PRINTED: 08/28/2019 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ C IL6011910 B. WING 08/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD ST PATRICK'S RESIDENCE NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (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 DEFICIENCY) S 000 Initial Comments S 000 Statement of Licensure Violations Complaint Investigation 1975482/IL114320 \$9999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)6) 300.3240a) Section 300.610 Resident Care Policies 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. Attachment A The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed **Statement of Licensure Violations** and dated minutes of the meeting. Illinois Department of Public Health

Electronically Signed

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

Illinois Department of Public Health

TITLE

(X6) DATE

08/22/19

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE		
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ST PATR	ICK'S RESIDENCE		OKDALE RO				
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3	Section 300.1210 Nursing and Person	General Requirements for nal Care					
	care and services to practicable physical well-being of the re- each resident's cor- plan. Adequate and care and personal	shall provide the necessary o attain or maintain the highest il, mental, and psychological sident, in accordance with aprehensive resident care d properly supervised nursing care shall be provided to each e total nursing and personal esident.					
	Section 300.1210 Nursing and Perso	General Requirements for nal Care					
	nursing care shall i	subsection (a), general nclude, at a minimum, the be practiced on a 24-hour, basis:					
	to assure that the r as free of accident nursing personnel	ary precautions shall be taken residents' environment remains hazards as possible. All shall evaluate residents to see receives adequate supervision prevent accidents.					

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(prolonged exposure).

The findings include:

incident reports.

sepsis, hypovolemia, hyperthermia and sunburn

This applies to 1 of 3 residents (R1) reviewed for

According to the EHR (electronic health record), R1 has diagnoses including Parkinson's disease,

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD NAPERVILLE, IL 60563 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 3 major depressive disorder, benign prostatic	(X3) DATE SURVEY COMPLETED	
ST PATRICK'S RESIDENCE 1400 BROOKDALE ROAD NAPERVILLE, IL 60563 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 3 1400 BROOKDALE ROAD NAPERVILLE, IL 60563 ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) S9999 Continued From page 3	1/2019	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 3 NAPERVILLE, IL 60563 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
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	(X5) COMPLETE DATE	
major depressive disorder, benion prostatic		
hyperplasia, cognitive cognition deficit, osteoarthritis, unspecified dementia without behavioral disturbance, anxiety disorder and generalized muscle weakness per face sheet. The MDS (minimum data set) dated 08/07/19 shows that R1 has moderately impaired cognition, requiring extensive assistance with bed mobility, transfer, dressing, toilet use, personal hygiene, bathing and locomotion on and off the unit. The same MDS showed that R1 has both lower extremities impairment in functional limitation in range of motion. The facility's incident report dated 07/25/19 showed that approximately 16:15 (4:15 PM), facility's CNA/certified nursing assistant went to get R1 for his shower. R1 was in the 2 east rooftop gardens where he often sits to enjoy the outdoors. R1 appeared flushed and slow to respond to the CNA. The CNA brought R1 inside and immediately notified the nurse. The nurse found R1 to be slow to respond, appeared flushed and warm to touch. Vital signs were obtained, ice packs applied for cooling and oxygen was administered. R1 was transported to hospital via EMS (emergency medical services). R1 was evaluated in the ER (emergency room), diagnosed with sepsis and admitted for treatment. Hospital record dated 07/25/19 showed: R1 was seen in ER (emergency room) with heat exposure and fever. R1 was found outside the facility with 103.5 fever, hot dry skin, resident was not responsive to name. Hospital History and physical examination record showed:		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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S9999	Continued From pa	ge 4	S9999			
	home resident, with dementia and parki much history. Broug fever from the nursi in the sun for a cou was found to have p (urinary tract infectibecause of possible Vital signs: ER temp Blood pressure 156 Lactic acid was 2.1 11.3 Assessment and Pl 1. Septic syndrome 2. History of heat exareas.	perature was 101.8 degrees. /88. and WBC (white blood count) an because of high lactic acid. coposure. Silvadene for burn				
	Parkinson's disease (cerebro vascular a with altered mental poor historian so his review and staff repoutside confused w nursing facility. He of just states he had p and does not recall taken to the hospitarevealed positive ur negative head CT a question of LLL opasepsis and fluid hydromeroved to reported denies any acute codyspnea, wheezing, emesis or abdomination.	Iness: If with diagnoses including Ine, dementia, history of CVA ccident) who was admitted status and sepsis. R1 was story is taken from chart ort. Apparently R1 was found ith fever of 103.5 outside his does not remember this and lanned to go out in the garden anything further. He was if for evaluation and workup, inalysis (culture pending) and CT abdomen/pelvis with incities. He was treated for liration, His mentation d baseline. Presently he oncerns. Denies any pain, a chest pain/pressure, nausea, at pain. Nurse report he has is face and BUE (both upper				

