STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014195	A. BUILDING: _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR BUFFALO GROVE	150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089

(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 Investigation to Facility Reported Incident of 10-18-23/IL166034	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)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 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 h) 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	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014195	A. BUILDING _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR BUFFALO GROVE	150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089

(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 1 of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B) 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements were not met as evidenced by: Based on interview and record review the facility failed to provide necessary care and services to a resident exhibiting a change of condition after an initial fall. This failure resulted in R1 sustaining a second fall approximately 12 hours later that	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014195	A. BUILDING: _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR BUFFALO GROVE	150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089

(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 2 resulted in a subarachnoid hemorrhage (brain bleed). This applies to 1 of 3 resident (R1) reviewed for quality of care in the sample of 3. The findings include: R1's face sheet shows he is a 66-year-old male with diagnosis including cerebral infarct, hemiplegia and hemiparesis following cerebral infarct affecting left non-dominant side, muscle weakness, unspecified dementia, history of falling, atrial fibrillation, type diabetes, chronic embolism and thrombosis, presence of cardiac pacemaker and hypertension. R1's Physician Orders dated October 2023 shows orders for Plavix 75 mg (milligrams) daily for prophylaxis and coumadin (anticoagulant) 3.5 mg daily. R1's Final Incident Report dated 10/18/23 documents (R1) had an unwitnessed fall on 10/18/23 around 5:00 AM. (R1) was observed lying on the floor in the dining room in a prone position. At 5:04 AM, (R1) noted to have jerking/shaking movements to his lower extremities. (R1) was sent out to the local hospital and admitted for subarachnoid bleeding (brain bleed), diabetic ketoacidosis, and sepsis. R1's Fall Report dated 10/17/23 shows at around 5:00 PM, a noise was heard from (R1's) room with R1's roommate calling out for help. Upon entering the room, (R1) was found on the floor next to his wheelchair. Head to toe assessment performed with a bump to the back of his head with a cut and bleeding present. (R1) sent out to the local hospital for evaluation. R1's nurses note dated 10/17/23 documents (R1)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014195	A. BUILDING: _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR BUFFALO GROVE	150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089

(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 3 returned back to the facility at 8:41 PM, after a fall at 5:00 PM. A CT scan was done in the hospital and showed a bruise on the left scalp. (R1) complained about a headache and Tylenol was given. Blood Pressure 221/97. Hydralazine (blood pressure medication) was given for the blood pressure ...will keep monitoring the patient. On 10/30/23 at 11:17 AM, V6 (LPN) Licensed Practical Nurse stated, she was R1's nurse on 10/18/23. She worked third shift, and it was reported to her R1 fell earlier that day but was okay. Prior to him falling at 5:00 AM, he was very restless, he kept on calling us, many times to use the bathroom. V8 (Certified Nursing Assistant-CNA) and I assisted him to the bathroom, but he wouldn't go. V8 did not want to keep taking R1 to the bathroom so she placed him in the dining room. It was time to pass morning medications, I had spent a lot of time with R1 and was busy. R1 kept moving and yelling when he was in the wheelchair in the dining room then he was quiet, I thought he was watching TV. V8 notified me about 5:00 AM, R1 was on the floor. When I went to the dining room he was on his laying on his stomach with his face on the floor and his extremities flat to the side of him. His forehead was reddened, and his left knee had a scratch. He looked "shocked." Then a few minutes later his legs were shaking involuntary. I thought something was going on. Prior to the fall his blood pressure was really high I kept monitoring it, but it kept on going higher. At 4:30 AM, I gave him a blood pressure medication and called the physician. The physician called me back after his fall and I reported the fall and forgot to report the blood pressure. R1 was sent out to the local hospital and admitted with a brain bleed. That would explain the symptoms he was having on my shift. Maybe I should have called the	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014195	A. BUILDING _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR BUFFALO GROVE	150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089

(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 4 physician earlier to report his restlessness/agitation and increased blood pressure. "I needed time to figure things out" if we call the physician they may get upset if it's not serious. Residents should be monitored for 72 hours post fall and any condition changes should be reported. That night, I maximized my time with him, he was on the call light constantly. "I don't know what else I could have done; it was really stressful." On 10/30/23 at 12:00 PM, V8 (CNA) Certified Nursing Assistant stated, she cared for R1 when he had a fall on 10/18/23. She started her shift at 11:00 PM, the nurse reported to her he had a fall earlier that day. That evening he kept on calling for help to go the bathroom. We would take him to the bathroom, he couldn't go, and then we assisted him back to bed. This went on several times maybe 6-7 times. He was calling so much I had to put him in the dining room about 4:00 AM, because I had to help other residents and had things to do. About 5:00 AM, I was at the end of the hall from the dining room, I saw him stand up and fall forehead hitting his head on the floor, lying face down. I thought he would be okay in the dining room by himself. I reported this to V6 (LPN). That evening he was not himself; he was restless and calling out for help throughout the night. On 10/30/23 at 1:18 PM, V3 (ADON) Assistant Director of Nursing stated, residents should be monitored 72 hours after a post, to monitor any change of condition. Residents with head injuries and residents who are on blood thinners are at greater risk for bleeding. Staff should be monitoring their vitals and perform neuro checks and report any changes to the physician right away. R1 had a fall on 10/17/23 about 5:00 PM,	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014195	A. BUILDING _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR BUFFALO GROVE	150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089

(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 5 he hit his head and sustained a cut, because he was on blood thinner's he was sent out to the local hospital. The following day it was reported he had another fall and was sent out to the local hospital. V6 reported he was restless that evening (after the first fall, before the second fall) and was placed near the nurse's station to be monitored. V6 did not report any changes of his blood pressure. A high blood pressure could indicate several things including a brain bleed. They should call the physician right away with any changes. V3 said she did not know R1's blood pressure was elevated and not reported. On 10/30/23 at 3:30 PM, V4 (Medical Director) said staff should report a condition change right away. Any reports of a headache, elevated blood pressure, and change of function after a fall could be a sign of a hemorrhage. Residents on blood thinners are at greater risk for bleeding. I don't know the sequence of events of R1, and confirmed R1 sustained a brain bleed after a fall. R1's Vitals Report dated for October 2023 documents: 10/17/23 @ 9:05 PM- 221/97 10/17/23 @ 11:38 PM- 221/97 10/17/23 @ 11:41 PM - 211/89 10/17/23 @ 23:43 PM- 210/96 10/18/23 @ 12:00 AM- 208/94 10/18/23 @ 1:00 AM - 211/96 10/18/23 @ 4:32 AM - 210/100 R1's nurses noted showed the physician was notified on 10/18/23 at 5:05 AM regarding R1's fall. There was no documentation in R1's medical record that showed R1's elevated blood pressures were reported to the physician. The facility's Notification of Change of Condition	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014195	A. BUILDING: _____ B. WING _____	C 10/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARREN BARR BUFFALO GROVE	150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089

(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 6 Policy revised 7/23, states, "The facility will provide care to residents and provide notification of resident change in status. The facility must immediately inform the resident; consult with the resident's physician ...a significant change in the resident's physical, mental, or psychosocial status ...physician also need to be notified if a resident experiences symptom such as chest pain, loss of consciousness or other signs or symptoms of heart attack or stroke." (A)	S9999		