

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Ignite Medical Hanover Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 West Lake Street Hanover Park, IL 60133	
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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to administer medications as ordered by physician. There were 25 opportunities with five errors resulting in a 20% (percent) error rate. This deficiency affects four (R38, R74, R82 and R88) of 15 residents in the sample of 45 observed during medication pass. Findings include: R88 is a [AGE] year-old, female admitted in the facility on 02/04/26 with diagnoses of Spinal Stenosis, Lumbar Region without Neurogenic Claudication; Gastro-Esophageal Reflux Disease without Esophagitis. POS (Physician Order Sheet) dated 02/04/26 documented Metoclopramide HCl (Hydrochloride) oral tablet 10 mg (milligrams) give 1 tablet by mouth with meals. POS dated 02/14/26 also stated Pantoprazole Sodium oral tablet delayed release 40 mg give 1 tablet by mouth two times a day. On 03/02/26 at 4:20 PM, V5 (Registered nurse, RN) administered Metoclopramide to R88. R88 was not eating her dinner yet at the time Metoclopramide was administered. Pantoprazole was not given to R88 as scheduled because it was not available and was only reordered that day. V5 stated Pantoprazole was reordered 03/02/26. V5 was asked regarding reordering of medications. V5 stated, If nurses see five pills remaining in the medication card, it needs reorder. R82 is an [AGE] year-old-female, admitted in the facility with diagnoses of Type 2 Diabetes Mellitus with Diabetic Neuropathy, Unspecified. POS dated 02/14/26 recorded: Metformin HCl tablet 500 mg 1 tablet by mouth two times a day. The Metformin order does not have any parameters or instructions to withhold for specific blood sugar level. On 03/02/26 at 4:43 PM, V5 checked R82's blood sugar, which resulted in 97mg/dl (milligrams per deciliter). V5 withheld the administration of her (R82) Metformin. V5 stated she is not going to give it because R82's blood sugar is good, is usually low and its trending low. R74 is a [AGE] year-old male, admitted in the facility on 02/03/26 with diagnoses of Atherosclerotic Heart Disease of Native Coronary Artery Without Angina Pectoris and Traumatic Subdural Hemorrhage with Loss of Consciousness of Unspecified Duration, Subsequent Encounter. POS dated 02/21/26 recorded Bumetanide oral tablet give 1.5mg by mouth two times a day. On 03/02/26 at 5:30 PM, V5 only administered Bumetanide 1 mg tablet to R74. R38 is an [AGE] year-old female, admitted in the facility on 02/05/26 with diagnoses of Hypotension, Unspecified; Syncope and Collapse; Heart Failure, Unspecified and Meniere's Disease, Left Ear. POS dated 03/01/26 documented Meclizine HCL 12.5 mg give 1 tablet by mouth two times a day. On 03/02/26 at 5:40 PM, Meclizine was not available during medication pass. V5 stated it was reordered 03/02/26. On 03/04/26 at 10:15 AM, V2 (Director of Nursing) was interviewed regarding medication administration. V2 replied, Medications are reordered when there are 5 pills in the medication card remaining. We can do the ordering via computer or by calling pharmacy directly. Nurses need to make sure medications are available during medication pass. If medication order states to be given with meals, it should be given with meals. If there is a standing order for medication, nurses need to administer it. If there is a standing order for Metformin regardless of blood sugar was 97mg/dl, nurses have to give it. Do not withhold the medication unless there are parameters for treatment. For R74, it should be 1.5 mg. to be given as ordered. Facility's policy titled Medication Administration, dated 01/2026 documented in part but not limited to the following: Policy: All medications will be administered to every guest (resident) as ordered by a physician in a safe and sanitary manner. (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
--	-------	-----------

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Ignite Medical Hanover Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 West Lake Street Hanover Park, IL 60133	
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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Facility's policy titled Physician's Orders, dated 01/2026 stated in part but not limited to the following:Policy: All medications will be administered as ordered by a health care professional authorized by the state to order medications.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Ignite Medical Hanover Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 West Lake Street Hanover Park, IL 60133	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to follow their policies related to hand hygiene, hand washing, and use of gloves during medication administration; the facility failed to ensure glucometers were sanitized after use according to manufacturer's guidelines. These deficiencies affected eight (R23, R38, R49, R74, R82, R86, R99, R125) of 15 residents in the sample of 45 reviewed for infection control. Findings include: On 03/02/2026, the following were observed during medication administration: At 4:25 PM, V5 (Registered Nurse/RN) performed an accucheck on R23 using a glucometer. Following accucheck, V5 administered insulin, per orders/parameters. Following insulin administration, V5 hung Daptomycin Reconstituted 500 mg IV (intravenous medication). Gloves remained on following accucheck, insulin administration, and IV hang; V5 returned to the hallway to the medication cart wearing gloves. Glucometer was placed back onto medication cart and was not sanitized following use. At 4:35 PM, V5 had gloves on from medication administration in R23's room and kept same gloves on for medication preparation for R125. V5 advised that they were going to double glove as they were going to administer a rectal cream for R125. V5 placed a pair of gloves on top of the gloves worn for medication administration for R23. Hydrocortisone cream was squeezed onto fingertip and administered to R125's rectum. V5 removed