

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review the facility failed to ensure that no medication should be left at resident's bedside without physician order. The facility also failed to follow its policy in resident self-administration of medication. This deficiency affects all four (R71, R103, R116 and R177) residents in the sample of 35 reviewed for Medication Safety.</p> <p>Findings include:</p> <p>On 5/6/25 at 12:43PM, Observed V17 LPN (Licensed Practical Nurse) preparing medication for R116. V17 said that R116's eye drop medication is at bedside. V17 said that R116 is alert and oriented x 3. V17 said that she usually keeps the eye drops and take it by herself. Observed Refresh eye drop 1 vial (individual dosage) and 1 bottle of Calcium chewable extra strength 750mg on top of R116's bedside tray table. R116 said that her family bought these medications, and she keeps at bedside because the nurses are forgetting to give her medications. She took her eye drops and calcium this morning around 9am because the nurse did not give her medications. V17 LPN is at the bedside and did not response to R116. V17 administered prepared medication including the refresh eye medication at bedside.</p> <p>On 5/6/25 at 12:55PM, V17 LPN said that R116 does not have physician order to keep medications at bedside.</p> <p>On 5/6/25 at 12:58PM, V28 Wound care nurse opened the treatment cart and gave the Voltaren gel house stock to V17 LPN that they use for residents on 4th floor. V17 said that they use the Voltaren house stock and shared it with residents on the 4th floor. Surveyor and V17 went to R177's room to administer Voltaren cream medication but R177 refused. Observed 2 bottle of artificial tears and 3 opened albuterol sulfate inhalers, 1 box of unopened albuterol sulfate inhaler, 1 Vicks vapor rub. R177 said that she has been keeping these medications at bedside. R177 said that she uses all these medications as needed. R177 said that she uses the Vicks frequently at night.</p> <p>On 5/6/25 at 1:02PM, V9 Nurse Supervisor said that they can keep medication at bedside if there is an order from physician. V17 LPN said that R177 has no physician order to keep medications at bedside.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/6/25 at 2:13pm Informed above concerns with V2 DON. V2 said that medication cannot be left at bedside without physician order. If resident wants to self-administer her medications, the IDT (Interdisciplinary team) will assess resident for self-medication administration and will develop care plan. V2 said that the Voltaren cream house stock should not be shared by residents on the 4th floor. Each resident should have each own medication cream.</p> <p>On 5/7/25 at 9:09AM, V22 RN tried to administer the prepared medication to R71. R71 said that she likes her tums at bedside. She asked V22 to get her tums placed in plastic food container with no label. R71 is alert and oriented x 3. R71 said that she has been taking her tums at bedside daily after breakfast. R71 said that she asked them to place her tums in the plastic container so it's easy for her to get the medication. R71 said that the empty bottle of tums is in the bedside drawer. V22 took the empty bottle of tums indicated Tums chewy bites extra strength 750mg. While conversing with R71 and V22, V23 CNA came into the room without knocking and announcement, she slammed the tums bottle in R71's bedside tray table and walked out of the door. Surveyor tried to stop the CNA for interview, but she refused and left saying she has to attend to her residents. Surveyor called for DON. Surveyor asked V22 where V23 CNA got the tums medication. V22 said that V23 took the medication from R71's closet. R71 said that she keeps her stock of medications in her closet and bedside dresser. Observed the Tums, Advil, Deep Sea nasal spray, Advil, and Aspercreme lidocaine inside the closet top shelf. V22 took all medications and placed it on R71's bedside tray table. R71 described how she uses the following medications: She uses the Tums daily after breakfast for indigestion. She uses the Advil as needed for pain and last time she used it was 2 days ago. She uses the nasal spray as needed for nose bleeding due to dryness. She uses the Aspercreme lidocaine cream for her shoulder pain. She said that she has more medications in the black plastic bag inside the bedside dresser. V22 took the plastic bag and observed 4 different brands of analgesic cream. R71 said that she asked the CNA to give her bedside medications so she can take it. R71 said that the nurses are busy so she keeps her medications at bedside so she can take it when she needs it.</p> <p>On 5/7/25 at 9:27AM, Informed V3 ADON of above concerns and showed R71's medications at bedside. V3 said that they don't allow medications at bedside without physician orders. V3 said that the staff should report to DON and called the physician if they observed medication at bedside.</p> <p>On 5/8/25 at 10:00AM V2 DON said that they don't have policy on Medication safety, it is incorporated in medication storage.</p> <p>Facility's policy on Self administration of Medication revised 6/6/24 indicated:</p> <p>Policy statement: it is the policy of the facility to ensure that resident's right to self-administer medications is observed. A resident who requests to self-administer medications will be assessed to determine if resident is able to safely self-medicate.</p> <p>Procedure:</p> <p>1. The IDT (Interdisciplinary Team) will assign a staff to evaluate resident's ability to safely administer medication. A self-administration evaluation will be filled out to determine capability. A return demonstration will be done to accurately evaluate resident's ability after the health teaching.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	

