

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ASL510348	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER SUNRISE OF GURNEE		STREET ADDRESS, CITY, STATE, ZIP CODE 500 N HUNT CLUB RD GURNEE, IL 60031		
(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 conducted.	A 000		
A4000	Section 295.4000 Physician/s Assessment 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 upon identification of a significant change in the resident's condition. This requirement is not met as evidenced by: Based on record review and interview, the	A4000		

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

TITLE

(X6) DATE

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A4000	<p>Continued From page 1</p> <p>establishment failed to conduct physician's assessment for residents who underwent a significant change in condition by becoming hospice residents.</p> <p>This applies to 3 (R1, R6, R7) residents reviewed for Physician's Assessment in the sample of 7.</p> <p>Findings include:</p> <p>On August 14, 16, and 20, resident records were reviewed.</p> <p>The establishment's current Hospice List showed R1, R6, and R7 as residents receiving hospice services in the establishment.</p> <p>The establishment's record for R1 showed an Admit to Hospice order dated June 20, 2024, and a Family Notification of Hospice Care with an effective date of June 24, 2024.</p> <p>The establishment's Chart Note for R6 dated May 21, 2024 showed resident was not doing well. Resident had a good appetite the previous day, but developed fatigue, stayed in bed most of the day with poor appetite. She appeared weak with difficulty ambulating. MD advised immediate transport via 911 to ER.</p> <p>The establishment's Order Summary Report for R6 showed, "Admit to Journey Care Hospice" with order date of May 25, 2024. Another establishment document showed hospice effective date of May 24, 2024 with diagnosis of Senile degeneration of the brain.</p> <p>The establishment's Order Summary Report for R7 showed an order for hospice consult dated</p>	A4000			

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A4000	Continued From page 2 August 8, 2024 and an MD order of admit to hospice dated August 8, 2024 with diagnosis of senile degeneration of the brain. These residents did not have documentation in their record regarding Physician's Assessment and Certification conducted when they had their significant change in condition and admission to hospice care. E1 (Executive Director) confirmed the residents do not have Physician's Assessment and Certification conducted when the residents experienced significant change in condition and transitioned to hospice care. They will make sure they will have these papers filled by the resident's physician when they experience any significant change in condition.	A4000			
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.	A4010			

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A4010	<p>Continued From page 3</p> <p>e) The service plan shall be reviewed and revised, if necessary, immediately after a 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.</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>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the establishment failed to address a resident's wound in the resident's individualized service plan.</p> <p>This applies to 1 (R7) resident reviewed for Service Plan in the sample of 7.</p>	A4010			

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A4010	<p>Continued From page 4</p> <p>Findings include:</p> <p>On August 14, 16, and 20, resident records were reviewed.</p> <p>The establishment's Wound/Pressure Ulcer Care List showed R7 as having a wound on his left thigh.</p> <p>R7's Individualized Service Plan signed and dated August 13, 2024 did not discuss and address the wound on R7's left thigh area.</p> <p>E1 (Executive Director) confirmed there is an existing wound on R7's left thigh but it was not address in his ISP. E1 said the wound was taken care of by hospice staff but R7's ISP did not discuss the status of the wound and what the hospice staff will do and has been doing regarding this wound. The same ISP did not address who will take care of the wound in the absence of the hospice nurse.</p>	A4010		