Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1)

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLETED			
	<u></u>	łL6009963	B. WNG		11/02/2023		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
WHEATON	N VILLAGE NRSG & RHE	CTR 1325 MANO	HESTER ROA	AD .			
		WHEATON	IL 60187				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
S 000	Initial Comments		S 000				
	Annual Licensure Sui	vey					
S9999	Final Observations		S9999				
	Statement of Licensu	re Violations:					
	300.610a)						
	300.1210b)						
	300.1210c)						
	300.1210d)2)3) 300.1220b)3)						
	300.12200)3)						
	Section 300.610 Resi	ident Care Policies					
	a) The facility sh	all have written policies and					
		all services provided by the					
		olicies and procedures shall					
	be formulated by a Re						
	Committee consisting						
		risory physician or the imittee, and representatives					
		services in the facility. The					
		with the Act and this Part.					
		hall be followed in operating					
the facility.		. •					
	Section 300.1210 Ge Nursing and Persona	neral Requirements for I Care					
	b) The facility sh	all provide the necessary					
	b) The facility shall provide the necessary care and services to attain or maintain the highest						
		mental, and psychological					
well-being of the resident, in accordance with							
	each resident's comprehensive resident care			A44 - 11 - 1 - 4 - 5			
	1	roperly supervised nursing		Attachment A			
		re shall be provided to each		Statement of Licensure Violation	18		
	resident to meet the t	otal nursing and personal					
	care needs of the res	iderit.					
Illinois Departr	inois Department of Public Health						

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	IL6009963		B. WING		11/02/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ITE, ZIP CODE		
WHEATO	N VILLAGE NRSG & RHB	CTR 1325 MANO WHEATON	HESTER ROALLING	AD		±
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
	and be knowledgeable respective resident cand)  Pursuant to sunursing care shall inclinate following and shall be seven-day-a-week band.  All treatments	ubsection (a), general lude, at a minimum, the practiced on a 24-hour, sis:				
	<ol> <li>All treatments and procedures shall be administered as ordered by the physician.</li> <li>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.</li> <li>300.1220 Supervision of Nursing Services</li> <li>The DON shall supervise and oversee the nursing services of the facility, including:</li> <li>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.</li> </ol>					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
		1L6009963	B. WING		11	1/02/2023
	PROVIDER OR SUPPLIER	B CTR 1325 M/	ADDRESS, CITY, STATE ANCHESTER ROAD ON, IL 60187			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETE DATE
\$9999	These requirements by:  Based on observation review, the facility far assess/evaluate and residents complaint of existing pain and/or 2 of 6 residents (R38 pain management in This failure resulted of worsening pain for (10/30/23 and 10/31) level of eight, docum October 2023 medic.  The findings include:  1. R38 had multiple dementia without beligible dementia without beligible diabetes mellitus with generalized osteoart sheet.  R38's significant charch data set) dated 9/27/was moderately imparequired extensive to staff with most of his living).  On 10/30/23 at 10:58 reclined wheelchair in alert and verbally respain all over his body was present and ask level scoring between being the worst poss	were not met as evidenced  in, interview and record illed to comprehensively inform the physician of the of pain to help manage prevent pain. This applies to 3 and R105) reviewed for the sample of 29.  in R38 verbalizing complaint r two consecutive days (23). R38's frequent pain ented in the resident's ation flowsheet pain scale.	S9999			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE		
	IL6009963				11/0	2/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		· <u> </u>
WHEATON	VILLAGE NRSG & RHB	CTR	CHESTER ROA	ND .		
	CI BARADY CT		N, IL 60187	PROVIDEDIC BLAN OF CORDECTIO		<del></del>
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999	Continued From page	3	S9999			
	AM for chronic pain. On 10/31/23 at 10:51	medication at around 9:30  AM, R38 was sitting in his uside his room. R38 was				
	reclined wheelchair, inside his room. R38 was alert and verbally responsive. R38 complained of pain all over his body and when V4 asked R38 for his pain level, the R38 responded 10/10 (10 being the worst). V4 stated R38 received his ordered					
	Tramadol medication chronic pain. V4 offer analgesic heat rub to	at around 8:00 AM for red R38 his ordered topical be applied, R38 agreed and				
	stated to apply the sa body specifically on h	id topical analgesic on his is back.				
	order dated 6/14/23 for tablet for pain, neck at (8:00 AM, 4:00 PM). order report showed at Bengay ultra strength amount topical, apply	n order report showed an or, "Tramadol 50 mg, 1 nd back pain, twice a day Further review of R38's an order dated 11/2/22 for, " cream 4-30-10%, small to neck and knees, may				
	apply patch, every sh R38's October 2023 r	ift (Shift 1, Shift 2, Shift 3)."				
	showed the R38's Tra administered on 10/30 AM. The same Octob	0/23 and 10/31/23 at 8:00				
	strength cream was a 10/31/23 on all the thi	eresident's Bengay ultra opplied on 10/30/23 and ree shifts. There was no				
		egards to the effectiveness cations and the topical				
	flowsheet showed the being assessed every shift 3). The pain sca	b's October 2023 medication o resident's pain scale was or shift (shift 1, shift 2 and alle assessment showed scale was scored eight, 19			±+.	