top pair of gloves after administration, leaving on the pair of gloves originally put on for medication administration for R23. At 4:40 PM, V5 still had gloves on from administration from R23 and R125 and prepared medication for R82. Glucometer and supplies were taken from cart and glucometer was not sanitized. Gloves were not changed, glucose testing was completed, and reading was 97. V5 returned to medication cart with same gloves still intact. V5 left R82's room and did not remove gloves. At 4:50 PM, V5 still had gloves on from administration from R23's, R125's, and R82's medications and began preparing medications for R99. Medications prepared for R99 at medication cart with same gloves intact and medications administered with same gloves intact. V5 left R99's room following medication administration with same gloves intact. At 4:35 PM, V5 still had gloves on from administration from R23's, R125's, R82's and R99's medications while preparing medications for R49. Supplies were gathered for accucheck; glucometer was not sanitized prior to use and same gloves remained intact. Following the accucheck, the glucometer was placed on the cart, not sanitized, and gloves remained intact. At 5:20 PM, V5 still had gloves on from administration from R23's, R125's, R82's, R99's, and R49's medications and began preparing medications for R86. V5 gathered supplies for accucheck wearing same gloves; glucometer was not sanitized prior to use or following use; medications administered. Gloves were not removed; same gloves remained intact. At 5:25 PM, V5 still had gloves on from administration from R23's, R125's, R82's, R99's, R49's, and R86's medications and prepared medications for R74. V5 administered medications for R74, wearing same gloves. Gloves remained intact following medication administration and V5 returned to medication cart. At 5:33 PM, V5 still had gloves on from administration from R23's, R125's, R82's, R99's, R49's, R86's, and R74's medications, and prepared medications for R38. V5 administered R38's medications wearing same gloves. On 03/04/2026 at 10:45 AM, V2 (Director of Nursing/DON) was asked regarding use of blood glucose monitor, gloves, handwashing and hand hygiene during medication administration. V2 stated that when it comes to EBP (Enhanced Barrier Precautions), gowns and gloves are to be worn when direct resident care occurs including transfers, changing, IV (intravenous) administration and G-tube (gastrostomy tube) care. During accuchecks and insulin injections, EBP, PPE (Personal Protection Equipment) is not required. Regarding handwashing (soap and water or alcohol-based sanitizer), V2 advised that this occurs when staff enter and exit residents' rooms and prior to preparing medications. V2 stated that gloves are to be worn for certain meds, and they are unsure if gloves are required for accuchecks. V2 advised that in terms of glucometer use, the machine is to be wiped using alcohol or cleaning wipes prior to use and following use. On 03/02/2026 at 11:30 AM, V3 (Assistant Director of Nursing/Infection Preventionist) was asked about infection control during medication administration. (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 06/25/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/05/2026
NAME OF PROVIDER OR SUPPLIER Ignite Medical Hanover Park		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 West Lake Street Hanover Park, IL 60133	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	V3 verbalized that with EBP (Enhanced Barrier Precautions), gloves and gown are to be worn while providing direct resident care (G-Tube (gastronomy tube), IV (intravenous) administration or other invasive procedure or administration). V3 advised that for an IV administration, gloves and gowns are to be placed upon entering resident room and removed and disposed of in resident room garbage can prior to leaving resident room and entering hallway. Following removal, hand hygiene is required (soap and water or alcohol-based sanitizer). When using gloves, gloves are to be changed between residents and hand hygiene is to occur. Facility's policy titled Gloves, dated 01/2026, stated in part but not limited to the following:Policy:Gloves are worn when there is a chance of coming into contact with excretions, secretions, blood, body fluids, mucous membranes, non-intact skin or other potentially infective material.Gloves are discarded in the waste receptable in the resident's room.Staff should not walk in the hall or from room to room with the same gloves on their hands.Hands should always be washed after removing the gloves.Gloves are one time use only item.Facility's policy titled Handwashing, dated 01/20/2026 stated in part but not limited to the following:Policy:Handwashing is done before and after resident contact, before and after any procedure, after using a Kleenex or the rest room, before eating and handling food, when hands are obviously soiled and regardless of glove use. Facility's policy titled Blood Glucose Monitoring, dated 01/20/2026 stated in part but not limited to the following:Policy:Appropriate PPE is to be used when performing venipuncture and when handling, processing, and testing any resident's sample or bio-hazardous agent.All glucometers will be cleaned per manufacturer recommendations prior to performing a bedside test.Facility's policy titled Enhanced Barrier Precautions, dated March 2026, stated in part but not limited to the following:Policy: Required PPE required includes but is not limited to:Gloves and gowns prior to high-contact care activityChange PPE before caring for another residentContinue to adhere to other infection prevention measures including but not limited to:Hand HygieneEnvironmental CleaningManufacturer's Guidelines on the use of blood glucose monitor, Undated, stated in part but not limited to, pages 47-48:Healthcare professionals should wear gloves when cleaning the Assure Platinum meter. Wash hands after taking off gloves. Contact with blood presents a potential infection risk. We suggest cleaning and disinfecting the meter between patient use.		