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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. The resident may store the medication at bedside if there is a physician order to keep it at bedside.</p> <p>3. The nurse on duty will document administration of medication in the MAR.</p> <p>4. The medication will be administered by the resident.</p> <p>5. The resident's ability to self-administer medication will be assessed regularly by the facility to coincide with the MDS assessment or may notable change in status.</p> <p>Facility's policy on Medication Storage, Labeling and disposal revised 8/16/24 indicated:</p> <p>Procedures:</p> <p>3. Medications will be stored safely under appropriate environmental controls.</p> <p>49871</p> <p>On 5/6/2025 at 11:52 AM, R103 in bed. Observed bottles of medication, Metoprolol Succinate ER, Ranolazine ER, Ropinirole HCl, and Nifedipine on top of his bedside table. R103 said he keeps these medications in case facility does not give it to him because it's not available. R103 stated he thinks facility is aware he has medications a bedside.</p> <p>On 5/6/2025 at 11:56 AM, V21 (Licensed Practical Nurse) said medications should not be left at bedside. V21 stated R103's medications found at bedside is available in facility.</p> <p>On 5/7/2025 at 9:30 AM, V2 (Director of Nursing) stated no medication should be left at bedside. If resident want to self-administer, assessment and care plan needs to be in place. V2 said R103 do not have an assessment and care plan for self-administration.</p> <p>Review of R103 medical records: admitted : 3/4/2025; Order Summary, order date: 4/3/2025 Metoprolol Tartrate, Ranolazine ER [DATE]), Ropinirole HCl (3/4/2025); MDS section C, BIMS Summary Score 15.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</p> <p>Based on observation, interview, and record review the facility failed to ensure that the facial hair of a female resident who needs assistance with Activity of Daily Living (ADL) is shaved. This deficiency affects one (R9) of three residents in the sample of 35 reviewed for ADL care program.</p> <p>Findings include:</p> <p>On 5/6/25 at 11:44AM, Observed R9 sitting in her chair. She is alert, oriented and able to verbalize needs to staff. R9 has visible facial hair over her jaw line and chin area. R9 said that they don't shave her facial hair. R9 said, she cannot do it by herself and needs assistance from staff. Showed observation to V16 LPN (Licensed Practical Nurse). V16 said that CNA should remove /shave facial hair when providing ADLs (Activity of daily living) to R9.</p> <p>On 5/6/25 at 11:50AM, Informed V4 4th floor unit manager/Infection Preventionist of above concern. V4 said that the CNA is responsible for shaving/removing facial hair.</p> <p>On 5/7/25 at 10:05AM, Observed R9 sitting in her chair. Observed that R9 still have facial hair. R9 said that they still have not shaved her facial hair, as she touches her face. Showed observation to V26 LPN. Informed V26 that R9 complaint yesterday with V16 LPN that her facial hair not being shaved. V26 said that she will take care of it today.</p> <p>On 5/8/25 at 1:13PM, Informed V2 DON (Director of Nursing) of above concern. Review R9's medical records with V2. R9 is admitted on [DATE] with diagnosis listed in part but not limited to Type 2 Diabetes Mellitus, Morbid Obesity, Glaucoma, Osteoarthritis. MDS/Resident assessment dated [DATE] Section C Cognitive patterns C0500 BIMS (Brief Interview for Mental Status) score indicated score of 12. Section GG Functional abilities GG0130 Self-care Personal hygiene coded 4 indicated needs supervision or touching assistance. Comprehensive care plan indicated R9 has an ADL self-care performance deficit and impaired mobility. Informed V2 DON that no intervention indicated for personal hygiene and grooming in care plan for ADLs.</p> <p>Facility's policy on ADL (Activity of daily Living) care revised 8/6/24 indicated:</p> <p>ADL care is provided for each resident in the facility in accordance with the resident's comprehensive assessment and care plan to identify, evaluate and intervene to maintain, improve, or prevent an avoidable decline in ADLs.</p> <p>Interpretation and implementation:</p> <p>2. Nurses and CNAs are trained in providing general/routine ADL care to the residents.</p> <p>4. ADL nursing care is performed daily for the residents based on the comprehensive assessment, plan of care, physician orders as well as ADL documentation on various shifts. Such care may include as appropriate but is not limited to:</p> <p>h. Daily assistance in eating, grooming/hygiene, transfer, locomotion, and mobility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's policy on General Care revised on 7/30/24 indicated:</p> <p>Policy statement: It is the facility's policy to provide care for every resident to meet their needs.</p> <p>AROM Program fatigue, impaired balance, physical inactivity</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	

