

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145982	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/21/2025
NAME OF PROVIDER OR SUPPLIER  Citadel of Northbrook, The		STREET ADDRESS, CITY, STATE, ZIP CODE  3300 Milwaukee Ave. Northbrook, IL 60062	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<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>50469</p> <p>Based on observation, interview, and record review the facility failed to provide dignity to resident while feeding. This deficiency affects one (R105) of three residents in the sample of 26 reviewed for Dignity</p> <p>Findings include:</p> <p>On 02/18/25 at 11:54 AM, R105 observed in dining room.</p> <p>On 02/18/25 at 11:56 AM, V16 (Certified Nurse Aide) observed feeding R105 while standing over resident. V16 said that he is aware that he needs to be sitting down to feed R105, said he had no chair available.</p> <p>On 2/18/25 at 11:59 AM, V15 (Unit Manager) said that all staff feeding residents should be sitting next to resident and not stand over the residents, chairs are available in dining room.</p> <p>On 02/19/25 at 1:36 PM, V2 (Director of Nursing) said that staff should provide feeding assistance to resident while sitting next to resident to be at eye level and provide dignity to resident. Hand hygiene to performed before and after.</p> <p>Facility's policy on Assistance with Meals revised July 2017</p> <p>Policy: Resident shall receive assistance with meals in a manner that meets the individual needs of each resident.</p> <p>Procedure:</p> <p>Dining Room Residents:</p> <p>3. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example:</p> <p>a. Not standing over residents while assisting with meals</p> <p>Facility's Policy on Residents Rights revised December 2016</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility Statement: Employees shall treat all residents with kindness, respect and dignity.</p> <p>Policy Interpretation and Implementation</p> <p>1. Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident right to:</p> <ul style="list-style-type: none"> <li>a. a dignified experience.</li> <li>b. be treated with respect, kindness and dignity.</li> </ul>

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to implement its policy on resident self-administration by failure to perform an assessment conducted by IDT (Interdisciplinary Team) to determine safe self-medication administration of resident. The facility failed to obtain physician order for resident self-medication administration. The facility failed to ensure storage of medication in locked box in the resident room. The facility also failed to document, and care planned of resident self-administration of medication. This deficiency affects one (R36) of three residents in the sample of 26 reviewed for Resident Self-medication administration.</p> <p>Findings include:</p> <p>On 2/18/25 at 11:46AM, Observed R36 on semi-sitting position in bed with V13 RN (Registered Nurse). R36 is alert and oriented x 3 and can verbalize needs to staff. Observed eye drop medication unlabeled at bedside tray table. She said that it is her eye medication- Refresh eye drops, that she uses every 5 minutes due to severe eye dryness. She said that she has eye problems such as glaucoma and macular degeneration. She has been taking her own medication since last month. She said that nurses are aware that she uses her own eye medications at bedside. V13 RN said that she is aware, but she didn't document the eye medication that R36 is taking at bedside. V13 RN said that resident can do self-medication administration if there is an order from her primary care physician.</p> <p>On 2/18/25 at 11:49AM, Reviewed R36's medication administration record and active physician order sheet with V13 RN. No order of refresh eye medication found in chart and no order of resident self-medication administration. No self medication administration assessment done. Informed V4 Unit Manager/ ADON (Assistant Director of Nursing) of concerns identified and requested for Resident self-administration policy.</p> <p>On 2/18/25 at 12:17PM, V3 DON said that the resident can self-administered medication if he/she is alert and oriented and can self-administered. There should be also a physician order and resident self-medication assessment done by IDT (Interdisciplinary Team).</p> <p>Facility's policy on Self-Administration of Medications revised [DATE] indicated:</p> <p>Policy: Resident have the right to self-administer if the IDT has determined that it is clinically appropriate and safe for the resident to do so.