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 С IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigations: 2384662/JL160635 2384677/IL160652 S9999 Final Observations S9999 Statement of Licensure Violation: 300.610 a) 300.1210 b) 300.1210 d)1) 300.1210 d)2) 300.1210 d)5) 300.1220 a)2) 300.1230 e) 300.3240 a) Section 300.610 Resident Care Policies 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. Attachment A Section 300.1210 General Requirements for Statement of Licensure Violations Nursing and Personal Care The facility shall provide the necessary care and services to attain or maintain the highest Illinois Department of Public Health

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

TITLE

(X6) DATE

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 IL6000137 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Pursuant to subsection (a), general d) nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: Medications, including oral, rectal, 1) hypodermic, intravenous and intramuscular, shall be properly administered. All treatments and procedures shall be administered as ordered by the physician. A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection. and prevent new pressure sores from developing. Section 300.1220 Supervision of Nursing Services a) Each facility shall have a director of nursing services (DON) who shall be a registered nurse. This person shall be a full-time employee who is on duty a minimum of 36 hours. four days per week. At least 50 percent of this person's hours shall be regularly scheduled between 7 A.M. and 7 P.M. Section 300.1230 Direct Care Staffing

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 B. WING IL6000137 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 2 \$9999 S9999 The facility shall schedule nursing personnel so that the nursing needs of all residents are met. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements are not met as evidenced by: Based on interview and record review, the facility failed to ensure resident essential medications were administered according to physician orders on 06/05/2023 and 06/06/2023 for 6 (R1, R2, R3, R4, R5, and R6) out of 6 residents reviewed pain medication administration, and failed to have nurse on duty in the entire facility on 06/05/2023 and 06/06/2023 on the evening shift (3:00 PM -11:00 PM). These failures resulted in 37 residents (R1-R37) not receiving their scheduled medications and treatments; (R1-R6) experiencing pain score of 6 to 12, on a scale of 0 to 10; and have the potential to cause negative medical outcomes for all 37 residents. Findings include: Facility's punch timecards from 06/04/2023 to 06/10/2023 documents in part: No nurse on 06/05/2023 from 5:00 PM to 11:00 PM. Review of Medication Administration Audit Report (06/05/2023 and 06/06/2023) indicated all 37 residents did not receive scheduled medications for both days during the 3pm to 11pm shift. 1. R1's Facesheet documents in part:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		IL6000137	B. WING		08/1	C 1 <b>6/202</b> 3	
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		CHICAGO	, IL 60625			ž.	
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	fibromyalgia, low ba spinal stenosis, cen morbid (severe) obe major depressive di hyperlipidemia, uns	ack pain, anxiety disorder, vical region, pain, unspecified, esity due to excess calories, isorder, recurrent, unspecified, specified, type 2 diabetes applications, repeated falls, and					
	Minimum Data Set (MDS) section C (dated 06/14/2023) scores R1 as 15, indicating R1 is cognitively intact.						
	documents: Pramipexole Dihydr 06/05/2023 17:00- r Furosemide Tablet 2 administered. Lyrica Oral Capsule not administered. Morphine Sulfate El 15mg 06/05/2023 2 clonidine HCL Table not administered. Furosemide Tablet 2 administered. Pramipexole Dihydr 06/06/2023 17:00- r Lyrica Oral Capsule not administered. clonidine HCL Table not administered. clonidine HCL Table not administered. Morphine Sulfate El 15mg 06/06/2023 2	20 mg 06/05/2023 17:00- not a 300 mg 06/05/2023 17:00-R Tablet Extended Release 21:00- not administered. 20 mg 06/05/2023 21:00- 20 mg 06/06/2023 17:00- not arochloride Tablet 0.5mg not administered. 20 mg 06/06/2023 17:00- 20 mg 06/06/2023 21:00- 20 mg 06/06/2023 20 mg 06/06/2023 20 mg 06/06/2020					
	documents: Cleanse daily and apply silve	nent Order (June 2023) se wound with normal saline er collagen first, then apply eep dressing intact ABD pad					

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: B. WING IL6000137 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 R1's Wound Treatment Record (month of June 2023) indicated that R1 did not receive wound care treatment on 06/01/2023, 06/03/2023, 06/04/2023, 06/05/2023, 06/07/2023, 06/08/2023, 06/09/2023, 06/10/2023, 06/11/2023, 06/13/2023, 06/15/2023, 06/16/2023, 06/18/2023, 06/20/2023, 06/25/2023, 06/27/2023, 06/30/2023. On 06/29/2023 at 11:29 am, R1 stated, "On 06/05/2023 and 06/06/2023, there was no nurse on duty at all, and I did not receive my medications. I have a lot of pain because I had a neck surgery and I have other medical problems that cause me a lot of pain. During those dates there were shifts that I did not receive my medications, which includes Morphine, I have extended-release Morphine that is scheduled. and I have fast acting Morphine that is also scheduled, and I did not receive either of them. Those shifts when there was no nurse to pass medications, I was in a lot of pain. My pain was at an 10/10. If I don't take my pain medications when it is scheduled, the pain builds up and it becomes intolerable. Those two days that I did not receive my pain medications, my pain got so bad that it caused my anxiety to get worse. I cannot tolerate the pain when it builds up due to missed pain medications. Them not having a nurse to pass medications happens often. This is not the first time there was no nurse on duty to pass medications. The staffing in this facility is an issue. It's 11:30 am, and I still did not receive my scheduled 9:00 am medications, and of course I am in pain and I am uncomfortable. I never receive my 9:00 am medications on time. It's always given to me late, usually around noon time." R1 also stated the facility has not been consistent about his wounds. "The day there was

no nurse in the facility, no one changed my Illinois Department of Public Health

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	TATE, ZIP CODE	
		2840 WES	T FOSTER A	w	
FOSTER	HEALTH & REHAB C	CHICAGO	, IL 60625		i
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\$9999	Continued From page 5		S9999 .		
	have expressed my receiving my medic Director and the Addone. It's the same them many times a medication administ expressed my concount Social Services Director when I did not receduring two shifts on	not sure if it is getting better. It concerns regarding not sations to the Social Services liministrator, but nothing is problem every day. I have told bout my concerns with the stration. The last time I serns to the Administrator and ector was two weeks ago, ive my scheduled medications 106/05/2023 and 06/06/2023. not addressed by the			
	facility has not been The day there was	:30 pm, R1 stated, "The n consistent about my wounds. no nurse in the facility, no one is then. I am not sure if it is			
	with diagnoses incl displaced subtroch gastrointestinal her infection, cerebral i of colon, resistance drugs, diverticulosis	documents R2 is a 78-year-old uding but not limited to: anteric fracture of left femur, morrhage, urinary tract infarction, malignant neoplasme to multiple antimicrobial is of large intestine without ess without bleeding, and pain			
		ted 06/06/2023) scores R2 as moderately cognitively			
	documents: Gabapentin Oral C 17:00- not administ	Iministration Audit Report apsule 100mg 06/05/2023 tered. elet 25mg 06/05/2023 17:00-			