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PRINTED: 11/29/2023 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: \_ B. WING IL6009963 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1325 MANCHESTER ROAD WHEATON VILLAGE NRSG & RHB CTR WHEATON, IL 60187 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY S9999 Continued From page 4 S9999 times during shift 1 (6:30 AM-2:30 PM), on 10/2, 10/3, 10/6, 10/7, 10/8, 10/9, 10/11, 10/12, 10/13, 10/14, 10/16, 10/17, 10/20, 10/21, 10/22, 10/23, 10/26, 10/27 and 10/28/23. The same pain scale assessment showed evidence R38's pain scale was scored eight, 19 times during the shift 2 (2:30 PM-10:30 PM), on 10/2, 10/3, 10/6, 10/7, 10/8, 10/9, 10/10, 10/12, 10/13, 10/14, 10/16, 10/17, 10/20, 10/21, 10/22, 10/23, 10/26, 10/27 and 10/28/23. Further review of R38's pain scale for 10/30/23 during shift 1 and shift 2 showed the pain score of eight (on both times). On 10/31/23 during shift 1, R38's pain score was nine and during shift 2, R38's pain score was eight. R38's active Physician order report from 10/1/23 through 11/1/23 showed no other breakthrough pain medication was ordered. R38's medication flowsheet showed no documentation what pharmacological intervention was provided to the resident on 10/30/23 and 10/31/23, after the resident complained to V4 of all over body pain with pain level of 10 (10 being the worst). Review of R38's progress notes for the entire month of October 2023 showed no documentation the physician was notified of R38's frequent pain scale of eight as documented in the resident's October 2023 medication flowsheet. The same progress notes showed no documentation and evidence the physician was notified of R38's all over body pain, which according to the resident's pain scale was ten on

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10/30/23 and 10/31/23.

R38's most recent pain observation for cognitive aware evaluation dated 9/27/23 showed a pain scale of "3" described as aching pain comes and goes. It was documented R38 had a scheduled Tramadol 50 mg, 1 tablet twice a day for neck

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ B. WING IL6009963 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1325 MANCHESTER ROAD WHEATON VILLAGE NRSG & RHB CTR WHEATON, IL 60187 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 pain and back pain. The same evaluation showed the Tramadol was always effective, the pain was less than daily (highest level of pain in the last 7 days), and the pain was mild (highest level of pain in the last 7 days). The was no other comprehensive pain assessment/evaluation for R38 in the month of October 2023 to evaluate the resident's pain score of eight to further determine the location, duration, quantity, quality and the effectiveness of the Tramadol medication, and the need to inform the physician for other pain management options. R38's active care plan initiated on 9/30/23 showed the resident had complained of back pain, left hip pain and knee related to severe DJD (degenerative joint disease), history of fracture (thoracic spine) T-12, spinal stenosis, and knee replacement. The same care plan showed multiple approaches including, "Evaluate effectiveness of pain management interventions. Adjust if ineffective or adverse side effects emerge. Monitor and record any complaint of pain, its location, duration, quantity, quality, alleviating factors, aggravating factors." On 11/1/23 at 12:05 PM, V2 (Director of Nursing) stated if R38 had multiple documented pain scale level between eight and nine for the month of October 2023, a comprehensive pain assessment/evaluation should be performed to assess the pain and the effectiveness of the pain medication being administered. V2 stated the nurses should call the physician and inform of R38's high pain scale rating (documented between eight and nine) to obtain any other appropriate pain medication for the resident to attempt to control his pain. R38's progress notes dated 11/1/23 (1:06 PM)

