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: R-C IL6010482 B. WING 06/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH MILWAUKEE AVENUE **AVANTARA LIBERTYVILLE** LIBERTYVILLE, IL 60048 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) $\{S,000\}$ **Initial Comments** {S 000} First Revisit to Complaint Investigation 2313886/IL159728 (S9999) Final Observations $\{S9999\}$ Statement of Licensure Violations: 300.610 a) 300.1010 h) 300.1210 b) 300.1210 d)3) 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. Section 300.1010 Medical Care Policies

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h)

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

of five percent or more within a period of 30 days.

The facility shall obtain and record the physician's

The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including. but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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PRINTED: 08/28/2023 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: R-C B. WING_ IL6010482 06/22/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH MILWAUKEE AVENUE **AVANTARA LIBERTYVILLE** LIBERTYVILLE, IL 60048 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) {S9999} {S9999} Continued From page 2 delay in potentially lifesaving care to 1 of 3 residents (R8) reviewed for change in condition in the sample of 6. The findings include: R8's face sheet showed diagnosis of hemiplegia and hemiparesis following cerebral infarction (stroke) affecting right dominant side, atrial fibrillation, aortic aneurysm, peripheral vascular disease, chronic obstructive pulmonary disease, and hypertension. R8's 5/30/23 history and physical discharge summary showed admission to the hospital 5/16/23, with diagnosis of dizziness with questionable LOC (loss of consciousness)/syncope due to a large area of acute/subacute ischemia/infarction suspicious for cardioembolic (ischemic stroke) and fracture of the right 11th rib following a fall. This report showed R8's code status was full resuscitation. Documentation showed R8 had a history of a prior stroke, coronary artery disease (CAD) post cardiac stenting, presumed atrial fibrillation, peripheral vascular disease, type 2 diabetes, chronic obstructive pulmonary disease. hypertension, and carotid stenosis. Upper and lower extremity strength was rated a 5/5. R8's 5/31/23 hospital discharge paperwork showed to call 911 if he experienced dizzy spells or feels faint. A syncope education paper sent

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with discharge to the facility included information

document showed it's often caused by a sudden drop in blood flow to the brain or a lack of oxygen

lightheadedness and rapid heartbeat. If you have syncope with a heart problem, it can be a warning

on syncope (fainting or a blackout). The

to the brain. Warning signs include

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action can be taken only if changes are noticed and reported, the earlier the better. Changes that are not reported can lead to serious outcomes including medical complications, transfer to a hospital, or even death. The top twelve changes in long term care residents included vital signs.

The Cleveland Clinic website showed a deep vein thrombosis (DVT, blood clot in veins deep in the body) mostly happen in the lower leg, thigh, and pelvis. Symptoms of a DVT include leg pain. A pulmonary embolism (PE, blood clot in the lung) happens when a blood clot (DVT) travels to the

and resident complaints of pain.

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