Illinois Department of Public Health STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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S9999	Eliquis Oral Tablet & administered. hydralazine HCL Oral 7:00- not administed Depakote Oral Cap 21:00- not administed Carvedilol Oral Tablet administered. Gabapentin Oral Cal 17:00- not administed Eliquis Oral Tablet administered. hydralazine HCL Oral 17:00- not administed Sertraline HCL Oral 21:00- not administed Depakote Oral Cap 21:00- not administed Depakote O	al Tablet 25mg 06/05/2023 ered. I Tablet 50mg 06/05/2023 ered. I Tablet 50mg 06/05/2023 ered. Sule 250mg 06/05/2023 ered. I Telet 25mg 06/06/2023 17:00-apsule 100mg 06/06/2023 ered. Smg 06/06/2023 17:00-not ral Tablet 25mg 06/06/2023 ered. I Tablet 50mg 06/06/2023 ered. I Tablet 50mg 06/06/2023 ered. Sule 250mg 06/06/2023 ered. Sule 250mg 06/06/2023 ered. Sule 250mg 06/06/2023 ered. Sule 250mg 06/06/2023 ered. O:00 am, R2 stated, "I did not tions in beginning June. There thift on one of the days, first not receive my Norco that it to have 8 out of 10 pain."  documents R3 is a algnoses including but not toid Arthritis, Morbid Obesity, Hypertension, Muscle alized), Peripheral Vascular osis Without Current re, and Major Depressive	S9999			
	R3's Medication Ad	ministration Audit Report				

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION		(X3) DATE SURVEY		
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		IL6000137	B. WING	B. WING		C 08/16/2023	
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FOSTER	FOSTER HEALTH & REHAB CENTER 2840 WI			AVENUE			
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S9999	Continued From pa	ige 7	59999				
	documents: Tramadol HCL Tab not administered. Enalapril Maleate T not administered. Gabapentin Capsul not administered. Famotidine Tablet 2 administered. Alprazolam Tablet 0 administered. Ursodiol Capsule 3 administered. Sertraline HCL Tab	let 50mg 06/05/2023 17:00- let 50mg 06/05/2023 17:00- le 100mg 06/05/2023 17:00- 20mg 06/05/2023 17:00- not 0.25mg 06/05/2023 17:00- not 00mg 06/05/2023 17:00- not let 100mg 06/05/2023 21:00-					
	not administered Famotidine Tablet 20mg 06/06/2023 17:00- not administered Tramadol HCL Tablet 50mg 06/06/2023 17:00- not administered Enalapril Maleate Tablet 5mg 06/06/2023 17:00- not administered Ursodiol Capsule 300mg 06/06/2023 17:00- not						
	administered Gabapentin Capsul not administered Sertraline HCL Tab not administered Zanaflex Tablt 4mg administered Atorvastatin Calcius 21:00- not administ On 06/29/2023 at 1 06/05/2023, there wight shift. I normal two times a day. W evening, I wheeled	0.25mg 06/06/2023 17:00- not le 100mg 06/06/2023 17:00- let 100mg 06/06/2023 21:00- 06/06/2023 21:00- not let 100mg 06/06/2023 21:00- not let 100mg 06/06/2023 21:00- not let 100mg 06/06/2023 let 100					

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IL6000137		B. WING		08/16	C 08/16/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
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S9999	Continued From pa	ige 8	S9999		-	
	nurse working. My pain was so bad that night. It went up to an 8 out of 10."				de de commence de	
	4. R4's Facesheet diagnosis documents in part: epilepsy, post-traumatic stress disorder, and major depressive disorder.					
	MDS section C (dated 05/15/2023) scores R4 as 15, indicating R4 is cognitively intact.			· · · · · · · · · · · · · · · · · · ·	A service of the serv	
	documents: Keppra Oral Tablet administered Tramadol HCL Ora 20:00- not administ Gabapentin Tablet administered Olanzapine Tablet administered Minipress Oral Cap not administered	Iministration Audit Report 750mg 06/05/2023 17:00- not I Tablet 50mg 06/05/2023 tered 600mg 06/05/2023 20:00- not 5mg 06/05/2023 21:00- not osule 2 mg 06/05/2023 21:00- ablet 30mg 06/05/2023 21:00-				
	Keppra Oral Tablet administered Tramadol HCL Ora 20:00- not administ Gabapentin Tablet administered Olanzapine Tablet administered Minipress Oral Capnot administered	750mg 06/06/2023 17:00- not Il Tablet 50mg 06/06/2023 tered 600mg 06/06/2023 20:00- not 5mg 06/06/2023 21:00- not osule 2 mg 06/06/2023 21:00- ablet 30mg 06/06/2023 21:00-				
	was a date in begir	10:24 am, R4 stated, "There nning June when there wasn't a ve me my medications,	a			

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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: B. WING IL6000137 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 9 S9999 especially my pain medications. I was in a lot of pain. When I don't get my pain medications, my pain goes up to a 9." 5. R6's Face Sheet documents R6 is a 91-year-old with diagnoses including but not limited to: Paraplegia, Severe Sepsis with Septic shock, Arthritis Multiple Sites. Pressure Ulcer of Left Heel Stage 3, Pressure Ulcer of Other Site Stage 3, Impacted Cerumen Bilateral, Visual Loss, Pain in Leg Unspecified, Localized Edema. Essential (Primary) Hypertension, and Unspecified Atrial Fibrillation. MDS section C (dated 04/19/2023) scores R6 as 13, indicating R6 is cognitively intact. R6's Medication Administration Audit Report documents: Doxycycline Hyclate Tablet 100mg 06/05/2023 17:00- not administered. Morphine Sulfate Oral Tablet 15mg 06/05/2023 21:00- not administered. Ciprofloxacin HCL Oral Tablet 500mg 06/06/2023 17:00- not administered. Morphine Sulfate Oral Tablet 15mg 06/06/2023 21:00- not administered R6's Wound Treatment Order (updated 08/15/2023) documents: Cleanse bilateral leg wounds with normal saline irrigation, 1/4 strength dakins solution, and paint with betadine. Apply collagen dressing and apply calcium alginate dressing on top of collagen. Then, apply ABD PAD and wrap dressing with Kerlix daily. R6's Wound Treatment Record (month of June 2023) indicated that R6 did not receive wound care treatment on 06/05/2023, 06/06/2023, 06/13/2023, 06/15/2023, 06/18/2023, 06/22/2023,

