STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145809	A. Building B. Wing	04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Grove of Northbrook,the	263 Skokie Boulevard Northbrook, IL 60062

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)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to provide a safe environment and adequate supervision to a resident (R1) who was at risk of self-harming or foreign-body (batteries) ingestion; failed to develop and update an individualized care plan addressing the behavioral problem; failed to ensure to provide continues/ongoing psychotherapy program; and failed to report the two (2) incidents of R1 ingesting batteries in the facility to IDPH (Illinois Department of Public Health). These failures resulted in R1 having repeated access to batteries from TV remote controls, resulting in two (2) separate episodes of battery ingestion within one week that required transfer to hospital for emergency battery removal. This deficiency affects one (R1) of three residents reviewed for Quality of care.Findings include:R1 was admitted on [DATE], with diagnosis listed in part but not limited to Acute and Chronic Respiratory failure, Chronic Obstructive Pulmonary Disease, Manic severe bipolar disorder with psychotic features, Schizoaffective disorder, Morbid Obesity, [NAME] in adults, Borderline personality, foreign body of alimentary tract encounter.R1's Physician order sheet indicated Amantadine HCl 100mg oral capsule for dyskinesia, Chlorpromazine HCl 50mg oral tablet for Bipolar disorder, Eliquis 5mg oral tablet for blood thinner, Seroquel 50mg and 200mg oral tablet for mood and sleep aid, Topiramate 100mg oral tablet for mood.R1's comprehensive care plan indicated: [NAME] eating disorder. R1 is an adult living with mental illness. She has diagnosis of [NAME] (eating disorder in which a person eats non-food items, some of which are dangerous, e.g. batteries). By ingesting nonfood items/objects she places herself at risk for potential intestinal blockages, dental issues such as severe damage to the teeth or abrasions to the gums and toxic side effects of the substance consumed initiated on 6/10/25. Behavioral issues on auditory hallucinations for ingesting batteries that led to petition for 3 involuntary hospital admission and 2 episodes actual ingestions of batteries requiring hospitalization for the removal of batteries were not reflected in care plan. Interventions were not revised/updated.R1's most recent psychotherapy notes, dated 12/29/25, indicated: LCSW (Licensed Clinical Social Worker) provided R1 with safe place to express self. LCSW praised R1 for the ability to get past impulses.R1's progress notes documented by V7, Registered Nurse/RN, dated 3/20/26 6:00PM, document change of condition (SBAR): ingestion of 2 AAA batteries. No documentation for details about how it happened. 3/20/26 at 10:00PM, V7 documented, R1 admitted to the hospital with diagnosis of swallowed batteries.3/21/26, documented by V8, RN, R1 returned to the facility. She had KUB and upper endoscopy and had two batteries removed from stomach. 3/23/26 documented by V9, Social service, R1 presented with an increase in hallucinations and suicidal ideation. R1 stated her voices are telling her to swallow batteries. An involuntary petition was completed for a psychiatric evaluation for her safety and the safety of others. 3/23/26 documented by V7, RN, R1 was admitted at the hospital with diagnosis of Suicidal Ideation. No documentation in the progress notes that R1 was re-admitted on [DATE]. Record review indicated it was documented in re-admission assessment form at 4:55PM. 3/27/26 at 9:03PM documented by V7, RN, change of condition (SBAR) R1 ingested 2 AA batteries. R1 was sent to hospital. No documentation for details about how it happened. 3/30/26, R1 was re-admitted to the facility. V10, Social worker, documented she initiated the petition of involuntary admission due to R1's acute (continued on next page)

