PRINTED: 02/03/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ B. WING IL6000353 11/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON **BRIDGEWAY SENIOR LIVING** BENSENVILLE, IL 60106 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 1978370/IL117493 1978353/IL117477 1978145/IL117250 S9999 S9999 Final Observations Statement of Licensure Violations. 300.1210 b) 300.1210 b)4) 300.1210 c) 300.1210 d)6) 300.3240 a) 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. 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless Attachment A circumstances of the individual's clinical condition demonstrate that diminution was unavoidable.

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

This includes the resident's abilities to bathe. dress, and groom; transfer and ambulate; toilet;

eat; and use speech, language, or other functional communication systems. A resident

TITLE

Statement of Licensure Vi

(X6) DATE

12/09/19

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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: _____ С B. WING IL6000353 11/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON **BRIDGEWAY SENIOR LIVING** BENSENVILLE, IL 60106 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S9999 Continued From page 1 S9999 who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 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. Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These regulations were not met as evidenced by: Based on observation, record review, and interview, the facility failed to ensure that a resident with impaired mobility bed was positioned safely away from a room heating unit. This failure resulted in R9 sustaining a second degree burn to the arm when R9 was positioned on the heat radiator. This applied to 1 of 3 (R9) residents reviewed for mobility and safety from a total sample of 9. Findings include:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED	
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S9999	Continued From page 2		S9999				
	and was admitted of including: thrombos aphasia, feeding dit affecting left domination diabetes mellitus ty kidney disease, and disorder, hyperchol difficulty walking, reinfection, implanted infarction and history. The Minimum Data shows R9 has cognitically included in the minimum of the m	cuments R9 is 75 years old on 7/12/19 with diagnoses sis, epilepsy, dysphagia, fficulties, flaccid hemiplegia ant side, heart disease, pe 2, dehydration, chronic kiety, bipolar, major depressive esterolemia, hypertension, speated falls, urinary tract cardiac defibrillator, cerebral by of breast cancer. Set (MDS) dated 10/8/19 hitive impairment. R9 requires the with bed mobility from two					
	Surveying Agency	nt report to the State documents R9 sustained he right arm from a heater on urs.					
	(Certified Nursing A room to assist her wight arm leaning or resident and called with redness extend forearm to right sho opened blister proximately another opened blist to the right elbow, in upper arm measuri another intact blisted 0.8 cm. