

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146028	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2025
NAME OF PROVIDER OR SUPPLIER  Serenity Estates of Lincolnshire		STREET ADDRESS, CITY, STATE, ZIP CODE  150 Jamestown Lane Lincolnshire, IL 60069	

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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35119</p> <p>Based on observation, interview, and record review the facility failed to ensure a residents pain was managed for 1 of 4 residents (R1) reviewed for pain in the sample of 4. This failure resulted in R1 experiencing severe pain.</p> <p>Findings include:</p> <p>On 2/11/25 at 10:15 AM, R1 was walking in the hallway of the facility. R1 said she was looking for her nurse. R1 said she has problems getting her medicine especially her Norco (Narcotic Pain Reliever). R1 said she had stomach cancer and had part of her stomach removed. R1 said she has severe stomach pain and Norco is the only way she can eat solid foods without pain. R1 said the facility runs out of Norco all the time and there is always different excuses like the forgot to renew it, the medicine is not delivered yet, or a new doctor took over so they don't have it yet. R1 said they try to give her Tylenol which doesn't help the pain. R1 said she has been taking Norco for years. R1 stated I can take the Norco every 8 hours. It allows me to eat solid food. I have pain every single day of my life. Yesterday (2/10/25) I spent all day walking around from unit to unit looking for a nurse to give me my Norco. They didn't order it in time and I didn't have any left. The pain got so bad I was bawling. I didn't know what to do and a friend gave me a number to call the State so I did. The one nurse told me she would give it to me but she had 2 more places to go and then 30 minutes goes by and then an hour, and an hour and a half and still no medicine. They treat it like it's a cookie and if I do what they want, they will give it to me. I tried to go up the ladder and talk to the Director of Nursing and she said she would look into it. I don't know what to do. They did get my medicine delivered this morning so I got my Norco, but what happens when it runs out again?</p> <p>On 2/11/25 at 11:10 AM, V2 Director of Nursing said the pharmacy delivers medication two times per day. V2 said nurses can order medication refills directly from the electronic medical records. V2 said nurses should order medication refills when there is around 3 days of the medication left and should not wait until the medicine is completely depleted. V2 said pain medicine like Norco is available in the emergency medication system. V2 said as long as there is an active order, the nurses can get Norco from the medication system for the patient if their Norco has not been delivered yet. V2 said pain medications should be given as ordered. V2 said no one had come to her with pain medication concerns and there has been no issues with pharmacy deliveries that she is aware of.</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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/11/25 at 11:20 AM, V4 Licensed Practical Nurse (LPN) said R1 takes Norco in the AM and PM. V4 said yesterday R1 came to me and said she was in pain. V4 said she didn't have Norco to give to her, there was no medication card in the cart. V4 said R1 was upset and kept insisting that she give her Norco and was saying that V5 LPN always gives it to her. V4 stated I told R1 that I didn't know how and R1 kept saying V5 does, so I told her to go find V5 then. V4 said R1 left and came back with V5 who said she had given R1 Norco from the medication supply. V4 said she doesn't have a key or access to the back up medication supply, only the Supervisor does. V4 said she was not oriented on how to access the back up medication supply. V4 said she wasn't sure if the Norco got sent for a refill, but the doctor needs to sign a script in order to refill Norco. V4 said the script is then sent to pharmacy. V4 said she printed a script and had V6 Nurse Practitioner sign it and then sent it to pharmacy. V4 said R1's Norco was delivered this morning.</p> <p>On 2/11/25 at 12:07 PM, V5 said she was working on another unit yesterday and R1 came to her for a Norco. V5 said R1 told her the nurse wouldn't give her Norco. V5 said she gave R1 a Norco from the back up medication supply. V5 said the other day, even though she was not assigned to R1, she gave R1 her Norco twice that day from the back up medication supply. V5 said R1 takes Norco for stomach pain from stomach cancer. V5 said R1 knows when she can have it and writes down when she takes it, so she knows when 8 hours is up and she can have another. V5 said if R1 has any trouble getting her medication from the nurse on duty she will come try to find me. V5 said she will give R1 her medication when she can. V5 said some nurses have access to the back up medication supply, but not all. V5 said if the nurse doesn't have access, there is always a nurse supervisor on duty that can access the back up medication supply.</p> <p>On 2/11/25 at 1:07 PM, V6 Nurse Practitioner said R1 has chronic pain from stomach cancer and takes Norco for the pain. V6 said she is aware that R1 takes Norco everyday and it is effective at relieving R1's pain. V6 said R1 should get Norco to relieves R1's pain and make R1 comfortable. V6 said the expectation is for R1's Norco to be given as ordered which is every 8 hours as needed.</p> <p>R1's Electronic Medical Records contains a written prescription dated 1/27/25 for Hydrocodone - APAP (N-acetyl-para-aminophenol) 10-325 mg (milligrams) Give 1 tablet by mouth every 8 hours as needed for severe pain. This same prescription shows dispense 30, refills 3.</p> <p>R1's Controlled Drug Administration Record Tablet for Hydrocodone- APAP 10-325 mg (Norco) shows the order was dated 1/28/25 and contained 21 tablets. This same form shows R1 last tablet was on 2/7/25 at 2:00 PM.</p> <p>R1's Controlled Drug Administration Record Tablet for Hydrocodone- APAP 10-325 mg shows the order was dated 2/10/25 and contained 27 tablets. This same form shows the first does given was on 2/11/25 at 6:00 AM.</p> <p>R1's Medication Administration Record for February 2025 shows R1 did not receive Norco on 2/10/25 until 8:37 PM and was administered by V5.</p> <p>R1's Minimum Data Set (MDS) dated [DATE] shows R1 has a diagnosis of personal history of other malignant neoplasm of the stomach, R1 is cognitively intact, and R1 receives scheduled and as needed pain medication for pain. The same MDS shows R1 has occasion pain, highest rated at a level of 7, and the pain occasionally limits day to day activities.</p> <p>(continued on next page)</p>		

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F 0697  Level of Harm - Actual harm  Residents Affected - Few	<p>R1's Care Plan dated 12/5/23 shows R1 is at risk for pain (Acute or Chronic) related to diagnosis of chronic pain syndrome with interventions to provide analgesic as ordered.</p> <p>The facility's Resident Council Minutes for 12/26/24 shows Issues waiting for pain meds-a few hours. Regular medications running out of stock.</p> <p>The facility's Resident Council Minutes for 1/31/25 shows Concerns with out of stock medications and how we follow up.</p> <p>The facility's Pain Management dated 10/23/24 shows In order to help a resident attain or maintain his/her highest practicable level of physical, mental and psychosocial well-being and to prevent or manage pain, the facility will: recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated and Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice, and the resident's goals and preferences.</p>		