STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF DES PLAINES	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 2494533/IL174145	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)1)2) 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	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

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S9999	Continued From page 1	S9999		

care needs of the resident.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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:

1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

2) All treatments and procedures shall be administered as ordered by the physician.

300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:

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.

These requirements were not met as evidenced by:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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S9999	Continued From page 2	S9999		

Based on observations, interviews, and record reviews, the facility failed to medically manage a brittle Type 1 diabetic by failing to follow physician orders in administering insulin orders and obtaining blood glucose levels; failed to administer anti-seizure medications for a resident with a history of seizure disorders; and failed to have a care plan in place for a resident with history of seizure disorders. This failure applies to 1 resident R1 of 3 residents reviewed for quality of care and resulted in the emergent transfer to the ER (emergency room) to receive immediate critical care for treatment and prevention of imminent life-threatening deterioration of dehydration, endocrine crisis, and metabolic crisis.

Findings include:

R1 is 29 years old admitted to the facility on 6/5/24 with diagnoses include but are not limited to Toxic Encephalopathy, Type 1 Diabetes Mellitus, Seizures, Chronic Respiratory Failure with Hypoxia, Tracheostomy, End Stage Renal Disease, Dependence on Renal Dialysis.

On 07/30/24 at 11:28 AM, R1 appeared alert and oriented to person and place. R1 was observed sitting near the nurse's station in her wheelchair. Inspection of R1's room showed snacks of diabetic cookies and sunflower seeds on her over bed table. Surveyor asked R1 about her care on 6/9/24. R1 said, "I went to the hospital." R1 was unable to recall the reason for her hospitalization.

On 07/31/2024 at 11:20 AM, R1's room was observed again and with V13 LPN Licensed Practical Nurse inside the room. There was a 1/2 package of diabetic cookies and 12 ounce bottle of zero sugar electrolyte drink with 1/2 amount

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF DES PLAINES	9300 BALLARD ROAD DES PLAINES, IL 60016

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S9999	Continued From page 3	S9999		

remaining on the bedside table. No other food items were found. R1 appeared to be compliant with her nutrition.

On 07/31/24 at 11: 23 AM, V10 CNA Certified Nurse Assistant was asked of R1's snacks in her room. V10 said, "R1 has some diabetic wafer cookies and sunflower seeds. She usually drinks coffee or water. That's all."

On 07/31/24 at 2:14 PM, Interviewed V12 LPN regarding R1's June 8, 2024, 6 AM dose of Insulin Glargine 100 units/ml (milliliters); inject 3 units subcutaneously (applied under the skin) one time a day for high sugar. V12 said, "I believe I checked her blood sugar, but I can't remember since it's not documented. I have no idea."

A review of R1's medication administration record dated June 8, 2024 showed insulin was not administered as ordered. The physician order states 6 AM dose of Insulin Glargine 100 units/ml (milliliters); inject 3 units subcutaneously (applied under the skin) one time a day for high sugar. This was not administered.

V12 was asked of R1's seizure and blood glucose level of 255 from June 9, 2024, prior to being hospitalized. V12 said, "I was the assigned nurse, I worked overnight. I was leaving at 7AM. I entered the blood sugar number at the time I documented it. I was busy calling the family and doctor, but I took it when it was scheduled at 6AM. I gave the insulin by the order at 6AM. [R1] was walking around the room when I came to do her blood sugar. I was there before I started my medication pass. She was alert. [V14 CNA] went to change her because she was incontinent. Between 6 and 7AM, [V14] called me in the room. When I came in [R1] was in the chair and she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF DES PLAINES	9300 BALLARD ROAD DES PLAINES, IL 60016

(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	S9999		

was shaking; it wasn't her normal. I called my co nurse and she called the doctor and got orders to call 911. I was taking her vitals. I took care of her the whole time. I stepped out the room when EMS (Emergency Medical Service) got here; not sure if they checked her blood sugar. She was still having seizures when they got here."

V12 was asked if R1 had anything to eat during the night. V12 said, "During the night, R1 came out a few times so I sat her at the desk with me. She had a snack, juice and a graham cracker or a peanut butter and jelly sandwich. I can't remember which one. It was around 3 to 4 AM. I don't think she had anything else."

On 07/31/24 at 3:02 PM, V16 LPN was asked about administering R1's June 7, 2024, 8 PM Dilantin medication. V16 said, "I know we have it on hand. I don't know if it was since it wasn't documented, it may be an error. She doesn't refuse medicine from me. I'm good with her. I'm not sure what happened."

Review of R1's June 7, 2024, at 14:50 military time (2:50 PM) physician order and medication administration record indicates Dilantin Oral Suspension 125mg/5ml (milligrams/milliliters) (Phenytoin). Give 10ml by mouth every 12 hours for seizures. The medication is not documented as being administered as per physician order for the 8 PM dose.

R1's 6/7/24 lab report states in part: Dilantin 4.0 ug/ml (microgram/milliliter) L (low). Reference range 10.0 - 20.0.