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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	-	IL6000137	B. WING		C 08/16/2023	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
FOSTER	HEALTH & REHAB C	ENTER	ST FOSTER / D, IL 60625	AVENUE		
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ı	06/23/2023.					
	administered my m wounds sometime nurse. During that t	0:30 am, R6 stated, "No one edications or changed my in June when there was no ime, they missed my pain				
	always in pain and	y wound treatment. I am it is a lot of pain, and at that up to a 12 out of 10."				
3-	73-year-old with dia limited to: Unspecif Essential (Primary) Obstructive Pulmor Hematogenous Ost Lower Limb, Osteo.	documents R5 is a agnoses including but not ied, Arthritis, Multiple Sites, Hypertension, Chronic hary Disease, Acute teomyelitis, Cellulitis of Right arthritis, Anemia, Acute on Systolic and Diastolic Failure.				
	MDS section C (da 15, indicating R5 is	ted 06/01/2023) scores R5 as cognitively intact.				
	R5's Medication Ad documents:	ministration Audit Report				
		2.5mg 06/05/2023 17:00- not				,
	not administered	e 300mg 06/05/2023 20:00-				
	not administered	0-325mg 06/05/2023 20:00- apsule 0.4mg 06/05/2023 ered				
		m Tablet 40mg 06/05/2023				
	Carvedilol Tablet 12 administered	2.5mg 06/06/2023 17:00- not				
	not administered	e 300mg 06/06/2023 20:00-				

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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 IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 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 TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 11 S9999 Norco Oral Tablet 10-325mg 06/06/2023 20:00not administered Tamsulosin HCL Capsule 0.4mg 06/06/2023 21:00- not administered Atorvastatin Calcium Tablet 40mg 06/06/2023 21:00 - not administered On 07/06/2023 at 11:00 am, R5 stated, "I did miss my medications sometime in June. I was in a lot of pain when I missed my medications. I don't think there was a nurse around that time and my pain went up to a 6 out of 10," 7. R8's Face Sheet documents R8 is a 88-year-old with diagnoses including but not limited to: Arthritis, Type 2 Diabetes Mellitus, and Acute Kidney Failure. R8's MDS section C (dated 04/24/2023) scores R8 as 6, indicating R8 is cognitively impaired. **R8's Medication Administration Audit Report** documents: Carvedilol Tablet 6.25mg 06/05/2023 17:00- not administered. Carvedilol Tablet 6.25mg 06/06/2023 17:00- not administered. On 07/26/2023 at 12:23 pm, R8 stated, "There was no nurse on 06/05/2023 and 06/06/2023. During that time, they missed all my medications. I was very upset." 8. R9's Face Sheet documents R9 is a 32-year-old with diagnoses including but not limited to: Cerebral Palsy, Major Depressive Disorder, and Insomnia. R9's MDS section C (dated 06/09/2023) scores R9 as 15, indicating R9 is cognitively intact.

Illinois Department of Public Health

documents:

**R9's Medication Administration Audit Report** 

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 IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 12 S9999 Gabapentin Capsule 300mg 06/05/2023 17:00not administered. Tamsulosin HCL Capsule 0.4mg 06/05/2023 21:00-not administered. Gabapentin Capsule 300mg 06/06/2023 17:00not administered. Tamsulosin HCL Capsule 0.4mg 06/06/2023 21:00-not administered. On 07/26/2023 at 12:59 pm, R9 stated, "There was no nurse on 06/05/2023 and 06/06/2023." 9. R10's Face Sheet documents R10 is a 61-year-old with diagnoses including but not limited to: Arthritis, COPD, Angina Pectoris, Bipolar Disorder, Acute Respiratory Failure, Heart Failure, and Tachycardia. R10's MDS section C (dated 05/30/2023) scores R10 as 13, indicating R10 is cognitively intact. R10's Medication Administration Audit Report documents: Tamsulosin HCL Capsule 0.4mg 06/05/2023 21:00- not administered. Risperdal Oral Tablet 4mg 06/05/2023 21:00- not administered. Pravastatin Sodium Tablet 20mg 06/05/2023 21:00- not administered. Ativan Tablet 0.5mg 06/05/2023 21:00- not administered. Gabapentin Capsule 400mg 06/05/2023 21:00not administered. Descovy Tabet 200-25mg 06/06/2023 17:00- not administered. Tamsulosin HCL Capsule 0.4mg 06/06/2023 21:00- not administered.

Pravastatin Sodium Tablet 20mg 06/06/2023

administered.

Risperdal Oral Tablet 4mg 06/06/2023 21:00- not

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 IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 13 S9999 21:00- not administered. Ativan Tablet 0.5mg 06/06/2023 21:00- not administered. Gabapentin Capsule 400mg 06/06/2023 21:00not administered. On 07/26/2023 at 12:16 pm, R10 stated, "There was no nurse on June 5th and June 6th. That day they failed to give me my Norco for my arthritis and neuropathy. It was an aching and burning pain all over my body. I also do use oxygen, My pain was at a 10 out of a 10." 10. R12's Face Sheet documents R12 is a 87-year-old with diagnoses including but not limited to: Fracture of T11-T12 Vertebra, COPD. Rheumatoid Arthritis, Atherosclerotic Heart Disease, Schizoaffective Disorder, Anemia. Bipolar Disorder, and Anxiety Disorder. R12's MDS section C (dated 06/04/2023) scores R12 as 13, indicating R12 is cognitively intact. R12's Medication Administration Audit Report documents: Midodrine HCL Tablet 5mg 06/05/2023 17:00- not administered. chlorpromazine HCL Tablet 100mg 06/05/2023 17:00- not administered. Divalproex Sodium Tablet Delayed Release 250mg 06/05/2023 17:00- not administered. Fenofibrate Tablet 160mg 06/05/2023 20:00- not administered. Melatonin Tablet 5mg 06/05/2023 21:00- not administered. Clozapine Tablet 100mg 06/05/2023 21:00- not administered. Metoprolol Tartrate Tablet 25mg 06/05/2023 21:00- not administered. Midodrine HCL Tablet 5mg 06/06/2023 17:00- not

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
		IL6000137	B. WING			C 08/16/2023	
NAME OF	DROVANCE OR CURRUER				007	10/2023	
I NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
FOSTER	HEALTH & REHAB C	ENIEK	T FOSTER	AVENUE			
	011111111111111111111111111111111111111		, IL 60625				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
S9999	Continued From pa	ge 14	S9999		· ·		
	administered. chlorpromazine HC 17:00- not administed. Divalproex Sodium 250mg 06/06/2023 Fenofibrate Tablet 1 administered. Melatonin Tablet 5madministered. Clozapine Tablet 10 administered. Metoprolol Tartrate 21:00- not administed On 07/26/2023 at 11 was a time on 06/08 there was no nurse, because there was medications at the filt.	L Tablet 100mg 06/06/2023 ered. Tablet Delayed Release 17:00- not administered. 160mg 06/06/2023 20:00- not ng 06/06/2023 21:00- not ng 06/06/2023 21:00- not ng 06/06/2023 21:00- not Tablet 25mg 06/06/2023 ered. 2:55 pm, R12 stated, "There 5/2023 and 06/06/2023 where and I felt anxious and terrible no nurse to give me facility." et documents R27 is a					
	77-year-old with dia limited to: COPD, To Atherosclerotic Hear Dementia. R27's MDS section R27 as 13, indication Adocuments: Symbicort Inhalation 06/05/2023 17:00-r Hydralazine HCL Or 17:00- not administed Symbicort Inhalation 06/06/2023 17:00-r Hydralazine HCL Or 17:00- not administed	gnoses including but not type 2 Diabetes Mellitus, rt Disease, Hypertension, and C (dated 05/29/2023) scores g R27 is cognitively intact.  dministration Audit Report Aerosol 160-4.5 mcg/act not administered. ral Tablet 25mg 06/05/2023 ered. Aerosol 160-4.5 mcg/act not administered. ral Tablet 25mg 06/06/2023 ered. ral Tablet 25mg 06/06/2023		SI SI			

