STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146159	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspyre of Waukegan	1615 Sunset Avenue Waukegan, IL 60087

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 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a resident received a higher level of care for a resident experiencing respiratory distress. This delay in medical intervention resulted in R77's death. This applies to 1 of 21 residents (R77) reviewed for care and services in the sample of 21.The Immediate Jeopardy began on [DATE] when the resident (R77) was found having respiratory distress and died the same day.V1 (Administrator) was notified of Immediate Jeopardy on [DATE] at 2:45 PM. This surveyor confirmed by interview and record review that Immediate Jeopardy was removed on [DATE] but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training.The findings include:R77's electronic face sheet shows R77 has diagnoses that include, Chronic Obstructive Pulmonary Diseases, (COPD), Congestive Heart Failure, vascular dementia and diabetes.R77's Physician Order Sheet (POS) dated 1/2026 shows R77 has an order of Oxygen 2Liters (L) per minute, titrate to 3-4L as needed every shift, for Parameters of oxygen (02) saturation. Notify Physician of O2 Sats (saturation level of blood oxygen) below 92%.R77's death certificate shows R77's cause of death was acute respiratory failure on [DATE].On [DATE] at 10:20 AM, V23 (Certified Nursing Assistant-CNA) said she was R77's CNA on [DATE] working from 11PM to 7AM. V23 (CNA) said at around 3 AM, R77 was in her doorway, gasping for air, calling out, please help, I cannot breathe call the Nurse. V23 said she hurriedly called the nurse (V20). The Nurse (V20) checked R77's oxygen level and said it was low and applied R77's oxygen. Throughout the shift, R77 continued to complain of not being able to breathe. R77 stayed in her wheelchair, by her doorway, not visible in the hallway but could be seen when passing in her room. At around 4:30 AM-5AM, R77 was in her chair unresponsive. 911 was called, Cardiopulmonary Resuscitation (CPR) was done R77 passed away that same morning.On [DATE] at 11:30 AM, V20 (Registered Nurse-RN) said she was the nurse on duty on [DATE]. V20 (RN) said at around 3AM, V23 (CNA) informed her that R77 was complaining she could not breathe. V20 said she went to check on R77, R77 was struggling to breathe. R77 was not keeping her oxygen on, she kept taking her oxygen off, she was very anxious. R77's oxygen saturation was very low, in the 60's. V20 said she increased R77's oxygen from 2L to 4L and R77's oxygen saturation went up. V20 said she called V2 (Director of Nursing-DON) who instructed her to put on a nonrebreather mask and to make sure R77's O2 sats were in the 90's. V20 said R77 continued to struggle to breathe, complaining she could not breathe. V20 said R77 was monitored and reminded to keep her oxygen on. V20 said she did not notify R77's Physician regarding R77 experiencing respiratory distress with low oxygen saturation in the 60's and continued complaints of not being able to breathe, she only notified V2 (DON). At around 5AM, R77 became unresponsive. R77 was full code, CPR was done and 911 was called. V20 said R77 died that morning. V20 said she notified R77's physician and family after R77 passed away.On [DATE] at 12:13 PM V2 Director of Nursing (DON) said V20 (RN) notified her regarding R77 having respiratory distress and that R77 won't keep her 02 on. V2 (DON) said she instructed V20 to apply a non-rebreather mask and get R77's oxygen saturation up. V2 said she also instructed V20 to notify R77's physician regarding R77's significant change in condition or send R77 out to the hospital. V2 said she did not know why V20 did not notify R77's Physician at that time for timely evaluation and medical treatment. (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 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	V2 stated we call the doctor for everything, the physician can assess the severity or decide to transfer resident to the hospital, not sure why she only notified me and did not inform R77's physician.On [DATE] at 12:07 PM, V21 (Nurse Practitioner-NP) said R77 was young in her late 60's with COPD and oxygen dependent. V21 (NP) said she was at the facility early in the morning on [DATE] making rounds when R77 coded. V21 said she helped with the CPR. R77 was pronounced dead by the paramedics. V21 said she was the NP for R77 but did not get a call regarding her condition