

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145679	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2024
NAME OF PROVIDER OR SUPPLIER  Carlton at the Lake, The		STREET ADDRESS, CITY, STATE, ZIP CODE 725 West Montrose Avenue Chicago, IL 60613	

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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify each resident of certain balances and convey resident funds upon discharge, eviction, or death.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35432</p> <p>Based on interview and record review, the facility failed to convey funds to the resident's family after a resident expired. This failure affects one of three residents (R4) reviewed for resident funds in a total sample of five residents.</p> <p>Findings include:</p> <p>On [DATE], at 11:19 AM, V5 (R4's Family Member) stated, I have spoken to V6 (Business Office Manager). R4 had a trust. V6 explained to me that the trust goes to pay for the funeral if the resident is deceased . My father passed away [DATE]. He did not have insurance. My Aunt paid for his cremation. V6 stated it goes to the funeral home and whatever is left over is sent back to the state. I did ask for policies, and she was not able to provide them to me. I called the Department of Aging, and they referred me to the ombudsman. The ombudsman stated that since my father and my mother are married the funds will go to my mother. My mother filled out a small state affidavit and we gave it to the nursing home. V6 and I went back and forth over this. V6 stated this is how it has always been. I spoke to the Administrator, and she stated if it was up to her, she would cut the check and give it to my mother. But V6 makes the decision. This has caused a lot of family drama. V6 told me it was \$5000.00 in the trust. V6 has told me that she is going to remove herself and is threatening to put a [NAME] on my condo if I misuse the funds. I am an only child and I want to make sure I lay my father to rest properly.</p> <p>On [DATE], at 11:58 AM, V6 stated, Any funds that are left in the resident's trust fund are to be allocated to end of life services. If the services have already been paid for, the check is made out to the family. If there is a balance remaining the check is made out to the funeral home directly. After reading the policy, it sounds like the facility should send the funds to where the resident is, according to what you read. Usually, we do not come across this situation. No one inquired about anything until R4 died . Since he has passed away, the daughter has provided the invoices therefore the checks will go to the cemetery and funeral home. I work for the corporate office and am not aware of the facilities policies concerning the trust fund.</p> <p>On [DATE], at 12:36 PM, V1 (Administrator) stated, After reading the policy, the money should go to who oversees the resident's estate. I did speak with the family several times and tried to facilitate getting the family's needs meet.</p> <p>Review of R4's trust fund, documents that R4 has a balance of \$7980.88.</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 0569</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy titled Trust Fund Policy, dated [DATE], notes upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, the facility must convey within 30 days the resident's fund, and a final accounting of those funds, to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate.</p>		

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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>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**</b> 45000</p> <p>Based on observation, interview, and record review, the facility failed to provide incontinence care for one (R5) dependent resident out of three residents reviewed for ADL care.</p> <p>Findings include:</p> <p>On 04/13/2024 at 9:19AM, R5 states no one has come to her room today to change her incontinence briefs. R5 states she is soiled now and often has to stay soiled for long periods of time. R5 states this is an on-going issue and happens all the time.</p> <p>On 04/13/2024 at 9:34AM, V4 (Certified Nursing Assistant/CNA) states she started her shift at 7AM but did not get the chance to change R5's incontinence briefs yet. V5 states she was trying to find a colleague to help her change R5's incontinence briefs.</p> <p>On 04/13/2024 at 9:38AM, V4 observed checking R5's incontinence briefs and V4 states R5's incontinence briefs are soiled with urine. V4 states she will now change R5's incontinence briefs.</p> <p>R5's Face sheet documents that R5 has diagnoses not limited to: CREST syndrome, post-laminectomy syndrome, urinary tract infection, constipation, fusion of spine, lack of coordination, chronic pain syndrome, and extended spectrum beta lactamase (ESBL) resistance.</p> <p>R5's Minimum Data Set/MDS dated [DATE] documents that R5 has a Brief Interview for Mental Status/BIMS of 14/15, indicating that R5 is cognitively intact. R5 is dependent with ADL/Activities of Daily Living care and is always incontinent of bowel and bladder.</p> <p>R5's care plan documents in part that R5 is care planned for pain therapy, ADL self-care deficit, incontinence, potential for infection related to incontinence, antibiotic therapy, impairment to skin integrity, stage 3 pressure injury to sacrum, and decreased mobility.</p> <p>R5's care plan documents in part, Check at least every 2 hours for incontinence. Wash, rinse, and dry soiled areas.</p> <p>Facility policy dated 07/28/2023 titled Incontinence and Perineal Care documents in part, Procedures 1. Do rounds at least every two hours to check for incontinence during shift.</p> <p>Facility policy dated 10/31/2020 titled ADL Care documents in part, 4. ADL nursing care is performed daily for the residents based on the comprehensive assessment, plan of care, physician orders as well as ADL documentation on various shifts. Such care may include as appropriate, but is not limited to: g. Incontinence care and bowel and bladder training as indicated.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45000</p> <p>Based on observation, interview, and record review the facility failed to remove and discard expired medications that had been open in one of two medication carts reviewed for medication labeling and storage. This failure has the potential to affect 20 residents residing in the facility.</p> <p>Findings Include:</p> <p>On 04/13/2024 at 9:09AM, surveyor located on the second floor of the facility with V3 (Registered Nurse/RN). Surveyor observes V3 performing a medication administration pass using medication cart (identified as Team 1 medication cart). V3 states he is responsible for Team 1 medication cart.</p> <p>Surveyor observes inside medication cart (identified as Team 1 medication cart) a bottle of opened house stock medication labeled Docusate Sodium 100mg with an expiration date of December 2022.</p> <p>V3 states expired medications should not be stored in the medication carts and should be discarded. V3 states he last checked for expired medications on Team 1 medication cart approximately two to three weeks ago. V3 states if he has time, he will check for expired medications but usually the night shift checks for expired medications because they have more time to do so. V3 states if residents ingest expired medications, the medication could be ineffective or the resident could experience an adverse reaction.</p> <p>On 04/13/2024 at 9:19AM, R5 states a female nurse who works at the facility informed R5 that she was receiving expired medications at the facility. R5 states she does not know the name of the nurse who told her this information. R5 also states she is unable to describe this female nurse.</p> <p>R5's Minimum Data Set/MDS dated [DATE] documents that R5 has a Brief Interview for Mental Status/BIMS of 14/15, indicating that R5 is cognitively intact.</p> <p>R5's physician order sheet/POS documents the following order:</p> <p>Order date 03/21/2024: Docusate Sodium Oral Capsule 100 MG (Docusate Sodium)- Give 1 capsule by mouth every 24 hours as needed for Constipation.</p> <p>R5 identified as a resident whose medications are stored in Team 1 medication cart located on the second floor of the facility.</p> <p>Facility Census dated 04/13/2024 documents a total of 20 residents in the facility have their medications stored in the second floor Team 1 medication cart.</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>Facility policy, dated 08/24/2023, titled Medication Storage, Labeling, and Disposal documents in part, 2. House stock designed for multiple administration will be labelled with the name of the medication, the strength, instruction, and expiration. The information from the manufacturer is enough to meet this requirement And the medication automatically expires based on the expiration date based on the manufacture's guidelines.</p>		