STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510239	A. BUILDING: _____ B. WING _____	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARLEY OAKS ASSISTED LIVING RESIDENCE	12631 W 187TH ST MOKENA, IL 60448

(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 Violations 295.4010 and 295.5000 cited	A 000		
A4010	Section 295.4010 Service Plan This Regulation is not met as evidenced by: 295.4010 Service Plans - Repeat violation, Level 2 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. d) The service plan, which shall be reviewed annually, or more often as the resident's	A4010		

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A4010	Continued From page 1 condition, preferences, or service needs change, shall serve as a basis for the service delivery contract between the provider and the resident (see Section 295.2030). (Section 15 of the Act) 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). g) Service plans shall address: 1) The level of service the resident is receiving, including: A) assistance with activities of daily living; B) dietary needs, if the establishment provides therapeutic diets; and C) special accommodations for the resident; 2) The amount, type, and frequency of health-related services needed by the resident; 3) Staff responsible for the provisions of the service plan; 4) Any risk being negotiated; and 5) Whether the resident requires medication reminders, supervision of self-administered medication, or medication administration. h) The service plan shall include all support services provided or arranged for by the establishment.	A4010		

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A4010	Continued From page 2 This requirement has not been met as evidenced by: Based on record review and interview the establishment failed to: -complete a service plan that includes interventions to address the level of assistance for ADLs (activities of daily living), visual impairment of blindness in the left eye and high risk for falls due to visual impairment for one resident (R1); -include interventions that address depressive behaviors of social isolation, crying spells and frequent incontinence of bladder and bowel for one resident (R2). The service plan is not signed or dated by the nurse, R2 or R2's responsible party; -address with interventions the receipt of outside services of PT/OT (physical/occupational therapy) or RN visits for one resident (R3). There is no agency name, duration or frequency of therapy or RN visits. This service plan was not signed and dated by E4 (registered nurse), R3 or R3's responsible party; -revise the service plan with interventions to address the 2 unwitnessed fall incidents for one out of 4 resident reviewed for falls (R4); -address the level of medication administration assistance needed for 4 of 4 residents (R1, R2, R3, R4) in the sample. These failures have the probability to affect all current and future residents.	A4010		

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A4010	Continued From page 3 Findings include: 1. R1 is a 91 year old resident who moved into the establishment 9/13/24. R1 has diagnoses including Hypertension, CVA (cerebrovascular accident), Stage 3 Chronic kidney disease, Hypertensive heart and renal disease with CHF (congestive heart failure) and Chronic right hip pain. The service plan in R1's record is blank. The Service/Functional Evaluation indicates R1 is blind in her left eye since childhood. R1 has voiced concerns about her vision. There is no documentation indicating R1's level of assistance for ADLs (activities of daily living). There is no resident name, nurse, responsible party's signature or date on this service plan. On 10/15/24 E9 (executive director) acknowledged that the service plan for R1 was blank. 2. R2 is a 76 year old resident who moved into the establishment 1/3/24. R2 has diagnoses including Severe chronic depression with pseudo dementia, Bipolar disorder, Breast cancer and Hypertension. The progress notes dated February 2024 through October 2024 show the following: -1/18/24: R2 seems to be a bit more depressed the past couple of days. Been sleeping during the day more, crying spells at night -2/5/24: R2 still showing signs of depression. Staying in bed/sleeping throughout the day -2/13/24: still sleeping a lot throughout the day,	A4010		

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A4010	Continued From page 4	A4010		

not playing/joining activities very much still having/showing signs of depression

-2/18/24: same active depression with R2. No new changes with behavior

3/7/24: R2 has been having a lot of crying spells at all hours of the day. R2 seems to be getting agitated over small things very easily and has been having bm (bowel movement) issues saying she gets the runs and then the next day feels constipated and stomach hurts

-3/22/24: R2 crying outbursts seem to be getting worse in the evening time. R2 is swearing at staff and doesn't want staff to figure out why she's sad all the time

-4/12/24: R2 is still having many, many depressive episodes that last all day.

-5/29/24: no changes with R2. R2 is still not sleeping well and having multiple depressive episodes. Today is crying because she ran out of tissues.