change. V21 stated If I was notified, I would have sent R77 out to the hospital to make sure R77 received the level of care without delay. Breathing problems can worsen fast and lead to respiratory failure.R77's progress notes dated [DATE] by V20 (RN) show that at 3:15 AM, R77 was found in her room doorway saying she was having trouble breathing, R77 has taken her oxygen off. (V20) gave R77 nonrebreather mask and checked oxygen saturation level (02 sats), reading very low at 60 percent (%). RN (V20) did deep breathing exercises, turned oxygen up to 4 Liters via nasal cannula (NC), R77's 02 sats went up to 90 %. Oxygen gradually decreased to 2L. R77 was assisted to bed and reminded the importance of keeping her oxygen on. R77's progress notes dated [DATE] shows that at around 4:30 AM, R77 was still breathing heavy and continues to show signs of air hunger. R77 was placed on non-rebreather mask, O2 sats level at 92 %. R77 continues to remove oxygen saying that she can't breathe, V20 (RN) informed R77 the importance of wearing mask including the risk of death. The DON was notified.R77's progress dated [DATE] shows that at around 5:30 AM, R77 was seen bent over in wheelchair, attempted to arouse R77 by yelling her name, doing sternal rub and shaking R77, - no response, no pulse felt, R77 removed from wheelchair, CPR immediately initiated, 911 was notified. 911 arrived and took over CPR. R77 was pronounced dead. R77's family and coroner were notified. Coroner gave permission to release the resident's body.The Facility Policy on Change in Condition (Your role as a Nurse-undated) shows, residents have especially high risk for developing acute conditions because they already have chronic diseases that make them susceptible to acute conditions. Do an assessment of the residents focusing on the area of change. All changes of condition should have full set of vitals. Respiratory: listen to lung sounds, pulse ox, respiratory rate, if resident has oxygen are they using? new or worsening cough. Call the Physician or Nurse Practitioner with the assessment. Practice: A resident complains of Shortness of breath, what would you evaluate? -Vital sign, including pulse ox (oxygen saturation) listen to the lungs, assess for swelling, if resident has an order for 02, apply as ordered. Call the physician or nurse practitioner with the assessment.The Immediate Jeopardy that began on [DATE] was removed on [DATE] when the facility took the following actions to remove the immediacy:a) All nurses scheduled for [DATE] and [DATE] have been educated on change of condition. Any unavailable nurse will be educated prior to start shift. The nurse involved has been educated individually.b) All residents with a current change of condition have been reviewed to ensure that the physician or nurse practitioner has been notified and if orders given are in place.c) An emergency QAPI meeting with the Medical Director was held last [DATE], reviewed the situation and for any additional input.2. Measure the facility will take to ensure the problem will be corrected and not recur.a) The Director of Nursing will review all changes of condition to ensure that the Physicians or nurse practitioners were notified, and orders carried out.b) All transfers to the hospital will be reviewed by the Interdisciplinary Team (DON, Wound Care Nurse, Administrator) at the time of transfer to ensure changes in conditions were not missed and that the physician or nurse practitioner were notified timely.c) All deaths will be reviewed by the Interdisciplinary Team (DON, Wound Care Nurse, Administrator) within 48 hours of the death to ensure that there were no opportunities to intervene.d) All transfers to the hospital and deaths will be discussed at the monthly QAPI with the Medical Director present for any additional input.3. The Director of Nursing will monitor continued compliance via the following Quality Improvement programs:a. A QA tool was developed and will be completed on all changes of conditions for 3 months.b. A QA tool was developed to review hospital discharges and will be done with all hospital discharges for 3 months.c. A QA tool was developed and will be done with all deaths for 3 (continued on next page)

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F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	months.d. The results of the monitoring completed under this plan are submitted to the QA/QAPI Committee for review and follow-up and reviewed with Medical Director. Next QAPI meeting will be [DATE].

