

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>41156</p> <p>Based on interviews, and record review, the facility failed to honor a residents preference for showering. This affected one of three residents (R4) reviewed for residents rights.</p> <p>Findings Include:</p> <p>Interviewed R4 on 6/29/24 at 10:15AM. R4 stated she's never had a shower and did not know the days of her showers. Surveyor has to give the shower schedule information for R4. R4 shower days are Monday and Thursday Evening shift. R4 stated R4 never knew about the shower chair. R4 requested for shower bed because R4 was using the shower bed at home. The staff never offered the shower chair, so R4 thought there is no shower chair in the facility. R4 stated that staff clean R4 every day, but R4 still wants that water on R4's body. R4 want R4's shower and not just bed bath. R4 stated, (R4)'s been in the facility for 3 weeks now, and has only received bed baths, not shower.</p> <p>R4 was admitted in the facility on 5/23/24, and still a current resident in the facility. R4 has a BIMs score of 15 (Cognitively intact).</p> <p>On 6/21/24 at 9AM, V12 (Administrator) stated that they don't have the shower sheets for R4. What they have is the documentation from Point of Care, the self-performance and staff performance. Nothing specific on R4's skin assessment and the bathing care provided to the resident. V12 stated that they will not be able to provide the shower sheet because they do not have it for R4.</p> <p>Policy on Resident Rights, Respect and Dignity date January 2016, reads in part: It is the policy of this organization that all residents have the right to a dignified existence, self-determination, and communication with and access to people and services inside and outside facility.</p> <p>A resident has the right: To exercise his or her rights as a resident of the facility and a citizen or resident of the U.S. and be free of interference, coercion, discrimination, or reprisal by this organization of its employees for the exercise of such right.</p> <p>To be fully informed of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.</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: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Emphasis on Care with Dignity: This facility is dedicated to providing care in a manner and in an environment that maintains or enhances each resident dignity and respect in full recognition of his or her individuality. Dignity is defined as kind, appropriate, considerate and respectful interactions with residents. Staff are responsible for carrying out activities that assist the resident to maintain and enhance each resident's self-esteem and self-worth. Example of dignified care include: Grooming residents as they wish to be groomed. Offering assistance when needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41156</p> <p>Based on interview and record review, the facility failed to prevent or determine an injury of unknown origin for one resident. This affected one of three residents (R1) reviewed for injury of unknown origin. This failure resulted in R1 sustaining bruising to the left hip, left hand, and left shin and superficial scratches to R1's back and treated at the local hospital.</p> <p>Findings Include:</p> <p>R1 is a [AGE] year old, female resident in the facility with diagnoses of but not limited to: Psychosis not due to substance or known physiological condition, anxiety disorder, acute stress reaction, and adult physical abuse.</p> <p>R1 has a BIMS of 15 (Cognition Intact).</p> <p>Facility Reported Incident with date of occurrence of 3/28/24, reads in part: R1 alleged rough treatment/abuse by agency staff nurse. Upon investigation, R1 has a history of non-receptive to touch and difficulty allowing anyone in her personal space related to history of adult physical abuse. However, body assessment did indicate bruises noted of unknown origin. R1 statement was inconsistent: Stating her clothing items ripped off and cut up (clothing was intact) Stating that 2 staff person in the room (camera indicates one person in the room). R1 stated 'a staff person standing outside guarding her door during alleged abuse (Camera indicated no one standing outside of room during time indicated). Unable to substantiate allegation of R1 was willfully physically abused by the staff person.</p> <p>R1's Facility Progress note dated 3/28/24, reads in part: skin assessment bruise to left lower leg bruise reddish in color, size of a yellow egg yolk. Noted bruise to upper left hip, grayish blue with size of a medium [NAME] seed. Also, noted reddish bruise to both forearms. Lower right back noted two scratches, red, wound edges attached no drainage or bleeding noted. Unable to measure L (length) x W (Width) x D (Depth) of scratches due to resident DX of OCD.