FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_ C IL6001085 B. WING 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigations 1874794/IL104387- F684 1874580/IL104157- F690 1874581/IL104159- F690 S9999 Final Observations S9999 1) Statement of Licensure Violations: 300.1010h) 300.1210b) 300.1210c2)3) 300.1210d)5) 300.3220f) 300.3240a) Section 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including. but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification Section 300.1210 General Requirements for Nursing and Personal Care Attachment A Statement of Licensure Violations The facility shall provide the necessary b) care and services to attain or maintain the highest practicable physical, mental, and psychological

Illinois Department of Public Health

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

well-being of the resident, in accordance with

TITLE

(X6) DATE 08/10/18

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C B. WING IL6001085 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. All treatments and procedures shall be administered as ordered by the physician. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 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: A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour. seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection. and prevent new pressure sores from developing.

P3IK11

6899

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ C IL6001085 B. WING 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to notify the physician of changes in a foot wound and failed to follow physicians orders for wound care. This failure resulted in R21 with wound decline. hospitalization and diagnosis of left foot cellulitis. This failure applies to one resident (R21) reviewed for wound management. Findings include: Physician's Order Sheet (POS) dated 7/2018 indicates R21 was admitted to the facility 4/7/17 with current diagnoses that include Chronic Kidney Disease - Renal Dialysis Dependant. COPD (Chronic Obstructive Pulmonary Disease), Coronary Artery Disease, Diabetes Mellitus and

PRINTED: 09/27/2018 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_ IL6001085 B. WING 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 | Continued From page 3 S9999 Hypothyroidism. Quarterly MDS/BIMS (Minimum Data Set/Brief Interview for Mental Status) dated 6/15/18 indicates R21 scored 14/15 and is cognitively intact. Physician Note dated 6/19/18 indicates wound on left great toe and Wound Physician to see on 6/20/18. Physician Wound Care Note dated 6/20/18 indicates R21 with left foot traumatic hematoma. (4cm x 4cm x1cm/centimeter), left great toe wound 1.5cm x 1.3cm) and left 4th toe ulcer  $(0.3cm \times 6.3cm \times 0.1cm)$ . No facility skin/wound assessments were documented until 7/6/18 nursing note and 7/12/18 Body Skin assessment. Care Plan/Alteration in Skin Integrity was initiated on 6/18/18 and only included left great toe as problem. Care plan was not updated to include dorsal or left 4th toe wounds. POS indicates R21 has orders: 7/19/18 for Bactroban Ointment 2% (topical antibacterial) to left 3rd toe every day shift for wound care; cleanse with Dakins 0.5% (antiseptic

Illinois Department of Public Health

change Daily.

solution), apply Bactroban and cover with non-adherent dressing - change Daily. 7/19/18 for Santyl Ointment (topical chemical debriding agent) to left dorsal foot topically every day shift for wound care; cleanse with betadine (antiseptic solution), apply Santyl to wound base. cover with foam and wrap with gauze dressing -

7/19/18 for Santyl Ointment to left Great toe topically every day shift for toe ulcer; cleanse with betadine, apply santyl, cover with foam, wrap with

gauze dressing - change Daily.

P3IK11

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6001085 B. WING 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **650 NORTH KINZIE** RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 7/24/18 at 2:35pm R21 stated "The nurse yesterday said my foot was worse and the wound doctor said if my foot doesn't get taken care of I may lose my foot." R21 stated sometimes staff "skip" her treatment. At that time R21 was noted to have a wrapped gauze dressing on left foot dated "7/23/18." R21 stated that her dressing had not yet been changed (on 7/24/18). On 7/25/18 at 5:55pm, R21 was eating dinner in her room after returning from dialysis. At that time it was noted that R21 had the same dressing dated 7/23/18 on the left foot. Dressing was dingy and dirty on the bottom as R21 had no shoes or . protective covering over foot. R21 stated that the dressing was not changed (on 7/24/18) and still had not been changed (on 7/25/18). On 7/25/18 at 6:20pm V2, RN (Registered Nurse)/Treatment Nurse and V22, Wound Care Physician were in R21's room. V2, RN stated that the "floor nurses" are supposed to do the dressing changes and (R21's) dressing should have been changed yesterday. At that time R21's dressing was removed from left foot. R21's left foot was dark red, painful, with wounds on dorsal (top of foot), great toe and 3rd toe. Wounds all appeared with partial brown/black/gray areas. At that time V22, Physician stated that the wounds are "significantly" worse than last time (7/18/18) he saw them. V22 stated areas weren't black before and dorsal skin was intact. V22 stated that R2 needs immediate hospitalization due to R21's impaired circulation and infection in the foot, V22 stated that staff should always follow physician's orders and that not changing dressings and not reporting changes does have an "impact." V22 stated "I would hate to think what this foot would look like if I didn't see it every week."

