

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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
S 000	Initial Comments Complaint Investigation 2389718/IL166951	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1220b)3) 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. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest 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. 300.1220 Supervision of Nursing Services	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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	<p>Continued From page 1</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interviews and record review, the facility failed to develop and implement appropriate measures to ensure adequate supervision for 2 residents (R1 and R2) out of 3 residents reviewed for supervision and use of illicit substances. As a result, R1 overdosed twice and R2 overdosed once.</p> <p>Findings include:</p> <p>R1's face sheet shows R1 was admitted on 8/21/23 with diagnosis that includes but not limited to major depressive disorder, recurrent, severe with psychotic symptoms; cocaine dependence; opioid dependence; insomnia; nicotine dependence, cigarettes ; suicidal ideations ; respiratory failure, unspecified, unspecified whether with hypoxia or hypercapnia.</p> <p>On 11/22/23 at 10:44 am R1 stated, "I used</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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	<p>Continued From page 2</p> <p>heroin in the past. I haven't been out in the community yet. You have to be okayed by the doctor and the nurses to go out to the community. I don't remember who gave me the drug here, but it was another resident. I don't know if the person is still here. I don't remember what happened. I know they took me to the hospital. I snorted it. I don't have any with me."</p> <p>On 11/22/23 at 11:48 am V2 (Director of Nursing/DON) said social services work with residents who are drug users by referring them to the drug treatment program. V2 said some people use methadone to prevent the craving for the drugs and some people use the suboxone depending on the order. V2 stated, "It helps with the craves and withdrawal."</p> <p>On 11/22/23 at 2:00 pm, V1 (Administrator- ADM) said, "We contacted the police to see if they can bring a sniffer dog, but they said they can't. They said they can do rounds in this area, but not inside the facility. We can't randomly ask to search the rooms. We can't just look in the residents' room. We have to ask their permission. Most residents have a history of drugs. We try to keep them out of the rooms as much as possible, but sometimes they use drugs. They go to the methadone clinic. When this happens, we call the doctor and he tells us to observe if the residents allow it. If we become suspicious, we will search them, but if they refuse, we cannot. We restrict their pass."</p> <p>On 11/22/23 at 12:09 PM, V3 (SOCIAL SERVICE DIRECTOR- SSD) stated, "If we have suspicion, we do the drug test on them. If they are showing signs, not normal, leaning over, talking slurred speech, like they are going fall over, they normally do not respond well and not</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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	<p>Continued From page 3</p> <p>comprehend nothing you are saying. I did not see (R1) because I was not here. If they refuse, we get in touch with the doctor, depends on what the doctor says. We have to follow what the doctor said. The nurses are the one who do the drug tests and document it. We have the program who came in using drugs, we would refer them to the program. They talk to them about how to deal with drugs. (R1) used to go out to the community, but we stopped it. She does not have the privilege. That's what we're trying to find out, how she (R1) got the drug. She can go to the patio to smoke; the patio is locked, and the staff is there with her. Residents have to sign in and out when they go to the community. It could be someone bringing it in. We don't check on them when they come back. Will they allow us to do this? I don't know. We don't know who's coming back with drugs. (R1) is not allowed to go to the community, not right now. After the incident she will be on restriction for 14 days, and then when she gets off, we will evaluate again and then lift the restriction. (R1) will be going out to the community with supervision. I will be evaluating her and lifting the restriction. I don't think is safe for her to go out to the community, not in this area. We will make sure she will go to this program, and if she wants to go somewhere, such as the store, one of the staff will walk with her, or myself, if I have to do, yes, I will walk with her".</p> <p>On 11/22/23 at 02:18 pm V4 (Social Services) stated, "With R1 I tell her about the open room policy, meaning she can come to talk to me anytime, so she won't be defensive. I just try to keep my eyes on her, trying to make her comfortable so she will confide in me. Let me know how she is doing. See if she needs anything. If she would talk to me instead of going</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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	<p>Continued From page 4</p> <p>to the drugs. R1 is safe to go out to the community with supervision. It can be a family member, but they have to leave their information here in the front desk, ID, phone number, address. Regarding on how R1 got the drug, she won't tell me anything, or she will act confused and denies it. I tried a couple times to have her tested for drugs, but she would say, "It's my right, I can refuse it, no."</p> <p>On 11/22/23 at 02:41 pm V2 (Director of Nursing-DON) said two residents went out for overdosing on 11/15/23 (R1 and R2). V2 stated, "Neither one gives any information. They won't tell us. We just trying to figure out by talking to them, communicate with them, trying to find out how did they get the drugs. I talked to Social Services, but we never found out how the drugs were brought over here. It was a regular day. I saw nothing suspicious on the camera, nothing outside of the normal. We are monitoring our visits, if we see there is someone that is not family, we will ask who they are. We have the Guardian Angels. They are managers who come up on the floor, and they act like extra pair of eyes. They go to the floor and inside rooms that they are assigned to. The administrator assigns them. They will report to the administrator if they find anything out of the normal. I think it was the nurse who found out the residents who overdosed."