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 IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE DEFICIENCY) \$9999 Continued From page 15 S9999 get any medications this morning. When I don't get my medications, my legs ache from my hips down to the ankle. My pain is at a 9 out of 10, 10 being the worst pain possible, when I don't receive my medications." 12. R29's Face Sheet documents R29 is a 46-year-old with diagnoses including but not limited to: schizoaffective disorder. R29's Medication Administration Audit Report documents: Haloperidol Tablet 1mg 06/05/2023 17:00- not administered. Ativan Oral Tablet 0.5mg 06/05/2023 21:00- not administered. Haloperidol Tablet 1mg 06/06/2023 17:00- not administered. Ativan Oral Tablet 0.5mg 06/06/2023 21:00- not administered. On 07/26/2023 at 12:46 pm, R29 stated, "I was admitted to the facility since May 30th. There was no nurse June 5th, and June 6th. I was worried because there was no one to run the place." 13. R31's Face Sheet documents R31 is a 93-year-old with diagnoses including but not limited to: Arthritis, Traumatic Subarachnoid Hemorrhage, Prostatic Hyperplasia, Dementia, Alzheimer's Disease, Atherosclerotic Heart Disease, Heart Failure, Chronic Kidney Disease. Prostatic Hyperplasia, Major Depressive Disorder, Hypothyroidism, Hyperlipidemia, and Hypertension. R31's MDS section C (dated 04/11/2023) scores R31 as 14, indicating R31 is cognitively intact. R31's Medication Administration Audit Report

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IL6000137	B. WING		C 08/16/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AC	DRESS. CITY, S	TATE, ZIP CODE	
EOSTES	SUEALTH O DEHAD C	2940 WES	ST FOSTER A		
FUSIER	R HEALTH & REHAB C	ENIEK	), IL 60625		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
S9999	Continued From pa	ige 16	S9999		
	documents: Lipitor Tablet 10mg administered. Trazodone HCL Tak not administered. Tamsulosin HCL 0.4 administered. Lipitor Tablet 10mg administered. Trazodone HCL Tak not administered.	06/05/2023 17:00- not blet 50mg 06/05/2023 20:00- 4mg 06/05/2023 20:00- not 06/06/2023 17:00- not blet 50mg 06/06/2023 20:00- 4mg 06/06/2023 20:00- not			*
	On 07/26/2023 at 12:48 pm, R31 stated, "I take pain medication for my knees. The pain can get really bad if I don't get it."				
	71-year-old with dia limited to: Schizoph Mellitus, Arthritis, Ad Pain, and Hypertens R37's MDS section	eet documents R37 is a agnoses including but not herenia, Type 2 Diabetes ocute Kidney Failure, Chronic sion.  C (dated 04/27/2023) scores ng R37 is cognitively intact.			
	documents: Gabapentin Capsulonot administered. Atorvastatin Calcium 20:00- not administe Aricept Tablet 5mg administered. Melatonin Oral Table administered. Lantus Subcutaneou 06/05/2023 21:00- r	06/05/2023 21:00- not let 3mg 06/05/2023 21:00- not ous Solution 100 unit/ml not administered. 00 unit/ml inject 6 units			

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 IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 17 S9999 Gabapentin Capsule 100mg 06/06/2023 17:00not administered. Atorvastatin Calcium Tablet 10mg 06/06/2023 20:00- not administered. Aricept Tablet 5mg 06/06/2023 21:00- not administered. Melatonin Oral Tablet 3mg 06/06/2023 21:00- not administered. Lantus Subcutaneous Solution 100 unit/ml 06/06/2023 21:00- not administered. On 07/26/2023 at 12:53 pm, R37 stated, "When I don't get my medications, my foot starts to ache, and pain is at a 4 out of 10." 15. R7's Medication Administration Audit Report documents: Acetaminophen Tablet 325mg 06/05/2023 17:00not administered. Warfarin Sodium Tablet 2.5mg 06/05/2023 21:00not administered. Acetaminophen Tablet 325mg 06/06/2023 17:00not administered. Warfarin Sodium Tablet 2.5mg 06/06/2023 21:00not administered 16. R11's Medication Administration Audit Report Valproic Acid Solution 250mg/5ml 06/05/2023 21:00- not administered. Valproic Acid Solution 250mg/5ml 06/06/2023 21:00- not administered. 17. R13's Facesheet diagnoses documents in part: spondylosis, gout, Parkinson's disease, type 2 diabetes mellitus, leiomyoma of uterus, hydronephrosis with renal and ureteral calculous obstruction, dysphagia following cerebral

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 IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 18 S9999 infarction, cerebral infarction due to unspecified occlusion or stenosis of cerebral artery, schizoaffective disorder, and epilepsy. R13's Medication Administration Audit Report documents: Prednisolone Acetate Suspension 1% 1 drop in both eyes- not administered. Depakote Tablet Delayed Release 125mg 06/05/2023 17:00- not administered. Brimonidine Tartrate-Timolol Solution 0.2-0.5% 06/05/2023 17:00- not administered. Lidocaine Ointment 5 % 06/05/2023 20:00- not administered. Carvedilol Tablet 3.125mg 06/05/2023 21:00- not administered. Latanoprost Solution 0.005% instill 1 dose in both eyes 06/05/2023 21:00- not administered. Depakote Tablet Delayed Release 125mg 06/06/2023 17:00- not administered. Brimonidine Tartrate-Timolol Solution 0.2-0.5% 06/06/2023 17:00- not administered. Lidocaine Ointment 5 % 06/06/2023 20:00- not administered. Carvedilol Tablet 3.125mg 06/06/2023 21:00- not administered. Latanoprost Solution 0.005% instill 1 dose in both eyes 06/06/2023 21:00- not administered. On 07/26/2023 at 11:58 am, R13 stated, "I asked for pain medications but they never gave it to me. I had pain in my stomach on both sides. When I don't receive my pain medications my pain is a 10/10." 18. R14's Medication Administration Audit Report documents: Furosemide Tablet 20mg 06/05/2023 17:00- not administered.

