**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C IL6006605 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **310 BANBURY ROAD** NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation 2276619/IL150339 S9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.810a) 300.1210b) 300.1210d)1) 300.1220a) 300.1230e) 300.1240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.810 General a) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least Attachment A one staff member awake, dressed, and on duty at Statement of Licensure Violations all times.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPL IDENTIFICATION N		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED			
	IL6006605	B. WING	C 08/31/2022			
NAME OF PROVIDER OR SUP	PLIER STREET	T ADDRESS, CITY, STATE, ZIP CODE				
NORTH AURORA CARE CENTER  310 BANBURY ROAD  NORTH AURORA, IL 60542						
PREFIX (EACH DEFI	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECT TAG CROSS-REFEREIT	PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE			
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Nursing and P b) The facility and services t practicable ph well-being of t each resident' plan. Adequate care and perse resident to me care needs of d) Pursuant to care shall inclu and shall be poseven-day-a-w 1) Medic	shall provide the necessary care of attain or maintain the highest sysical, mental, and psychological ne resident, in accordance with a comprehensive resident care and properly supervised nursing onal care shall be provided to each the total nursing and personal the resident.  subsection (a), general nursing and, at a minimum, the following facticed on a 24-hour, eek basis: ations, including oral, rectal,	g				
hypodermic, in be properly ad Section 300.12 Services a) Each facility services (DON Section 300.12 e) The facility so that the nurse section 300.12 a) There shall being in charge when neither the director of nurse	travenous and intramuscular, shaministered.  20 Supervision of Nursing shall have a director of nursing who shall be a registered nurse.  30 Direct Care Staffing hall schedule nursing personnel sing needs of all residents are med.  40 Additional Requirements be a licensed nurse designated as of nursing services on all shifts the director of nursing or assistant ing are on duty.	et.				
These requiren by:	nents were not met as evidenced					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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					**		
		failed to ensure lice present in the buildi	and record review, the facility ensed nurses were always ing to care for residents. For a ours, on August 14, 2022 from				
	-	10:42 AM until 11:00 licensed nursing state 14, 2022, this failure R4-R21) not receive medications due to including cardiac armedications, diabet	O PM the facility did not have aff in the building. On August the resulted in 19 residents (R1, ing their physician-ordered the lack of a licensed nurse, and blood pressure tes and insulin medications,				23
		medications, and ar is a history of nonco was cited for lack of	s, blood thinners, antipsychotic nti-seizure medications. There ompliance in which this facility f staff on January 13, 2022 that affected all residents.				
		This applies to all 8 facility.	7 residents residing in the				
		The findings include	<b>э</b> :				
			heet dated August 23, 2022 ensus as 87 residents.	-			
*		and the Staffing Coo DON (Director of Nu Director of Nursing) residents, we should on the AM shift (7:00 nurses working on the PM), and two nurses	2 at 9:10 AM, V1 I, "I work as the Administrator ordinator. We do not have a ursing) or ADON (Assistant). For a census of 87 d have three nurses working 0 AM to 3:30 PM), three the PM shift (3:30 PM to 11:30 as working on the night shift (M), plus a DON and an				
		ADON. On August census of 90 reside	14, 2022 (Sunday) we had a ents. One resident was out on sidents in the building. We				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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HOKIM	AURONA CARE CENT	NORTH A	URORA, IL	60542			
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	had 20 residents (R due to positive Covi have a period of tim we did not have lice building. I would ha	4, R14, R21-R38) in isolation d-19 test results. We did e, on August 14, 2022, where nsed nursing staff in the ve to check the timecards to g there were no nurses in the	03333	, (45) 25			
	V11 (RN-Registered PM on August 13, 2 14, 2022, and V14 ( Nurse) worked from 2022 to 8:49 AM on did not have timecar	rds for August 14, 2022 show I Nurse) worked from 11:07 022 to 10:42 AM on August LPN-Licensed Practical 12:37 AM on August 14, August 14, 2022. The facility rds or documentation to show a staff worked on August 14, I to 11:00 PM.					
33	August 13, 14, and 2 nursing staff were so and PM shift on Aug 2022 at 9:10 AM, V1 unable to find any nu	Assignment sheet dated 15, 2022 shows no licensed cheduled to work on the AM ust 14, 2022. On August 24, (Administrator) said she was ursing staff to work the AM ng the facility without any taff for two shifts.					
	to determine which of receive their medical. The night nurses start medications, but we strategize to see if the serious medications medications versus or I did not notify the phemissed their medical. Services) come to he	at 12:10 PM, V1 "We did not have a strategy of the 89 residents should tions on August 14, 2022. yed over to give some of the did not actually sit and here were residents with more like insulin or cardiac residents with multivitamins. hysicians of the residents who tions. I did have V15 (Social help from 11:53 AM to 6:42 Social Service Director) came					