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING IL6001085 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 5 S9999 On 7/26/18 at 11:00am V38, Agency LPN (Licensed Practical Nurse) stated he was R21's assigned nurse on 7/24/18 and that the last time he saw R21's wounds (7/22/18) her foot was "kinda red" great toe and dorsal had "slough" and dorsal had blacked around edges. V38 stated that it is very hard to know if there are changes to a residents wounds being an agency nurse unless you've actually seen the wound a few times. V38 stated he really didn't know if it was worse or not. V38 stated that he must have got too busy and forgot to change R21's dressing on 7/24/18 even though he charted it was done. Nursing Note dated 7/25/18 at 11:35pm indicates orders were received from V22, Wound Care Physician to send R21 to local hospital for evaluation left foot. Nursing Note date 7/26/18 at 2:08am indicates R21 admitted to hospital with diagnosis of arterial insufficiency and cellulitis. (B) 2) Statement of Licensure Violations: 300.1010h) 300.1210b) 300.1210c)3) 300.3240a) Section 300.1010 Medical Care Policies The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including. but not limited to, the presence of incipient or

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING; \_\_\_ С B. WING IL6001085 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 6 S9999 manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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 care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6001085 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 7 S9999 These Regulations were not met as evidenced Based on observation, interview and record review the facility failed to provide timely incontinent care for one resident with an uncovered pressure sore, exposing the wound to urinary excrement. Based on interview and record review, the facility failed to notify the physician of one residents' abnormal lab report. As a result R22 was hospitalized and treated with antibiotics for a urinary tract infection 3 weeks after the abnormal lab report. This applies to one (R9) 4 resident reviewed for incontinence and 1(R22) resident reviewed for indwelling urinary catheters. The Findings Include: 1). R9's Face Sheet documents the following diagnosis: Minimum Data Set dated 6/6/2018 documents R9 as cognitively intact. On Saturday July 14, 2018 upon arrival R9 was up in a wheelchair with a mechanical lift sling underneath her bottom while seated in a wheelchair. On July 14, 2018 at 8:11PM, V7(CNA) and V9(CNA) wheeled R9 to the room and placed R9 in bed utilizing a mechanical lifting device. The seat cushion that R9 was sitting on had a puddle of wetness on top of it and R9's light beige pants contained wet areas in the genital and peri-anal area. It was confirmed by V9 that it was urine. Upon removal of the incontinent brief, it was heavily soiled. R9 said " I have not been toileted since 8AM this morning. when the day shift got me up." Upon cleaning

