STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ASL510274	A. BUILDING: _____ B. WING _____	C 10/08/2025

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PORTER PLACE	17833 HARLEM AVE TINLEY PARK, IL 60477

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A 000	Initial Comment Facility Reported Incident 7/21/25 - IL196863 - Unsubstantiated Facility Reported Incident 8/03/25 - IL196864 - Unsubstantiated Complaint Investigations 2597498/ IL196875 - Unsubstantiated 2597480/ IL196890 - 295.4020f) 2598609/ IL197413 - 295.5000h)1)2)5) 2598806/ IL197550 - 295.4020f) 2599136/ IL197657 - 295.4020f)	A 000		
A4020	Section 295.4020 Mandatory Services This Regulation is not met as evidenced by: Type 3 Violation Section 295.4020 Mandatory Services Each establishment shall provide or arrange for the following mandatory services: f) Assistance with activities of daily living as required by each resident. (Section 10 of the Act) This requirement was not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident received assistance with bathing for 1 of 3 residents (R1) reviewed for bathing in the sample of 5. The finding include: On 10/6/25 at 11:20 AM, R1 was sitting in her wheelchair in the dining room. R1 said they help	A4020		

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her with showers.

On 10/6/25 at 11:22 AM, E10 Resident Care Assistant said R1 needs assistance with showers. E10 said a shower sheet is filled out for the resident when a shower is given and has to be signed off by the nurse. E10 said if the resident refuses a shower, you have to try to re-approach later and then let the nurse know.

On 10/6/25 at 11:30 AM, E14 Resident Care Assistant said R1 doesn't like to shower sometimes and will refuse. E14 said R1 is scheduled for showers on Monday and Thursday PM shifts. E14 said shower sheets are filled out and kept in the shower book. E14 reviewed the shower book with this surveyor and found shower sheets for R1 for 9/4/25, 9/8/25, 9/11/25, 9/18/25- marked refused, and then two undated shower sheets (one was in between other residents dated on 9/29/25). E14 said shower sheets go to E3 Assistant Director of Nursing when removed from the book.

On 10/6/25 at 2:39 PM, E3 provided this surveyor shower sheets for 9/1/25 marked refused, 9/4/25, and a sheet previously undated with dated now marked in 9/29/25. E3 said she filled in the date of 9/29/25 since the sheet was in between two other residents shower sheets given on 9/29/25, she assumed it was from 9/29/25 as well (9/29/25 was a scheduled shower day for R1. E3 said she did not have any other shower sheets for 9/15/25, 9/25/25, or 10/2/25. E3 said they have been doing education on documenting showers.

The facility's Concern/Compliment form dated 7/9/25 from Z1 (R1's daughter) shows "Describe the concern/compliment : Shower concern."

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A4020	Continued From page 2 R1's Care Plan shows "Bathing: Needs/receives physical assist of 1 during bathing. Bathing: Physical assist 1-2x per week. Staff to physically assist resident with bath or shower." The facility did not provide shower sheets or documentation for showers on 9/15/25, 9/25/25, or 10/2/25. R1's Progress Notes do not contain documentation on 9/15/25, 9/22/25, or 9/25/25 regarding R1 receiving or refusing a shower. The facility's Basic Care Services Policy dated 5/20/22 shows "Residents are to have a full shower/bath according to their needs and preferences, and at least twice per week."	A4020		
A5000	Section 295.5000 Medication Reminders, Supervision of Self Med This Regulation is not met as evidenced by: Type 2 Violation Section 295.5000 Medication Reminders, Supervision of Self-Medication, Medication Administration and Storage 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	A5000		

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an employee;

5) Any expired or discontinued medication, including those of deceased residents, shall be disposed of according to the establishment's medication policies and procedures.

This requirement was not met as evidenced by:

Based on observation, interview and record review the facility failed to ensure medications were kept locked and inaccessible to residents and failed to ensure controlled substances were disposed of after a resident discharged from the facility for 2 of 2 residents (R6 and R7) reviewed for medication storage in the sample of 7.