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observation, interview and record review the facility failed to identify and assess a pressure ulcer prior to developing a new unstageable pressure ulcer and failed to implement pressure relieving interventions for a resident at risk for developing pressure ulcers. This failure resulted in R59 developing an unstageable pressure ulcer to her right ischium. This applies to 1 of 6 residents (R59) in the sample of 21 reviewed for pressure injuries. The findings include: R59's face sheet shows she has diagnoses including type 2 diabetes, unspecified dementia, hypertensive heart disease, dysphagia and bilateral hearing loss. On 2/22/26 at 9:51 AM, V10 (Licensed Practical Nurse-LPN) said R59 has an open area to her right buttock with a foam dressing. On 2/22/26 at 1:36 PM, R59 was sitting in her reclining wheelchair with no pressure relieving cushion. R59 was thin and underweight. She was yelling out, help me, help me. V10 and V23 (Certified Nursing Assistant) transferred her with the mechanical lift to her bed and provided incontinence care. A foam dressing was in place to her right buttock. V10 and V23 then transferred R59 back into her recliner chair without a cushion in place. On 2/23/26 at 12:17 PM, V10 (LPN) said R59 is dependent on staff for most cares and has a pressure ulcer to her right buttock, the wound physician is following her wound. We notify the new wounds to V2 (DON/Director of Nursing), V4 (Wound Nurse) and family. The wound is assessed, and treatment orders are put in place. On 2/24/26 at 9:25 AM, V4 (Wound Nurse) said R59 is a high risk for developing pressure ulcers and confirmed she did not have pressure relieving interventions in place prior to developing a pressure ulcer. V4 said she was not aware of R59's open area. She said R59's bottom was red over the weekend, and she had an order for foam dressing and barrier cream. New wounds should be assessed and treatment orders followed. R59's progress note dated 2/13/26 documents wound on right mid buttock with foam dressing in place, weight 96 lb. (pounds). R59's Wound Progress Note dated 2/23/26 shows unstageable (due to necrosis) of the right ischium measuring 2.4 cm (centimeters) x 0.8 cm x 0.2 cm; heavy serous exudate, 80% necrotic tissue. R59's Braden Scale dated 12/17/25 shows she is at risk for developing pressure. R59's current care plan shows she was at risk for skin impairment with no pressure relieving interventions implemented prior to 2/23/26.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview and record review the facility failed to ensure that dishware and utensils were sanitized prior to use, failed to safely store open lunch meat in the refrigerator, failed to store bulk item scoops in a sanitary manner and failed to ensure hands were washed before preparing food items. This applies to all 77 residents who reside at the facility. The findings include:The Resident Roster provided on 2/22/26 shows that there are 77 residents residing at the facility. On 2/22/26 at 9:42 AM, V5 (Cook/Dietary Aide) was using the dishwasher. V5 tested the chemical dishwasher with a test strip and it was not reading any chemical concentration. V5 tested it multiple times with the same results. V5 then primed the lines and tested again with a different set of test strips with the same results. V3 (Dietary Manager) then tested with the same results and said that she would have maintenance come and look at it. On 2/22/2026 at 9:58 AM, V5 put the dish rack of plate covers and trays away that had just been ran through the dishwasher. V5 continued to use the dishwasher to wash and put away two dish racks of plates, two dish racks of serving trays, a dish rack for plate covers, and a dish rack of silverware. At 10:14 AM, V5 tested the chemical dishwasher again and it was still reading that no chemicals were being dispensed. On 2/23/26 at 12:41 PM, V3 (Dietary Manager) said that the dishwasher is a low temperature chemical dishwasher. V3 said that the dishwasher should be tested before use three times a day. V3 said that if it is not reading the appropriate chemical concentration on the test strip, maintenance should be notified and the dishes should be soaked in a sink of sanitizer before being used.The facility's Dishwashing Machine Use Policy shows, The Dishwasher Machine temperature and/or chemical check daily and documented. If there are issues with the check, the Dietary Manager and Maintenance Director will be notified. If the temperature or chemical concentration can not be maintained, then paper products will be used. On 2/22/26 at 10:19 AM, there was an open package of lunch meat in the refrigerator. The package did not have a label on it. V3 said that the meat was