</p> <p>Police Report dated 3/28/24, reads in part: Spoke with R1 in the presence of daughter. R1 said she was waiting in her room for her daughter to come to bring her clothes so that she could shower. R1 says that the nurse (V5) comes in and says that R1 has to take shower and got verbally aggressive towards R1. R1 says that they took her roommate out of the room. R1 says that she follows the nurse out of the room when the nurse then pushed her back in the room. R1 said she is pushed into shower. R1 says that the nurse said she was going to use scissors to cut her shirt off. R1 says that she takes her own shirt off but keep her pants on. R1 says the nurse grabs both of her hands and pushes her into the wall, while striking her on the head with the shower head. Writer observed no visible injuries to R1's head during interview. R1 says she got scratches on her wrist, which look like rash marks, scratched to her right shoulder. R1 says from getting pushed into the wall she got bruise to her lower left leg. R1 sad the nurse ripped her shirt off, where V1 (administrator) went and got the clothes from the shower and had no rip marks on them.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Hospital record dated 3/28/24, reads in part: R1 presents for evaluation after alleged assault at nursing facility. R1 and daughter at bedside report that there was an altercation approximately 1200 today wherein R1 did not want to shower and was injured by staff as they attempted to force her to shower. R1 reports being hit on Left temporal region of skull with shower head, as well as scratches on back and bruised on Left Hip, L shin during this altercation. Endorses L hand pain. Physical exam. Skin: Bruising left hip, left hand, and left shin present. Superficial nonbleeding scratches to back. Mental status: Alert, and oriented to person, time and place. Psychiatric: tearful and anxious. R1 to ED (Emergency Department) after daughter called 911 due to R1 states she was pushed, grabbed and bruised by nursing staff.</p> <p>On 6/13/24 at 11:03AM, V1 (administrator) R1 reported that staff forced her to take a shower. Rambled on and backing up from me. V1 did not substantiate due to contradicting stories. R1 reported they ripped R1's clothes off, V1 asked and R1 said the nurse. R1 showed me her clothes, and R1's clothes were not ripped. They made R1 take a shower and force R1 to take a shower. Hair was wet, evidence she had taken a shower. R1 reported that she was hit in the head with the shower, facility has detachable shower head. R1 kept saying They for what V1 can see was there was one person, the nurse. Ran back the video tape and observed the nurse was the only person went inside the room, and R1 stated there were several people, could not name them but keep on saying them and nurse. Approximately for a brief time, the only and other person that came in the room before the nurse was the therapy person. Hospital would not give any more information when we tried to do follow up, because the daughter does not want the information to be given to us.</p> <p>V1 also stated that V1 was unable to ascertain how and when R1 sustained the documented injury during complete body assessment. Staff knows to report to Director of Nursing (DON) and DON to report to V1 for any noted bruising in any residents. Nothing was reported to V1 by DON, regarding R1's bruising. V1 was only made aware of the injury after the wound nurse assessed R1. Asked R1 how R1 sustained the bruising, and R1 would not say anything. Police was also called, they have to wait for the daughter because R1 will not talk to the police unless her daughter is present. Daughter was also saying You did this, the facility did this to Mom (R1).</p> <p>V1 stated I do not know how R1 sustained those injuries. I did my due diligence with my investigation. Doing staff and residents interviews, review the recordings. No one reported to me any abuse for R1 or any residents in the facility.</p> <p>On 6/13/24 V11 (R1's Daughter) stated that R1 had bruising on her body. R1 reported to V11 that a nurse hit R1 while taking a shower.</p> <p>Abuse Prevention Program policy with a revised date of 1/2019, reads in part: All incidents, allegations or suspicion of abuse, neglect, exploitation, misappropriation of property, or crime against a resident should be documented.</p> <p>Any incident or allegation involving abuse, neglect, exploitation, misappropriation of resident property, or crime against resident will result in an abuse investigation.