

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035
--	---

(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
--------------------	--	---------------	---	--------------------

S 000	Initial Comments Complaint Investigation Survey #1915839/IL 114706	S 000		
S9999	Final Observations Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.1810f)1) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility. 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/23/19
--	-------	------------------------------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035
--	---

(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
S9999	<p>Continued From page 1</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>d) 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:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1810 Resident Record Requirements</p> <p>f) An ongoing resident record including progression toward and regression from established resident goals shall be maintained.</p> <p>1) The progress record shall indicate significant changes in the resident's condition. Any significant change shall be recorded upon occurrence by the staff person observing the change</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure supervision during mealtime for a resident with known behaviors of impulsive eating and rapidly putting large amounts of food in his mouth for 1 of 12 residents (R9) reviewed for safety in the sample of 13.</p> <p>The findings include:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 2</p> <p>The Physician Order Sheets (P.O.S.) shows R9 is 46-year-old male with a diagnosis including Frontotemporal Dementia a disorder that affects the frontal and temporal lobes of the brain, the areas generally associated with personality, behavior, and language. The most common signs and symptoms include increasingly inappropriate actions, lack of judgement and inhibition, repetitive compulsive behavior, change in eating habits, predominantly overeating, and lack of awareness. Movement related signs and symptoms include poor coordination and difficulty swallowing (source-Mayo-Clinic). The P.O.S. shows R9 was discharged from hospice services on June 24, 2019.</p> <p>The Minimum Data Set assessment dated June 28, 2019 shows R9's cognition is impaired and requires supervision with one person assist during meals.</p> <p>R9's current care plan shows he had a diagnosis including Frontotemporal Dementia, has a lack of safety awareness, and cognitive impairment. R9 has behaviors of inappropriate boundaries he engages in taking food off other resident's trays and has entered other resident room and removed food. R9 feels or perceives he is hungry and seeks food throughout the day. R9 has excessive intake, often leading to vomiting. R9 should be supervised and provide cues during meals.</p> <p>The nurse's note documented on August 7, 2019 (transcribed at 9:02 PM 14 hours after the start of her shift) shows a timeline to include: At 7:20 AM- this writer (V24-Licensed Practical Nurse) came into work and saw (R9) passing back and forth the hallway between dining room</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 3</p> <p>and his room. Vital signs were assessed as normal: Temperature= 98, Respirations-18, Pulse-72, Blood pressure- 126/74.</p> <p>At 6:10 PM, V24 brought dinner in his room and set up his food and opened his drinks. (R9's) head was up in a sitting position in the bed. (R9) was watching TV as he started to eat.</p> <p>At 6:30 PM, (V24) made last round and resident found unresponsive. Rapid Response called, Vitals checked.</p> <p>At 6:31 PM, (R9) is DNR (Do Not Resuscitate), Vital signs. No blood pressure, No heartrate, No respirations.</p> <p>At 6:45 PM, pronounced expired.</p> <p>At 7:00 PM, called V31 (R9's sister) but call went to her voicemail. V30 (R9's brother) was called and informed him about R9's condition. Nurse Practitioner of V29 (Physician) was called and informed.</p> <p>On August 12, 2019 at 9:48AM, V33 (CNA) said she was R9's CNA during the days shift on August 7, 2019. V33 said "R9 had behaviors of being impulsive. He would take other food from resident. He would eat so fast he needed to supervised and his food needed to be cut up. He would put food in his mouth so fast."</p> <p>On August 12, 2019 at 9:55 AM, no staff were in the Heritage dining room. Five residents were in the dining room with their breakfast trays (3 of the residents had a mechanical altered diets).</p> <p>On August 12, 2019 at 11:35 AM, V19 (Certified Nursing Assistant) said on August 7, 2019 he was</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>R9's CNA. V19 around 6:00 PM he was in the dining room; dinner trays were being passed."R9 was in his room eating by himself. V24 yelled out for help. Everybody went in the room, I asked what happened V24 said R9 choked."</p> <p>On August 12, 2019 at 12:13 PM, V24 (LPN) said she was R9's nurse on August 7, 2019. She said R9 was doing okay all day. V24 said around 6:00 PM, she delivered R9's dinner meal to him in his room. V24 said she stayed in the room for a little bit but had to go. "R9 was eating well, so I left his room with his dinner meal in front of him." V24 said when she came to check on him around 6:30 PM, R9 was unresponsive. "He looked pale, I called out for help." V24 said she called V25 (Nurse Supervisor) a rapid response was called, and 911 was called." V24 said R9 had food on his chin and by his mouth. She said "Maybe (R9) was eating and choking." V24 stated, "Maybe I should have taken the food out of his room" when I left the room. V24 said R9 has to be supervised during meals for safety. He tends to eat too fast and shovels food in his mouth. "Maybe I panicked, maybe it was my fault."</p> <p>On August 13, 2019 at 10:55 AM, V29 (Physician) said he was notified of R9's passing. "I was fairly shocked. Staff informed me R9 had been declining and receiving end of life care and was found unresponsive." V29 said nothing else was communicated to him. V29 said he signed R9's death certificate as a "Myocardial Infarct due to the information that was given to me. "</p> <p>On August 13, 2019 at 11:39 AM, V24 (LPN) said she told V29 was declining and receiving end of life care. V24 confirmed R9 was not receiving end of life care and was not declining.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035
--	---