bologna and should be labeled with the date opened because it is only good for one week after opening.The facility's Food Storage Policy shows, All foods should be covered, labeled and dated and routinely monitored to assure that food (including leftovers) will be consumed by their use by dates, or frozen (where applicable) or discarded.On 2/22/26 at 10:27 AM, There was a scoop in the bulk sugar bin and a scoop in the bulk thickener bin. V3 said that scoops should not be stored in the bins for sanitary reasons. The facility's Food Storage Policy shows, Scoops must be provided for bulk foods (such as sugar, flour, and spices). Scoops should be kept covered in a protected area near the containers rather than in the containers.On 2/22/26 at 12:08 PM, V8 (Dietary Aide) was prepping the noon meal carts with drinks. V8 did not have gloves on. V8 squatted down to look at a tray on the lower shelf of tray rack and when he squatted down, he placed his hands onto the floor for balance. V8 then opened a container of nutritional supplement and poured multiple cups of the supplements and put them on the lunch trays.On 2/23/26 at 12:41 PM, V3 (Dietary Manager) said that hand should be washed after touching the floor to prevent cross contamination. V3 said that staff should never touch the floor and then touch food products without washing their hands in between. V3 stated, That would be disgusting and could lead to loads of sicknesses. The facility's Hand Hygiene Policy shows, All personnel are responsible for hand hygiene.before handling food items.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Based on observation, interview and record review the facility failed to have a Water Management Plan that includes an assessment to identify where Legionella and other opportunistic waterborne pathogens could grow and spread, control measures to prevent the growth of opportunistic waterborne pathogens and a system to monitor the control measures. The facility also failed to ensure residents with wounds and an indwelling urinary catheter were placed on Enhanced Barrier Precautions and facility staff failed to remove their gloves and wash their hands to prevent the spread of infection. This applies to all 77 residents residing at the facility.The findings include: 1.The Resident Roster provided on 2/22/26 shows that there are 77 residents residing at the facility. The facility provided a two page document that was titled Water Management Program. The document shows, The Water Management Program: Identifies building water systems for which legionella control measures are needed. Assesses how much risk the hazardous conditions in those water systems pose. Applies control measures to reduce the hazardous conditions, whenever possible, to prevent legionella growth and spread. Makes sure the program in running as designed and is effective. The document does not document a risk assessment specific to the building and what specific control measures need to be taken. The document does not show what control measures are needed based on the assessment and how to monitor them and actions to take if the control measures are not met. On 2/24/26 at 10:03 AM, V1 (Administrator) said that they do not have a documented risk assessment for potential areas of growth of legionella. V1 said that the facility does have ice machines, faucets and shower heads. V1 said that she is unsure if they have storage tanks or hot water heaters. V1 said that their program does not have any control measures besides flushing vacant rooms every three days. On 2/24/26 at 11:21 AM, V6 (Maintenance) said that water comes in from the city and goes to a boiler and then to two hot water holding tanks. V6 said that he is unaware of a Water Management Program and he has not seen a risk assessment that has been done. V6 said that they do run water in vacant rooms every three days. V6 said that he keeps the water temperatures between 105-110 degrees. 2. On 2/22/26 at 10:47 AM, V12 and V19 both Certified Nursing Assistants-CNAs were in R42's room providing incontinent care. V12 (CNA) removed R42's incontinent pad totally soaked with large amount of stool. V12 took disposable incontinent wipes and cleansed R42. V12 used all the incontinent wipes in the pack. With the same soiled gloved, V12 opened multiple drawers in R42's room looking for incontinent wipes until V19 brought another pack of incontinent wipes. V12 continued to provide incontinence care, turning R42 to her side to clean the back area, then applied a new incontinent brief and pants. Then V12 removed the soiled gloves but did not wash hands. On 2/23/26 at 9 AM, V3 (Infection Control Nurse) said staff should change their gloves and wash hands from dirty to clean tasks to prevent the spread of infection. The Facility Policy on Hand Hygiene date 4/2020 shows, All personnel are responsible for hand hygiene. Wash hands with soap and water when hands are visibly soiled. Wash hands: After removal of gloves (the use of gloves does not negate the need for hand hygiene). 