</p> <p>For Resident injuries not involving allegation of abuse or neglect, the administrator will appoint a person to gather further facts to make a determination as to whether the injury should be classified as an Injury of Unknown origin. An injury should be classified as an injury of unknown origin when both of the following condition are met:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>The source of the injury was not observed by any person of the source pf the injury could not be explained by the resident; and the injury is suspicious because of the extent of the injury or the location of the injury (the injury is located in area not generally vulnerable to trauma) or the number of injuries observed at one particular point in time or the incident of injury overtime.</p> <p>VII Prevention: The facility desires to prevent abuse, neglect, exploitation, misappropriation of proper and a crime against a resident by establishing a resident-sensitive and resident- secure environment. This will be accomplished by a comprehensive quality assurance performance improvement approach.</p> <p>Policy: This facility will not tolerate resident abuse or mistreatment of crimes against a resident, including staff member other residents, consultant, volunteer and staff of other agency, family member, legal guardian, friend and other individual.</p> <p>Procedure: Any alleged violation involving mistreatment, abuse, neglect, exploitation, and misappropriation of resident property and any injuries of unknown origin or reasonable suspicion of a crime against a resident must be reported to the Administrator or DON. The Administrator I am the abuse coordinator.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34072</p> <p>Based on observations, interviews, and record reviews, the facility failed to provide a safe environment and ensure comfortable room temperatures in resident rooms with temperatures above 80 degrees Fahrenheit and humidity above 60%. The facility failed to identify all residents at high-risk for heat stroke/heat exhaustion. The facility failed to follow their extreme weather conditions policy and implement an effective plan to monitor ambient temperatures in resident rooms. The facility failed to develop and implement an effective plan to monitor residents' physical condition and increasing residents' comfort. This failure has the potential to affect all 47 residents (R2-R48) residing in this facility.</p> <p>The Immediate Jeopardy began on 06/18/2024 when the building temperatures were observed to be above 80 degrees Fahrenheit and humidity above 60%. V1 (Administrator) was notified on 06.21.2024 at 10:10am. The surveyor confirmed by observation, interview and record review the immediate jeopardy was removed on 06.21.2024, non-compliance remains at level two because additional time is needed to evaluate the implementation and effectiveness of the in-service and training.</p> <p>Findings include:</p> <p>A review of the facility census on 06.18.2024 there are currently 47 residents residing in the facility.</p> <p>On 6/18/24 at 11:30 AM, this surveyor observed V13 (director of maintenance) check temperature and humidity in each resident room. The resident room temperatures and humidity were checked with central air conditioner and portable fans running on high:</p> <p>Room Temperature w/AC Humidity %</p> <p>206 83.5 65.3</p> <p>207 83.4 63.9</p> <p>218 84.5 64.2</p> <p>217 84.7 61.5</p> <p>208 84.7 64.4</p> <p>209 83.8 63.6</p> <p>215 83.8 63.4</p> <p>214 83.7 65.2</p> <p>211 83.7 64.3</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	

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 0921 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	<p>216 84.4 60.9</p> <p>202 82.9 63</p> <p>224 81.9 62.1</p> <p>200 82.2 62.1</p> <p>223 81.2 67.9</p> <p>222 82.9 63.9</p> <p>221 83 63.5</p> <p>106 83.2 63.4</p> <p>119 84.1 64.4</p> <p>121 83.2 64.2</p> <p>104 83.1 58.6</p> <p>117 84.4 65.4</p> <p>120 83.7 59</p> <p>113 83.4 65</p> <p>108 83.4 65.9</p> <p>105 83.7 59.8</p> <p>122 81.4 63.8</p> <p>Per www.timeanddate.com/weather, dated 6/18/24 at 10:53 AM, the outside temperature in Oak Lawn, IL was 84 degrees with 61% humidity. The highest temperate was 93 degrees with humidity of 41% at 2:53 PM.</p> <p>On 6/18/24 at 11:35 AM, R2's family member was observed holding a portable fan on high blowing directly onto R2's upper torso and face. R2's family member was observed soaking a mouth swab in ice water and swabbing R2's mouth and lips.</p> <p>On 6/18/24 at 11:36 AM, R8 states as long as she remains one foot away from fan on high she is okay.</p> <p>On 6/18/24 at 11:38 AM, R9 and R10 state that there is no air movement even with AC and fans running.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	

