

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145665	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Grove at the Lake,the		STREET ADDRESS, CITY, STATE, ZIP CODE 2534 Elim Avenue Zion, IL 60099	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on observation, interview, and record review the facility failed to notify a resident's representative of a significant change of condition. This applies to 1 of 3 (R1) residents reviewed for notification in the sample of 3.</p> <p>The findings include:</p> <p>R1's face sheet shows she is a [AGE] year old female with diagnoses including chronic respiratory failure with hypercapnia, candidiasis, congestive heart failure, type 2 diabetes, pulmonary hypertension, chronic kidney disease stage 3, lymphedema and tracheostomy status. R1's face sheet shows V11 is listed as responsible party/emergency contact #1 V12 (R1's daughter) is listed as emergency contact #2.</p> <p>On 12/17/24 at 9:29 AM, R1 was observed lying in bed with a tracheostomy in place. R1 said she came back from the hospital recently and does not recall being on a ventilator while at the facility before going to the hospital. R1 said her family was upset the staff did not notify them of her condition change.</p> <p>On 12/17/24 at 12:30 PM, V4 (Registered Nurse-RN) said on 12/4/24, V8 (Respiratory Therapist-RT) notified him her oxygen levels were low. He notified the nurse practitioner and orders were received for a breathing treatment and if not resolved place R1 on a mechanical ventilator to help her breathe. R1 was placed on a mechanical ventilator to help her breathe and maintain her oxygen levels. The family was upset and worried the next day when they saw R1 on the mechanical ventilator and were not notified. V4 said he did not notify the emergency contact because, R1 is alert and oriented and there was no change in her cognition.</p> <p>On 12/17/24 at 1:00 PM, V11 (R1's spouse) said he was not notified R1 was placed on a mechanical ventilator until the next day when he came to visit and saw her on the ventilator. V12 (R1's daughter) said she too was not notified of R1 being placed on the ventilator to help her breathe.</p> <p>On 12/17/24 at 2:18 PM, V8 (RT) said on 12/4/24, R1 was very lethargic she checked her oxygen levels, and they were in the 70's. She provided respiratory treatment and interventions to relieve her respiratory distress but could not maintain R1's oxygen saturation above 90%. R1 was then placed on a mechanical ventilator. When a resident is placed on a mechanical ventilator it is an emergent situation, nursing should notify the family and the physician of the residents change in condition.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/17/24 at 12:08 PM, V2 (DON) said V12 (R1's daughter) was asking why R1 was placed on the ventilator and why no one was notified about her being placed on the ventilator. At the time R1 was agreeable to be placed on the ventilator. It's up to R1 if she wanted her emergency contact notified of her condition change.</p> <p>R1's nurse note dated 12/5/24 documents Change of Condition, (R1's) oxygen saturation was dropping to 77%, as per RT. Breathing treatment and ambu bag with 40% concentration initiated. RT suctioned copious amounts of thick secretions .NP (Nurse Practitioner) was notified and orders received to connect (R1) onto a mechanical ventilator.</p> <p>The facility's Notification for Change of Condition Policy revised 2024 states, The facility will provide care to residents and provide notification of resident change in status. The facility must immediately inform the resident; consult with the resident's physical; and if known, notify the resident's legal representative or an interested family member when there is .a significant change in the resident's physical, mental or psychosocial status (i.e. deterioration in health .), a need to alter treatment significantly .</p>		