3. On 2/22/2026 1:39 PM, R10 was sitting in his wheelchair with a leg bag. V12 CNA said R10 has an indwelling catheter. There was no Enhance Barrier Precaution (EBP) sign noted in R10's room. There (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	was no Personal Protective Equipment (PPE) cart set up by the room. On 2/23/26 at 12:43 PM, V18 Registered Nurse-RN confirmed there was no EBP sign and no cart outside for PPE. V18 said she noticed the same, there should be a EBP sign for staff to know what PPE to use, due to the catheter to prevent infection. V18 then put the EBP sign on R10's door. R10's care plan dated 1/2026 documents, enhanced barrier precaution due to indwelling catheter ensure that gown and gloves are used during high contact resident care activities including dressing bathing showering transferring providing hygiene changing linens changing briefs or assisting with toileting. The facility Policy on Enhanced Barrier Precautions dated 12/2019 documents, Enhance Barrier Precautions (EBP) are a new approach for preventing the spread of infections in the facility. 4. A sign will be placed on the door for EBP which indicates high contact resident care activities. 5.PPE including gown and gloves are available outside the room. 4. On 2/22/26 at 9:45 AM, R8 was in her room lying in bed. She said she has a wound to her leg. There was no EBP sign posted or an isolation cart outside of her room. On 2/23/26 at 12:17 PM, R8's room did not have a EBP sign or cart outside of her room. On 2/23/26 at 12:17 PM, V10 (LPN) said residents with wounds, catheters should be on enhanced barrier precautions and staff should wear gown and gloves during direct care. R8's Wound Progress note dated 2/16/26 shows a non-pressure wound to the right leg, full thickness measuring 0.8 cm (centimeters) x 0.8 cm x 0.2 cm. R8's Physician Order Sheets dated February 2026 shows orders there are no orders for EBP precautions.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review, the facility failed to ensure residents with limited range of motion had splints in place for 4 of 12 residents (R63, R6, R16, R32) reviewed for range of motion in the sample of 21.The findings include: 1. On 2/22/26 at 9:52 AM, R63 was reclined back in his chair, his left hand was curled inward indicating he had a contracture to the hand. There were no splints or braces on his hands or legs. R63 was also observed at 11:30 AM, 11:44 AM and 12:40 PM and he did not have splints on. R63's face sheet shows he has diagnoses including aphasia, hemiplegia and hemiparesis following a cerebral infarction and has contractures to the left knee, left elbow, left shoulder and left hand. R63's Physician Order Summary shows an active order for him to have a left hand and elbow brace on for 4 hours on with morning care, and off at lunch time. R63's restorative charting for February 2026 shows the facility should apply R63's splints as ordered. On 2/23/26 at 12:18 PM, V11 (Restorative Nurse) said that it is in residents medical records or (POC) who need to have range of motion and splints applied and the Certified Nursing Assistants (CNA's) are the staff who apply them. V11 verified that R63 has an order for a hand splint due to having a contracture and it should have been on in the morning. 2. On 2/22/26 at 10:09 AM, R16 was lying in bed. She was using only her right hand to move her covers. R16's left hand was partially visible under the covers and was flaccid. R16 said she has a brace for her left hand but they don't put it on her very often. R16's face sheet shows she has diagnoses including wrist drop to her left wrist. R16's Physician Order Summary shows an active order for her to have a brace on her left hand for 4 hours a day on with morning care, and off after lunch. R16's restorative charting for February 2026 shows she should use a brace to her left hand for 4 hours daily. There are no staff initials in the charting for the month of February to indicate the brace was applied. On 2/23/26 at 12:18 AM, V11 verified that R16 has an order for a hand splint to prevent a contracture and it should have been on in the morning. 