Illinois Department of Public Health

Valproic Acid Solution 250mg/5 ml 06/05/2023

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		2.0		COMPLETED		
	· 	IL6000137	B. WING		C 08/16/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
FOSTER	HEALTH & REHAB C	ENIER	ST FOSTER A	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
S9999	99 Continued From page 19		S9999			•
	17:00- not administed Carbidopa-Levodop 06/05/2023 17:00- i Midodrine HCL Tabinot administered. Primidone Tablet 50 administered. Clonazepam Tablet administered. Furosemide Tablet administered.	ered. Dea Tablet 25-100mg Thot administered. Dea 10mg 06/05/2023 17:00- Dea 17:00- Dea 17:00- Dea 18:00- Dea 19:00- Dea 1				
	Valproic Acid Solution 250mg/5 ml 06/06/2023 17:00- not administered. Carbidopa-Levodopa Tablet 25-100mg 06/06/2023 17:00- not administered. Midodrine HCL Tablet 10mg 06/06/2023 17:00- not administered. Primidone Tablet 50mg 06/06/2023 17:00- not administered. Clonazepam Tablet 06/06/2023 22:00- not administered.					
2:	documents: Apixaban Tablet 5m administered. Atorvastatin Calciur not administered. Apixaban Tablet 5m administered.	on Administration Audit Reporting 06/05/2023 17:00- not m Tablet 80mg 06/05/2023- not m Tablet 80mg 06/06/2023- not m Tablet 80mg 06/06/2023-				
	documents: Eliquis Oral Tablet 5 administered. Divalproex Sodium Release 06/05/2023	on Administration Audit Report omg 06/05/2023 17:00- not ER Oral Tablet Extended 3 20:00-not administered. de 0.4mg (Tamsulosin HCL)				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
7.0				A. BOILDING.				
	,	IL6000137		B. WING		08/16/202	08/16/2023	
NAME OF	PROVIDER OR SUPPLIER	STRI	EET ADDF	RESS, CITY, S	STATE, ZIP CODE			
FOSTER	HEALTH & REHAB C	ENIER	-	FOSTER A IL 60625	AVENUE			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	-	ID .	PROVIDER'S PLAN OF CORRECT		(X5)	
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		MPLETE DATE	
S9999	Continued From pa	ge 20	`	S9999				
	06/05/2023 21:00- i							
	not administered.	olet 100mg 06/05/2023 21	1:00-	-				
	Eliquis Oral Tablet	5mg 06/06/2023 17:00- no	ot					
	administered.  Divalproex Sodium	ER Oral Tablet Extended				to the confine of the		
	Release 06/06/2023	3 20:00-not administered.				number de number		
		ile 0.4mg (Tamsulosin HC	CL)		•			
	06/06/2023 21:00- not administered. Allopurinol Oral Tablet 100mg 06/06/2023 21:00- not administered.		:00-					
	21. R17's Medication	on Administration Audit Re	eport					
	documents:	- Tablet 25 400						
	Carbidopa-Levodop 06/05/2023 17:00- i							
	Levetiracetam Table	et 250mg 06/05/2023 17:0	00-		,			
	not administered. Valproic Acid Soluti	on 750mg 06/05/2023 17:	:00-					
	not administered.							
	not administered.	et 1000mg 06/05/2023 17	7:00-					
	Melatonin Tablet 5n	ng 06/05/2023 21:00- not						
	administered. Atorvastatin Calciur	m Tablet 06/05/2023 21:0	ი-					
	not administered.						^	
	Levetiracetam Table not administered.	et 1000mg 06/06/2023 17	7:00-					
	Valproic Acid Solution	on 750mg 06/06/2023 17:	:00-					
	not administered.	et 250mg 06/06/2023 17:0	00					
	not administered.	•	00-		,			
	Carbidopa-Levodop 06/06/2023 17:00- i							
		not administered. ng 06/06/2023 21:00- not	,					
	administered.							
	Atorvastatin Calciur not administered.	n Tablet 06/06/2023 21:00	U-					
	22 D40's Madia-41-	un Administration Avult De	,,					
4	ZZ, KTOS MEDICATIO	on Administration Audit Re	port			į		

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		IL6000137	B. WING		I	C 16/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	ORESS, CITY, S	TATE, ZIP CODE	2.	<del></del> -	
EOSTED	HEALTH & REHAB C	2840 WE	ST FOSTER A	VENUE			
FUSIER	HEALIN & KENAD C	CHICAGO	D, IL 60625				
(X4) ID		TEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF COI	RRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE	
\$9999	9 Continued From page 21		S9999	· · · · · · · · · · · · · · · · · · ·			
	documents:		1				
	Zyprexa Tablet 5mg	g 06/05/2023 17:00- not					
	administered.		1				
		blet 10mg 06/05/2023- not					
	administered.						
	not administered.	let 10mg 06/05/2023 20:00-					
		m Tablet 20mg 06/05/2023-					
	not administered.	11 Tablet 20/11g 00/05/2025-					
Tamsulosin HCL Capsule 0.4 06/05/2023- not administered.							
	Trazodone HCL Tal	olet 50mg 06/05/2023 21:00-					
	not administered.						
		mg 06/05/2023 21:00- not		(4		£11	
	administered.	00/05/0000 04 00					
	administered.	ng 06/05/2023 21:00- not					
		9 06/06/2023 17:00- not					
	administered.	9 00/00/2020 17:00-1101					
		blet 10mg 06/06/2023- not					
	administered.	•					
		let 10mg 06/06/2023 20:00-					
	not administered.						
		n Tablet 20mg 06/06/2023-					
	not administered.	annula 0 4 06/06/2022					
	administered.	apsule 0.4 06/06/2023- not	1				
		olet 50mg 06/06/2023 21:00-	}				
	not administered.		1				
	Insulin Detemir Soli	ution inject 40 units	1				
	subcutaneously 06/	06/2023 21:00- not					
	administered.						
		mg 06/06/2023 21:00- not					
	administered.	ng 06/06/2023 21:00- not					
	administered.	ig 00/00/2023 21.00- NOL					
	23. R19's Medicatio	on Administration Audit Report					
	documents:						
	Metoprolol Tartrate	Tablet 50mg 6/05/2023 21:00-				-	

AND PLAN OF CORRECTION (X1) PROVIDERSUPPLIERCLA IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6000137	B. WING		C 08/16/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	<u> </u>	
FOSTER	HEALTH & REHAB C	ENTER 2840 WES	ST FOSTER	AVENUE		
	TEAETH & REHAD O	CHICAGO	), IL 60625			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
59999	Continued From pa	ge 22	S9999	-		
	administered. Simvastatin Tablet 4 administered.	3mg 06/05/2023 21:00- not 40mg 06/05/2023 21:00- not				
	not administered. Lorazepam Tablet 0 administered.	ablet 10mg 06/05/2023 21:00- 0.5mg 06/05/2023 22:00- not		. 3		
,	not administered. Risperidone Tablet administered.	Tablet 50mg 6/06/2023 21:00- 3mg 06/06/2023 21:00- not				
	administered. Enalapril Maleate Ta not administered.	40mg 06/06/2023 21:00- not ablet 10mg 06/06/2023 21:00- 0.5mg 06/06/2023 22:00- not		·		
	documents: Glycopyrrolate Oral 17:00- not administe Gabapentin Oral So administered. Acetaminophen Ora 20:00- not administe	olution 06/05/2023 20:00- not al Liquid 20.31ml 06/05/2023 ered.				
	21:00- not administed Trazodone HCL Ora 21:00- not administed Melatonin Oral Table not administered. Quetiapine Fumara 21:00- not administed Budesonide Susper 21:00- not administed	al Tablet 100mg 06/05/2023 ered. et 10mg 06/05/2023 21:00- te Tablet 25mg 06/05/2023 ered. nsion 0.5mg/2ml 06/05/2023 ered. ral Tablet 25mg 06/06/2023				The state of the s

