| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146078 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/25/2026 |
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| NAME OF PROVIDER OR SUPPLIER: Ahva Care of Stickney | | STREET ADDRESS, CITY, STATE, ZIP CODE: 3900 South Oak Park Avenue Stickney, IL 60402 | |

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 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>Based on interviews and record review, the facility failed to ensure physician and/or nurse practitioner orders were accurately transcribed and timely implemented for a resident experiencing altered mental status. Specifically, the facility failed to hold prescribed pain medications as ordered and failed to initiate increased monitoring for a resident exhibiting signs and symptoms of central nervous system (CNS) depression. This affected one of three residents (R44) reviewed for change in condition. This failure resulted in (R44) being found lethargic and slow to respond to verbal stimuli which progressed to (R44) was unresponsive to verbal/tactile stimuli, (R44) was transferred to the local hospital and presented to the emergency room with oxygen saturation levels in the 80s on room air and worsening neurological status. (R44) was diagnosed with gabapentin-induced toxicity, baclofen overdose, and toxic metabolic encephalopathy. (R44) was admitted to the intensive care unit and required intubation.Findings include:On 3/19/26 at 9:50 AM, V3 NP (nurse practitioner) stated that she does not recall if staff alerted her to R44 being slow to respond on 1/28/26. V3 stated that when V3 saw R44 on 1/29, R44's mental status was altered so she sent R44 to the hospital via EMS (emergency medical services) 911. V3 stated that V3 expects the nurse to enter V3's telephone/verbal orders into the resident's electronic medical record. V3 stated that V3 does not remember the pain medications R44 was receiving at the facility. V3 stated that V3 expects the nurse to not administer medications when a resident has altered mental status and is slow to respond.R44's outside private ambulance service report, dated 1/29/26, notes dispatch was notified at 8:58 AM for a resident with altered mental status. The crew were at R44's bedside at 9:39 AM. The report narrative notes R44 was found unresponsive to verbal stimuli. Per nurse, R44 is normally alert and oriented x 2; R44 has been declining since yesterday. The outside ambulance service transported R44 emergently to the closest hospital.On 3/19/26 at 4:00 PM, V4 ADON (assistant director of nursing) stated that R44 was sleeping and lethargic since she received her wound care treatment on 1/28 at 8:20 AM. V4 stated that she notified V3 NP and was instructed to monitor R44. V4 stated that she held the afternoon doses of scheduled medications due to increased lethargy. V4 stated that when she notified V3 prior to end of shift at 7:30 PM, V3 instructed staff to continue to monitor. V4 stated that she was not aware that V21 (nurse) administered suboxone and baclofen to R44 on 1/28 night shift. V4 stated that R44 was not responsive to verbal stimuli on 1/29.R44's hospital record, dated 1/29/26, notes R44 presented to the emergency room for altered mental status x 2 days. R44 presents lethargic and nonverbal. R44 grossly diaphoretic upon arrival. Physical exam noted mucous membranes were dry. Neurological exam noted R44 withdraws from pain. R44 able to protect her own airway. Noted to be hypoxic (oxygen saturation level 88% on room air) but saturating well with supplemental oxygen. R44 on numerous medications that may be causing encephalopathy, baclofen, pregabalin, gabapentin, suboxone, tramadol, and tizanidine. At 1:40 PM, R44 with worsening hypoxia, low blood pressure (95/47), and pupils pinpoint. R44 placed on venturi mask 15 liters of oxygen. R44 was noted to be aggressively somnolent with concern for inability to protect airway due to home polypharmacy. R44 was intubated and transferred to the intensive care unit. R44's diagnoses included, but not limited to, gabapentin-induced toxicity, baclofen overdose, and toxic metabolic encephalopathy.R44's POS (physician order sheet), dated 1/10/26, notes the following orders:Pregabalin 300 mg (milligrams), (continued on next page) |

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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| F 0684<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | give one capsule by mouth every 12 hours for pain.Tizanidine 4 mg tablets give 4 mg by mouth one time a day for muscle spasms. It increased to 4mg twice daily on 1/18/26. Baclofen 20mg, give 20 mg by mouth every 8 hours for moderate pain.Suboxone sublingual film, give 1 film sublingually three times a day for pain.Tramadol 50 mg tablets, give 1 tablet by mouth every 8 hours for pain.Gabapentin 600 mg, give 600 mg by mouth every 8 hours as needed for pain.Naproxen 500 mg tablets, give 500 mg by mouth every 12 hours as needed for moderate pain. R44's MAR (medication administration record), dated January 2026, notes R44 was receiving these medications as prescribed. R44's medical record, dated 1/28 - 1/29, notes the following:At 4:26 PM, V4 RN notified V3 NP that R44 was lethargic and slow to respond. V3 gave order to hold baclofen.At 5:21 PM, V4 RN notified V3 NP that R44 continues to sleep, lethargic when attempting to wake R44. V3 gave order to hold tizanidine.At 7:06 PM, V4 RN notified V3 NP that R44 is sleeping but very lethargic and slow to respond. R44 moans when she is moved, didn't yell like she usually does. R44 has been asleep since wound care treatment this morning. V3 NP gave order to hold suboxone and tramadol until R44 is more responsive. On 1/29 at 7:40 AM, V4 RN noted R44 lethargic and slow to respond to sternal rub. V4 confirmed with the night shift (7:00 PM - 7:00 AM) nurse, V21, that R44 has not received any medications by mouth since 1/28 at 8:20 AM. V3 NP gave order to send R44 to the hospital for higher level of care. R44's MAR notes on 1/28/26 V21 (nurse) administered suboxone at 9:00 PM and baclofen at midnight to R44. R44's POS does not note any orders given by V3 NP to hold medications until R44 was more responsive were transcribed and initiated. The outside ambulance service was not notified until 8:58 AM transport needed for R44. Per drugs.com, using suboxone together with other medications that cause central nervous system (CNS) depression can lead to serious side effects such as respiratory distress, coma, and even death. Baclofen, gabapentin, pregabalin, tizanidine, and tramadol can cause CNS depression. Patients need increased monitoring when receiving suboxone and any of these medications. Per Medscape drug interaction notes serious interactions between tizanidine and suboxone, and gabapentin and suboxone. These drugs increase sedation; avoid or use alternative drug; limit use to patients for whom alternative treatment options are inadequate. Significant interactions - monitor closely: Gabapentin interactions with suboxone and/or tramadol can result in serious, life-threatening, and fatal respiratory depression. Monitor for respiratory depression and sedation. Pregabalin interactions with suboxone and/or tramadol can result in serious, life-threatening, and fatal respiratory depression. Monitor for respiratory depression and sedation.Tizanidine, gabapentin, baclofen, tramadol, pregabalin interact and increase sedation. Use caution/monitor. |