There are no progress notes for June, July, August and September.

-10/4/24: R2 is still always anxious and having melt downs, usually in the evenings. Still not sleeping well with depressive episodes.

There is no documentation that R2's physician, E4 (nurse) family or E8 (executive director) were made aware of these crying spells or depressive behavior.

The service plan dated 12/20/23 does not address these depressive behaviors. It is not

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A4010	Continued From page 5 signed or dated by the nurse, R2 or R2's responsible party. On 10/16/24 these concerns were shared with E8. E8 could not explain why these behaviors were not addressed in the service plan. 3. R3 is a 87 year old resident who moved into the establishment 6/1/24. R3 has diagnoses including Cerebrovascular disease, Hypertension, COPD (chronic obstructive pulmonary disease) and history of seizures. Per the physician's assessment, R3 has a history of a fall at home. R3 is to continue therapy through Home Health visits, PT (physical therapy) and OT (occupational therapy), RN visits. The service plan dated 12/20/23 does not address with interventions when R3 received PT/OT or RN visits. There is no agency name, duration or frequency of therapy or RN visits. On 10/16/24 at 4:00pm, these concerns were shared with E8 (executive director). E8 said that E3 o longer receives physical therapy but could not remember when the therapy was discontinued. As of 10/17/24, E8 did not present documentation about R3 receiving or discontinuing physical or occupational therapy. This service plan was not signed and dated by R3, R3's responsible or E4 (registered nurse). 4. R4 is a 85 year old resident who moved into the establishment 10/14/22. R4 has diagnoses including Anxiety, Depression, Hypertension and Rheumatoid arthritis.	A4010		

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A4010	Continued From page 6 The incident and accident report dated 5/5/24 shows at 6:35am R4 was trying to transfer to the wheelchair from the bed, the bed slid from under R4. R4 slid down onto her butt. Blood pressure was taken after the incident. R4 wasn't sent to the hospital because R4 didn't complain of pain and no injuries. There is no documentation to show that R4's physician, E4 (nurse), family or E8 (executive director) were made aware of this fall incident. The incident and accident report dated 6/18/24 shows R4 was screaming "help me" at approximately 6am. E6 (CNA/certified nurse aide) went into R4's room, R4 was on the floor at the foot of the bed. R4 stated she was unaware of how it happened. E6 took vital signs and assessed for any visible injuries. E6 assisted R4 back to bed. R4 was not sent to the hospital. No complaint of injury. There is a check mark that R4's family was made aware, however there is no indication R4's physician, E4 or E8 were made aware of this fall incident. The service plan dated 11/24/23 was not revised with interventions to address the 2 unwitnessed fall incidents. This concern was addressed with E8. E8 could not explain why the service plan was not revised after the 2 unwitnessed fall incidents or that the appropriate staff was notified of the 2 unwitnessed fall incidents. The service plans for R1, R2, R3 and R4 do not address the level of assistance these residents need in the area of medication administration.	A4010		

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A5000	Continued From page 7	A5000		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage - Level 2 violation a) An establishment may provide medication reminders, supervision of self-administered medication, and medication administration as an optional service. b) Medication reminders include: 1) Reminding residents to take pre-dispensed, self-administered medication; 2) Observing the resident; and 3) Documenting whether or not the resident took the medication. c) Supervision of self-administered medication means assisting the resident with self-administered medication using any combination of the following. Supervision of self-administered medication by unlicensed personnel shall be under the direction of a licensed health care professional. 1) Reminding residents to take medication; 2) Confirming that residents have obtained and are taking the dosage as prescribed; 3) Reading the medication label to residents;	A5000		