(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
--------------------	--	---------------	---	--------------------

S9999

Continued From page 5

S9999

On August 13, 2019 at 11:58 AM, V20 (CNA) said "R9 was impulsive. He would grab others food and shove it in his mouth. He could not comprehend to chew slowly. R9 always needs someone there to supervise him during meals." V20 said if a tray of food was left in front of him he would "eat it so fast." V20 said when she worked the next day on August 8, 2019 she asked V24 (LPN) what happened. V24 told V20 she dropped off his dinner tray in his room and when she came back he was not responding. V24 said to V20 "there was not a lot of food in his mouth." V20 said V31 (R9's sister) reported to her R9 had a choking episode in the past.

On August 13, 2019 at 12:21 PM, V18 (CNA) said on August 7, 2019 during the dinner meal she was in the dining room. V24 took in R9's dinner tray sometime after that I heard V24 call out for help. "I don't know what happened. Something with the food."

On August 13, 2019 at 12:40 PM, V25 (Nurse Supervisor) said on August 7, 2019 V24 called her and said R9 was unresponsive. V25 said when she entered the room R9 was being suctioned by a nurse. V25 said R9 was not breathing and had no pulse. V25 said nothing was mentioned to her that R9 may have choked. V25 said "If a resident is choking, staff should perform a finger sweep, suction and perform the Heimlich maneuver." V25 said "I can't answer how (R9) expired."

On August 14, 2019 at 10:35 AM, V7 (LPN) said she was working on August 7, 2019. A rapid response was called overhead to Arcadia (Memory Care Unit). " I went down there when I entered the room (V24) was positioned to R9's left side in a Heimlich position in the bed. We

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2019
--	--	---	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035
--	---

(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
--------------------	--	---------------	---	--------------------

S9999 Continued From page 6 S9999

then laid him down in the bed. I tried to suction out the stuff that was in his mouth. R9 had chewed up food caked to the roof of his mouth and food pocketed to both sides of his cheeks." V7 said she suctioned R9's oral cavity and was able to get some food out. V7 said when she entered the room R9's skin was discolored, and his color was blue, his body was limp, and his skin was still warm. Staff confirmed he was a DNR. V7 said she remembers V1 (Administrator) and V25 (Nurse Supervisor) responded to the room.

On August 14, 2019 at 11:00 AM, V30 (R9's brother) said on August 7, 2019 the facility called him and was told they dropped off R9's dinner tray in his room and when they came back he was unresponsive. "They said they attempted to check his airway." V30 said R9 has had choking episodes in the past.

On August 14, 2019 at 11:45 AM, V31 (R9's sister) said on August 7, 2019 she was out of the country when R9 passed. V31 said she heard R9 had a choking episode. V31 said she has witnessed R9 choke in the past and removed food from his mouth and given him the Heimlich. V31 said "R9 has Frontotemporal Dementia- lack of impulse control. He would stuff his mouth not realizing he had a mouth full of food. R9 needed to be supervised during meals." She said the facility told her they would make sure R9 was supervised for meals. V31 said R9 was discharged from end of life care a few months ago because he was not declining.

On August 14, 2019 at 2:30 PM, V6 (LPN) said on August 7, 2019 she responded to a rapid response on the first floor. V6 said R9 was blue when she entered the room. I checked to see if

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014963	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE	STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035
--	---

(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
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>he was a DNR. There was food in his mouth.</p> <p>On August 14, 2019 at 2:35 PM, V31 (LPN) said on August 7, 2019 she responded to a rapid response of the first floor. R9 was lying in the bed. I saw his food plate with crumbs on his plate.</p> <p>R9's electronic medical record does not show documentation he was found with food in his mouth, and the medical record did not show R9's mouth was suctioned, and the medical record did not show R9 received the Heimlich maneuver. R9's medical record does not show 911 was called.</p> <p>(A)</p>	S9999		
-------	--	-------	--	--