

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145939	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Pavilion of South Shore		STREET ADDRESS, CITY, STATE, ZIP CODE 7750 South Shore Drive Chicago, IL 60649	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45196</p> <p>Based on interview and record review the facility failed to provide transportation for a resident (R1) who required daily methadone clinic visits. This failure affected one of three residents reviewed for quality of care.</p> <p>Findings include:</p> <p>R1's face sheets shows that R1 admitted to the facility on [DATE]</p> <p>R1's progress note dated May 24, 2024, authored by V5 (Social Service Director) documents in part that R1 discharged from the facility Against Medical Advice (AMA) on May 24, 2024.</p> <p>R1 has a diagnosis which include but not limited to opioid dependence, uncomplicated, psychoactive substance abuse, depression, and chronic diastolic congestive heart failure.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] shows that R1 did not have a Brief Interview for Mental Status score and indicated that R1's memory was ok.</p> <p>R1's hospital record Physician Order Sheet (POS) dated 05/18/24 shows that R1 has orders to receive Methadone HCl Oral Tablet 10 MG by mouth starting May 19, 2024.</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 06/11/24 at 11:03 am, V2 (Director of Nursing, DON) stated that R1 admitted to the facility with orders to receive Methadone daily. V2 stated that R1's methadone was to be dispensed at the methadone clinic daily and that R1 required transportation to the methadone clinic. V2 explained that R1 admitted to the facility the evening of Saturday May 18, 2024, and that the Methadone clinic was closed. V2 then explained Sunday May 19, 2024, that the Methadone clinic was closed. V2 then explained on Monday May 20, 2024, the floor nurse called the Methadone clinic to arrange for R1 to come to the methadone clinic and that R1 was not able to be transported to the methadone clinic Monday May 20, 2024. V2 further stated on Tuesday May 21, 2024, V2 did not know why R1 was not transported to the Methadone clinic. V2 then explained on May 22, 2024, R1 was transported to the Methadone clinic and received Methadone. V2 explained that the Methadone clinic administered R1 Methadone, did not dispense R1 any Methadone, and required R1 to come to the Methadone clinic daily. Next, V2 stated that on Thursday May 23, 2024, there was no transportation available for R2 to transport to the Methadone clinic. V2 then explained on May 24, 2023, R1 was told that R1 would be transported to the Methadone clinic and that R1 did not want to wait for the transportation at the facility and that R1 left the facility against medical advice (AMA). When V2 was asked regarding the importance of residents being transported to the residents scheduled appointments V2 stated that it is very important and that V1 (Administrator) was not at the facility to approve a private transportation for R1.</p> <p>On 06/11/24 at 11:51 am, V6 (Registered Nurse, RN) stated that V6 was R1's nurse at the facility. V6 stated that R1 admitted to the facility with orders to receive Methadone 10 mg (milligrams) oral tablet by mouth daily. V6 stated that R1 never had Methadone available at the facility to administer to R1. V6 stated that V6 remembers R1 going to the Methadone clinic once while R1 was at the facility but doesn't know if the Methadone clinic administered R1's Methadone. V6 stated that V6 made V2 (Director of Nursing, DON) aware that R1 did not have Methadone at the facility. V2 then explained that R1 left the facility against medical advice (AMA).</p> <p>(continued on next page)</p>		

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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 06/11/24 at 2:51 pm, V10 (Transportation Coordinator) stated that V10 is the facility's transportation coordinator, central supply coordinator, medical records coordinator, and fills in as the front desk receptionist as needed. V10 explained the facility has a transportation book on each floor that the floor nurse documents the residents transportation appointments. V10 stated that V10 does not check the transportation book every day and that V10 checks the transportation book 2-3 times per week when V10 is able to. V10 explained when V10 checks the transportation book V10 will ask the floor nurse if the residents need a stretcher in order to determine if V10 will arrange the outside source transportation company to transport the resident. V10 further explained if a resident is ambulatory or in a wheelchair, V10 schedules the facility's transportation van to transport the resident to the residents appointment. When V10 was asked regarding R1's transportation to R1's daily methadone appointments V10 stated that V10 recalls R1 going to R1's daily methadone appointments once while R1 was at the facility. V10 explained that R1 admitted to the facility on a Saturday and that V10 was informed regarding R1's methadone clinic appointment on a Monday. V10 stated that nursing department informed V10 that the nursing department was arranging R1's daily methadone clinic appointment. V10 then stated the next day on Tuesday, V10 stated that the facility's transportation van was booked and that V10 could not arrange R1 to transport to the methadone clinic. When V10 was asked regarding making R1 other transportation arrangements, other than the facility's van V10 stated, It takes the residents insurance three days to approve a transportation appointment and R1 still would not have been able to go to R1's methadone appointment that Tuesday. V10 then stated on Wednesday R1 went to R1's methadone clinic appointment via the facility's transportation van. Next, V10 stated on Thursday R1 was not transported to R1's methadone clinic appointment because the facility's transportation van was booked. Then V10 explained on Friday R1 did not transport to R1's methadone clinic appointment and R1 discharged from the facility against medical advice (AMA). When V10 was asked regarding the importance of residents being transported to the residents scheduled appointments V10 stated that it is very important and that V10 is overseeing several departments at the facility.</p> <p>R1's Medication Administration Record (MAR) dated May 2024 shows that R1 did not receive Methadone HCl Oral Tablet 10 MG by mouth for treat addicted heroin on May 19, 2024, May 20, 2024, May 21, 2024, May 22, 2024, May 23, 2024, or May 24, 2024.</p> <p>R1's care plan dated canceled date 05/28/24 documents in part: 'Focus: R1 has history of substance use/abuse/chemical dependency related to: Allowing negative, inappropriate persons to influence R1 and R1's use of substances. R1 has a diagnosis of Opioid Dependence.'</p> <p>The facility's policy and procedure for dated 08/12/23 and titled Community Methadone documents in part: Purpose: To ensure coordination of care for residents requiring Methadone in the community. Policy: 1. All residents that are admitted to the facility with needs for Methadone will have coordination of services between the facility and the Methadone Clinic prior to admission. 2. Methadone services will be set up with the methadone clinic by the local hospital or community agency prior to the resident's admit to the facility. When the methadone schedule is determined, the facility will set up transportation arrangements.</p> <p>The facility's policy dated 11/2020 titled Administering Medication documents in part Policy Statement: Medication shall be administered in a safe and timely manner and as prescribed. Policy Interpretation and Implementation: 3. Medications must be administered in accordance with the orders including any required time frame that is indicated specifically in the order by the physician.</p> <p>(continued on next page)</p>		

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