

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145739	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/30/2025
NAME OF PROVIDER OR SUPPLIER Lutheran Home for the Aged		STREET ADDRESS, CITY, STATE, ZIP CODE 800 West Oakton Street Arlington Hts, IL 60004	

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 - 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** 45540</p> <p>Based on observation, interview, and record review the facility failed to provide adequate pain control for a resident with a history of cancer and compression fracture. This failure resulted in R1 experiencing increased pain from 4/21/2025 to 4/24/2025.</p> <p>This applies to 1 of 3 (R1) residents reviewed for pain in the sample of 3.</p> <p>The findings include:</p> <p>R1's current Admission Record shows R1 is an [AGE] year-old female resident with a history of lung cancer and compression fracture who was admitted on [DATE].</p> <p>On 4/30/2025 at 10:00AM, R1 was observed lying in bed resting comfortably and showing a slight grimace with movement.</p> <p>On 4/30/2025 at 10:00AM & 10:18AM, R1 said her pain was 4 out of 10 and a 4 was acceptable. R1 said her pain is more controlled now. R1 said she doesn't like using the numbers to describe the pain. R1 said she had increased pain when she came into the facility because the facility had trouble getting her medication.</p> <p>On 4/30/2025 at 11:04PM, V5 Nurse Practitioner (NP) said she saw [R1] on 4/24/024 for the first time and she had reported increased pain in the previous days but stated her pain was better controlled now after she got a dose of medication this morning.</p> <p>On 4/30/2025 at 1:30PM, V3 Licensed Practical Nurse (LPN) said [R1] was admitted on [DATE] and [R1] complained of 10/10 pain in the evening at 10:30PM. V3 said she gave [R1] Tylenol for her pain because she didn't have the morphine order from pharmacy yet. V3 said she would normally give a narcotic for that type of pain. V3 said she did get the morphine tablets that night and gave [R1] her morphine pills at 2:00AM on 4/22/2025. V3 said she never received the PRN (as needed) morphine from pharmacy that night. V3 said she couldn't get into the controlled substance box because her morphine order wasn't the right concentration and needed to be clarified. V3 said she did not contact the doctor to get a different as needed medication.</p> <p>V3 said [R1's] pain was an 8/10 when she gave her the morphine tablet and the resident was resting comfortably in bed with her eyes closed.</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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F 0697 Level of Harm - Actual harm Residents Affected - Few	<p>On 4/30/2025 at 12:54PM, V4 Physician said Tylenol is not adequate for a patient complaining of 10/10 pain because Tylenol is a very mild analgesic.</p> <p>The facility provided Electronic Shipping Manifest shows the Morphine Sulfate 100mg/5mL was delivered on 4/24/2025 at 12:51AM and the Morphine Sulfate ER 15mg tablet was delivered on 4/22/2025 at 1:28AM.</p> <p>On 4/30/2025 at 9:52AM & 10:10AM, V6 LPN said he normally works the unit [R1] is on and has seen her since she came. V6 said [R1's] pain is more controlled now compared to where she was when she first came. V6 said [R1] is still working with therapy and pain medication is given prior to receiving therapy services.</p> <p>R1's Progress Notes dated 4/22/2025 at 11:22AM states the resident declined to get out of bed, complaining of back pain.</p> <p>R1's Weights and Vitals Summary dated 4/30/2025 shows the following pain scores 4/21/2025 10:32PM score of 10, 4/22/2025 [2:00AM verified by V3] score of 8 and 6:37AM score of 2.</p> <p>R1's Medication Administration Record dated 4/1/2025 to 4/30/2025 showed R1 received Morphine Sulfate Oral Tablet 15mg was scheduled on 4/21/2025 at 9:00PM but didn't receive the medication until 4/22/2025 at 2:00AM.</p>		