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CROSS-REFERENCED TO THE APPROPRIATE  S9999  Continued From page 6  created by V2 showed, "Discussed residents Pain with him. Asked him he could determine the difference between pain of 1 and a pain of score of 10. He reported "I don't know what that means." I asked him how long he has been in pain that is unbearable. He said every day since he was 18 years old to now. He is 63 (R38 is 81). Always been in pain and won't go away till he dies and goes to Heaven. He indicated nothing relieves the pain. It is always 10 or like 10. When asked whether medicine was effective, he said Bengay and medication help him feel better. But he always had a 10. Introduced him to face scale for pain as it may be more effective tool for monitoring effectiveness of interventions. Informed MD (Medical Doctor) of recent breakthrough pain for one week."  R38's prescription order dated 11/1/23 (created at 1:28 PM) showed an order for hydrocodon-acetaminophen 5-325 mg, 1 tablet every 6 hours as needed for breakthrough pain, until 11/8/23.  On 11/1/23 at 1:46 PM, V16 (Physician) stated he had been R38's physician for the past 15 years. V16 stated R38 had diagnoses of dementia with behavior. V16 stated it is the protocol for the facility to call and inform the physician of a resident's complaint of pain, especially if it was documented/scored at eight or inine to determine appropriate action, such as prescription of pain medication to address and/or relieve the resident's or pain. V16	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SU COMPLE		
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stated he only received a call from the facility that day about R38's pain and he ordered Norco 5-325 mg, 1 tablet every 6 hours as needed for pain.	S9999	created by V2 shower with him. Asked him him difference between part of 10. He reported "I of means." I asked him him pain that is unbearable he was 16 years old to Always been in pain and goes to Heaven. relieves the pain. It is asked whether medicalled being and medication he always had a 10. for pain as it may be a monitoring effectivened Informed MD (Medical breakthrough pain. As breakthrough pain. As breakthrough pain for 1:28 PM) showed an hydrocodone-acetame every 6 hours as need until 11/8/23.  On 11/1/23 at 1:46 PM had been R38's phys V16 stated R38 had a behavior. V16 stated facility to call and inforesident's complaint adocumented/scored a appropriate action, sumedication or breakthrough received ay about R38's pain 5-325 mg, 1 tablet events.	d, "Discussed residents Pain he could determine the ain of 1 and a pain of score don't know what that how long he has been in le. He said every day since to now. He is 63 (R38 is 81). In and won't go away till he dies he indicated nothing always 10 or like 10. When ine was effective, he said on help him feel better. But Introduced him to face scale more effective tool for less of interventions. In Doctor) of recent dided Norco 5/325 for lone week."  Ider dated 11/1/23 (created at order for inophen 5-325 mg, 1 tablet ded for breakthrough pain,  If it is the protocol for the lician for the past 15 years. It is the protocol for the past 15 years. It is the protocol for the lician for the past 15 years. It is the protocol for the lician for the past 15 years. It is the protocol for the lician for the physician of a loft pain, especially if it was at eight or nine to determine lich as prescription of pain lician for the facility that and he ordered Norco	\$9999			

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sleeping.

On 11/1/23 at 09:30 AM, R105 was observed lying across the bed, with her glasses on her face

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IL6009963		B. WING		11/02/2023	
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VILLAGE NRSG & RHB	CTR	NCHESTER ROAD			
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Continued From page	8	S9999	<del>-</del>	ĺ	
Continued From page 8 On 11/1/2023 at 1:03 PM, R105 stated her pain occurs on the left side of her body and described the pain as a stabbing nerve pain that occurs daily.					
for September 2023 s for the day shift as fol A pain score of 6/10 o A pain score of 9/10 o A pain score of 7/10 o A pain score of 8/10 v	on 9/1, 9/3, and 9/11/23. on 9/2, 9/5 and 9/22/23. on 9/7, 9/10, and 9/20/23. vas recorded for all the				
be administered daily documented as admir 9/8, 9/10, 9/29 and 9/3 also shows document patch not available or 9/13, 9/14, 9/15, 9/16 documentation shower remained above 6/10 Lidocaine 4% topical administered as order	analgesic patch ordered to at 6:00 AM, is not nistered on 9/1, 9/4, 9/6, 9/7, 30. The September MAR ration of the Lidocaine 4% o 9/2, 9/5, 9/9, 9/11, 9/12, and 9/17/23. The red R105's pain score every day and the analgesic was not red 18 of 30 days for the				
pain scores document follows: A pain score of 7/10 of 10/20, 10/21, 10/23, 10/28. A pain score of 8/10 of 10/10, 10/12, 10/22, 10/10, 10/12, 10/22, 10/10 of the Lidocaine 4% top ordered to be adminis	on 10/17, 10/18, 10/19, 0/24,10/25, 10/26 and on 10/4, 10/5, 10/6, 10/7, 10/27, 10/30 and 10/31. vical analgesic patch, stered daily was				
bid 9/al pi9/direttiam Ripfo A 1/1/A 1/Tio	e administered daily ocumented as administered as administered as administered as administered as administered as administered as ordered and scores document at a control of September 2015's MAR for Octobal and scores documentation scores documentation and scores documentation and scores documentation and scores documentation scores documentat	pain score of 7/10 on 10/17, 10/18, 10/19, 0/20, 10/21, 10/23,10/24,10/25, 10/26 and	e administered daily at 6:00 AM, is not occumented as administered on 9/1, 9/4, 9/6, 9/7, 8/8, 9/10, 9/29 and 9/30. The September MAR iso shows documentation of the Lidocaine 4% atch not available on 9/2, 9/5, 9/9, 9/11, 9/12, 1/13, 9/14, 9/15, 9/16, and 9/17/23. The occumentation showed R105's pain score emained above 6/10 every day and the docaine 4% topical analgesic was not diministered as ordered 18 of 30 days for the conth of September 2023.  105's MAR for October 2023 showed R105's ain scores documented for the dayshift as sollows: pain score of 7/10 on 10/17, 10/18, 10/19, 0/20, 10/21, 10/23,10/24,10/25, 10/26 and 0/28. pain score of 8/10 on 10/4, 10/5, 10/6, 10/7, 0/10, 10/12, 10/22, 10/27, 10/30 and 10/31. The Lidocaine 4% topical analgesic patch, ordered to be administered daily was	e administered daily at 6:00 AM, is not ocumented as administered on 9/1, 9/4, 9/6, 9/7, 7/8, 9/10, 9/29 and 9/30. The September MAR iso shows documentation of the Lidocaine 4% atch not available on 9/2, 9/5, 9/9, 9/11, 9/12, 7/13, 9/14, 9/15, 9/16, and 9/17/23. The ocumentation showed R105's pain score emained above 6/10 every day and the idocaine 4% topical analgesic was not idministered as ordered 18 of 30 days for the inorth of September 2023.  105's MAR for October 2023 showed R105's ain scores documented for the dayshift as sollows:  pain score of 7/10 on 10/17, 10/18, 10/19, 0/20, 10/21, 10/23,10/24,10/25, 10/26 and 0/28.  pain score of 8/10 on 10/4, 10/5, 10/6, 10/7, 0/10, 10/12, 10/22, 10/27, 10/30 and 10/31. The Lidocaine 4% topical analgesic patch, ordered to be administered daily was	