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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49871</p> <p>Based on observation, interview, and record review the facility failed to ensure enteral feeding bag is properly labeled before administration affecting 1 of 2 residents (R111) reviewed for enteral feeding care in a total sample of 35.</p> <p>Findings Include:</p> <p>On 5/6/2025 at 11:40 AM, R111's enteral (tube) feeding (TF) infusing. TF bag labeled with 5/6/25 date and time 7:00AM.</p> <p>On 5/6/2025 at 11:50 AM, V19 (MDS/CP Coordinator) said TF bag should be labeled with resident's name, formula name and nurse initial.</p> <p>On 5/7/2025 at 9:29 AM, V2 (Director of Nursing) said TF bag should be labeled with resident name, feeding formula, rate, and start date and time. V2 also said TF bag label should be initialed by the nurse that initially hung the feeding.</p> <p>Review of records read: Admission Record/Date: 4/27/2025, Diagnosis Information: Gastrostomy Status; Dysphagia following Cerebral Infarction; Order Review Report/ Order Summary- Enteral Feed order every shift Enteral feeding- Tube type: Gastrostomy Tube, [NAME] Farms 1.4, 40cc/hr, start date: 4/29/2025; Care Plan, 5/2/2023 Focus: R111 has risk for infection related to presence of enteral tube. Interventions: Give medications and treatments as ordered</p> <p>Policy and Procedure</p> <p>Name: Enteral Tube Feeding Care, Revised 7/26/24</p> <p>Policy Statement</p> <p>Enteral Tube- is an avenue of feeding and hydration nutritional support via gastrostomy route.</p> <p>Procedure</p> <p>3. Check that Feeding bag is properly labeled to include:</p> <ul style="list-style-type: none"> a. Resident's name b. Formula (if it is not a closed system) and rate of feeding administration. c. Date and time feeding was started.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>39781</p> <p>Based on observation, interview, and record review the facility failed to ensure an accurate count of controlled medication in the controlled drug administration record sheet. This deficiency affects 2 of 5 medication carts reviewed for Controlled Medication count Management. The facility also failed to follow physician order in administration of medication. This deficiency affects two (R121 and R132) of three residents reviewed for administration of medication.</p> <p>Findings include:</p> <p>On 5/6/25 at 9:59AM, Checked controlled drug administration record sheet binder with V15 RN (Registered Nurse). Observed R121's controlled drug administration record indicated hydrocodone APAP 5-325mg give 1 tab daily every 12 hours as need for pain however the nurses are giving 1/2 tab as indicated in the administration record. V15 said that resident is alert, oriented x 3 and able to verbalize needs to staff. V15 said that R121 will request if she needs 1/2 or 1 tablet when she is pain. V15 said that they should follow physician order in medication administration. V15 said that they should call the physician to verify and change the order.</p> <p>On 5/6/25 at 10:10AM, Informed V10 Restorative Nurse /3rd floor unit manager of above concern. V10 said that they should follow physician order in medication administration.</p> <p>On 5/6/25 at 10:45AM, Informed V2 DON (Director of Nursing) of above concern. V2 said that they should follow physician order in medication administration.</p> <p>On 5/6/25 at 12:04PM, Checked controlled drug administration record sheet binder with V17 LPN. Observed R116's controlled drug medications - Oxycodone-APAP 10-325mg tablet, Pregabalin 25mg capsule and Tramadol 50mg tablet did not have accurate count. All medications are missing 1 count each. V16 said that she gave the medications this morning but forgot to sign them out in the controlled drug administration record sheet.</p> <p>On 5/6/25 at 12:20PM, Informed V4 Unit floor manager/Infection Preventionist of above concern. V4 said that the nurse should document the dated, time and amount of controlled medication taken in the controlled drug administration record sheet.</p> <p>On 5/6/25 at 12:37PM, Observed V17 LPN (Licensed Practical Nurse) preparing medication for R132. Medication administration record indicated Cranberry tablet 300mg give 1 tablet by mouth three times a day for supplement. V17 said that they have been giving the house stock of Cranberry tablet 400mg because they don't have 300mg. Observed V17 administered medication to R132.</p> <p>On 5/6/25 at 2:13PM, Informed V2 DON (Director of Nursing) of above concerns.