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 0684 Level of Harm - Actual harm Residents Affected - Few	psychiatric decompensation evidenced by escalating auditory hallucinations and suicidal ideation. R1 reported command hallucinations indicating a significant risk of self-harm and impaired judgement. Given the severity of symptoms and immediate safety concerns, R1 was determined to be a danger to herself. R1 was immediately placed at 1:1 and subsequently transferred to hospital for immediate psychiatric evaluation and further management to ensure safety and stabilization.R1's Petition for involuntary /judicial admission on the following dates: 11/12/23, 3/23/26 and 3/30/26 for psychiatric evaluation due to auditory hallucination, voices telling her to swallow batteries.R1's hospital records date of admission 3/20/26, discharge date [DATE] indicated: Presenting complaint: Swallow batteries. discharged Diagnosis: Battery Ingestion and Schizophrenia. Brief synopsis: (R1) is a [AGE] year-old female with primary medical history of Schizophrenia presenting after swallowing 2 AAA batteries. Has command hallucinations, voices telling her to swallow the batteries. (R1) denies suicidal ideations. Gastrointestinal consulted. Esophagogastroduodenoscopy is done in operating room with battery extraction.R1's hospital records date of admission 3/23/26, discharge date [DATE] indicated: Reason for admission- Suicidal Ideations. Principal diagnosis- schizoaffective disorder. Complaint- Bipolar.R1's hospital records date of admission 3/27/26, discharge date d 3/30/26 indicated: Diagnosis: Battery entering natural orifice, Ingestion of corrosive chemical intentional self-harm initial encounter.On 3/31/26 at 9:40AM, V3, ADON (Assistant Director of Nursing), denied the complaint presented by V20, Community Public Safety, that R1, who has schizophrenia disorder and history of swallowing batteries, was given by staff at the facility a remote control that contains batteries, which she took out and swallowed. V3 said R1 was sent to hospital this past weekend due to ingestion of a TV remote control battery. She said R1 has history of Pica, an eating disorder of ingesting items that are not food. R1 is a long-term care (LTC) resident in the facility and still in the hospital. V3 said she did not know the details of the incident. V2, DON (Director of Nursing), made the incident report.On 3/31/26 at 10:12AM, V2, DON, said R1 is an LTC resident in the facility, who has history of eating disorder of ingesting batteries of the TV remote control prior to admission. R1 was seen by psychiatrist. R1 did not present behavioral issues until 2 weeks ago. On 3/20/26, R1 reported to staff of ingesting 2 AAA batteries, which she removed from the TV remote control. V2 does not know where R1 got the batteries. R1 was sent to the hospital. R1 had KUB (Kidney Ureter and Bladder) x-ray and endoscopy, and batteries were removed. R1 returned to the facility on 3/21/26 with diagnosis of battery ingestion and Schizophrenia. On 3/23/26, R1 was sent out to hospital for psych evaluation due to the report from V9, Social Worker, that R1 was presenting with an increase in hallucination and suicidal ideation. R1 stated her voices are telling her to swallow batteries. An involuntary petition was completed for a psychiatric evaluation. On 3/27/26, R1 reported to staff that she swallowed 2 AAA batteries in response to the internal voice telling her to swallow batteries. Batteries were removed through endoscopy. On 3/30/26, R1 returned to the facility. R1 continues to hear voices telling her to swallow batteries. R1 was sent out to (name) Medical Center for continued care and treatment for low back pain. V2 said R1 is ambulatory and could go into other residents' rooms for batteries from the TV remote control. The facility monitored R1 but did not have documentation. V2 said they did not make incident reports and did not report to IDPH because it is a behavioral issue.On 3/31/26 at 10:40AM, V5, Care plan Coordinator, said when a resident is re-admitted , the individualized care plan is reviewed and revised. V5 said residents with behavioral issues are care planned by Social Services (SS). SS coordinates with nursing if a resident has psychotropic medications for medication adjustment. V5 said R1 is alert and oriented x 3. She can communicate her needs to staff. She is ambulatory and independent with her ADLs and transfer. V5 said she is aware that R1 has Pica, an eating disorder of non-food items. She is not aware it was specific to TV remote batteries until they had incident 2 weeks ago. She said any changes in resident behavior should be addressed in the care plan. She said SS is responsible for updating R1's behavioral care plan and interventions, not nursing. V5 was asked asked who's responsible for monitoring and removing access to the TV remote control in the room of R1. V5 said they are all responsible, but the (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	SS is the one responsible for updating the care plan interventions. R1's medical records were reviewed, including progress notes and comprehensive care plan with V5, Care Plan Coordinator. The care plan was not updated when R1 had ingested remote control batteries in the facility on 3/20/26 and 3/27/26. The care plan was not updated when R1 was petitioned for involuntary hospitalization