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PRINTED: 11/29/2023 FORM APPROVED Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ B. WNG IL6009963 11/02/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1325 MANCHESTER ROAD WHEATON VILLAGE NRSG & RHB CTR WHEATON, IL 60187 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 DATE TAG **DEFICIENCY** S9999 Continued From page 9 S9999 has pain related to her previous stoke and that it is neuropathic pain. V2 stated R105 seeks pain relief from opioid medications. R105 is prescribed opioid medication scheduled three times a day and as needed up to four times per day. R105's pain assessment dated 9/11/23 does not accurately reflect the resident's daily day shift pain score as being greater than 6. The assessment question, "Is the resident expressing pain?" is answered "no". V2 stated on 11/10/23 at 12:35 PM the question on the assessment was answered incorrectly. R105's progress note dated 9/21/23 at 4:30 PM showed V16 (Physician) referred R105 for consultation with pain management physician. There was no documentation regarding the results of the pain management consultation in the progress notes reviewed from 9/22/23 through 10/31/23. Those progress notes do not include documentation of non-pharmacological interventions attempted to relieve pain. There was also no documentation regarding informing the Physician of unrelieved pain in those progress notes. The progress note of 10/20/23 at 5:00 PM states R105 was examined by V16 with no mention if review of pain management was assessed and no new orders given. The facility's Pain Management policy dated July

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2019, showed the purpose of the pain

to assist the facility in delivering safe, individualized pain care". The facility's policy further showed "the purpose of this policy is to accomplish the goals through an effective pain management program". The definition of the

management program is "To establish a program with a multi-level approach to pain management

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		IL6009963	B. WING		11/02/	/2023
NAME OF P	ROVIDER OR SUPPLIER		ORESS, CITY, STA	·		
WHEATO	N VILLAGE NRSG & RHE	CTR	i, IL 60187			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
S9999	policy showed "The fapain assessment. The words regarding the cof pain will be used to identify any changes resident is unable to such as grimacing, but vital sign changes and mood will be used to pain". The policy show Management Program complete documental monitoring" "Information and the care decisions included "medication for the Also included in the fa"1. Pain assessment under any of the following in pain identification, or mood" at treatment that included non-pharmacological included in the care period policy in the complaint of pain whice of pain whice the complaint of pain whice of pain whice the complaint of pain whice of pain whice the complaint of	acility will utilize a consistent a resident's descriptive quality, duration, and location of evaluate the pain and to in the pain. When the describe pain, physical signs ody posturing/protecting, dichanges in behavior and determine the presence of wed components of the Pain in includes"Accurate and ion of pain assessment and ed resident participation in ang managing pain" control or relief of anxiety". acility's policy are standards, protocol may be initiated wing situations:" "Resident medication and/or pain is gnificant increase in the use of pain medication" "A ication related to behavior, and "6. A provision of pain is pharmacological and interventions will be lan" and "12. The resident's led of the resident's	S9999			

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