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. As part of their overall evaluation, the staff and practitioner will assess each resident's mental and physical abilities to determine whether self-administering medications is clinically appropriate for the resident.</li> <li>2. In addition to general evaluation of decision-making capacity, the staff and practitioner will perform a more specific skills assessment, including but not limited to the resident's:             <ol style="list-style-type: none"> <li>a). Ability to read and understand medication labels</li> </ol> </li> </ol> <p>(continued on next page)</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>b). Comprehension of the purpose and proper dosage and administration time for his or her medications</p> <p>d). Ability to recognize risks and major adverse consequences of his or her medications</p> <p>6. For self- administering residents, the nursing staff will determine who will be responsible for documenting that medications were taken.</p> <p>8. Self-administered medications must be stored in a safe and secure place, which is not accessible by other residents.</p> <p>9. Staff shall identify and give to the charge nurse any medications found at bedside that are not authorized for self-administration, for return to the family of responsible party.</p>

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<p>F 0575</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to post [NAME] program information that is in an accessible and visible location to the resident in the facility. This deficiency affects 77 residents eligible for [NAME] Program.</p> <p>Findings include:</p> <p>On 2/18/25 at 10:39AM, V1 Administrator said that they have 3 residents enrolled in the [NAME] Program. V1 said that [NAME] program information is posted in all 3 units. V1 said that social services are responsible for the [NAME] program, but she is responsible to ensuring that [NAME] program information are posted in all units, visible to all residents. Rounds made with V1 to look for [NAME] Program posting. No posting found in the front desk/front lobby. No posting was found in the Medbridge and Arcadia unit (first floor). Posting was found by the nursing station of Brookview unit (2nd floor).</p> <p>On 2/19/25 at 10:00AM, V1 Administrator said that there are 77 residents out of 132 residents in the facility that are eligible for [NAME] program.</p> <p>Facility's policy on Discharge planning, protocol and procedure indicates:</p> <p>Services available in [NAME] County under the [NAME] Council Decree:</p> <p>The facility shall provide educational materials and information to newly admitted [NAME] Class members within the designated time frames, notifying them of their rights and services under the [NAME] Consent Decree. The facility shall conspicuously display in a public and accessible location, a Department provided poster informing residents of their right to explore or decline community transition, and their right to be free from retaliation, regardless of their decision on transition.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39781</b></p> <p>Based on observation, interview, and record review the facility failed to ensure not to use multilayers of linen over the low air loss mattress as manufacturer recommendation to resident with Stage 4 pressure ulcers. This deficiency affects one (R30) of three residents in the sample of 26 reviewed for Wound care management.</p> <p>Findings include:</p> <p>On 2/19/25 at 9:57AM, Observed R30 lying on bed with Low air loss mattress. V19 said R30 has pressure ulcers, and the Wound care nurse does her wound dressings. V19 RN checked the linens over the LAL (Low air loss) mattress. Observed flat sheet and a folded linen in quarters over the mattress. R30 is wearing disposable brief. V19 said that R30 should only be on flat sheet over the LAL mattress.</p> <p>On 2/19/25 at 11:07AM, Informed V3 DON (Director of Nursing) of above observation. She said that resident on LAL mattress should only have flat sheet over the mattress.