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/7/25 at 8:45AM, Observed medication cart unlocked, with keys left on top of the cart and computer open showing MAR (Medication administration record) screen. V22 RN came from resident's room (2 doors away from the medication cart). Showed observation made to V22. V22 said she that she should not leave the medication cart unlocked, leave the medication keys on top of the cart, and leave the MAR computer screen open.</p> <p>On 5/7/25 at 8:59AM, Checked controlled drug administration record sheet binder with V22 RN. Observed R17's Pregabalin 75mg capsule and R169 's Tramadol 50mg tablet did not have accurate count. Both medications are missing 1 count each. V22 said that she gave them both medications at 8:00AM and forgot to sign it in the controlled drug administration record.</p> <p>On 5/7/25 at 9:15AM, Informed V3 ADON (Assistant Director of Nursing) of above concern. V3 said that the nurse should sign off in the controlled drug administration record indicating the medication taken right after taking medication from the bingo card.</p> <p>Facility's policy on Controlled Medication Count revised on 7/26/24 indicated:</p> <p>Policy statement: It is the policy of the facility to maintain an accurate count of scheduled II controlled medications.</p> <p>Procedure:</p> <p>1. After removing the controlled medication from the bingo card or individual packet the nurse will sign off the accompanying controlled medication sheets indicating the medication is taken.</p> <p>Facility's policy on Physician orders revised 8/16/2 indicated:</p> <p>Policy statement: it is the policy of this facility to ensure that all resident/patient medications, treatment, and plan of care must be in accordance with the licensed physician's orders. The facility shall ensure to follow physician orders as it is written in the POS.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>39781</p> <p>Based on observation, interview, and record review the facility failed to ensure Medication refrigerator with controlled medication is locked in the medication room. This deficiency affects one of three medication rooms reviewed for Safe medication storage.</p> <p>Findings include:</p> <p>On 5/6/25 at 9:56AM, Checked Medication storage room with V14 LPN (Licensed Practical Nurse). V14 said that they have controlled medications in the refrigerator. Observed Medication refrigerator is unlocked. V14 said that it should be kept always locked. V14 said that the other nurse left is opened.</p> <p>On 5/6/25 at 10:45AM, Informed V2 DON (Director of Nursing) of above concerns. V2 said that the medication refrigerator should be locked.</p> <p>Facility's policy on Medication storage, Labeling and Disposal revised 8/16/24 indicated:</p> <p>Policy statement: it is the facility's policy to comply with federal regulations in storage, labeling and disposal of medications.</p> <p>Procedures:</p> <p>4. Medications will be secured in locked storage area.</p> <p>5. Scheduled 2 medications will be double-locked (example placed in a locked medication cart inside a locked controlled medication box, placed in a refrigerator with 2 separate locks if the medication requires refrigeration or placed in a locked medication room inside a locked refrigerator if the scheduled 2 medication requires refrigeration).</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>39781</p> <p>Based on observation, interview, and record review the facility failed to use appropriate infection control practices during resident care on contact isolation precaution and during taking resident's vital signs. The facility failed to provide disposable vitals equipment inside the room of resident with COVID infection. This deficiency affects all four (R48, R70, R187 and R427) residents in the sample of 35 reviewed for Infection Prevention and Control Program.</p> <p>Findings include:</p> <p>On 5/6/25 11:39AM, Observed V18 CNA (Certified Nurse Assistant) entered R70's room who is on contact isolation precaution without appropriate Protective personal equipment (PPE) to bring the lunch tray. V18 is only wearing mask. Showed observation to V16 LPN (Licensed Practical Nurse). V16 said that V18 should wear appropriate PPE such as gown and gloves in addition to mask when entering R70's room to give her lunch tray because she is on contact isolation. V18 said that she forgot to wear gown and gloves when entering R70's room.</p> <p>On 5/6/25 at 12:39PM, Informed V4 Infection Preventionist/4th floor unit manager of above observation. V4 said that staff should wear appropriate PPE when entering R70's room to provide lunch tray.</p> <p>On 5/6/25 at 12:51PM, Observed V17 LPN prepared medication for R48. V17 said that will take her blood pressure before giving her medication. V17 took the Blood pressure (BP) portable machine from the hallway and wheeled it to R48's room. V17 did not disinfect the BP cuff prior using it. V17 applied the BP cuff to R48's right arm and obtained BP reading of 107/52mmhg. V17 said she will hold the BP medication. V17 removed the BP cuff without disinfecting after using it. V17 wheeled the BP machine back to the hallway and plugged it. V17 proceed to another resident to administer medication. Informed V17 of above observation made that she did not disinfect the medical equipment before and after using it. V17 said that she forgot, she should disinfect the BP cuff before and after using it.