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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 6/18/24 at 11:40 AM, R11 states he checked his room temp yesterday and it was 84 degrees. R11 stated that the air conditioner is set on high but no air is blowing out.</p> <p>On 6/18/24 at 11:42 AM, R13 stated that he is hot. R13 stated that staff told him the air conditioning unit in his room was broken. R13 stated that he has been without air conditioning in his room for one month. V13 was observed checking R13's air conditioning unit and informed R13 that there was nothing wrong with his unit, it was turned off and V13 turned it on.</p> <p>Review of this facility's maintenance request log, dated 5/25/24, notes convector unit in R13's room not working. It also notes the control knob on convector unit in R13's room are missing; need to use pliers to turn knob. There is no documentation found noting these concerns were addressed by maintenance.</p> <p>On 6/18/24 at 11:45 AM, R14 stated that the air conditioning unit in her room is on high but room does not feel cold at all.</p> <p>On 6/18/24 at 11:46 AM, R6 stated that, It is not as hot in his room today, like it has been.</p> <p>On 6/18/24 at 11:49 AM, R7 stated that it is too hot in her room.</p> <p>On 6/18/24 at 11:53 AM, R12's family member stated it is too warm in room even with air conditioning on.</p> <p>On 6/18/24 at 2:30 PM, R16 was observed to have a pitcher with clear liquid half full. No ice observed in pitcher. Condensation noted on pitcher and nightstand table. R16's pitcher was on nightstand next to head of bed and was not within reach.</p> <p>On 6/18/24 at 2:30 PM, R17 stated that he has water in his pitcher. R17 stated that staff have not been offering him additional fluids today. R17's water pitcher was observed to be full of clear liquid, no ice.</p> <p>On 6/18/24 at 2:30 PM, R7, R8, R9, R10, R14, and R22 were observed with water pitchers with water, no ice. All stated that their water is warm. All denied being offered cold drinks throughout the day. All denied being offered and assisted into dining area where it is cooler.</p> <p>On 6/18/24 at 11:30 AM, V13 (director of maintenance) stated that he works at a sister facility and started coming to this facility yesterday (6/17/24). V13 stated that he came to facility today at 9:00 AM to fix air conditioner units in main lobby and conference room adjacent to it. V13 stated that he did not check facility temperatures yesterday or today prior to 11:30 AM.</p> <p>On 6/18/24 at 1:39 PM, V2 DON stated that the nurses are checking vital signs once a shift. Stated that the nurses work 12-hour shifts. V2 stated that the staff are monitoring residents' physical condition by checking vital signs twice a day. V2 stated that physician orders were received for residents receiving enteral feedings via gastrostomy tube to increase water flushes to maintain hydration.</p> <p>Review of R15 and R20's POS (physician order sheet) notes orders were obtained to increase water flushes on 6/19/24 with this increase to start on 6/20/24 at 2:00 PM.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of R21's POS, notes an order was obtained to increase water flushes on 6/19/24 with this increase to start on 6/19 at 3:00 PM.</p> <p>On 6/18/24 at 1:55 PM, V2 presented a computer generated list of all residents' temperature results from 6/15 through 6/18 at 1:50 PM. On 6/15/24, 16 residents had temperature checked only once; 18 residents had temperature checked twice; and 13 residents did not have temperature checked at all. On 6/16, 18 residents had temperature checked only once; 16 residents had temperature checked twice; and 13 residents did not have temperature checked at all. On 6/17, 15 residents had temperature checked only once; 10 residents had temperature checked twice; and 22 residents did not have temperature checked at all. On 6/18, 1 resident had temperature checked and 46 residents did not have temperature checked at all.</p> <p>On 6/18/24 at 1:45PM, V12 (administrator) stated that this is her second day at this facility. V12 stated that the previous maintenance person director walked out on 6/5/24. V12 stated that there has been no maintenance staff present in facility until 6/17/24. V12 stated that she does not know who has been checking facility ambient temperatures, if at all. V12 stated that this facility should be following its extreme weather condition policy at this time.</p> <p>Review of this facility's temperature log book notes last time facility temperatures were checked was on 6/3/24 at unknown time.</p> <p>On 6/18/24 at 2:04 PM, V19 (manager with outside heating and cooling company) stated that their employee came out to switch over system mid-May. V19 stated that the facility called to clean coils on air conditioning unit yesterday afternoon. V19 stated that the service technician has not come to facility yet to perform work order. V19 stated that no call was received regarding resident room temperatures being high. V19 stated that V19 considers temperatures 81-84.7 degrees Fahrenheit to be an emergency, facility did not notify him that this service call needs to be changed to an emergency.