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED					
		IL6000137	B. WING		08/1	6/2023			
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
	2040 WEST FOSTED AVENUE								
FOSTER	FOSTER HEALTH & REHAB CENTER CHICAGO, IL 60625								
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE				
S9999	Continued From pa	ge 23	S9999						
	17:00- not administe Gabapentin Oral Sciadministered. Acetaminophen Oral 20:00- not administe Tamsulosin HCL Oral 21:00- not administe Trazodone HCL Oral 21:00- not administe Melatonin Oral Table not administered. Quetiapine Fumaral 21:00- not administe Budesonide Susper 21:00- not administe Budesonide Susper 21:00- not administe Susper 21:00- not administered.	olution 06/06/2023 20:00- not al Liquid 20.31ml 06/06/2023 ered. al Capsule 0.4mg 06/06/2023 ered. al Tablet 100mg 06/06/2023 ered. et 10mg 06/06/2023 21:00-te Tablet 25mg 06/06/2023 ered. nsion 0.5mg/2ml 06/06/2023 ered. et diagnoses documents in on deficiency anemia, disorder, anxiety disorder, gastro-esophageal reflux							
	R21's Medication Addocuments: Midodrine HCL Table administered. Chlorpromazine HC 17:00- not administe Divalproex Sodium 250mg 06/05/2023 Fenofibrate Tablet 1 administered. Melatonin Tablet 5m administered. Clozapine Tablet 10 administered. Metoprolol Tartrate 21:00- not administered	dministration Audit Report let 5mg 06/05/2023 17:00- not let 5mg 06/05/2023 17:00- not let Tablet 100mg 06/05/2023 lered. Tablet Delayed Release 17:00- not administered. le0mg 06/05/2023 20:00- not leg 06/05/2023 21:00- not lomg 06/05/2023 21:00- not Tablet 25mg 06/05/2023							

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		A. BOILDING.		С		
IL6000137		D 140010			6/2023	
NAME OF	PROVIDER OR SUPPLIER		2.0	STATE, ZIP CODE		
FOSTER	HEALTH & REHAB C	ENTER	ST FOSTER A , IL 60625	AVENUE		•
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
59999	Continued From pa	ge 24	S9999			
\$9999	administered. Chlorpromazine HC 17:00- not administe Divalproex Sodium 250mg 06/06/2023 Fenofibrate Tablet 1 administered. Melatonin Tablet 5m administered. Clozapine Tablet 10 administered. Metoprolol Tartrate 21:00- not administe On 07/26/2023 at 1 was a time on June there was no nurse was no one to give 26. R22's Faceshee part: cerebral infarce encephalopathy, ce occlusion or stenos secondary-6 admiss R22's Medication Adocuments: Thiamine HCL Oral 6:00- not administer On 07/26/2023 at 1 was no nurse for tw June. I missed my pressure medication	cL Tablet 100mg 06/06/2023 ered. Tablet Delayed Release 17:00- not administered. 160mg 06/06/2023 20:00- not ag 06/06/2023 21:00- not 100mg 06/06/2023 21:00- not 100mg 06/06/2023 21:00- not 100mg 06/06/2023 21:00- not 100mg 06/06/2023 ered.  1:46 am, R21 stated, "There is the and June 6th, where is the and June 6th, where is the area in the agency medications."  et diagnoses documents in the tion, wernicke's erebral infarction due to is of small 05/15/2023 is on artery, and hypertension. In the agency and the agency ared.  1:54 am, R22 stated, "There is shifts in the beginning of the pain medication, blood in lt was very irritating."	S9999			
	part: osteoarthritis d limb, major depress	et diagnoses documents in of hip, cellulitis of right lower sive disorder, anxiety disorder, , and other chronic pain.			Q.	

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		COMPLETED	
IL6000137		B. WING		C 08/16/2023		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
FOSTER	HEALTH & REHAB C	ENIER	ST FOSTER . ), IL 60625	AVENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
S9999	Continued From pa	ge 25	S9999			
	R23's Medication Administration Audit Report documents: Lidocaine Patch 5% 06/05/2023 20:59- not administered. Melatonin Tablet 3mg 06/05/2023 21:00- not administered. Gabapentin Capsule 300mg 06/05/2023 21:00- not administered. Seroquel Oral Tablet 25mg 06/05/2023 21:00- not administered. Flomax Capsule 0.4mg 06/05/2023 21:00- not administered. Gabapentin Capsule 300mg 06/06/2023 16:30- not administered. Lidocaine Patch 5% 06/06/2023 20:59- not administered. Flomax Capsule 0.4mg 06/06/2023 21:00- not administered. Seroquel Oral Tablet 25mg 06/06/2023 21:00- not administered. Melatonin Tablet 3mg 06/06/2023 21:00- not administered. Gabapentin Capsule 300mg 06/06/2023 21:00- not administered. Gabapentin Capsule 300mg 06/06/2023 21:00- not administered.			,		
			-			
,	Gabapentin for nerv hours; at 6:00 am, 1	1:37 am, R23 stated, "I take re pain. I get that every 8 2:00 pm, and 8:00 pm. If I s, then my pain goes up to a				
	28. R24's Facesheet diagnoses documents in part: acute respiratory failure, type 2 diabetes mellitus, chronic obstructive pulmonary disease, heart failure, essential (primary) hypertension, hypothyroidism, atherosclerotic heart disease of native coronary artery, cardiac pacemaker, malignant neoplasm of pancreas, and migraine.  R24's Medication Administration Audit Report					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	<u>:</u>	IL6000137	B. WING	·		C 16/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
FOSTER	HEALTH & REHAB C	ENTER	T FOSTER A	VENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
\$9999	Continued From pa	ge 26	S9999			-
	Metformin HCL Ora 17:00- not administ Dicyclomine HCL O 17:00- not administ Creon Oral Capsule 12000-38000 unit 0 administered.	eral Capsule 10mg 06/05/2023 ered. e Delayed Release 6/05/2023 17:00-not				
	17:00- not administ Dicyclomine HCL O 20:00- not administ Lantus Subcutaneo 06/05/2023 21:00- i	ral Capsule 10mg 06/05/2023 ered. us Solution 100 unit/ml				
	Atorvastatin Calciur 06/05/2023 21:00-1 Humalog Injection S 06/06/2023 16:00-1 Metformin HCL Ora 17:00- not administ	not administered. Solution 100 unit/ml not administered. Il Tablet 500mg 06/06/2023 ered. Iral Capsule 10mg 06/06/2023				
	Creon Oral Capsule 12000-38000 unit 0 administered. Neurontin Oral Cap 17:00- not administ Dicyclomine HCL O 20:00- not administ Lantus Subcutaneo 06/06/2023 21:00- 1	e Delayed Release 6/06/2023 17:00-not sule 300mg 06/06/2023 ered. oral Capsule 10mg 06/06/2023 ered. ous Solution 100 unit/ml				
	administered. Atorvastatin Calciur 06/06/2023 21:00- i On 07/26/2023 at 1	n Oral Tablet 80mg				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6000137	B. WING		08/1	6/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FORTER	MEALTH & DELLAD O	2840 WES	T FOSTER	·		
FUSTER	HEALTH & REHAB C	CNIEK	, IL 60625			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COINT CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
S9999	Continued From pa	ge 27	S9999			
\$9999	medications. I have excruciating pain or The pain goes up to pain medications."  29.R25's Medication documents: Metformin HCL ER 750mg 06/05/2023 Gabapentin Oral Ca 17:00- not administ Naproxen Tablet 50 administered. Atorvastatin Calciur 21:00- not administ Metoprolol Tartrate 21:00- not administ Insulin Glargine Sol units 06/05/2023 21 Zanaflex Tablet 4mg administered. Humalog Injection S 06/06/2023 16:30- Metformin HCL ER 750mg 06/06/2023 Gabapentin Oral Ca 17:00- not administ Naproxen Tablet 50 administered. Atorvastatin Calciur 21:00- not administ Metoprolol Tartrate 21:00- not administ Insulin Glargine Sol units 06/06/2023 21	pancreatitis so I have sharp in the side of my abdomen. In a 10/10 if I do not receive  In Administration Audit Report  Oral Tablet Extended Release 17:00- not administered. In Administration Audit Report  Oral Tablet Extended Release 17:00- not administered. In Tablet 80mg 06/05/2023 In Tablet 80mg 06/05/2023 In Tablet 25mg 06/05/2023 In Tablet 25mg 06/05/2023 In Tablet 25mg 06/05/2023 In Tablet 80mg 06/05/2023 In Tablet Extended Release In Tablet 80mg 06/06/2023 In Tablet 25mg 06/06/2023 In Tablet 25mg 06/06/2023 In Tablet 25mg 06/06/2023	S9999			
		et diagnosis documents in anemia, lymphedema,				