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING IL6001085 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **650 NORTH KINZIE** RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 | Continued From page 8 S9999 R9's genital area there was a heavy build-up of thick white creamy substance and a stage 3 pressure ulcer to the bottom region with no dressing on it. At this time V9 said residents should be changed every 2 hours. There was no response as to why incontinent care was not provided for R9 from 8AM to 8PM. V9 confirmed that R9 had a wound on her bottom and there was no dressing on it. On Saturday July 14, 2018 at 8:34AM, V5(Nurse) said she was not aware of any sacral wound for R9. V5 said sitting in urine from this morning to this evening could cause a wound. Care Plan for bowel and bladder incontinence initiated on 7/15/2015 says " the residents uses disposable briefs, change/check every 2 hours and as needed. On July 25, 2018 at 8:51AM, V2(Nurse) said she coordinates the bowel and bladder program. V2 said it is standard care to provide incontinent care for residents every 2 hours. 2). Face Sheet documents R22 was admitted on 8/8/2017 with a pertinent diagnosis of pressure ulcers in the sacral region. Skin Wound Note dated 8/10/2017 documents. urinary catheter will be placed for urine diversion related to numerous pressure injuries and their unique locations to promote better wound healing. Nursing Progress Note dated 9/3/2017 documents " urinary catheter patent draining dark colored urine." Nursing Progress Note dated 9/7/2017 documents " urinary catheter patent draining dark

PRINTED: 09/27/2018 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6001085 B. WING 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DÉFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 colored urine." Nursing Progress Noted dated 9/26/2017 documents " resident urinary catheter patent. Urine yellow and very cloudy. Resident does not appear confused or altered for baseline. V34(Medical Doctor) updated of cloudy urine, Urinalysis and Culture and Sensitivity orders obtained..." Lab Report dated 9/29/2017 documents, the results of the urine culture " Klebsiella Pneumoniae and an abnormal urinalysis." Medication Administration Records and Physician Orders and Treatment Records were reviewed from September 1, 2017 to October 2017. There was no documentation of the V34(Medical Doctor) being notified of the lab results Nursing Progress Note dated 10/1/2017 documents " urinary catheter patent, draining thick cloudy urine with mild amount of sediment noted..." Nursing Progress Note dated 10/4/2017 documents " removed current urinary catheter and replaced with a new catheter related to signs of infection and Urinalysis, urine slightly hazy after insertion..." Nursing Progress Note dated 10/7/2017

Illinois Department of Public Health

dark amber urine..."

documents " urinary catheter patent and draining

Nursing Progress Note dated 10/15/2017 states, " 5:45PM, family here with concern. Family states

Nursing Progress Note dated 10/7/2017 documents " ...poor appetitive this evening.."

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ COMPLETED C B. WING IL6001085 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 10 S9999 R22 is more aggressive/agitated, confused. Appetite/ fluid intake poor. Family requesting R22 to be sent to the emergency room for evaluation." R22 was sent to the emergency room and admitted with a diagnosis of Urinary Tract Infection and pneumonia. Nursing Progress Note dated 10/18/2018 documents R22 returned from the hospital on 4 additional days of oral antibiotics for pneumonia. Nursing Progress Notes were reviewed from 10/18/2018 until 10/28/2017. R22 continued to decline in eating and was sent out to the hospital on 10/28/2017. Hospital Record dated October 28, 2017 through October 29, 2017 was reviewed. R22 was diagnosed with acute hypoxic respiratory failure, probably secondary to urinary tract infection and aspiration pneumonia. R22 was treated with antibiotics but continued to deteriorate and the family decided to make R22 a DNR(do not resuscitate). R22 expired on October 29, 2017. On 7/26/2018 at 2:27PM, V2(Nurse) said the physician should have been notified about the abnormal labs on 9/29/2018. V2 said she did not find any documentation on physician notification/physician instruction. Care Plan for urinary catheter dated 8/10/2017

Illinois Department of Public Health

states " monitor/record/ report to Medical Doctor for sign/symptoms of Urinary tract infection: pain. burning, blood tinged urine, cloudiness, no output,

deepening of urine color, increased pulse. increased temperature, urinary frequency, fouls smelling urine, fever, chills, altered mental status. change in behavior, change in eating patterns."

P3IK11

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_\_ C JL6001085 B. WING 07/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 NORTH KINZIE RIVER NORTH OF BRADLEY H & R BRADLEY, IL 60915 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 11 S9999 On 7/27/2018 at 8:49AM, V34(Medical Doctor) was interviewed and said he did not recall R22 and was not informed of a abnormal lab but if he were informed he would have made a decision based on the labs and other test that he could have ordered on what to do. (A)