</p> <p>On 6/18/24 at 3:05 PM, V12 (administrator) stated that the outside heating and cooling company came out this morning and cleaned the coils in the air conditioning unit. V12 denied notifying company of the high temperatures in facility.</p> <p>On 6/18/24 at 3:20 PM, V14 CNA (certified nurse aide) stated that he worked on Sunday, denied residents complaining of indoor temperature then. V14 stated that he makes sure residents' rooms are cool, gives residents ice water, and checks on residents every two hours to see if they are okay. V14 stated that he refills residents' water pitchers when they are empty. V14 denied residents complaining of elevated room temperatures today.</p> <p>On 6/18/24 at 3:24 PM, V15 CNA worked last night from 11:00 PM-7:00 AM. V15 stated that she is working 3:00 PM-11:00 PM today. V15 stated that during the night the resident room temperatures felt cooler than currently. V15 stated that at the start of her shift, she provides fresh ice water to her assigned residents.</p> <p>On 6/18/24 at 3:31 PM, V16 LPN (licensed practical nurse) stated that she worked 7:00 AM-3:30 PM on first floor nursing unit. V16 stated that at the beginning of shift the resident room temperatures felt a little cooler, then the temperature quickly increased. V16 stated that she makes sure residents are checked frequently. V16 stated that she has been rounding constantly bringing residents with ice water, and taking ambulatory residents outside where it is cooler.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 6/18/24 at 3:46 PM, V17 LPN stated that she is working 7:00 AM-7:00 PM on second floor nursing unit today. V17 stated that the residents' room temperatures were the same as today. V17 stated that she keeps residents hydrated, trying to keep windows and blinds closed, and ambulatory residents taken outside where it is cooler.</p> <p>On 6/18/24 at 6:30 PM, R2's family member stated that a family member is present in this facility daily during the day and evening. R2's family member stated that R2 is not eating, and they use mouth swabs soaked in ice water to swab R2's mouth and lips. R2's family member stated that if they were not present in this facility, staff would not swab R2's mouth.</p> <p>On 6/18/24 at 1:34 PM, V12 (administrator) presented a list of high-risk residents for heat stroke/heat exhaustion. This list contained residents with respiratory diseases. This list did not identify bed bound residents, residents with total dependence on staff for fluid intake, or residents with gastrostomy tubes receiving enteral feedings.</p> <p>On 6/19/24 at 8:30 AM, R18 and R8 stated that room is still hot. Both stated that they must request fluids and ice. Both denied staff offering cold drinks to them.</p> <p>On 6/19/24 at 8:35 AM, R10 stated that yesterday he felt dizzy, weak, and had a headache when the room temperature got high. R10 stated that he does not have any symptoms at this time. R10 stated that his room is still warm and there is no air circulating. R10's water pitcher was observed to be full of clear liquid. R10's cup was on nightstand behind him and not within reach.</p> <p>On 6/19/24 at 8:35 AM, R19 was observed to have a cup half filled with thickened water on R10's bedside table, not within reach.</p> <p>On 6/19/24 at 8:39 AM, this surveyor observed a cooler filled with ice and pitcher of water at the second floor nurses' station.</p> <p>On the second floor nursing unit continuous observation from 8:39 AM until 11:20 AM:</p> <p>On 6/19/24 at 9:00 AM, this surveyor did not observe any staff passing ice water to residents or checking on all the residents' physical condition. R44 stated that her room remains hot.</p> <p>On 6/19/24 at 9:15 AM, this surveyor did not observe any staff passing ice water to residents or checking on all the residents' physical condition.</p> <p>On 6/19/24 at 9:30 AM, this surveyor did not observe any staff passing ice water to residents or checking on all the residents' physical condition.</p> <p>On 6/19/24 at 9:45 AM, this surveyor did not observe any staff passing ice water to residents or checking on all the residents' physical condition.</p> <p>On 6/19/24 at 10:00 AM, this surveyor did not observe any staff passing ice water to residents or checking on all the residents' physical condition.</p> <p>On 6/19/24 at 10:15 AM, this surveyor did not observe any staff passing ice water to residents or checking on all the residents' physical condition.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 6/19/24 at 10:30 AM, this surveyor did not observe any staff passing ice water to residents or checking on all the residents' physical condition.