

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145667	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/18/2024
NAME OF PROVIDER OR SUPPLIER  Avantara Park Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  1601 North Western Avenue Park Ridge, IL 60068	

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 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** 40718</b></p> <p>Based on observations, interviews, and record reviews the facility failed to follow their policy and procedures for activities of daily living by not ensuring a resident received assistance with feeding and personal hygiene as required, and by not ensuring residents who require incontinence care were changed in a timely manner. This failure applies to three of four residents (R93, R121, and R135) reviewed for ADL (Activities of Daily Living) care.</p> <p>Findings include:</p> <p>1. R93 is a [AGE] year-old female with a diagnoses history of Partial Paralysis Due to Stroke who was admitted to the facility 08/27/2020.</p> <p>On 04/15/24 at 11:33 AM Observed R93 lying in her bed with a towel on her chest. Observed food residue and particles left on R93's mouth and towel on her chest. R93 nodded yes when asked if she fed herself.</p> <p>R93's current Care Plan Initiated: 09/03/2020 documents she has an ADL (Activities of Daily Living) Self Care</p> <p>Performance Deficit and Impaired Mobility related to diagnoses and past medical history of Morbid obesity, hypertension, and stroke with interventions including: requiring total staff participation to eat; and requires 2 staff participation with personal hygiene.</p> <p>On 04/17/24 at 12:24 PM V2 (Director of Nursing) stated, if R93 was fed by staff on 04/15/2024 staff should have cleaned her up. V2 stated, if R93 fed herself and staff collected her tray they should have cleaned her up. V2 stated, if the nursing staff leaves R93 unclean it is a dignity issue.</p> <p>2. R121 is a [AGE] year-old female with a diagnoses history of Partial Paralysis due to Stroke who was admitted to the facility 10/14/2022.</p> <p>On 04/15/24 at 11:35 AM R121 gestured that she needed her adult brief changed and pulled on her diaper. Observed most of the bottom of R121's foot resting near her adult brief was smeared with feces. V11 (Certified Nursing Assistant) stated, she last changed R121 at 7AM when she started her shift.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R121's current care plan Initiated 10/14/2022 documents she requires assistance with ADL's (Activities of Daily Living) including bed mobility, transfers, dressing, walking, personal hygiene, and toileting; R121 displays bowel and bladder incontinence related to medication side effect, decreased mobility with interventions including: Nursing staff to check R121 for incontinence episode every 2 hours.</p> <p>On 04/17/24 12:27 PM V2 (Director of Nursing) stated it's neglectful to find a resident with an overflow of feces and having not been changed from 7AM - 11:35 AM.</p> <p>3. R135 is a [AGE] year-old female with a diagnoses history of Multiple Cervical Spine Injuries and Gastrostomy Status who was admitted to the facility 10/30/2023.</p> <p>On 04/18/24 at 12:37 PM surveyor observed R135 with a strong urine odor. R135 stated, she was last changed at 5AM. V10 (Certified Nursing Assistant) stated he started work at 7AM and had not changed R135 yet because he was working with residents he was assigned in another area. V10 stated, R135's brief is full. Observed R135's brief to be heavily soiled with urine. V10 stated there is a need for more CNA's (Certified Nursing Assistants). V10 stated there used to be 6 CNA's on the unit he is assigned to but now there are five which increased the amount of residents that he has to care for and he has to get residents changed, dressed, and bathed.</p> <p>R135 current care plan initiated 11/01/2023 documents she requires assistance with ADL's (Activities of Daily Living) including bed mobility, transfers, dressing, walking, and personal hygiene; R135 displays bowel and bladder incontinence related to medication side effect, decreased mobility with interventions including: Nursing staff to check R135 for incontinence episode every 2 hours.</p> <p>The facility's General Care Policy received/reviewed 04/18/2024 states:</p> <p>It is the facility's policy to provide care fore every resident to meet their needs.</p> <p>The facility will assist the resident to meet these needs, unless it shows that the resident's needs cannot be met in the facility.</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>50519</p> <p>Based on Observations and Interview and Record Review the facility failed to have a five percent (5 %) or lower medication error rate. There were eight (8) medications error out of 31 opportunities, resulting in a 25.81% medication error rate. These failures affected four (R46, R105, R136, R203) residents observed for medications not administered as ordered.</p> <p>Our findings include:</p> <p>On 04/16/24 at 04:29 PM V6 RN (Registered Nurse) was observed administering medications.