The findings include:

On 10/6/25 at 10:00 AM, the nursing office door on the 100 unit was being propped open with a medication cart. The nurse was not in the nursing office. The medication cart was unlocked. The medication cart had medications for the 100 unit residents in the cart. An unlocked cabinet in the nursing office had the following medications in it: a tubular container of ABH (ativan/benadryl/haldol) Gel-1 milligram (mg)/25 mg/1 mg with 20 milliliters (ml) left out of the 30 mls that were dispensed on 3/10/25 for R6 and a bottle of liquid lorazepam 2 mg/ml with 6 mls left out of 30 mls for R7. (Ativan/Lorazepam is a schedule IV controlled substance and classified as a benzodiazepine that produces sedation.)

R6's Nursing Notes show that she expired on 4/13/25. R6's March and April 2025 Medication Administration Record (MAR) shows that ABH Gel was ordered on 3/11/25 and discontinued on 4/15/25 and R6 did not receive any dose of ABH

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Gel.

R6's March and April 2025 MAR shows that ABH Gel was ordered on 3/11/25 and discontinued on 4/15/25 and R6 did not receive any dose of ABH Gel.

R7's Nursing Notes show that she expired on 12/3/24. R7's November and December 2024 MAR shows that her lorazepam was ordered on 11/16/24 and was discontinued on 12/4/24 and R7 did not receive any doses of lorazepam.

On 10/6/25 at 10:05 AM, E5 (Resident Care Manager) said that all controlled substances should be double locked in the medication cart at all times. E5 said that the controlled substances are counted at the beginning and end of each shift. E5 said that if a resident is discharged, the medications are given to them. E5 said that if a resident expires, the medications are destroyed by the nurse and verified with another nurse. E5 said that the destruction should be done immediately and the controlled substance should be counted until it is destroyed.

On 10/6/25 at 12:39 PM, E2 (Clinical Services Director) said that the medication carts should be locked at all times and she did notice that the cart was unlock without the nurse being present. E2 said that she is aware that R6 and R7 no longer reside at the facility and their medications should not have been in the unlocked cabinet. E2 said that the controlled substances should have been destroyed after the resident expired. E2 said that they should continue counting them until they can be destroyed. E2 said that she can not located the controlled substance sheets for R6 and R7's medications that were found in the unlocked cabinet. E2 stated that all the residents

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who reside at the facility have a diagnosis of dementia.

On 10/7/25 at 2:26 PM, E1 (Executive Director) said that when a nurse leaves the nurse's station, they should make sure their medication cart is locked and the door is closed, especially on a dementia unit. E1 said that all controlled substances should be double locked at all times. E1 said that if a resident expires, the medication should be destroyed right away and disposed of with an additional nurse present. E1 said that the controlled substance should remain in the cart with the controlled substance sheet until it is disposed of. E1 said that it is very upsetting that the lorazepam and ABH gel was found in the unlocked cabinet and it should not have been there.

The facility's Narcotics, Controlled Substances, and Preventing Drug Diversion Policy shows, "All medications, including over-the-counter medications, are kept in locked storage at all times. Only authorized staff members are given key access to the medication storage area....A Narcotic Count Log (or electronic controlled substance system) will be maintained for all narcotic medications. When a narcotic is received in the community, it is counted by two staff members and added to the narcotic inventory with the current medication count reflected in the amount on hand. Each time a resident receives assistance with self-administration of a narcotic, this is documented and the amount of medication on hand is updated on the Narcotic Count Log. At the end of each shift, the staff member responsible for medication completing his/her shift, and the staff member responsible for medications who is starting his/her shift, count all

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A5000	Continued From page 6 narcotic medications and confirm that the amount on hand matches was it listed on the Narcotic Count Log for each medication.....When medications are to be destroyed, the destruction must be witnessed by the staff member responsible for medications and a nurse or pharmacist. The destruction is documented, including the amount of medication destroyed and a signature from both witnesses."	A5000		