</p> <p>On 6/19/24 at 10:35 AM, R23 was observed exiting room and walking to the nurses' station for a cup of water.</p> <p>On 6/19/24 at 10:45 AM, this surveyor did not observe any staff passing ice water to residents or checking on all the residents' physical condition.</p> <p>On 6/19/24 at 10:50 AM, staff were observed passing out popsicles to residents. R20 nor R22 received a popsicle.</p> <p>On 6/19/24 at 8:40 AM, R18's was observed to have window air conditioning unit sitting on R18's nightstand, not installed. R18 stated that her room is hot.</p> <p>On 6/19/24 at 8:41 AM, signage posted on the wall next to R20, R21, and R22's room notes please pass ice water to residents each shift per diet order.</p> <p>On 6/19/24 at 8:42 AM R20 was observed to have a water pitcher full of clear liquid no ice with a straw piercing the lid. Liquid did not appear to be nectar thickened. Pitcher was not within R20's reach. R20 was observed to have enteral feedings tubing attached to gastrostomy tube, not infusing.</p> <p>R20's POS (physician order sheet) notes R20's diet order is pureed diet with nectar thickened liquids.</p> <p>On 6/19/24 at 8:42 AM, R21 was observed to have a water pitcher full of clear liquid no ice with a straw piercing the lid. Pitcher was not within R21's reach. R21 was observed to have enteral feedings tubing attached to gastrostomy tube, not infusing.</p> <p>R21's POS notes R20's diet is nothing by mouth.</p> <p>On 6/19/24 at 8:42 AM, R22 was observed to have a water pitcher full of clear liquid no ice with a straw piercing the lid. Pitcher was not within R22's reach.</p> <p>R22's POS notes R22's diet order is general diet with thin liquids.</p> <p>On 6/19/24 at 8:50 AM, R23 did not have a pitcher or cup in R23's room.</p> <p>R23's POS notes R23's diet order is general diet with thin liquids.</p> <p>On 6/19/24 at 11:20 AM, this surveyor observed V13 (director of maintenance) check temperature and humidity in each resident room. The resident room temperatures and humidity were checked with central air conditioner and portable fans running on high:</p> <p>Second floor nursing unit:</p> <p>Room Temperature w/AC Humidity %</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	

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 0921 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	206 80.6 52 207 80.2 52.1 218 80.6 52.2 217 81 55.4 208 80.9 57.1 209 81 57.7 215 80.8 59.7 214 80.5 59.3 211 80.5 54.6 216 80.9 57 202 79.5 51.7 224 78.4 53 200 78.3 50.8 223 79.1 55.6 222 80.2 50.9 221-A 80.4 53 First floor nursing unit at 11:30 AM: 106 80.4 59.1 119 81 62.2 121 78.7 60.3 104 78.2 60.1 117 81.9 60.3 120 79.6 57.7 113 81.1 59.2 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	

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 0921 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	<p>108 81.9 57</p> <p>105 79.3 62.1</p> <p>122 77.7 61.5</p> <p>100 78.1 60.5</p> <p>102 77.7 61.4</p> <p>123 77.9 60.3</p> <p>101 77.9 61.4</p> <p>103 77.7 59.4</p> <p>Per www.timeanddate.com/weather, dated 6/19/24 at 7:53 AM, the outside temperature in Oak Lawn, IL was 82 degrees with 65% humidity. The highest temperate was 94 degrees with humidity of 38% at 1:53 PM.</p> <p>On 6/19/24 at 11:30 AM, V13 (director of maintenance) stated that he is putting in window air conditioning units in the resident rooms on the second floor today. V13 stated that he does not have enough window air conditioners to place one in each resident room on the second floor.</p> <p>On 6/19/24 at 1:45 PM, there are 16 rooms with residents on the second floor. Four of these rooms, room [ROOM NUMBER], room [ROOM NUMBER], room [ROOM NUMBER], and room [ROOM NUMBER], do not have window air conditioning units installed as of yet.</p> <p>On 6/20/24 at 12:30 PM, V19 (outside heating and cooling company) stated that the rooftop has two compressors and one is totally nonfunctional. V19 stated that he gave V12 (administrator) an estimate to replace the rooftop unit and is waiting for decision. V19 stated that this unit cannot be repaired. V19 stated that yesterday the technician came out to check the outside chiller pumps and these are pumping cold water to the convectors in the resident rooms. V19 stated that these units in the residents' rooms needed extensive cleaning due to not blowing air. V19 stated that he does not know when the facility last performed preventive maintenance on the units in the residents' rooms. V19 stated that once these units were cleaned, cold air was blowing into the residents' rooms. V19 stated that there are three units on the second floor (rooms 222 has two units and room [ROOM NUMBER]) that need new motors which V19 did order today. V19 stated that the technician cleaned a total of 15 rooms yesterday and has 4 rooms that still need to be done; V19 is unsure which rooms still need to be done. V19 stated that the technician will be at this facility tomorrow to finish cleaning the units on the second floor.