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 IL6000137 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 28 S9999 traumatic subdural hemorrhage without loss of consciousness, and low back pain. R26's Medication Administration Audit Report documents: Vitamin A&D Skin Protectant External Ointment 06/05/2023 17:00- not administered. Vitamin A&D Skin Protectant External Ointment 06/06/2023 17:00- not administered. On 07/26/2023 at 11:09 am, R26 stated, "There were some occasions where the facility misses my medications. I take blood pressure medications, sugar cholesterol and pain medications. When they miss my medications, I have pain all over my body. It's an aching pain and goes up to at least a 5 out of 10." 31. R28's Medication Administration Audit Report documents: Divalproex Sodium Tablet Delayed Release 125mg 06/05/2023 17:00- not administered. Docusate Sodium Oral Tablet 06/05/2023 17:00not administered. Donepezil HCL Tablet 10mg 06/05/2023 20:00not administered. Divalproex Sodium Tablet Delayed Release 125mg 06/06/2023 17:00- not administered. Docusate Sodium Oral Tablet 06/06/2023 17:00not administered. Donepezil HCL Tablet 10mg 06/06/2023 20:00not administered. 32. R30's Facesheet diagnoses documents in part: cerebral infarction, traumatic subdural hemorrhage without loss of consciousness, type 2 diabetes mellitus, and cerebral infarction due to unspecified occlusion or stenosis of left posterior cerebral artery.

Illinois Department of Public Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING: С B. WING\_ IL6000137 08/16/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## **FOSTER HEALTH & REHAB CENTER**

2840 WEST FOSTER AVENUE

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 29	S9999		
<b>.</b>	R30's Medication Administration Audit Report documents: Metformin HCL Er Oral Tablet Extended Release 06/05/2023 17:00- not administered. Atorvastatin Calcium Oral Tablet 80mg 06/05/2023 21:00- not administered. Carvedilol Oral Tablet 12.5mg 06/05/2023 21:00- not administered. Seroquel Oral Tablet 50mg 06/05/2023 21:00- not administered. Melatonin Oral Tablet 5mg 06/05/2023 21:00- not administered. Metformin HCL Er Oral Tablet Extended Release 06/06/2023 17:00- not administered. Melatonin Oral Tablet 5mg 06/06/2023 21:00- not administered. Seroquel Oral Tablet 50mg 06/06/2023 21:00- not administered. Carvedilol Oral Tablet 12.5mg 06/06/2023 21:00- not administered. Carvedilol Oral Tablet 12.5mg 06/06/2023 21:00- not administered. Atorvastatin Calcium Oral Tablet 80mg 06/06/2023 21:00- not administered.	39999		
	On 07/26/2023 at 10:55 am, R30 stated, "I receive blood thinner medications, blood pressure medications. I receive blood thinner medications at night. My blood thinner medication is a shot, and that I get the shot at night. On 06/05/2023 when there was no nurse to give me my medications; I missed my Lovenox shot."  33. R32's Facesheet diagnoses documents in part: chronic obstructive pulmonary disease, hyperlipidemia, gastro-esophageal reflux disease, major depressive disorder, and conversion disorder with seizures or convulsions.  R32's Medication Administration Audit Report documents:			

Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		- Solesino.		C		
IL6000137		8. WING		08/16/2023		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	<u>-</u>	
FOSTER	HEALTH & REHAB C	ENTER	ST FOSTER / D, IL. 60625	AVENUE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORREC	FION	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPRINCED TO THE APP	N SHOULD BE COMPLETE DATE	
S9999	Continued From pa	ge 30	S9999			
	not administered. Risperidone Oral Ta not administered.	ablet 2mg 06/05/2023 21:00- ablet 3mg 06/06/2023 17:00- ablet 2mg 06/06/2023 21:00-				
	On 07/26/2023 at 10:51 am, R32 stated, "There was time in June where there was no nurse. I did not gets pain medications and when the facility misses my medications, I get this aching pain all over my arms and it goes up to 9 out of 10."					
	documents: Quetiapine Fumarat 21:00- not administe Quetiapine Fumarat 21:00- not administe 35. R34's Faceshee part: anoxic brain da	te Tablet 25mg 06/06/2023 ered. et diagnosis documents in amage, cardiac arrest due to				
;	dysphagia, and acur hypoxia.	ndition, cerebral infarction, te respiratory failure with dministration Audit Report	-			
	Metoprolol Tartrate administered. Levetiracetam Solut 17:00- not administe Hydroxyzine HCL Ta administered. Seroquel Oral Table administered. Trazodone HCL Ora not administered.	Tablet 06/05/2023 17:00- not cion 100mg/ml 06/05/2023 ered. ablet 06/05/2023 17:00- not ct 25mg 06/05/2023 21:00- not cl Tablet 06/05/2023 21:00- 06/05/2023 21:00- not			-	