3. On 2/22/26 at 9:56 AM, 11:31 AM, 11:44 AM and 12:40 PM, R6 was lying in bed and had no splint on her hands. V2 (Director of Nursing) and V4 (Wound care Nurse) were both present with this surveyor in R6's room at 11:44 AM and 12:40 PM. R6's face sheet shows she has diagnoses including a cerebral infarction, and contractures to her right wrist, and her right and left hands. R6's Physician Order Summary shows she has an active order for a bilateral hand splints to be worn for 2 hours daily, on with morning care and off before lunch. (R6 is fed via a Gastrostomy tube). (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R6's Restorative charting for February 2026 shows she should have splints applied to her hands for 2 hours in the morning on with morning care and off before lunch. There are no staff initials in the charting for the month of February to indicate that R6 had splint applied. On 2/23/26 at 12:18 PM, V11 verified that R6 has an order for hand splints due to having contractures and they should have been on in the morning. The facility provided Restorative Nursing policy revised on 3/2021 shows the facility will implement and monitor restorative needs of the residents and follow the plan of care. 4. R32's face sheet shows he has diagnoses including dementia, weakness, contracture of right hand and chronic pain. On 02/22/2026 at 10:10 AM, R32 was in his room lying in bed. R32's right hand was in a closed position without his hand splint on. On 02/23/2026 at 9:22 AM; R32 was in his room lying in bed. His right hand in a closed position without a splint in place. R32 said sometimes they put a splint on my right hand. A hand splint was not located in his room. At 12:17 PM, R32 was in his reclining chair near the nurse's station, his right hand on his lap without his hand splint on. On 02/23/26 at 12:17 PM, V10 (Licensed Practical Nurse-LPN) said she is not sure if R32 has a splint she would have to ask V11 (Restorative Nurse). On 02/23/26 at 1:24 PM, V11 said R32's restorative services include a right resting hand splint on for two hours in the morning. Restorative aides or CNAs should apply the splint. On 02/24/26 at 9:40 AM, R32 was in the dining room in his recliner chair with his right hand resting on his lap without his hand splint on. On 2/24/26 at 9:43 AM, V10 said R32's hand splint should be in his room. This surveyor and V10 looked in R32's room for his hand splint, opened all the drawers and checked the closest and could not locate his splint. At 9:45 AM, V12 (Restorative Aide) R32's hand splint should be in his drawer. V12 checked R32's room, drawers and could not find his splint. R32's Restorative Planning assessment dated [DATE] shows his program includes passive range of motion and splint/brace program. Right resting hand splint to be worn for two hours before and after AM care. R32's current care plan shows he requires a splint to right hand due to contracture and interventions include to apply splint as ordered.

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	146159	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aspyre of Waukegan	1615 Sunset Avenue Waukegan, IL 60087

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observation, interview and record review the facility failed to ensure medications were stored in a locked area, failed to ensure medications were stored in a manner to not compromise the integrity of the medication and failed to have schedule II controlled substances double locked. This applies to 5 of 5 residents (R29, R13, R48, R50 and R64) reviewed for medication storage in the sample of 21. The findings include:On 2/22/26 at 11:51 AM, the medication room on the first floor was not locked. There was a bag of fluconazole tablets on the counter in the room. The refrigerator was not locked and contained multiple insulin pens for R29, R13 and R48 and a box of Trulicity for R50. There was a container in the refrigerator containing an insulin pen for R50, a box of acetaminophen suppositories and a box of bisacodyl suppositories for R64. The container had a 1/4 inch of liquid in the bottom of it and the boxes were saturated. On 2/22/26 at 1:07 PM, The second floor west medication cart was reviewed. The narcotic box inside of the cart was not locked and was able to be opened with a key. The narcotic box contained norco (schedule II controlled substance) for R48. On 2/23/26 at 12:35 PM, V2 (Director of Nursing) said that medication rooms should be locked at all times. V2 said that controlled substances should be locked in the lock box that is in the locked medication cart at all times. V2 said that she thinks that the water in the container was from when the refrigerator was defrosted or from the door not being closed properly.The facility's Medication Storage Policy shows, The facility maintains proper store of a variety of medications in accordance to the pharmacy recommendations and regulatory guidelines. The facility acknowledges that medications can be stored in a variety of storage areas located within the nursing unit and under lock and key. The medication room is locked and only nurses are allowed to hold the key.Each individual patient room has a lockable cabinet for medications and a double lock for narcotics.