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usually done at 3pm. V3 said he helped V11 look for R1 and at around 4 PM he found R1 in the second-floor garden outside. R1 was sitting up in the wheel chair under the sun. R1 was not responding. R1 already passed out, his body was shaking, sweating, and his eyes were opened. V3

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		SURVEY PLETED
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S9999	said he told V11 to inside the building took R1's vital signs very hot that day (0 and arms were very sleeves shirt, long was not wearing ha family members and were under the tree. On 07/30/19 at 2:207/25/19 he came she was doing her V11 said that she aknow the name) where to check the did there. V11 said that and after that she aknow the in the went to check on R but R1 was not the 4:15 PM she was descond floor TV roddoor of the TV roor outside the pation and her (V11) went R1's body was sha stated that R1 had and arms. V11 desred". V11 said that facility and told the cold compress to F On 07/27/19 at 3:307/25/19 at around her, asking about F to have a shower that R1 might be in the said that R1 might	call a nurse and brought R1 then to his room. V4 (nurse) s. V3 further stated that it was 7/25/19) and R1's face, neck y red. R1 was wearing short pants, and regular glasses. R1 at or sunglasses. There were d residents outside, but they	S9999			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDPLA	TOP CORNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	LETED
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ST PATE	RICK'S RESIDENCE		LLE, IL 6056			
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S9999	Continued From pa	nge 7	S9999			
	garden. V4 said that back to his room shopened, not moving responsive. V4 said that V14 and V15 (his room so she cat (supervisor). R1's sand not verbally responsive to R1's room putting cold wet towarmpit and groin arwas 89% and they mask and R1's oxy%. R1's pulse regist oximeter. V4 said to temperature, but the Con 07/29/19 at 11:3 stated that on 07/2 walked in the TV roover and wanted to responded to R1 arwanted to go outside out. V6 said V8 reswill get him later." Vanew and that she he pushed R1 outsother people there R1 if he wanted to wanted to be underpositioned R1 in part other people and serion the TV room. few minutes and expositioned R1 in part other people and serion the TV room. few minutes and expositioned R1 in part other people and serion the TV room. few minutes and expositioned R1 in part other people and serion the TV room. few minutes and expositioned R1 in part other people and serion the TV room. few minutes and expositioned R1 in part other people and serion the TV room. few minutes and expositioned R1 in part other people and serion the TV room. few minutes and expositioned R1 in part other people and serion the TV room. few minutes and expositioned R1 in part other people and serion the TV room. few minutes and expositioned R1 in part of the TV around 12:55 PM to floor for bingo gam. PM. V6 said that he	at while R1 was being wheeled he saw R1's eyes were g, and that R1 was not verbally d she knew something was not id quick assessment. V4 said nurses) were following R1 to alled 911 and informed V12 skin was hot, skin was flushed sponsive. V4 said she went and the 2 nurses were already vels on R1's forehead, arms, rea. R1's oxygen saturation put R1 on a non-rebreather regen saturation went up to 93 stered as 132 per pulse hey were trying to get R1's re paramedics came already. 20 AM, V6 (student CNA) 5/19 around 12:45 PM he som and met R1. R1 called him as go outside. V6 said he and if he could bring him sponded "yes" and said, "we v6 said that he took that V8 will follow up with R1. V6 said side of the patio and there were in the patio. V6 said he artial sun close enough to the one would be able to view R1 V6 said he talked to R1 for a secused himself and walked room. V6 further stated at hey took residents to the first re and left the building at 1:45 re was not aware that V8 left W. V6 said he was not aware if				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	COMP	LETED
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	PROVIDER OR SUPPLIER		ORESS, CITY, ST			
ST PATRICK'S RESIDENCE 1400 BROOKDALE ROAD NAPERVILLE, IL 60563						
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S9999	Continued From pa	ge 8	S9999			
S9999	V8 told anyone the was lucid and alert, he brought R1 out while the clouds we was talking to R1 th said that there was comfortable for him. On 07/29/19 at 12: 07/25/19 there were PM. V8 said on that asked to come in eand worked until 2 her resident that dathat she was paired not know their name Asian girl and the cher toilet, transfer a residents. R1 alway week (Tuesday, The bingo starts at 1:30 anyone or V6 regains patio. V8 said that (group 3) and she was tated that R1 candoes not think R1 candoes not thi	location of R1. V6 said that R1 V6 further stated that when when it was partially cloudy, ere passing by. Additionally, he ney were under the sun. V6 a slight breeze and it was	59999			
	she (V5) was work	use this was R1's routine since ing in the facility for 3 years. V5 was doing her rounds R1 was				