</p> <p>On 5/6/25 at 1:28PM, Informed V4 Infection Preventionist/4th floor unit manager of above observation and concern.</p> <p>On 5/6/25 at 2:13PM, Informed V2 DON (Director of Nursing) of above concerns with implementation of infection prevention control protocol. V2 said that staff should wear appropriate PPE when entering resident's room on contact isolation precaution. V2 said that medical equipment for taking vital signs should be disinfected before and after using it.</p> <p>On 5/7/25 at 8:54AM, Observed V22 RN (Registered Nurse) preparing medication for R187. V22 said that she will take the vital signs first. V22 took the BP machine from the hallway without disinfecting it prior using it and wheeled to R187's room. R187 is sitting in his chair. V22 placed the BP cuff on R187's left arm and pulse oximetry on index finger. V22 obtained BP 86/56 mm hg, HR 71, and Oxygen saturation 96%. V22 said that she will hold R187's BP medication. After taking the vital signs she wheeled the medical equipment back to the hallway. V22 did not disinfect the medical equipment. V22 administered prepared medications to R187 and proceed to another resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/7/25 at 9:27AM, Informed V3 ADON (Assistant Director of Nursing) of above concerns. V3 said that staff should disinfect the medical equipment for vital signs before and after using it.</p> <p>Facility's policy on Infection Prevention and Control revised 2/10/25 indicated:</p> <p>Policy statement: The facility has established a policy to identify, record, investigate, control, test and prevent infections in the facility. The facility will also maintain a record of incidents and corrective actions implemented for the identified infection.</p> <p>Precautions to prevent transmission of infectious agents and transmission-based precaution:</p> <p>2. Contact precaution- intended to prevent transmission of infectious agents spread by direct or indirect contact with patient or the environment.</p> <p>b. Use of gown and gloves is necessary prior to room entry. Face protection may be necessary if performing with risk of splashing or spraying (Standard precaution).</p> <p>Facility's policy on medical equipment, instruments and health IT devices infection plan revised 8/16/24 indicated:</p> <p>Policy statement: it is the policy of this facility to prevent infection control and create/maintain a safe environment for the residents, their visitors and staff thru proper handling, cleaning, and sanitizing of medical care equipment, instruments, and other related health IT devices.</p> <p>Procedures:</p> <p>7. Nursing personnel shall wipe down/clean/disinfect care equipment between residents using a facility approved cleaner/disinfect.</p> <p>49871</p> <p>On 5/6/2025 at 11:05 AM during facility rounds, V21 (Licensed Practical Nurse) walking in the hallway with ziplock bag on her hand containing vital sign equipment. V21 claimed bag belongs to R427 and she was cleaning the equipment.</p> <p>On 5/6/2025 at 11:06 AM, V4 (Infection Preventionist) said R427 should have his own dedicated vital sign equipment and should not be taken out of the room until isolation precaution ended. V4 said R427 is on isolation for positive Covid19.</p> <p>On 5/7/2025 at 9:29 AM, V2 (Director of Nursing) stated transmission-based precaution/isolation room should have their own dedicated equipment that would stay in the room until isolation is discontinued to avoid cross- contamination of other residents.</p> <p>Review of R427 medical records read: admitted : 4/22/2025, Diagnosis Information: Covid-19; Order Summary, start date 5/5/2025 Maintain at all times: Strict contact/droplet isolation precautions due to an active infection; Care Plan, 5/5/2025 R427 requires strict droplet/contact precautions related to Covid. Interventions: Use appropriate protective equipment</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145931	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2025
NAME OF PROVIDER OR SUPPLIER Warren Barr Lieberman		STREET ADDRESS, CITY, STATE, ZIP CODE 9700 Gross Point Road Skokie, IL 60076	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Policy and Procedure</p> <p>Name: Infection Prevention and Control, Revised 2/10/25</p> <p>Policy Statement</p> <p>The facility has established a policy to Identify, Record, Investigate, Control, Test, and Prevent infections in the facility. The facility will also maintain a record of incidents and corrective actions implemented for identified infection.</p> <p>Procedures</p> <p>10. A disposable thermometer, BP cuff, and stethoscope will be provided inside the room to provide personal equipment for residents who are on transmission-based precaution or quarantine.</p>