on 3/23 and 3/30/26 due to auditory hallucination telling her to swallow batteries. V5 said care plans should be updated when there is change in resident conditions or significant change in behavior, and formulation of new interventions to prevent re-occurrence of problems/issues such as removal of TV remote control access, monitoring of R1 activities/ where abouts, staff education, communication/coordination of care with IDT (Interdisciplinary team) involving R1.On 3/31/26 at 11:05AM, V4, SSD (Social Service Director)/Assistant Administrator, said for residents who have behavioral problems, Social Service will initiate/develop care plans and interventions. She is aware of R1's eating disorder of eating batteries from TV remote controls and R1 recently ingested batteries, but V4 was unaware of the details of how she got the batteries. She said R1 is ambulatory and can have access to TV remote control. She said care plans should be updated with current behavioral problems and updated interventions to prevent re-occurrence of the behavior. She said nursing should be involved in the care plan to remove access of remote control and monitor her daily activities.On 3/31/26 at 11:20AM, R2 said R1 was her roommate on 3/27/26 (Friday). R2 saw R1 with the TV remote control. R2 does not use her TV. R2 does not have a remote control, she is using her cell phone to watch news. R1 uses the TV remote/control from previous occupant of bed 1. R2 shares watching TV with R1's TV. R2 stated it was after dinner when R1 went to the bathroom and said loudly, O my God, I did it again. I ate the batteries again. R2 was surprised to hear it. R2 clarifies with R1, You're eating batteries? Then the nurse came and R1 reported it to the nurse.On 3/31/26 at 11:28AM, V15, Registered Nurse/RN said she has taken care of R1. R1 has diagnosis of Pica, an eating disorder of eating non-food items such as batteries. She said R1 will verbalize if she has urges to eat batteries. R1 has a history of auditory hallucinations of hearing voices telling her to eat batteries from TV remote control. She said R1's auditory hallucination happened last year. She said it could be prevented if they remove access to the TV remote control and monitor R1 closely.On 3/31/26 at 11:39AM, V6, Nursing Consultant, said they did not complete an incident report (for two episodes -3/20 and 3/27/26, that R1 ingested batteries in the facility and transferred to the hospital for emergency removal of batteries), nor report to IDPH because it is a behavior issue.On 3/31/26 at 12:00PM, V6, RN Consultant, said they don't have a resident safety policy. She said they have resident rights, which includes the resident has right to be safe/ safe environment.On 3/31/26 at 12:51PM, V7, RN (Registered Nurse), said she is one of the regular nurses who has taken care of R1. On 3/20/26, (R1) reported to me that she swallowed the batteries from her TV remote control. She has history of ingesting batteries prior to admission last June 2025. She did not present any behavioral symptoms nor verbalization of ingesting batteries until 2 weeks ago. She found a TV remote control in her room with empty batteries. I called (V12, PCP/Primary Care Physician) and sent (R1) to hospital via 911. (R1) was admitted but returned to the facility the following day after removal of batteries. I returned to work on 3/23/26. (R1) was sent to the hospital for psych evaluation due to auditory hallucination telling her to swallow batteries. (R1) returned to facility on 3/27/26. I assessed (R1) and attended to her needs. Around 9pm, she came to the nursing station crying and reported to me that she swallowed the batteries again from the TV remote control due to the voices commanding her to eat. (R1) has TV in her room, and it was on. She is ambulatory and can access the TV remote control from other residents' rooms. V7 stated V7 monitored R1, but there is no documentation. V7 said it could be preventable if they provided 1:1 supervision to R1. V7 said she completed an incident report in risk management in PCC (electronic medical record), similar when completing fall incident report. V7, RN, was informed that R2 said she was the roommate of R1 on 3/27/26 and saw her holding the TV remote control. R1 reported to R2 that she ate the batteries from TV remote control. V7 said R2 is alert and oriented x 3. R2 was the roommate of R1 on that day but she did not know about (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	the TV remote control.On 3/31/26 at 1:12PM, requested copy of the incident report completed by V7, RN from V6, Nursing Consultant. V6 said they don't have incident report for R1.On 3/31/26 at 1:15PM, V8, RN, said