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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: _ B. WING IL6011910 08/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD ST PATRICK'S RESIDENCE NAPERVILLE. IL 60563 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 TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 9 S9999 not in his room, so she was thinking R1 was downstairs playing bingo. On 07/29/19 at 2:50 PM V9 (nurse practitioner) stated that she was informed by V4 that R1 was unresponsive. Skin was flushed and R1 was going to the hospital when 911 was called. V9 was asked what her expectation for the staff is in supervising a resident and how long to be safe to be under the sun. V9 said that a resident is alert or if not oriented can go outside, she/he has wear sunblock, take precaution or stay in the shaded area. They have to have somebody to monitor the residents because he is outside. Safe time for residents under the sun should be 10-15 minutes. On 07/30/19 at 1:20 PM V10 (nurse practitioner) stated that she saw R1 a month ago and he was stable. V10 said that she left the building that day (07/25/19) at 3 PM and heard about the incident. V10 was asked about the expectation for the resident to be under the sun. V10 said limited amount of time with supervision or monitor the resident. If the weather is 80 degrees, then the time duration should be 15 - 20 minutes outside. On 07/31/19 at 11:35 AM V13 (physician) stated that he did not see R1 in the hospital because he was out of the country. V13 was asked what expectation from the staff for supervising a resident or how long to be safe under the sun. V13 said that there is nothing written in the medical book to be safe under the sun, but they need to do a safety check for the resident. This includes frequent checks every 30 minutes, 45 minutes, or every hour. They should have common sense if the resident is safe to be outside.

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On 07/29/19 at 1:45 PM R1 was observed in bed.

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: _ B. WING IL6011910 08/01/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD ST PATRICK'S RESIDENCE NAPERVILLE, IL 60563 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 DATE TAG DEFICIENCY) S9999 Continued From page 10 S9999 R1's face and arms were still red. R1's forehead, nose, and cheeks were peeling off. R1 stated that he asked a CNA to bring him outside to get fresh air. R1 denies any pain. The weather on 07/25/19 per time and date. com/weather report showed: - 12:52 PM 83 degrees F (Fahrenheit)- sunny with humidity of 41% - 1:52 PM 83 degrees F sunny humidity of 41 % - 2:52 PM 84 degrees F sunny humidity of 41 % - 3:52 PM 85 degrees F sunny humidity of 39 % - 4:52 PM 84 degrees F sunny humidity of 40 %

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