On 07/31/24 at 3:09 PM, V17 LPN was asked about administering R1's Insulin Lispro Injection 100 units/ml (milliliters); inject 4 units

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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(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	S9999		

intramuscularly with meals for high sugar. V17 said, "I gave the insulin, maybe I forgot to click it. I always give my insulin with the food. Her blood sugar was fine." There is no documentation of V17 LPN administering R1's 4 units of Lispro insulin on 6/7/24 at 1700 (5PM) in the electronic medication administration record. There is no documentation of R1's blood glucose checked at 1700 (5PM) on the blood sugar summary.

On 08/1/24 at 10:16 AM, V15 Nurse Practitioner was asked about R1's elevated blood sugar of 573 and abnormal Dilantin lab result of 4.0. V15 was also asked what interventions were done when the facility relayed the negative lab results. V15 said, "R1 was a new resident to me. The nurses called me on 6/7/24 because her blood sugar was 573 and her Dilantin level abnormal at 4.0." Surveyor asked if the current order was sufficient to manage her seizures and whether the Valproic Acid was the same medication, V15 NP said, "I increased the Valproic Acid to 10ml BID (twice daily). I just changed it in my notes. It's not the same medication. It was just a typo; it was for Phenytoin. We can increase at certain times usually 4 weeks, but she went to the hospital." Surveyor asked how the facility managed R1 being a brittle diabetic and any interventions or orders given because of the recent labs and what orders. V15 said, "For the blood sugar, she's fragile diabetic type 1. Her blood sugar goes into the 20's and has been hospitalized multiple times for that. I told the nurse to give her insulin per her MAR (medication administration record). I don't see it in my notes. She [R1] had sliding scale Lispro and that's what I asked the nurse to give. It was my first time seeing her and she has a history or hypoglycemia. She's very non-compliant about her food. They check her blood sugars three

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF DES PLAINES	9300 BALLARD ROAD DES PLAINES, IL 60016

(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	S9999		

times a day with meals and at night. When I did her rounds, we try to help her with her meals. We have a dietician on board with her as well. I did talk to the doctor the day before. I'm not sure how she did overnight if she ate some sugary snacks for her blood sugar to be 1600 when she went to the hospital."

There are concerns with R1 not being administered blood glucose monitoring and insulin for meals as prescribed." Surveyor asked what the expectations were for R1's care, V15 NP said, "The nurses have to make sure to check the blood sugar as ordered and make sure she eats, and give the insulin as ordered. If the blood sugar is more the 400, they have to notify us."

Surveyor asked if there was a concern with R1 not being administered Dilantin 10ml by mouth as prescribed for 6/7/24, V15 NP said, "Seizure medication should be given on timely manner. They have a window of 1 hour before and after to give it."

A Review of R1's 6/7/24 09:10 AM progress note by V15 NP Nurse Practitioner states in part: HPI (History of Present Illness). Seen today for BS (medical abbreviation for blood sugar) 573. Abnormal Dilantin level. Lab/Imaging results: Dilantin (Phenytoin) 4.0. Assessment/Plan: #BS 573. Increase Valproic Acid to 10ml (milliliters) BID (medical abbreviation for twice a day).

Review of R1's 06/01/2024 to 06/30/2024 physician order summary does not list Valproic Acid being an active order for her.

On 08/01/24 at 11:35 AM, interview with V2 DON Director of Nursing regarding R1's blood glucose monitoring not performed and documented and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF DES PLAINES	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 7	S9999		

insulin and Dilantin medication not administered as prescribed. Additionally, R1 was not administered blood glucose monitoring and insulin for meals as prescribed. V2 DON said, "The nurses should be following the physician's orders. It should be documented on the MAR (medication administration record).
Surveyor asked about R1's Dilantin 10ml by mouth not given as prescribed for 6/7/24. V2 DON said, "The nurse should administer the medication as ordered and make sure to document it on the MAR. "

Surveyor asked about R1 not having any care plan for her seizure disorder, V2 said, "She should have a care plan in place for her seizure disorder, so staff know what the precautions are, and what care to provide and what makes her at risk for a seizures."

Review of records showed no documented plan of care for R1's seizure diagnosis as listed per MDS (Minimum Data Set/Comprehensive Assessment) dated 06/10/2024 Section I Active Diagnoses.

Further review showed R1 was not provided an order for blood glucose monitoring until 06/07/2024. R1's 06/01/2024 to 06/30/2024 physician order summary states in part- "check blood glucose before each meal and at bedtime related to Type 1 Diabetes Mellitus start date 06/07/2024."

