press hard, I'm having withdrawal, I'm cold and hot. Is the tramadol in?. V3 unable to obtain a pulse reading. R1 stated, I know why you aren't able to get a reading, my fingers are cold, I'm telling you, I'm serious. V3 stated the script was sent to the doctor. V3 obtained heart rate pulse reading is 100 bpm (beats per minute).</p> <p>08/20/2024 10:35 V3 stated she does not see R1's tramadol in the medication cart. V3 stated she will have to follow up with the doctor. V3 stated whether he signed it and faxed it to the facility or pharmacy. V3 stated she usually does not work on this resident set. Surveyor asked V3 what the reason was R1 is taking Tramadol. V3 stated R1 is taking it for pain. V3 stated she will ask R1 if she wants to take Tylenol. V3 stated since R1 has order as needed. Surveyor observed V3 inform R1 tramadol had not come in yet. V3 offered R1 Tylenol as needed, R1 stated, Tylenol is not going to do anything to me, but I'll take it.</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: 145654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 735 West Diversey Chicago, IL 60614	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Minimum Data Set (MDS) dated [DATE] documents R1 has a Brief Interview for Mental Status (BIMS) of 15 out of 15, indicating R1 is cognitively intact.</p> <p>08/20/2024 10:50 AM R1 stated, They seem confused. I heard you ask her why I am taking tramadol and she answered incorrectly. The reason I'm taking tramadol it's because I have a condition called scleroderma, my body stiffens. R1 stated she is in pain. R1 stated her Tramadol medication ran out. R1 stated on Sunday morning, R1 stated she woke up with a lot of pain. R1 stated she saw V4 (LPN) had worked all weekend. R1 stated V4 could have helped the nurses that haven't worked with R1.</p> <p>08/21/2024 11:45 AM observed R1 walking to the restroom, in no apparent distress. R1 stated, You see, I am doing better when I take the tramadol medication. R1 stated she did receive her medication on 08/20/2024 and this morning. R1 stated she did not receive her medication at all on Sunday 08/18/2024 and on Monday 08/19/2024. R1 stated she would never refuse to take Tramadol. R1 stated without taking Tramadol, R1 is not able to get out of the bed without a lot of pain and discomfort in her joints and body.</p> <p>08/20/2024 11:15 AM V2 stated she has sent another script over to pharmacy. V2 stated she will get R1's tramadol order from the emergency medication system. Surveyor followed V2 to the emergency medication system. V2 stated the system is offline and is not working. V2 stated occasionally it goes offline. Observed V2 calling pharmacy.</p> <p>08/20/2024 11:51 AM V2 approached surveyor in the conference room and V2 stated she will be retrieving the Tramadol medication from the emergency medication system. Surveyor observed V2 (Director of Nursing) retrieve Tramadol medication from the emergency medication box.</p> <p>08/20/2024 12:14pm V2 (DON) stated Tramadol medication has been reordered with a new refill prescription. R1's progress note dated 8/19/2024 09:58 AM documents in part: Tramadol tablet script needs signing. This progress note had a strike out on 08/20/2024 11:28 AM. Strike out reason: Incorrect documentation.</p> <p>R1's progress note created date on 8/20/2024 12:33 PM documents in part effective date 08/19/2024 9:32 AM, resident (R1) refused to take Tramadol. (R1) likes her oxycodone, oxycodone not available need pending prescription.</p> <p>R1's strike out progress note dated 8/18/2024 1:06PM documents in part, The writer (V8) called pharmacy to refill the resident Tramadol, but the pharmacy needed the prescription. The NP (nurse practitioner) will sign it tomorrow 08/19/24.</p> <p>08/20/2024 2:06 PM V2 stated when V3 (RN) strikes her note it linked to the other medication notes. V2 stated she cannot fix it. V2 stated the actual nurses can fix the notes. V2 stated R1 did need new prescriptions for both tramadol and oxycodone. V2 stated V5 gave new order to discontinue oxycodone and ordered Norco.