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A5000	Continued From page 8 4) Checking the self-administered medication dosage against the label of the medication; 5) Opening the medication container for a resident who is physically unable to do so; 6) Confirming that residents have obtained and are taking the dosage as prescribed; and 7) Documenting in writing that the resident has taken (or refused to take) the medication. d) Medication administration refers to a licensed health care professional employed by an establishment engaging in administering routine insulin and vitamin B-12 injections, oral medications, topical treatments, eye and ear drops, or nitroglycerin patches. Non-licensed staff may not administer any medication. (Section 70 of the Act) e) Medication stored by a resident in the resident's unit shall be stored and controlled as stated in the resident's service plan and shall be inaccessible to other residents. f) If an establishment provides medication administration or supervision of self-administered medication, the establishment's medication policies and procedures shall be approved by a physician, pharmacist, or registered nurse and shall address: 1) Obtaining and refilling medication; 2) Storing and controlling medication; 3) Disposing of medication;	A5000		

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A5000	Continued From page 9 4) Assisting in the self-administration of medication and medication administration, as applicable; and 5) Recording of medication assistance provided to residents and maintenance of medication records. g) If an establishment provides medication administration or supervision of self-administered medication, a drug reference guide, no older than 2 years from the copyright date, shall be available and accessible for use by employees. h) Any medication stored by the establishment shall meet the following requirements: 1) Medication shall be stored in a locked container, cabinet, or area that is inaccessible to residents; 2) Medication shall not be left unattended by an employee; 3) Medication shall be stored in the original labeled container, except for medication organizers, and according to instructions on the medication label; 4) A bathroom or laundry room shall not be used for medication storage; and 5) Any expired or discontinued medication, including those of deceased residents, shall be disposed of according to the establishment's medication policies and procedures. i) Except for medication organizers, resident medication shall not be pre-poured. Medication	A5000		

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A5000	Continued From page 10 organizers may be prepared up to one month in advance by the following individuals: 1) A resident or the representative; 2) A resident's relatives; 3) A nurse; or 4) As otherwise provided by law. j) A separate medication record shall be maintained for each resident receiving medication administration and shall include: 1) Name of resident; 2) Name of medication, dosage, directions, and route of administration; 3) Date and time medication is scheduled to be administered; 4) Date and time of actual medication administration; and 5) Signature or initials of the employee administering medication This requirement was not met as evidenced by: Based on record review and interview the establishment failed to ensure all medications are administered by the licensed nursing staff and allowing CNAs (certified nurse aides) to document medications as administered to residents on the MAR (medication administration record) for 1 resident (R3).	A5000		

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A5000	Continued From page 11	A5000		

This failure has the probability to affect all the residents who resident in the establishment.

Findings include:

1. R3 is a 87 year old resident who moved into the establishment 6/1/24. R3 has diagnoses including Cerebrovascular disease, Hypertension, COPD (chronic obstructive pulmonary disease) and history of seizures.

On 10/15/24 the MAR (medication administration record), cycle date 7/18/24 through 8/14/24 for R4 was reviewed. The following was noted:

-Amlodipine 5mg, take 1 tab by mouth every evening (5pm). This medication was not initialed as given for 7/21/24

-Aspirin 81mg chewable, chew one tablet by mouth every day with a meal (9am). This medication was not initialed as given for 8/1/24

-Atorvastatin 40mg, take 1 tab by mouth at bedtime (8pm). This medication was not initialed as given for 7/22/24 and 8/10/24.

-Clopidogrel 75mg, take 1 tab by mouth every day (9am). This medication was not initialed as given for 8/1/24.

The MAR is signed and initialed by E9 (CNA) and 2 other illegible signatures.

2. R4 is a 85 year old resident who moved into the establishment 10/14/22. R4 has diagnoses including Anxiety, Depression, Hypertension and Rheumatoid arthritis.

The physician's assessment dated 10/7/22 shows

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A5000	Continued From page 12 the nurse needs to administer medications. The service plan dated 11/24/23 shows R4 is a medication reminder. On 10/16/24 at 4:05pm these concerns were shared with E8 (executive director). When asked if a self-administration assessment was completed for R4, E8 said she wasn't sure if E4 (nurse) completed one for R4. As of 10/17/24, the date of exit, E8 did not present a medication self-administration assessment for R4. Regarding R3, E8 said the meds are in a locked medication cart. The nurse reconciles the medications orders with the resident's MAR. The resident's medications come from the pharmacy in a role pack. The CNA opens the pack, pours the meds into a medication cup and gives it to the resident. The CNAs do this on the weekends as well.	A5000		