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	COMPLETED					
		IL6000137	B. WING		C 08/16/2023				
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE					
2840 WEST FOSTED AVENUE									
FUSIER	FOSTER HEALTH & REHAB CENTER CHICAGO, IL 60625								
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE				
S9999	Continued From pa	ge 31	S9999						
	administered.	ablet 06/06/2023 17:00- not tion 100mg/ml 06/06/2023	*						
W	17:00- not administered.  Metoprolol Tartrate Tablet 06/06/2023 17:00- not administered.  Seroquel Oral Tablet 25mg 06/06/2023 21:00- not				÷.				
3	administered. Trazodone HCL Oral Tablet 06/06/2023 21:00- not administered. Lexapro Tablet 5mg 06/06/2023 21:00- not administered.			·					
	was a time in June of duty. Those two nig night I take my slee 5th and June 6th, I medications, and so I went up to the nurs	1:01 AM, R34 stated, "There where there was no nurse on hts I couldn't sleep because at ping medications. On June did not receive my sleep o I couldn't sleep those nights. se's station to ask the nurse but there was no nurse."							
8	documents: Mirtazapine Tablet administered. Pravastatin Sodium 21:00- not administe	n Administration Audit Report 15mg 06/05/2023 20:00- not Tablet 80mg 06/05/2023 ered. Img 06/05/2023 21:00- not							
	Risperidone Tablet administered. Risperdal Oral Table not administered. Mirtazapine Tablet administered. Pravastatin Sodium 21:00- not administered	2mg 06/05/2023 21:00- not et 0.5mg 06/05/2023 21:00- 15mg 06/06/2023 20:00- not Tablet 80mg 06/06/2023 ered. lmg 06/06/2023 21:00- not							

PRINTED: 10/19/2023 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 IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES 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 DEFICIENCY) \$9999 Continued From page 32 S9999 administered. Risperidone Tablet 2mg 06/06/2023 21:00- not administered. Risperdal Oral Tablet 0.5mg 06/06/2023 21:00not administered. 37. R36's Medication Administration Audit Report documents: Tamsulosin HCL Capsule 0.4mg 06/05/2023 20:00- not administered. Dutasteride Oral Capsule 0.5mg 06/05/2023 21:00- not administered. Ambien Oral Tablet 5mg 06/05/2023 21:00- not administered. Tamsulosin HCL Capsule 0.4mg 06/06/2023 20:00- not administered. Dutasteride Oral Capsule 0.5mg 06/06/2023 21:00- not administered. Ambien Oral Tablet 5mg 06/06/2023 21:00- not administered. On 06/29/2023 at 3:14 PM, V2 (Director of Nursing) stated, "Morphine is a medication used for pain. If residents miss their dose of morphine, they can have more pain and lead to emergency such as respiratory distress. If their level of pain is really high, the resident can have high levels of anxiety. If a resident has two doses of morphine and misses both doses over two days, the resident can start having withdrawal symptoms. If medication administration was not documented then the medication administration is not done. It

Illinois Department of Public Health

right after."

is very important for our nurses to administer medications at the correct time and document it

On 06/29/2023 at 9:57 am, V1 (Administrator) stated, "On 06/05/2023 and 06/06/2023, due to unforeseen circumstances, the residents in the facility did not receive their medications during different shifts. The second shift nurse called off

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 IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE **FOSTER HEALTH & REHAB CENTER** CHICAGO, IL 60625 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 33 S9999 on 06/05/2023, so there was no nurse to pass medications to all the residents in the facility. Same thing happened on 06/06/2023. There are only 37 residents in the facility, so there is only one nurse that is scheduled on each shift. The Director of Nursing did not attempt to pass medications to the residents during the second shift, when we did not have a nurse, because she had an appointment and had to leave earlier that day. The Director of Nursing left during the first shift and did not return later to pass medications. I tried to get a nurse to come in and pass medications, however, I was not able to find a nurse to come in, so none of the residents received any medications. The scheduled nurse called off and I was not able to find a nurse to come in and cover the shifts on both days. We notified the physician that the residents did not get any of their scheduled medications on both days." On 06/29/2023 at 11:49 am, V3 (Licensed Practical Nurse) stated, "The facility has only one nurse on duty, and I feel like there should be 2 nurses. If one nurse calls off and does not show up, then there is no nurse on duty to pass the medications to the residents. The facility needs more nurses and more Certified Nursing Assistants, It's 11:49 (am), and I am still not done passing medications. It is impossible for 1 nurse to pass all the medications to the residents on time. It's impossible to pass the scheduled medications on time to all the residents because there are 38 residents. I have not given (R1's) medications to (R1) yet. I am running behind." On 06/29/2023 at 1:00 PM, V1 (Administrator) stated, "There is supposed to be one nurse per shift with 4 certified nursing assistants from 7:00 AM to 3:00 PM, 3 certified nursing assistants

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 IL6000137 B. WING 08/16/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2840 WEST FOSTER AVENUE FOSTER HEALTH & REHAB CENTER CHICAGO, IL 60625 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE **TAG** DATE **DEFICIENCY**) S9999 Continued From page 34 S9999 from 3:00 PM to 11:00 PM and 1 certified nursing assistant from 11:00 PM to 7:00 AM. There was no nurse on 06/05/2023 from 05:00 PM till 11:00 PM. There was no Director of Nursing during this time either. The Director of Nursing is part time. V2 (Director of Nursing) works Tuesday. Thursday and Saturday from noon till 10:00 PM." On 06/29/2023 at 3:15 pm, V2 (Director of Nursing) stated, "The facility policy is to notify the physician when medication that is scheduled is not administered on time or when a medication dose was missed and not given at all. Morphine is for pain, if a resident is missing a dose or several doses then that can cause more pain and can result in an emergency due to possible respiratory distress. A resident who is in severe pain due to missed Morphine, can end up in the emergency room due to increased panic and anxiety and severe distress. A resident who takes Morphine on a regular basis can possible experience withdrawal symptoms due to the missed Morphine doses when not given as scheduled." On 06/30/2023 at 12:05pm, V5 (primary physician) stated, "I am aware that the residents did not receive the medications on two shifts on 06/05/2023 and 06/06/2023. I am aware that this happened and it's because of a staffing issue. The facility did not have a nurse. (R1) is receiving pain medication because (R1) has a lot of health issues and a lot of pain. (R1) is on Morphine and it's because (R1) has had many surgeries in the past, and (R1) has a leg wound, a blood clot, chronic venous insufficiency. (R1) had an ankle fracture, multiple chronic non-healing venous ulcers, chronic lower back pain, neuropathy. cervical spinal stenosis. (R1) has many reasons why (R1) needs the pain medications. (R1) can possibly go through withdrawal when (R1) does

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PRINTED: 10/19/2023 FORM APPROVED

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