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview and record review the facility failed to ensure the pureed rice was in the form to meet the resident's needs for 6 of 6 residents (R5, R23, R37, R39, R49 and R64) reviewed for pureed diets in the sample of 21. The findings include:The facility's Diet Type Report printed on 2/23/26 shows that R5, R23, R37, R39, R49 and R64 are on pureed diets.2/22/26 at 12:55 PM, a pureed diet tray was sampled. The pureed rice was very thick and had chucks of rice throughout. At 12:57 PM, V3 (Dietary Manager) tasted the pureed rice. V3 was observed chewing the rice. V3 said that the rice was not the right consistency. V3 said that it was too gritty. V3 said that pureed food should be smooth like baby food and not have chunks in it. The Facility's Pureed Diet Sheet shows, A Pureed diet is food with a very smooth consistency or foods that have been well processed in a food processor or blender to a very smooth consistency or texture. No solid pieces or parts can be noticed in the food.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a PASRR (Preadmission Screening and Resident Review) was completed after a Serious Mental Illness (SMI) diagnosis change for 1 of 6 residents (R4) reviewed for PASRR in the sample of 21. The findings include:R4's face sheet shows she was admitted to the facility on [DATE] with a primary diagnosis of Hemiplegia affecting the left side. A diagnosis of schizoaffective disorder was added to her diagnoses on 12/13/19. A PASRR screening was requested from the facility by this surveyor and what was provided was an Interagency Certification of Screening Results (OBRA) dated 5/13/19 and does not identify R4 as having a SMI diagnosis.On 2/23/2026 at 1:24 PM, V1 (Administrator) said the PASRR for R4 was ordered to be done today. The facility provided PASRR screening policy dated 8/2022 shows that a PASRR level 2 should be completed if a resident has a SMI diagnosis.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure a PASRR (Preadmission Screening and Resident Review) was completed for a resident with a SMI (Serious Mental Illness diagnosis for 1 of 6 residents (R54) reviewed for PASRR in the sample of 21.The findings include: R54's face sheet shows he was admitted to the facility on [DATE] with diagnoses including Other Schizophrenia, Major Depression Recurrent, and anxiety disorder.The facility provided an Interagency Certification of Screening results (OBRA) dated 4/16/15 for R54 which does not identify R54 as having a Serious Mental Illness diagnosis and shows the screening is good for 90 days. There was no PASRR for R54 in his Electronic Medical Record.On 2/23/2026 at 12:40 PM, V15 (Social Services Director) and V14 (Admissions and marketing) said the admission department looks for PASRRs when a resident is admitted . 02/23/2026 1:24 PM, V1 (Administrator) said the PASRR for R54 was ordered by the facility today. The facility provided PASRR screening policy dated 8/2022 shows no residents will be admitted to the facility without a PASRR level 1 and if there is a diagnosis of a Severe Mental Illness a PASRR 2 will be completed.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview and record review, the facility failed to safely transfer a resident and failed to ensure fall interventions were in place for 2 of 21 residents (R73, R32) reviewed for safety in the sample of 21.The findings include:1.R73 has diagnoses that include traumatic subdural hemorrhage, dementia and unsteadiness of feet. On 2/22/26 at 10:12 AM, R73 was in bed alert and pleasant. V17 (Certified Nursing Assistant-CNA) was also in the room assisting R73 up from bed to wheelchair. V17 (CNA) placed R73's wheelchair at the side of the bed. Then assisted R73 to sit at the edge of the bed. V17 placed R73's walker in front of him and instructed R73 to get up. R73 placed both of his hands in the walker, leaned forward and used the walker to pull himself up, but he was not able to. R73 stated ok, I'll try one more time. Again, R73 leaned forward and use the walker to pull himself up. V17 put his hands under R73's armpits and lifted R73 in standing position. V17 then instructed R73 to use his walker to turn and sit in his wheelchair. V17 went behind R73's wheelchair, pulled the back of R73's pants to sit R73 in his wheelchair. V17 took his gait belt from his pocket and said he did not use his gait belt because R73 wanted to do things himself. On 2/23/26 at 12:45 PM, V18 (Registered Nurse-RN) said R73 is 1 to 2 assist for safe transfers. A gait belt should be used for safety. R73's care plan dated 11/5/25 shows, R73 utilizes a sit to stand lift for transfers, requires two staff members for transfers. 