</p> <p>On 2/20/25 at 10:59AM, Observed R30 has flat sheet and folded linen over the LAL mattress. R30 wears disposable brief. Showed V10 Wound Care Nurse of observation made and informed her that V3 DON said that R30 should only have flat sheet over the LAL mattress. Observed V10 WCN and V5 Restorative Aide performed wound dressing to R30. V10 said R30 has stage 3 pressure ulcer on right upper back. It has minimal wound serosanguinous drainage clean pink 100% granulation. V10 said that R30 has stage 4 pressure ulcer on sacrum it has 60% slough formation and 40% pink granulation.</p> <p>R30 is admitted on [DATE] with diagnosis listed in part but not limited to Stage 3 Pressure ulcer on right upper back, Stage 4 pressure ulcer on sacral region. Active physician order sheet indicates right upper back - cleanse with NS (normal saline), pat and dry, apply Medi-honey, apply silver alginate and foam dressing daily and as needed. Sacrum- cleanse with wound cleanser, apply hydrogel, alginate and cover with foam dressing daily and every 8 hours as needed. Wound assessment report dated 2/17/25 indicated: Sacrum-facility acquired stage 4 pressure ulcer identified on 5/28/24, measures 6 x 9.5 x 1.20cm, 90% red/pink tissue, 10% loosely adherent slough, heavy serosanguinous drainage. Right upper back-facility acquired stage 3 pressure ulcer identified on 9/20/24, measures 2 x 2 x 0.70cm, 100% pink/red tissue, heavy serous drainage, present undermining-9 o'clock to 11 o'clock/3.00cm. Intervention: pressure redistribution mattress per facility policy/protocol.</p> <p>Facility did not provide policy on low air loss mattress.</p> <p>Facility's policy on Support Surface Guidelines revised September 2013 indicates:</p> <p>Purpose: to provide guidelines for the assessment of appropriate pressure reducing and relieving devices for residents at risk for skin breakdown</p> <p>Steps in the procedure:</p> <p>1. Any individual at risk for developing pressure ulcers should be placed on a redistribution support surface, such as foam, gel, static air, alternating air or air loss or gel when lying in bed.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>45316</p> <p>Based on observation, interview and record review, the facility failed to ensure that an ongoing assessment is rendered to identify change in limitation of a resident's left-hand range of motion. This deficiency affects one (R52) of three in a sample of 26 reviewed for Restorative nursing program.</p> <p>Findings include:</p> <p>On 2/18/2025 at 12:30 PM, observed with V5 (Restorative CNA) that R52 has a left-hand flexion contraction with no hand splint applied. V5 said that R52 should have a hand splint applied.</p> <p>On 2/20/2025 at 10:53 AM, V5 said that R52 is in bed mobility program, but she first observed R52's left-hand flexion contraction with the surveyor. V5 said that she notified V14 (LPN) and V9 (Restorative Nurse).</p> <p>On 2/18/2025 at 12:40 PM, showed observation made to V14 (LPN) that R52 has a left-hand flexion contraction. V14 said that R52 should have a splint applied to her left hand.</p> <p>On 2/20/2025 at 10:00 AM, V9 (Restorative Nurse), said that when V9 assessed R52 on 1/17/2025, V9 did not observe any limitation on range of motion (ROM) on R52 left hand. V9 said that decrease in R52's left-hand range of motion was reported to her after the surveyor's observation. V9 said that she assessed R52 and noted the decrease ROM and referred to occupational therapy for further evaluation.</p> <p>On 2/21/2025 at 10:11 AM, V2 (Director of Nursing) said that her expectation is that when the restorative staff are providing restorative program to report any changes in range of motion to the nurse, their chain of command so that the resident will be referred for appropriate treatment.</p> <p>On 02/21/2025 at 10:50 AM, V23 (OTR/L) said that he evaluated R52 on 2/19/2025 based on referral due to decreased ROM.</p> <p>R52's Occupational Therapy OT Evaluation &amp; Plan of Treatment</p> <p>Certification Period: 2/19/2025 - 3/20/2025</p> <p>R52 have a diagnosis but not limited to spinal stenosis, site unspecified, and other lack of coordination.</p> <p>Musculoskeletal System Assessment:</p> <p>UE ROM - LUE ROM = Impaired. LUE ROM - Shoulder = Impaired; Elbow/Forearm = Impaired; Hand = Impaired; Thumb = Impaired. Finger = Impaired; Middle Finger = Impaired; Ring Finger = Impaired; Little Finger = Impaired. RUE Strength = Impaired. LUE Strength = Impaired. RUE Strength Shoulder = Impaired; Elbow/Forearm = Impaired; Wrist = Impaired. LUE Strength Shoulder = Impaired; Elbow/Forearm = Impaired; Wrist = Impaired</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility Policy</p> <p>Functional Impairment - Clinical Protocol</p> <p>Assessment and Recognition</p> <p>3. The staff and physician will identify individuals with potential for significant improvement in function or significant decline in function, including the ability to perform activities of daily living (ADLs).