</p> <p>When passing medications to R136, V6 omitted Diclofenac Sodium External Gel 1 % Apply to 4GM (grams) to affected area topically four times a day for pain. Administered medications were reconciled against the current (April 2024) Medication Records (MAR).</p> <p>Physician Order: Diclofenac Sodium External Gel 1 % Apply to 4GM TO AFFECTED AREA topically four times a day for PAIN-Scheduled to be given at 5:00 PM.</p> <p>On 04/16/24 at 05:00 PM For R203, V6 held (did not administer) medication Senna-Plus Tablet 8.6-50 milligrams Give 1 tablet via G-Tube two times a day times, scheduled for 5:00 PM. Administered medications were reconciled against the current (April 2024) Medication Records (MAR), Medication was omitted during medication administration.</p> <p>Physician Order: Senna-Plus Tablet 8.6-50 milligrams Give 1 tablet via G-Tube two times a day times for constipation. Scheduled to be given at 05:00 PM.</p> <p>On 04/17/24 at 9:06AM. V7 LPN (Licensed Practical Nurse) was observed during medication administration, when administering to R46, V7 held (did not give) order for Metoprolol Succinate Extended Release 25mg tablet- Give one tablet by mouth one time a day for hypertension and Lisinopril Oral Tablet 5mg- Give 1 tablet by mouth one time a day for hypertension for a blood pressure result of 101/52. Administered medications were reconciled against the current (April 2024) Medication Records (MAR) and the Progress notes, care plan and physician's orders sheets were reviewed and there was no indication that the physician was notified, and no interventions were in place after holding medications. V7 administered Polyethylene Glycol 3350 Powder ordered as- Give 17 grams by mouth one time a day for constipation, however V7 was observed to measure less than 17grams when preparing the medication.</p> <p>Physician Order: Metoprolol Succinate ER 25 MG Tablet extended release 24 HR GIVE 1 TABLET BY MOUTH ONE TIME A DAY FOR hypertension. (Active 01/20/2024).</p> <p>Lisinopril Oral Tablet 5 MG (Lisinopril) Give 1 tablet by mouth one time a day for hypertension (Active 01/20/2024).</p> <p>GlycoLax Powder Give 17 gram by mouth one time a day for constipation (Active 02/26/2024).</p> <p>(continued on next page)</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>V7 was next observed administering medications to R105. V7 held (did not give) order for Metoprolol Tartrate Tablet 25mg- Give 1 tablet by mouth every 12 hours related to essential hypertension. V7 also held (did not give) Losartan Potassium Tablet 50 MG- Give 1 tablet by mouth one time a day related to essential hypertension for blood pressure of 99/62. Additionally, V7 was observed to give Calcium Vitamin D 600mg/400 units 1 tablet, however the order was for Calcium-Vitamin D 500mg/400mg-unit. Administered medications were reconciled against the current (April 2024) Medication Records (MAR) with discrepancies. Progress notes, care plan and physician's orders sheets were reviewed and there was no indication that the physician was notified, and no interventions were in place after holding medications.</p> <p>Physician Order: Metoprolol Tartrate Tablet 25 MG Give 1 tablet by mouth every 12 hours related to ESSENTIAL (PRIMARY) HYPERTENSION. (Active 07/20/2021).</p> <p>Losartan Potassium Tablet 50 MG Give 1 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (Active 07/21/2021):</p> <p>Calcium-Vit D 500mg/400mg-unit 1 tab by mouth two times a day. Supplement. (Active 07/07/2022)</p> <p>On 04/18/24 2:22PM V2 DON (Director of Nursing) stated, when residents have vital signs (blood pressures) that are high or low and you don't have parameters to hold or give medications, they are expected to call the provider right away.</p> <p>On 4/18/24 at 2:40PM V2 DON stated, there were no parameters documented or ordered for the blood pressure medications to be held. V2 said that V6 and V7 did not call the physician at the time they held the medications, nor did they document the reason the medication was held in the electronic medical record. Additionally, V7 gave the wrong dose of Calcium and will be in serviced accordingly.</p> <p>The facility provided a list of house stock medications, which included Calcium 500mg/400units was available and ordered by the facility.</p> <p>Facility Policy Titled: Medication administration General Guidelines (Pharmascript) Policy # 7.2.</p> <p>6) Five Rights- Right resident, right medication, right dose, and right time, are applied for each medication being administered. A triple check of these 5 rights is recommended at three steps in the process of preparation of the medication for administration. (1) when the medication is selected, (2) when medication is removed from the container, and finally when (3) just after the dose is prepared and the medication is put away.