

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: SHL510024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2024
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NAME OF PROVIDER OR SUPPLIER OAKS HEALTH CARE CENTER (THE)	STREET ADDRESS, CITY, STATE, ZIP CODE 829 CARILLON DR BARTLETT, IL 60103
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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
A 000	Initial Comment Annual Licensure Survey	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: Type 3 violation Section 295.4010 Service Plan a) Based on the physician's assessment and establishment evaluation (see Section 295.4000), a written service plan shall be developed and mutually agreed upon by the establishment and the resident. (Section 15 of the Act) The establishment shall respect and accept the resident's choices regarding the service plan. b) The service plan shall be developed by: 1) The resident, resident's representative or any individual requested by the resident. 2) The manager or manager's designee; and 3) A registered nurse, if the resident is receiving nursing services or medication administration or is unable to direct self-care. c) The service plan shall be signed and dated by all individuals involved in its development. e) The service plan shall be reviewed and revised if necessary, immediately after a	A4010		

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

TITLE

(X6) DATE

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A4010	<p>Continued From page 1</p> <p>significant change in the resident's physical, cognitive, or functional condition (see Section 295.4000).</p> <p>g) Service plans shall address:</p> <p>1) The level of service the resident is receiving, including:</p> <p>A) assistance with activities of daily living.</p> <p>B) dietary needs, if the establishment provides therapeutic diets; and</p> <p>C) special accommodations for the resident.</p> <p>2) The amount, type, and frequency of health-related services needed by the resident.</p> <p>3) Staff responsible for the provisions of the service plan.</p> <p>4) Any risk being negotiated; and</p> <p>5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to have signed and dated service plans of any residents (including resident's representatives) involved in the development of residents' service plans. This applies to all residents in the sample, R1 - R7.</p> <p>Findings include:</p> <p>Review of both EMR (electronic medical records)</p>	A4010		

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A4010	Continued From page 2 and paper copies of service plans for R1 - R7 on 9/20/24 and 9/24/24 found no dated signatures indicating who was involved in creating the service plans. E1 and E2 stated on 9/24/24 at 3:00 PM that the software the facility utilizes does not allow for signatures on resident service plans. E2 stated that this applies to all 61 residents residing in the facility.	A4010		
A4060	Seciton 295.4060 Alzheimer's and Demential Programs This Regulation is not met as evidenced by: Type 3 Violation Section 295.4000 Physician's Assessment a) No more than 120 days prior to admission of a resident to any establishment, a comprehensive assessment that includes an evaluation of the prospective resident's physical, cognitive, and psychosocial condition shall be completed by a physician. The physician's assessment shall include documentation of the presence or the absence of tuberculosis infection in accordance with the Control of Tuberculosis Code. At the time of admission, the physician's assessment must reflect the resident's current condition. b) At least annually, once a resident has moved into the establishment, a comprehensive assessment shall be completed by a physician. c) A physician's assessment shall be completed by a physician upon identification of a	A4060		

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A4060	<p>Continued From page 3</p> <p>significant change in the resident's condition.</p> <p>d) When a physician's assessment is conducted pursuant to this Part, all current negotiated risk agreements shall be renegotiated as necessary.</p> <p>e) More frequent assessments of skin integrity and nutritional status shall be required (Section 15 of the Act) as ordered by the resident's physician and as arranged for by the resident.</p> <p>f) It is the responsibility of the resident or his/her representative to have physician's assessments and reassessments completed.</p> <p>g) Establishments may develop their own tools for evaluating their residents; however, the establishment evaluation does not replace the requirement for a physician's assessment. Documentation of evaluations and re-evaluations may be in any form that is accurate, that addresses the resident's condition, and that incorporates the physician's assessment.</p> <p>These requirements are not met as evidenced by: Based on interview and record review the facility failed to assure a comprehensive physician assessment was completed by a physician upon admission, annually, and upon any significant changes in a resident's condition. This applies to all 7 residents in the sample (R1 - R7). Findings include: Review of medical records for R1 through R7 on 9/20/24 and 9/24/24 did not find physician assessments within each resident's EMR or paper chart. E1 (ED) and E2 (DON) presented physician</p>	A4060		

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A4060	Continued From page 4 H&Ps and stated they were under the impression that the H&P was the same as the physician assessment as defined in the regulation. E2 stated that physician assessments also had not been completed when there was a change in a resident's condition.	A4060		