2. R32's face sheet shows he has diagnoses including dementia, weakness, COPD, Alzheimer's disease, bipolar, schizophrenia, chronic pain and weakness. On 2/22/26 at 10:10 AM, R32 was lying in a low bed with his eyes closed. His head was resting on right side rail. There were no floor mats placed on the floor. On 2/23/26 at 9:22 AM, R32 was lying in a low bed eating his breakfast. R32's floor mats were folded at the foot of his bed. On 2/23/26 at 12:17 PM, V10 (CNA) said R32 is a fall risk, he tries to get out of bed. His fall interventions include a low bed, placed in a supervised area and floor mats. R32's current care plan shows he is a high risk for falls, he is unaware of his safety needs and has attempts to self transfer. R32 had a fall on 12/7/25 of sliding of the bed. Interventions include to have a floor mat in place.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observation, interview and record review the facility failed to ensure nutritional supplements were given for a resident with significant weight loss. This applies to 1 of 8 residents (R11) reviewed for weight loss in the sample of 21. The findings include: 1. R11's face sheet shows she has diagnoses including major depressive disorder, unspecified dementia, severe psychotic disturbance, weakness, cognitive communication deficit, and post-traumatic stress disorder. On 2/22/26 at 10:10 AM, R11 was sitting in the dining room with her breakfast tray in front of her. She was served eggs, oatmeal and milk and her nutritional supplement was not provided. At 11:57 PM, R11 was in the dining room sitting at the same table. At 12:41 PM, lunch trays were delivered to the 2nd floor, R11 was served her noon meal, and her nutritional supplement shake was not provided. On 2/23/26 at 12:51 PM, R11 was sitting in the dining room during the noon meal. She was served a regular tray feeding herself. R11 was not given her nutritional shake during the noon meal. On 2/23/26 at 12:17 PM, V10 (Licensed Practical Nurse-LPN) said nursing gives nutritional shakes to the residents and documents on the MAR (Medication Administration Record) the shake was given. V10 said we have a couple of residents who receive nutritional shakes and did not include R11 receiving a nutritional shake. On 2/24/26 at 10:36 AM, V9 (Dietitian) said R11 triggered a significant weight loss of 6.2% in one month and her nutritional shake was increased to 120 ml (millimeters) three times a day. She puts in the order and nursing documents in the resident's medical record the supplement was given. On 2/24/26 at 2:45 PM, V2 (Director of Nursing-DON) said nutritional shakes are signed off by nursing on the MAR. R11's Dietitian Evaluation report dated 02/03/26 shows she is underweight at 91 lb. which is a decrease of 6.2% since 12/31 and the weight loss is not planned or desired and recommendations include to increase nutritional shake to 120 ml three times a day. R11's Weight Report dated 2/23/26 shows: 12/31/25: 97 lb.1/30/26: 91 lb. R11's February 2026 M.A.R. does not show the nutritional shake 120 ml three times a day ordered or signed off as given. The facility's Weight Management Protocol dated 3/2021 states, To provide an accurate baseline and ongoing reading of the resident's weight management. report triggers need for additional follow up/assessment.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Based on observation, interview and record review the facility failed to administer medications as ordered at ordered times. There were 26 opportunities with 2 errors resulting in a 7.6% error rate. This applies to 1 of 4 residents (R6) observed in the medication pass.On 2/22/26 at 11:00 AM, V13 (Licensed Practical Nurse-LPN) prepared R6's morning medications including Amiodarone 200 mg (milligrams) give via g-tube two times a day for arrhythmia and Metoprolol 25 mg give half of tablet two times a day for hypertension. R6 crushed the medications separately and administered the medications through R6's g-tube. At 11:30 AM, V6 said R6 was her last resident for morning medication pass. On 2/26/26 at 10:51 AM, V16 (LPN) said morning medication pass should be from 8:00 AM to 10:00 AM. R6's Medication Administration Record dated February 2026 shows orders to administer at 9:00 AM; amiodarone 200 mg one tablet via g-tube two times a day and metoprolol 25 mg give half of tablet two times a day. The facility's Medication Administration Policy dated 3/24 states, To ensure that the administration of mediations in a safe manner to prevent medication errors.medications preparation/Administration a. five rights.right time 60 minutes before or after the scheduled time unless otherwise specified.