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED C IL6006605 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD **NORTH AURORA CARE CENTER** NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) \$9999 Continued From page 4 S9999 in to help from 9:13 AM to 2:53 PM, but they are not nurses and cannot pass medications. V7 (Certified Nursing Assistant/CNA) worked from 6:06 AM to 2:00 PM, and V8 (Certified Nursing Assistant/CNA) worked from 5:54 AM to 2:03 PM. Then V10 (Certified Nursing Assistant/CNA) worked from 2:32 PM to 9:51 PM, V17 (Certified Nursing Assistant/CNA) worked a double shift from 2:37 PM to 5:50 AM, and V19 (Certified Nursing Assistant/CNA) worked a double shift from 3:10 PM to 5:58 AM, but they are not nurses. I also came into the facility to help from about noon to 11:00 PM. I am not a nurse." V1 continued to say the facility has not had a DON since "about February 2022," and does not have an ADON, a MDS (Minimum Data Set) Nurse, an Infection Control Nurse, or a staffing coordinator. On August 24, 2022 at 12:54 PM, V7 (CNA) said, "We did not have a nurse for most of our morning shift, on August 14, 2022. We did the best we could that day. The residents knew there was no nurse that day, and they just knew they had to wait to get their medications because there was no nurse to take care of them. That is what we told them when they asked us." On August 24, 2022 at 1:07 PM, V8 (CNA) said. "Iworked on Sunday, August 14 from 6:00 AM to 2:00 PM. There were no nurses in the building for most of my shift. I had at least 15 residents in the Covid Unit that needed help with meals being delivered to them. We did the best we could, what can I say? We tried to feed them and keep them changed. I was asked by residents where their medications were. All I could tell them was. there was no nurse to give them their medications. If someone needed help for a change in condition, or if the Covid people

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became short of breath or something. I would not

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/QUA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NU MBER:** A. BUILDING: \_ COMPLETED IL6006605 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 have known what to do. There were no nurses here." The Statement of Deficiencies and Plan of Correction form, dated January 13, 2022 shows the facility was cited for lack of staff on January 13, 2022. The facility did not have a licensed nurse in the building to care for residents on December 26, 2021 (Sunday) from midnight until 6:00 AM. This failure had the potential to affect 88 residents living in the facility at the time. The facility was also cited for lack of staff on March 1, 2022. The facility did not have a licensed nurse in the building to care for residents on February 13, 2022 (Sunday) from 10:41 AM to 3:00 PM, and February 27, 2022 (Sunday) from 10:00 AM to 2:30 PM. This failure had the potential to affect 87 residents living in the facility at the time. The August 2022 MARs (Medication Administration Records), dated August 1 to August 31, 2022 show the following residents did not receive their physician-ordered medications on August 14, 2022: R1's face sheet dated August 9, 2022 shows R1 was admitted to the facility on July 28, 2022, R1 has multiple diagnoses including, anxiety, bipolar disorder, depression, diabetes, hypertension, and schizoaffective disorder. R1's August 2022 MAR shows R1 did not receive the following medications on August 14, 2022: Bumetanide (diuretic) 1 mg. (Milligrams) at 9:00