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 6/20/24 at 3:00pm, V25 (technician with outside heating and cooling company) stated that he spoke with V12 (administrator) and V13 (director of maintenance) yesterday regarding what needs to be done in this facility and estimate of cost. V25 stated that he has been coming to this facility for the past [AGE] years and management has not wanted to do the necessary repairs and now the unit needs to be replaced. V25 stated that the convectors in the residents' rooms are supposed to be cleaned with a brush monthly as preventive maintenance. V25 stated that the company had two technicians at facility yesterday and the convectors were so clogged that they had to use their hands to pull the junk out of it. V25 stated that by what they saw yesterday, the convectors have not been properly maintained for a long time. V25 stated that the filters hadn't been changed for long time.</p> <p>During this survey, this facility was unable to provide intake and output documentation for all residents residing in this facility.</p> <p>The facility's loss of utilities action plan, undated, notes the air-conditioning system shall be capable of maintaining an ambient temperature of between 75-80 degrees F. If temperatures are not maintained between 75-80 degrees F, maintenance director may obtain alternate source of cooling until repairs are complete. If temperatures reach 81 degrees F or higher, the following precautions will be put in place: provide ample fluids to all residents; assess residents for signs and symptoms of heat exhaustion/heat stroke such as headache, weakness, dizziness, nausea, and vomiting.</p> <p>The facility's extreme weather conditions policy, undated, notes during extreme weather periods, ambient air temperature will be monitored and documented for various locations throughout the building such as dining areas, lounges, and a sampling of resident rooms. All high-risk residents will be identified and carefully monitored by nursing personnel for appropriate clothing, over-exertion, body temperature changes, hydration, and other signs and symptoms of hyperthermia.</p> <p>The immediate jeopardy that began on 06/18/2024 was removed on 06/21/2024 when the facility took the following actions to remove the immediacy:</p> <p>The facility has completed or initiated the following corrective actions:</p> <p>Resident Comfort:</p> <ol style="list-style-type: none"> On 6/18/24, facility Administrator initiated additional monitoring of air temperatures, taking and tracking air temperatures every 2 hours. This is still currently in place and will be continued until all room temperatures are consistently at 75 degrees or below; at which time daily monitoring of temperatures will resume in accordance with facility standard procedures. On 6/18/24, the facility Administrator assigned department managers to assist direct care staff with monitoring residents every 2 hours and questioning residents about comfort. Residents in rooms with the highest recorded temperatures were also asked/encourage to move to another/cooler room. On 6/18/24, the facility Administrator provided residents with fans as available. On 6/18/24, the facility Activity personnel passed out popsicles to residents, in accordance with prescribed diets. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>5. On 6/18/24, the facility Administrator instructed licensed nurses and C.N.A.s to increase monitoring of all residents and increase the provision of ice/water. Administrator also encouraged staff to encourage mobile residents ' use of hydration stations provided on both floors.</p> <p>6. On 6/18/24, the facility DON implemented additional temperature (vital) monitoring (2 times/shift) for all residents.</p> <p>7. On 6/19/24, facility Nursing Managers identified residents with higher risk for negative effects related to hot temperatures. Residents with mobility, respiratory, g-tube dependent, and other concerns outlined in the facility ' s Extreme Weather policy were identified and additional interventions were put in place, such as additional g-tube flushes, checking/changing of positioning/clothing/linen for residents in bed, etc.