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>50519</p> <p>Based on observation, interview and record review, the facility failed to remove expired medications for three (R1, R90, R121) residents from first floor medication carts and house stock medication refrigerator, failed to ensure multi-dose vials and eye drop medications for four (R28, R29, R80, R138) residents were dated upon opening and, failed to remove medications for one (R205) expired resident from the medication cart. These failures have the potential to affect all 66 residents receiving medication from the 1st floor medication carts and Medication room.</p> <p>Findings include:</p> <p>On 04/17/24 at 09:30 AM The following medications were observed for storage and labeling Sunshine Medication Cart one with V7 Licensed Practical Nurse.</p> <p>R121 - Tramadol 50mg tablets expired 3/38/24 verified with V7 Licensed Practical Nurse.</p> <p>Physician order: Tramadol 50mg 1 tab every 8 hours as need for pain.</p> <p>Brimonidine Tartrate 0.2% eye drops for R80 open and not labeled verified with Licensed Practical Nurse.</p> <p>Physician order: Brimonidine Tartrate ophthalmic solution 0.2% (Brimonidine tartrate instill 1 drop in both eye two times a day for glaucoma.</p> <p>First floor Medication Room Sunshine Refrigerator: Two Tuberculin multi dose house stock vials opened and not labeled in the refrigerator. Five Bisacodyl 10mg suppositories which expired 6/20/23.</p> <p>On 04/17/24 at 09:45 AM Sunshine Medication Cart two on the first floor: Verified with V8 Licensed Practical Nurse.</p> <p>R1-Pantoprazole liquid 2mg/ml expired 3/31/24.</p> <p>Physician order: Pantoprazole (Protonix) suspension 2mg/ml, give 20ml by mouth one time a day for GERD.</p> <p>R205 - Hospice patient expired 9/25/23- Hospice kit containing Benadryl/Decadron/Reglan 2 syringes. Scopolamine 25mg/ml gel 2 syringes and Bisacodyl 10mg 3 suppository observed in the medication refrigerator.</p> <p>R28 artificial tears eye drops opened and not labeled.</p> <p>R90 Hydrocodone-Acetaminophen Tablet 5-325 MG5/325mg 16 tabs expired 03/07/24.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Physician order: Hydrocodone-Acetaminophen Tablet 5-325 MG5/325mg Give 1 tab by mouth every 8 hours as needed for pain.</p> <p>V8 stated that Norco medication is expired and should be discarded per facility protocol, and she will give to the ADON (Assistant Director of Nursing) on the floor.</p> <p>On 04/17/24 at 11:30 AM The following medications were observed for storage and labeling Friendship Medication Cart 1: V9 LPN</p> <p>R29 Olopatadine 0.2% - opened and not labeled.</p> <p>Physician order: Pataday Ophthalmic solution (Olopatadine HCL) Instill 1 drop in both eyes on time a day.</p> <p>R138 artificial tears eye drops opened and not labeled.</p> <p>Physician order: Refresh Tears Ophthalmic solution 5 % (Carboxymethylcellulose Sodium instill one drop in the right every 8 hours as need for redness in the right eye.</p> <p>V9 LPN said that medication should be labeled when opened, and she will discard medication on hand and order new medications.</p> <p>On 04/17/24 at 11:52 AM V2 DON (Director of Nursing) said that when residents discharge from the facility, the medications should be sent with them and or removed from the medication cart. We either send the medications with the resident or they are destroyed. Nurses are supposed to label bottles when they are opened and date it. Any open bottle without a date should be discarded.</p> <p>Facility provided pharmacy policy titled Storage of Medications (No revision date) states in part:</p> <p>Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications.</p> <p>Procedures: 3. All medications dispensed by the pharmacy are stored in the container with the pharmacy label 7. outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal and reordered from the pharmacy, if a current order exists.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Expiration Dating (Beyond- use dating): 1. Expiration dates (beyond-use date) of dispensed medications shall be determined by the pharmacy at the time of dispensing. 4b: Drugs dispensed in the manufacturer's original container will carry the manufacturer's expiration date. Once opened, these will be good to use until the manufacturer's expiration date is reached unless the medication is: i. in a multi-dose injectable vial, ii. An ophthalmic medication, iii. An item for which the manufacturer has specified a useable life after opening. 5. When the original seal of the manufacturer's container or vial is initially broken, the container or vial will be dated. a. The nurse shall place a date opened sticker on the medication and enter the date opened. b. If a vial or container is found without a date opened, the date opened will automatically default to the date dispensed and the expiration date will be calculated accordingly. 6. The nurse will check the expiration date of each medication before administering it. 7. No expired medication will be administered to a resident. 8. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining, the medication will be destroyed in the usual manner.</p>		