</p> <p>On 11/28/23 at 11:42 am V5 (Licensed Practical Nurse-LPN) stated, "R1 was sent to the bedside for breakfast. The only person with her was her roommate, but she is bedbound. I did my rounds and R1 was in the bathroom. Upon me passing the medication, she was sitting on the side of the bed eating breakfast. I'm not sure if she was using drugs when she was in the bathroom</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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	<p>Continued From page 5</p> <p>because I didn't see her. When I knocked on the door, she answered quickly. I said, 'are you there', and she said yes. I want to say, maybe it was an hour, an hour and a half after that, to the point where I saw her lethargic. I gave her the medication; she took it and I didn't notice any changes. I noticed her breakfast tray was still there and she was leaning over the side table. It was then that I noticed that she was lethargic and when I called her name, she was slow to respond. I went to get Narcan, did one nostril first, she didn't respond and then did the second nostril and she was back to baseline. I don't know how many residents are at risk of overdose on my floor. If they arrive with a diagnosis of drug use, we just monitor them to see if there is any change, for example, I knew R1's baseline. She is oriented and stable person, so I knew she was not in her baseline, so I intervened. I didn't ask where she got the drugs. Before this incident she was normal, at first, communicating well. I watched her take her medication. For monitoring, we just do our usual rounds to check them. Making rounds and making sure they are at baseline. The Certified Nursing Assistant (CNA) usually does rounds for one hour and nurses for the next hour. After the R1 overdose, I personally went to her room to see if she could see anything, but I didn't. I didn't go through her personal belongings because we cannot do without the presence of the SS. I did an environment check and didn't see anything. In the episode on 10/21/23, when the CNA went to check on her, the CNA said that R1 was in the bathroom. I became suspecting because of the last incident. So, I went to the other side of the bathroom because on her side the door was locked. I saw something, but she flicked it in the toilet. I asked what it was, she said it was nothing. I asked what she was doing, and she said nothing, but I</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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	<p>Continued From page 6</p> <p>noticed she was about to use the drug. I don't know what kind of drugs. I notified the doctor, there was no new order, just to continue monitoring. I notified the SS and they came to talk to her. I informed the administrator and the DON of the situation. I didn't see anyone in her room, but she walks around, so she can get it from someone who doesn't necessarily go to her room."</p> <p>On 11/28/23 at 01:50 pm V1 stated, "We asked the Chicago Police Department (CPD) to bring a search dog into the facility, but they said they cannot, only to the area, unless we have a suspicious individual. R1 does not receive external visitors but has friends within the facilities. We don't know who is bringing drugs into the facility. We're trying to see who she's friends with. We are keeping her out of her room as much as possible, leaving her in the activity room with the staff and in an open area so we can see her."</p> <p>R1's progress note dated 09/10/23 reads: Upon medications administration writer noted resident to be lethargic. Resident normal baseline is A/o/x3. Resident received scheduled medications; medications tolerated well. Resident became more lethargic than usual; Resident began to lean forward before knocking breakfast off bedside table. Resident was alert but slow to respond. Writer then administered Narcan once. No change in condition. Writer then gave Narcan to resident 1 more time, before returning back to normal baseline. MD made aware, orders to send resident out to hospital for further evaluation. All appropriate parties made aware. Resident is responsible for self. Resident waiting for ambulance transportation.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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	<p>Continued From page 7</p> <p>R1's progress note dated 10/21/23 reads: describe Behavior/Mood: : Resident noted to indulged in illegal substance in room bathroom. What was the resident doing prior to or at the time of behavior/mood: Resident was ambulating the facility. Interventions attempted: Writer educated resident on the importance of follow facility protocol and only taking prescribed medications via current pcp (procedure). Resident encouraged to not interfere in healing process. MD and SS made aware of situation. Resident is responsible for self. Effectiveness of the interventions: MD gave orders to monitor resident for any change and conditions.</p> <p>R1's progress note dated 11/15/23 reads: Writer contacted hospital at this time to obtain a status update of resident's condition. ER Nurse informed writer that resident was still waiting to be medically cleared d/t heroin overdose. Once cleared resident will be returning back to the facility.</p> <p>R1's hospital record shows a drug screen was performed on 11/16/23 and the result came up as positive for cocaine and opiate.</p> <p>R1's care plan was reviewed on 9/10/23; 10/21/23 and 11/15/23, but there are no monitoring interventions described.</p> <p>R2's face sheet shows R2 was admitted on 07/13/23 with diagnosis that includes but not limited to asthma, opioid abuse with intoxication, uncomplicated heroine dependence anxiety disorder, unspecified ; tobacco use ; other bipolar disorder.</p> <p>R2's Progress note dated 10/5/2 reads: Writer</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	---	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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	<p>Continued From page 8</p> <p>was notified by staff of resident's behavior. Resident was leaning forward in chair, nodding in and out. Resident admitted to taking "illicit drugs". Resident was reminded of restriction for 14 days. Resident was referred to psychologist. Resident was remorseful and receptive to information.</p> <p>R2's progress note dated 10/2/23 reads: resident has returned from methadone clinic and came back with 3 bottles. Call placed to MD to have resident community access pass restricted for 72 hours.</p> <p>R2's progress note dated 11/15/23 reads: Upon rounds resident was observed sitting in her wheelchair slouched over extremely drowsy. During resident was noted with decreased respirations. Resident was issued naloxone (2) MG via nasal route. 911 was called immediately to transport resident to the nearest ER for medical clearance. Nursing supervisor informed. Resident's primary care physician informed at this time. resident's niece notified of incident at this time.</p> <p>R2's hospital record document R2's diagnosis dated 11/15/23 was opiate overdose and opioid withdrawal.</p> <p>Facility Policy on Resident Drug Use and Trafficking reads: The use of any alcohol and/or opiates (narcotics), other substances used for the purpose of obtaining a high (spray paint fumes, glue, etc.) prescription or non-prescription (over-the-counter medications, Nyquil, Cough Syrup, etc.) medication without a doctor's order is expressly prohibited within this healthcare facility. This policy includes and extends to day/home passes. Residents are expected to only use prescribed medication and only alcohol with the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6005896	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/28/2023
--	---	--	---

NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE AND REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644
---	--

(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 9 permission of the attending physician. (B)	S9999		