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at 9:00 AM

Fluoxetine (antidepressant) 60 mg. at 9:00 AM Potassium (electrolyte) 10 meq. (Millieguivalents) Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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30 30	Lamotrigine (antico Lithium (psychiatric PM Lithium ER (ER-Ext 9:00 AM and 5:00 F Metformin (anti-dial 5:00 PM Propranolol (beta-bi 5:00 PM Clonidine (antihyper 9:00 AM, 12:00 PM Hydroxyzine (antihis 11:00 AM and 5:00 Risperidone 2 mg. a	petic) 100 mg. at 9:00 AM and locker) 40 mg. at 9:00 AM and rtensive/sedative) 0.1 mg. at , and 5:00 PM stamine/anxiety) 50 mg. at PM		# C			
22	was admitted to the has multiple diagnor disorder bipolar type extrapyramidal mov developmental disor hypothyroidism, and	ed August 25, 2022 shows R4 facility in March 2010. R4 ses including schizoaffective e, Alzheimer's disease, ement disorder, pervasive rder, altered mental status, I choking.	8	93 W			
	the following medica August 14, 2022: Tramadol (pain mediand 5:00 PM. R4's pain assessment on August 14, 2022.	ations or pain assessments on fication) 50 mg. at 9:00 AM ent every shift was not done		3		(3)	
	R5's face sheet date was admitted to the R5 has multiple diag schizoaffective disor			All Sa			

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5:00 PM

and 5:00 PM

Macrobid (antibiotic) 100 mg. at 9:00 AM and

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diabetes, bipolar episodes, hypothyroidism,

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STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
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		graines, borderline personality ressive disorder, and sleep					
	receive the following monitoring on Augu Blood glucose monitoring on Augu Blood glucose monitoring at 9:00 AM Lisinopril (ACE inhibmg, at 9:00 AM Benztropine 0.5 mg Divalproex 1000 mg Haloperidol 5 mg, at Metformin 500 mg.	itoring twice daily at 4:00 PM ession/anxiety medication) 5 bitor/cardiac medication) 10 at 9:00 AM g. at 9:00 AM t 9:00 AM			<b>1</b> 31		
	has multiple diagno- disorder, muscle we coordination, sepsis	ses including, schizoaffective eakness, insomnia, lack of s, leukocytosis, pain, anemia, , hypertension, and COPD.					
		MAR shows R11 did not g medications on August 14,					
	mg. at 9:00 AM Furosemide (diuretic						
	R12 was admitted to with multiple diagnost behavioral disturbant	ted August 25, 2022 shows the facility on April 11, 2022 ses including dementia with nces, diabetes, hypertension, nyocardial infarction, multiple					

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R14's face sheet dated August 25, 2022 shows R14 was admitted to the facility in January 2017. R14 has multiple diagnoses including, dementia, hypertension, diabetes, anxiety disorder, muscle

6KX911

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R16's August 2022 MAR shows R16 did not receive the following medications and glucose

Basaglar insulin 30 units sq. at bedtime

Blood glucose monitoring twice a day at 4:00 PM

Austedo (involuntary movement medication) 18

monitoring on August 14, 2022:

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C IL6006605 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **310 BANBURY ROAD** NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 13 S9999 mg. at 9:00 AM Furosemide 20 mg. at 9:00 AM Lisinopril 20 mg. at 9:00 AM Loratadine 10 mg. at 9:00 AM Oxybutynin (bladder relaxant) ER 5 mg. at 9:00 AM Valoroic acid (anticonvulsant) 250 mg. at 9:00 AM Duloxetine 30 mg, at 9:00 AM Memantine 10 mg. at 9:00 AM Metformin 1000 mg. at 9:00 AM Alprazolam (sedative) 0.25 at 9:00 AM and 1:00 R17's face sheet dated August 25, 2022 shows R17 was admitted to the facility in July 2009. R17 has multiple diagnoses including, schizoaffective disorder delusional disorder, senile dementia. hypothyroidism, personal history of traumatic brain injury, and generalized anxiety disorder. R17's August 2022 MAR shows R17 did not receive the following medications on August 14. 2022: Nuedexta (mood treatment) 20-10 mg. at 9:00 Lithium 300 mg. at 9:00 AM and 1:00 PM R18's face sheet dated August 25, 2022 shows R18 was admitted to the facility in June 2015. R18 has multiple diagnoses including, chronic paranoid schizophrenia with acute exacerbation. dementia, aggression, psychosis, muscle weakness, hypothyroidism, and extrapyramidal movement disorder. R18's August 2022 MAR shows R18 did not receive the following medications on August 14. Carbamazepine (anticonvulsant) 200 mg. at 9:00

