

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145879	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Tri-State Village Nrsg & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 East 175th Street Lansing, IL 60438	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record, the facility failed to ensure a significant change in condition was documented in the medical record for one (R2) resident. This failure affected one (R2) of four residents reviewed for change in condition. Findings include: R2's face sheet documents an admission date of 4/06/26 and diagnoses that include but are not limited to Parkinson's disease, dementia, difficulty in walking, abnormalities of gait and mobility, hypertensive disease with heart failure, atherosclerotic heart disease, chronic kidney disease stage 2, and benign prostatic hypertrophy. R2's BIMS (brief interview for mental status) score, dated 6/29/26, is 15 which indicates R2 is cognitively intact. R2 was transferred to the hospital on 6/30/26 and remains in hospital and unable to interview. R2's progress note, dated 6/30/26 at 9:41pm, per V9 (Licensed Practical Nurse/LPN), documents, in part, Writer (V9) f/u (follow-up) with the patient's (R2) health status, and was informed that the patient (R2) has been admitted for Sepsis. R2's late entry progress note, dated 7/21/26 at 11:03am (21 days after R2's change in condition), per V8 (Licensed Practical Nurse/LPN), documents, in part, Resident (R2) was observed to be confused and shaking profusely, which was beyond his (R2) baseline behavior elevated blood pressure was also noted. The NP (nurse practitioner) was notified of the resident (R2) current condition and ordered transfer to (Hospital) for further evaluation and treatment. The resident's family was notified, and Ambulance was called for transportation. Report was endorsed to the incoming nurse to follow up. On 7/20/26 at 11:33am, V2 (Director of Nursing/DON) said, He's (R2) currently hospitalized. On the afternoon of 6/30, (6/30/26) R2 was lethargic. He (R2) was up and cracking jokes earlier in the day. He's (R2) a jokester. He (R2) mentioned to the nurse (V8/Licensed Practical Nurse/LPN) that he (R2) wasn't feeling good. V8 called the nurse practitioner that gave orders for R2 to be sent to ER (emergency room) for evaluation. R2 was admitted with sepsis. V8 did not put a note about the change in condition in R2's chart. V2 did notify him (V8) and he (V8) will be putting a late entry in about R2's change in condition. It (resident's change in condition) should be documented in the medical record so we (facility) know what happened and may help with the treatment of the resident. On 7/20/26 at 2:54pm, V8 (Licensed Practical Nurse/LPN) said, Yes, he was working that day (6/30/26), and he was the nurse assigned to care for him (R2). He observed that he (R2) was shaking. V8 checked his (R2) blood pressure, and it was somewhat elevated. V8 contacted the NP (Nurse Practitioner) and was instructed that the resident (R2) be sent to the hospital. V8 then called (Ambulance Company) and notified the resident's (R2) family. While V8 was arranging the transfer, V8 had another resident who was experiencing a medical emergency that required my attention. Because of that, V8 endorsed the resident's care and pending transfer to the next nurse. This occurred sometime after 2:00 p.m. My shift was from 6:00 a.m. to 2:30 p.m. The resident was still at the facility when my shift ended. Yes, the resident had experienced a change in condition. V8 said he should have documented R2's change in his (R2) record, but he forgot because (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
--	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145879	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/22/2026
NAME OF PROVIDER OR SUPPLIER Tri-State Village Nrsg & Rhb		STREET ADDRESS, CITY, STATE, ZIP CODE 2500 East 175th Street Lansing, IL 60438	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	he was also caring for another resident with an emergency. Record review of facility policy titled, Change in a Resident's Condition or Status, dated January 2026, documents, in part, Our facility shall promptly notify the resident, consult with his or her Attending Physician, and notify, consistent with his or her authority, the resident representative (s) of changes in the resident's [NAME]/mental condition and/or status (e.g., changes in level of care, billing/payments, resident rights, etc.). The Nurse Supervisor/Charge Nurse will notify the resident's Attending Physician or On-Call Physician when there has been: A need to transfer the resident to a hospital treatment center. A significant change of condition is a decline or improvement in the resident's status that: a. Will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions (is not self-limiting'). b. Impacts more than one area of the resident's health status; c. Requires interdisciplinary review and/or revision to the care plan; and d. Ultimately is based on the judgment of the clinical staff and the guidelines outlined in the Resident Assessment Instrument and 42 CFR 483.20(b)(ii). 6. The Nurse Supervisor/Charge Nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. 7. If a significant change in the resident's physical or mental condition occurs, a comprehensive assessment of the resident's condition will be conducted as required by current OBRA regulations governing resident assessments and as outlined in the MDS [NAME] Instruction Manual. Record review of pamphlet titled, RESIDENTS' RIGHTS' For People In Long-Term Care facilities, revised date 11/18, documents, in part, Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life. Your facility must provide equal access to quality care regardless of diagnosis. You must not be abused, neglected, or exploited by anyone - financially, physically, verbally, mentally, or sexually. Your facility must be safe, clean, comfortable, and homelike. You may participate in developing a person-centered care plan which states all the services your facility will provide to you and everything you are expected to do. This plan must include your personal and cultural choices. Your facility must make reasonable arrangements to meet your needs and choices. You should receive the services and/or items included in the plan of care.		