</p> <p>8. On 6/19/24, the facility Administrator and DON initiated a rounding tool to document the 2-hour rounding being completed by nursing management, and ensure the following:</p> <ul style="list-style-type: none"> i. Frequent monitoring of residents with mobility concern (bed-bound) ii. Frequent monitoring of residents with compromised ability to verbalize discomfort. iii. Frequent monitoring of resident body temperature. iv. Presence of ice/water/appropriate hydration in the resident room. <p>9. On 6/21/24, the facility ' s nursing management, initiated nurses monitoring for s/s of heat exhaustion and heat stroke every 4 hours; with documentation in the residents ' MARs.</p> <p>10. On 6/21/24, the facility Administrator conducted education to all staff on facility extreme hot weather policy and checking for s/s of hyperthermia.</p> <p>Mechanical Assessment & Repairs:</p> <p>All resident rooms are equipped with convectors that provide A/C to the rooms.</p> <p>1. On 6/17/24, the facility RDO arranged for the Maintenance Director at an affiliated facility to assess the HVAC function, in observation of the PTAC units in the lobby and conference room not working, and anticipation of continuous high temperatures expected during the week. Temperatures on the care units were not noted as a concern at this time.</p> <p>2. On 6/17/24, the assisting Maintenance Director contacted the facility ' s contracted HVAC service provider to provide further assessment of the HVAC system and planned to secure parts for repair of the PTAC units in the facility ' s lobby and conference rooms.</p> <p>3. On 6/18/24, the assisting Maintenance Director repaired the PTAC unit in the facility ' s conference room and verified availability and function of 17 window A/C units. The assisting Maintenance Director developed a plan and the secured the additional staff needed to install the units on 6/19/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145942	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Oak Lawn Respiratory & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 9525 South Mayfield Oak Lawn, IL 60453	
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 0921</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>4. On 6/18/24, the facility ' s contracted HVAC service provider assessed the HVAC system and performed service to the facility ' s chillers and compressors; providing the facility with 50% function of the system that provides A/C to the public areas, (hallways and dining rooms). The facility Administrator and management was told that a repair to the rooftop unit will be needed and could be scheduled when outside temperatures subside, however the current function % would be sufficient to provide the amount of A/C necessary to maintain appropriate temperatures throughout the building in the interim.</p> <p>5. On 6/19/24, the assisting Maintenance Director returned to the facility to install window units on the second floor, where the rooms with the highest temperatures were located. A/C units were installed in the following rooms:</p> <ul style="list-style-type: none"> o 200 (4 bed-room - 2 units installed) o 203, 206, 207, 208, 209, 211, 210, 214, 215, 217, 218, 222, 223, 224 o Facility lobby <p>6. On 6/19/24, the facility ' s contracted HVAC service provider returned to the facility to do additional assessment and service to the ground level chiller, central A/C units to maximize A/C performance to facility public areas. The provider also initiated assessment and service to the convectors in the resident rooms. The Administrator will ensure that the HVAC service provider provides routine maintenance annually of the HVAC systems, in accordance with the facility PM program.</p> <p>7. On 6/20/24, the facility ' s contracted HVAC service provider completed the assessment and service to all the convectors in the residents ' rooms. The Administrator will ensure that the convectors area assessed/cleaned/serviced monthly by the Maintenance Director or designee (HVAC service provider). The company ' s corporate maintenance director or designee (HVAC service provider) will perform quarterly audit of the primary HVAC system to ensure proper maintenance/function in between annual inspections provided by the HVAC service provider. The corporate maintenance director or designee (HVAC service provider) will also complete random audits of the individual room convectors on a quarterly basis to ensure compliance with monthly maintenance.</p> <p>No residents have been harmed or noted with reported, observed or assessed discomfort and/or adverse outcomes. Staff education will be on-going. Additional monitoring and resident care interventions will be continued until facility temperatures are maintained at or below 75 degrees. This abatement plan and all related audits/tools will be reviewed by the facility ' s QAPI Committee. The Regional Nurse Consultant/designee will review compliance audits weekly and report findings to the facility ' s QAPI Committee for review at the next meeting, scheduled for 7/19/24</p>		