she was assigned nurse to R1 when R1 was re-admitted from the hospital on 3/21/26 after removal of ingested batteries. R1 was apologetic of her behavior. R1 said she can't help but act from voices that she hears.On 3/31/26 at 1:50PM, V9, Social Worker, said she has taken care of R1. She is aware of R1's eating disorder of ingesting batteries for TV remote controls prior to admission last year in June 2025. R1 has had behavioral issues of ingesting batteries recently. On 3/23/26, R1 presented with an increase of hallucinations and suicidal ideation. R1 stated her voices are telling her to swallow batteries. An involuntary petition was completed for a psychiatric evaluation for her safety and the safety of others. V9 said R1 goes to a psychotherapy program for her behavioral management. V9 said care plans are updated and revised when there are occurrences of behavioral incidents or problems. V9 said V4, SSD, is the one responsible for updating and revising the behavioral care plan of R1.On 3/31/26 at 1:58PM, V10, Social Worker, said she initiated the petition of involuntary admission due to R1's acute psychiatric decompensation, evidenced by escalating auditory hallucinations and suicidal ideation. R1 reported command hallucinations indicating a significant risk of self-harm and impaired judgement. Given the severity of symptoms and immediate safety concerns, R1 was determined to be a danger to herself. R1 was immediately placed at 1:1 and subsequently transferred to hospital for immediate psychiatric evaluation and further management to ensure safety and stabilization. She said V4, SSD, is the one responsible for updating and revising R1 care plan.On 4/1/26 at 10:41AM, V12, PCP (Primary care Physician of R1), said she has taken care of R1 since her admission in June 2025. She said she is aware of behavioral incidents that happened 2 weeks ago in which R1 ingested batteries from a TV remote control twice in the facility, on 3/20 and 3/27, which required emergency removal of batteries at the hospital. R1 was also sent to hospital for psych evaluation on 3/23/23 due to auditory hallucinations, voices telling R1 to eat batteries. She said R1 is ambulatory, alert and oriented. V12 said per nursing report, R1 got the TV remote from somebody not from her room. They monitored her closely and updated the care plan. V12 was informed R1's care plan was not updated and there was no documentation in the progress notes of close monitoring of R1. V12 said R1's care plan should be updated. R1 needs to have 1:1 supervision and 24-hour monitoring to possibly prevent the behavioral re-occurrence of battery ingestion.On 4/1/26 at 11:02AM, V19, CNA (Certified Nurse Assistant), said he was assigned CNA for R1 on 3/20 and 3/27/26 3-11 shift, both days that R1 ingested batteries from the TV remote control. V19 is aware R1 has history of ingested batteries prior to admission. V19 did not know what happened. V19 did not see her eat the batteries. R1 does not have remote control in her room. V19 turned on and off the TV manually when R1 requested. V19 monitored R1 but did not document. V19 said it could be prevented if R1 is on 1:1 supervision so he can focus on her. V19 has 20-25 residents assigned to him, with 9 residents need total care with ADLs and transfers.On 4/1/26 at 11:28AM, V17, Psychiatrist, said he has taken care of R1 since her admission in June 2025. V17 was notified of her behavioral incidents that happened 2 weeks ago whenR1 ingested batteries from a TV remote control on 3/20 and 3/27/26 in the facility. V17 expected the facility to implement behavioral management interventions such as supervision, re-direction, education, and having the battery/TV remote control not readily available. It's a standard practice to update the care plan and develop new interventions with each re-occurrence of behavioral problems. 1:1 supervision could prevent the re-occurrence, but that's unrealistic.On 4/1/26 at 11:38AM, R1's care plan was reviewed with V2, DON. V2 said the care plan intervention for [NAME] (eating disorder of ingestion of battery) behavioral problem is generic and not individualized for R1. On 4/1/26 at 11:46Am, R1's medical records were reviewed with V4, SSD, regarding auditory hallucinations of R1 informing to eat batteries leading to petition of involuntary hospital admission on [DATE]. She was hospitalized and returned to the facility on [DATE] with diagnosis of Current manic severe bipolar disorder with Psychotic features. Same issues with petition of involuntary hospital admission issued on 3/23/26 and 3/30/26, in which R1 verbalized auditory (continued on next page)

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