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 735 West Diversey Chicago, IL 60614	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>08/20/2024 12:53 PM via telephone V7 (Licensed Practical Nurse) stated she works for the facility full-time. V7 stated she worked yesterday, 8/19/2024. V7 stated she has not had to use the emergency medication system for any of the residents she has taken care of. V7 stated R1 was experiencing a lot of pain yesterday. R1 was schedule to receive tramadol, and she had an as needed order to administer oxycodone. V7 stated R1 didn't have any tramadol or oxycodone available in the medication cart. V7 stated she did not administer tramadol and oxycodone to R1 at all yesterday. V7 stated she did not strike out her documentation regarding R1's medication note.</p> <p>08/20/2024 1:14pm via V4 (Licensed Practical Nurse) stated she worked with V8 (Registered Nurse) on Sunday 08/18/2024. V4 stated V8 asked V4 what she should do since R1 didn't have tramadol medication. V4 stated she told V8 to call V2 and the pharmacy. V4 stated she was busy with her residents and V4 left it alone.</p> <p>08/20/2024 12:00 PM V5 (Nurse Practitioner) stated progressive systemic sclerosis is more of a nerve neurodegeneration. V5 stated R1 has a long-term diagnosis of this condition. V5 stated sometimes this condition is permanent, unfortunately, which will affect her. V5 stated symptoms can include affecting the muscle, joints, the nerve signals are compromised, and it will affect the muscle, strength, sensation, it depends how severe. V5 stated R1 can have pain with this condition. V5 stated he was notified yesterday R1 needed a new Tramadol refill prescription. V5 stated he was not aware she didn't receive Tramadol medication. V5 stated the nurse could have called the 24-hour service. V5 there is always an on-call provider. V5 stated, Most of the time, she has mild to moderate pain. I assume she would have moderate pain. I assume it would be mild to moderate pain. They could have called the on-service. V5 stated they don't just shrug their shoulders. V5 stated if staff cannot get a medication, R1 can be sent out, V5 stated if it is severe pain. V5 stated the on-call will give an emergency refill prescription. V5 stated the provider can call or fax over the order, or the pharmacy can get the verbal order.</p> <p>8/21/2024 10:58 AM via telephone V8 (Registered Nurse) stated she was the nurse for R1 on Sunday 08/18/2024. V8 stated on Sunday, R1 didn't have tramadol medication in the medication cart. V8 stated she texted V2. V8 stated V2 told her to call pharmacy and get Tramadol from the emergency medication system. V8 stated she did administer Tramadol medication to R1 on Sunday 8/18/2024. V8 stated she does not recall the time she gave Tramadol to R1. V8 stated when she called the pharmacy, pharmacy told her R1 needed a new prescription. V8 stated nurses shouldn't wait for the last minute or until the resident finishes the medication.</p> <p>R1's active physician order set dated 08/21/2024 documents in part, Tramadol oral tablet 50mg (milligram) give 150 mg one time a day for pain with start date of 05/30/2024.</p> <p>R1's medication administration record (MAR) documents in part, Tramadol 150mg by mouth one time a day was not administered on 08/19/2024.</p> <p>There was no documentation that R1 refused Tramadol medication from August 01, 2024, through August 18, 2024.</p> <p>R1's care plan documents in part R1 has potential for complications, discomfort, s/s (signs and symptoms) R/T (related to) diagnosis of systemic sclerosis. R1 will remain free of complications or discomfort .administer medications as ordered and monitor for side effects, effectiveness.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145654	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER Lakeview Rehab & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 735 West Diversey Chicago, IL 60614	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's controlled drug receipt form documents in part, Tramadol tab 50mg, take 3 tablets by mouth daily . 08/17/2024, 9AM, 3 tablets given, amount left 0.</p> <p>No documentation on 08/19/2024 of R1's pain assessment.</p> <p>Facility document not dated, titled Drug Administration-General Guidelines documents in part Medications are administered as prescribed, in accordance with good nursing principles and practices.</p>		