</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50469</p> <p>Based on observation, interview, and record review the facility failed to use appropriate infection control practices during feeding assistance and perform hand hygiene. This deficiency affects two (R30, R67) of three residents in the sample of 26 reviewed for Infection control protocol.</p> <p>Findings include:</p> <p>On 02/18/25 at 12:00 PM, R67 observed in dining area.</p> <p>On 2/18/25 at 12:00 PM, V17 (Registered Nurse) observed feeding R67 and then observed feeding another resident at the same table and no hand hygiene performed in between. V17 said that she knows she has to feed one patient at a time and said that she did not perform hand hygiene after feeding one resident and going to another.</p> <p>On 02/18/25 at 12:09 PM, V15 (Unit Manager) said all staff should perform hand hygiene before and after assisting with feeding resident. Hand sanitizer is available in unit and sink available to wash hands in dining area for hand hygiene.</p> <p>On 02/19/25 at 1:36 PM, V2 (Director of Nursing) said expectation of staff when feeding resident is to perform hand hygiene before and after feeding resident and when touching surfaces, staff should be sitting down when feeding resident to be at eye level of resident.</p> <p>Facility's policy on Hand hygiene revised August 2015</p> <p>Policy: This facility considers hand hygiene means to prevent the spread of infections.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.</li> <li>2. All personnel shall follow the handwashing/hand hygiene procedures to help the spread of infections to other personnel, residents, and visitors.</li> <li>6. Use an alcohol-based and rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:             <ol style="list-style-type: none"> <li>p. Before and after assisting a resident with meals.</li> </ol> </li> </ol> <p>39781</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/18/25 at 12:39PM, Observed R30 on semi- sitting position in bed, while V18 CNA (Certified Nurse Assistant) standing on the right side of bed, feeding R30. V18 only wears gloves, and her clothes touches the side rails of the bed. R30 is on enhanced barrier precaution (EBP). V18 said that it's okay for her just to wear gloves since she is only feeding. V13 RN (Registered Nurse) said that V18 CNA should wear additional PPE (Personal Protective Equipment) such as gown and mask because she has direct contact with resident when feeding.</p> <p>On 2/18/25 at 1:30PM, V3 DON (Director of Nursing) said that the infection preventionist is on vacation and she is responsible while she is out. V3 said that V18 CNA should wear appropriate PPE when feeding resident on EBP such as mask, gloves, and gown.</p> <p>Facility's policy on Enhanced Barrier Precaution (EBP) revised March 2023 indicates:</p> <p>EBP may be indicated for resident with the following:</p> <ul style="list-style-type: none"> <li>*Indwelling medical devices</li> <li>*Wound requiring a dressing</li> </ul> <p>Definition used in EBP implementation:</p> <ul style="list-style-type: none"> <li>* High contact resident care activities</li> </ul> <p>What are EBP?</p> <ul style="list-style-type: none"> <li>* EBP expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated</li> <li>*EBP falls between standard precaution and contact precaution on the continuum of care</li> <li>*EBP requires use of gown and gloves when performing high- contact resident care activities</li> </ul> <p>What PPE is required?</p> <ul style="list-style-type: none"> <li>*Gown and gloves every time with high contact activities</li> <li>*PPE is required when performing high contact resident care activities</li> </ul> <p>40001</p> <p>On 2/18/2025 at 11:58am this writer observed V22 (Certified Nursing Assistant-CNA) in the second floor dining room distributing out lunch trays to residents, moving wheelchairs into the dining room, placing bibs on resident's and feeding resident's with out using hand sanitizer or hand washing.</p> <p>On 2/18/2025 at 12:15pm V22 said it is other staff members in the dining room also they will be here soon.</p> <p>(continued on next page)</p>		

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