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6006605 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 14 S9999 Nuedexta 20-10 mg. at 9:00 AM Carbid-levodopa 25/100 mg. tablet, 2 tablets at 9:00 AM and 1:00 PM R19's face sheet dated August 25, 2022 shows R19 was admitted to the facility in April 2010. R19 has multiple diagnoses including, moderate intellectual disabilities, schizoaffective disorder bipolar type, cerebral degeneration, dementia with behaviors, seizures, convulsions. Alzheimer's disease, UTI (Urinary Tract Infection). and choking after eating. R19's August 2022 MAR shows R19 did not receive the following medications on August 14. 2022: Amlodipine 2.5 mg. at 9:00 AM Atenolol (Beta blocker/cardiac medication) 50 mg. at 9:00 AM Lisinopril 20 mg. at 9:00 AM Oxybutynin ER 15 mg. at 9:00 AM Valproic Acid 1000 mg. at 9:00 AM Risperidone 2 mg. at 8:00 AM Valproic Acid 250 mg. at 8:00 PM Phenytoin (anticonvulsant) 200 mg, at 9:00 AM and 5:00 PM Sodium Chloride (electrolyte) 1 gram at 9:00 AM and 5:00 PM Donepezil 10 mg. at 8:00 PM Escitalopram 10 mg. at 8:00 PM Risperidone 0.5 mg, at 8:00 PM R20's face sheet dated August 25, 2022 shows R20 was admitted to the facility in July 2017. R20 has multiple diagnoses including schizophrenia, stroke, and hypertension. R20's August 2022 MAR shows R20 did not

2022:

receive the following medications on August 14,

FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C IL6006605 B. WING 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **310 BANBURY ROAD** NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 **SUMMARY STATEMENT OF DEFICIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD) BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY) S9999 Continued From page 15 S9999 Ziprasidone (antipsychotic) 40 mg, at 5:00 PM Benztropine 1 mg. at 9:00 AM and 5:00 PM Clonidine 0.2 mg. at 9:00 AM and 5:00 PM Hydroxyzine 25 mg. at 9:00 AM and 5:00 PM Lithium 300 mg. at 9:00 AM, 1:00 PM, and 5:00 Lorazepam (sedative) 1 mg. at 1:00 PM and 5:00 Olanzapine (antipsychotic) 100 mg. at 8:00 PM Trazodone 50 mg. at 8:00 PM R21's face sheet dated August 25, 2022 shows R21 was admitted to the facility in October 2012. R21 has multiple diagnoses including major depressive disorder, schizoaffective disorder. dementia fibromyalgia, anxiety disorder, acute kidney failure, alcoholic hepatic failure, spinal stenosis, and COPD. R21's August 2022 MAR shows R21 did not receive the following medications on August 14. 2022: Aspirin 325 mg. at 9:00 AM Bumetanide 1 mg. at 8:00 AM Diltiazem (cardiac/blood pressure medication) 24-hour ER 180 mg. at 8:00 AM Escitalopram 20 mg. at 8:00 AM Gabapentin 300 mg. at 8:00 AM Potassium Chloride ER 40 meg. At 8:00 AM Spironolactone (diuretic) 25 mg. at 8:00 AM On August 24, 2022 at 3:22 PM, V20 (Physician) said, "I was not aware no nurses were in the building on August 14, 2022. I was never notified any of my residents did not receive their medications. This is the first I am hearing of it. It would be concerning to me if they did not receive

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their medications as ordered. There could be problems with residents not receiving their insulin or experiencing high blood pressure if they did not

PRINTED: 09/21/2022 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6006605 08/31/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 310 BANBURY ROAD NORTH AURORA CARE CENTER NORTH AURORA, IL 60542 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PREFIX PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 16 S9999 receive their blood pressure medicine." On August 24, 2022 at 3:29 PM, V21 (NP-Nurse Practitioner) said, "I was not notified residents did not receive their medications on August 14, 2022 due to a lack of staff." The facility's Facility Assessment Tool, dated August 23, 2022, shows, "Staffing Plan: Staffing is based on the needs of the residents. These needs are discussed daily in our clinical management meeting. Staff: Licensed Nurses (LN): RN, LPN, LVN (Licensed Vocational Nurse) providing direct care: Plan: DON: 1, ADON: 1, 2-3 RN per day, 1-2 LPN one to two per shift." The facility undated policy entitled, "Nurse Staffing" shows: "Policy: It is the policy of [the facility to provide sufficient licensed and unlicensed nursing staff on each shift of the day to attain or maintain the highest practical physical, mental and psychosocial well being of each resident. Nurse staffing shall be based upon resident evaluation by the Administrator and Director of Nursing as specified by the Illinois Department of Public Health." (B)