

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145706	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2024
NAME OF PROVIDER OR SUPPLIER  Whitehall of Deerfield		STREET ADDRESS, CITY, STATE, ZIP CODE  300 Waukegan Road Deerfield, IL 60015	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37232</p> <p>Based on interview and record review the facility did not inform/invite a resident's representative to a care plan meeting for 1 of 3 residents (R1) reviewed for care plans in the sample of 3.</p> <p>The findings include:</p> <p>R1's face sheet showed he was admitted to the facility on [DATE] and V8 (R1's Mother) was R1's guardian. The same document showed R1 was diagnosed with lack of expected normal physiological development in childhood and autistic disorder.</p> <p>On 12/2/24 at 11:15 AM, V8 said she was R1's Power of Attorney and had not been informed by the facility of a care plan meeting, care planning process, or attended any care plan meeting/conference.</p> <p>On 12/3/24 at 11:03 AM, V7 (Director of Social Services) was asked when R1's care plan meeting was. V7 did not give an exact date and said R1's care plan meeting took place throughout his stay at the facility. V7 said residents and their representatives are verbally informed when care plan meetings are scheduled.</p> <p>On 12/3/24 at 11:20 AM, V2 (Director of Nursing) said families and residents are verbally notified of care plan meetings. V2 added there may be documentation in the resident's progress notes that the resident/family have been informed of the care plan meetings.</p> <p>On 12/3/24 at 11:55 AM, there was no progress notes in R1's electronic medical record indicating V8 was informed of a care plan meeting.</p> <p>R1's progress note dated 11/7/24 showed the initial plan of care was reviewed with R1 and V8. The same progress note showed V8 was R1's Power of Attorney.</p> <p>R1's Baseline Care Plan Conference/Care Plan Summary document dated for 11/25/24 had two attendees signatures on the form. The signatures did not match R1's Consent for Psychotropic Medication Use document signed by V8.</p> <p>On 12/3/24 at 12:03 PM, V7 reviewed R1's Baseline Care Plan Conference/Care Plan Summary form dated 11/25/24 and said that form is filled out when there is a care plan meeting.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility was unable to provide a care plan meeting policy.</p>		