A care plan dated 06/06/24 states in part- R1 is at risk for elevated blood sugar and complications. R1 is on insulin injection (see POS Physician Order Sheet/MAR Medication Administration Record). Goal- R1 will have no complications related to diabetes through the review date.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF DES PLAINES	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 8	S9999		

Interventions- Diabetes medication as ordered by doctor. Monitor/document for side effects and effectiveness. Educate R1/family/caregivers as to the correct protocol for glucose monitoring and insulin injections and obtain return demonstrations. Continue until comfort level with procedures is achieved. Monitor/document/report to MD (medical doctor) PRN (as needed) for s/sx (signs/symptoms) of hyperglycemia: increased thirst and appetite, frequent urination, weight loss, fatigue, dry skin, poor wound healing, muscle cramps, abdominal pain, Kussmaul breathing, acetone breath (smells fruity), stupor, coma. Monitor compliance with diet and document any problems. R1 has nutritional problem or potential nutritional problem r/t diagnosis of respiratory failure, DM (Diabetes Mellitus) 2, ESRD End Stage Renal Disease, CKD Chronic Kidney Disease, moderate protein calorie malnutrition. On clear liquids, SLP (speech language pathology) to follow. BMI (body mass index) 24.2 is WNL (within normal limit). Skin intact.
6/7/24: Diet change to Lib. renal, regular texture, thin liquids, Nepro once daily.
Interventions- Obtain and monitor lab/diagnostic work as ordered. Report results to MD and follow up as indicated. Provide and serve supplements as ordered. Provide, serve diet as ordered. Monitor intake and record every meal. RD Registered Dietitian to evaluate and make diet change recommendations PRN (as needed). Weigh at same time of day and record: weekly weight x weeks or per facility protocols."

R1's 06/09/2024 hospitalization documentation reads in part- "29-year-old female trach vent at baseline presents with seizure from nursing home she does have a history of seizure disorder her Dilantin level is very low given a dose of Fosphenytoin (anti-seizure medication). Patient

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF DES PLAINES	9300 BALLARD ROAD DES PLAINES, IL 60016

(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	S9999		

also with severe hyperglycemia (high blood sugar) likely causing hyperosmolar hyperglycemic disorder, her bicarb and anion gap are actually normal not an official DKA (diabetic ketoacidosis), but hyperosmolar state may have contributed to her seizure no further seizure activity in the emergency room. Given severe hyperglycemia and severe dehydration patient started on insulin drip and multiple lactated ringer boluses (intravenous fluids). Patient admit to ICU (intensive care unit) covered with broad-spectrum IV (intravenous) antibiotics. Patient also with elevated lactic acid and metabolic acidosis noted on VBG (venous blood gas) likely multifactorial from severe dehydration as well as acute seizure IV fluids. Ordered patient
lactic acid improved from 4.3 to 2.6 she did get 30 cc/kg (cubic centimeter/kilogram) bolus. Multiple liters for severe dehydration doubt septic shock. I do not have a source at this time chest x-ray was negative".

Clinical Impression

ED Diagnosis
1. Hyperglycemia
2. Seizure (CMD)
3. Metabolic acidosis
Admit 6/9/2024 8:26 AM

R1's 06/09/24 hospital lab results state in part Glucose 0720 AM 1,669 (H) High. Reference Range 70-99 mg/dl (milligrams/deciliter). Dilantin 1.1 (L) Low. Reference Range 10.0 - 20.0 mcg/mL (micrograms/milliliter).

R1 remained hospitalized from 06/09/2024 until 06/22/2024.

The 2/28/24 Physician Orders policy states in

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF DES PLAINES	9300 BALLARD ROAD DES PLAINES, IL 60016

(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 10	S9999		

part- General: Medications are administered upon orders of the primary care physician/ practitioner. Consulting physicians, podiatrists, dentists, and optometrist may write orders, and these orders will be verified by the primary care physician/ practitioner.
Responsible Party: RN (Registered Nurse), LPN (Licensed Practical Nurse).
Guideline: 4. The RN/LPN will follow the physician/ practitioner orders as written per the resident's POS (Physician Order Sheet).

The March 2023 Drug Administration General Guidelines states in part- Policy: Medications are administered as prescribed, in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after sufficient information regarding the resident's condition and expected outcomes of medication therapy is known. The licensed nurse is aware of an indication for the resident receiving medication, usual dose, parameters, and routes, contraindications, allergies, precautions, and side effects.
Procedure: 2. Medications are administered in accordance with written orders of the attending physician.
7. Only the licensed or legally authorized personnel who prepare medication may administer it. This individual records the administration on the resident's MAR (medication administration record) at the time the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ascertain that all necessary doses are were administered and all administered doses were documented. In no case should the individual who administered the medications report off duty without first recording the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000640	A. BUILDING: _____ B. WING _____	C 08/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZAHAV OF DES PLAINES	9300 BALLARD ROAD DES PLAINES, IL 60016

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S9999	Continued From page 11 administration of any medications. 9. The resident's MAR is initialed by the person administering a medication, in the space provided under the date, and on the line for that specific medication dose administration. Initials on each MAR are verified with a full signature in the space provided on the MAR or on a master signature sheet. The 2/28/24 Care Plan policy states in part- Policy statement: To meet the resident's physical, psychosocial, and functional needs facility will develop and implement a comprehensive, person centered care plan for each resident that includes measurable objectives and target goals. Procedure: 1. A care plan is initiated at the time of admission for each resident. 2. An interdisciplinary care plan is completed according to federal regulations and the RAI (Resident Assessment Instrument) process. (A)	S9999		