

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145761	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/31/2024
NAME OF PROVIDER OR SUPPLIER  Lakewood Nrsg & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  14716 S Eastern Avenue Plainfield, IL 60544	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29562</p> <p>Based on interview and record review, the facility failed to monitor a resident who was having a decline in health condition.</p> <p>This applies to 1 of 3 residents (R1) reviewed for change in health condition.</p> <p>The findings include:</p> <p>R1 face sheet documents that R1 is a [AGE] year old admitted to the facility July 13, 2024 with multiple diagnoses including: unspecified, benign prostatic hyperplasia with lower urinary tract symptoms, heart failure, sepsis, end stage renal disease, dependence on renal dialysis, colostomy status, cutaneous abscess of abdominal wall, psoas muscle abscess, methicillin susceptible staphylococcus aureus infection as the cause of diseases classified elsewhere, elevated prostate specific antigens, cognitive communication deficit, chronic kidney disease, unspecified, pressure ulcer of sacral region and muscle wasting.</p> <p>R1's history of present illness shows that R1 was sent from the nursing home on September 25, 2024 with progressive lethargy and loss of consciousness and found to have seizures, in status, and was intubated. R1's EEG report dated September 27th shows that R1 has multiple episodes of generalized electrographic abnormality consistent with electrographic seizures. The findings were consistent with electrographic status epilepticus. Marked diffused slowing into delta range was noted. This constellation of findings can be seen in encephalopathy due to metabolic/toxic etiology, medication effects or diffuse cerebral injury. The physical therapy treatment notes dated October 10, 2024, shows R1 was diagnosed with UTI, acute respiratory failure, encephalopathy, and seizures. R1 was intubated on September 26, 2024, for airway protection and was extubated on October 3rd.</p> <p>Progress Note dated 9/25/24 shows that R1 was sent to the hospital for change in condition status. R1's hospital medical records shows: R1 was seen in the emergency department from the nursing home, and was admitted in the hospital on September 25, 2024, due to altered mental status, less oral intake, and sleeping all day.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On October 29, 2024, at 11:26 AM, V4 (Nurse) stated R1's normal baseline condition was that he was alert and oriented, he was able to talk to the staff, was able to eat on his own, and he usually likes to sit on his wheelchair. V4 added that on the morning of September 23, R1 was sleeping, had no energy and could not feed himself. According to V4, the staff fed him for breakfast and lunch but R1 had a poor appetite. R1 went out for dialysis in the afternoon and continued to be lethargic. V4 stated that R1 remained lethargic the next day and reported the change to V2 (RN-Director of Nursing). V2 instructed V4 to contact the physician, V3. V4 could not confirm if the physician was called September 24 about R1's status. V4 stated that R1 continued to be sleepy and needed assistance with meals. V4 stated she endorsed R1's status to V5 (Nurse) who was working the evening shift to monitor R1 closely due to change in condition</p> <p>On October 29, 2024, at 3:07 PM, V11 (Certified Nursing Assistant/CNA) stated that R1 was alert and oriented, he was able to verbalize his needs. He was able to eat by himself and usually had small appetite. According to V11, R1 did not eat his lunch on September 23, 2024, and she notified V4 about it. On September 24, 2024 R1 refused dinner and refused to drink water. He slept majority of the time, he was very lethargic, and V11 notified V5 about his change</p> <p>On October 29, 2024, at 3:25 PM, V5 (Nurse) stated that R1's baseline condition was alert and oriented, he could feed himself, and a lot of the times he doesn't like the food, so he ate 75% or less. On the 23rd of September, when V5 came in on the evening shift, R1 was already in the dialysis center He was alert when they picked him up.</p> <p>On October 30, 2024, at 8:12 AM, V10 (CNA) stated that R1 was a lively person, she had a good rapport with R1, and she was familiar with R1's condition. V10 usually assisted R1 to his wheelchair every morning after breakfast. R1 could stand and pivot for transfer. Usually, R1 would come back weak from dialysis but he would always bounce back. On September 23, 2024, V10 recalled that R1 came back a little bit later than usual from the dialysis center and he was very weak. The next day (September 24th), V10 remembers that she did not get R1 up to the wheelchair because he was very lethargic. He didn't eat breakfast, and he barely touched his lunch, he notified V4 about this change in R1. V10 stated that on September 25, 2024, R1 remained weak and needed additional support. V10 stated that R1 was confused and unable to remember V10's name. R1 did not eat breakfast and did not eat his lunch. V10 stated she notified the nurse and then R1 was sent to the hospital.</p> <p>On October 30, 2024, at 09:54, V3 (Primary Physician) stated that R1 has chronic dialysis, he was immuno-compromised, he has pressure ulcer, and has a colostomy. V3 was notified of R1's change in condition on September 24, 2024. V3 instructed the staff to monitor R1's condition closely. When V3 ordered to monitor the patient closely, that means the staff should monitor their vital signs, do neurocheck, when there is a change in mentation, do assessments and document everything.</p> <p>On October 29, 2024, at 10:04 AM, V14 (R1's Sister) stated that she visits R1 every other day. V14 said that she visited R1 on September 22, 2024 (Sunday) and he was semi awake. When she came to visit the next day Monday (September 23, 2024) to check his condition, R1 was still in the dialysis center. As they were driving back to the facility R1 was very lethargic, he could barely open his eyes and could barely talk. According to V14, the staff nurse (V5) said that he would document R1's condition. V14 stated that the next day (Tuesday), R1 was still in the same lethargic state, they could barely wake him up. By Wednesday (September 25, 2024), the staff couldn't arouse him, they finally decided to send him to the hospital. R1 was admitted to the hospital ICU (Intensive Care Unit). R1 was in the hospital from September 25 to October 12, 2024.</p> <p>(continued on next page)</p>		

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F 0684  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	A review of nursing notes and progress noted show no evidence of documentation that nursing staff monitored and documented R1's condition and mentation as ordered by V3 (Medical Doctor). Vital signs log shows R1's vital signs were checked on September 23, 2024 at 8:28 AM and 9:36 PM, and on September 24, 2024 at 11:03 AM, and 7:46 PM. There was no record of vital signs on September 25, 2024.		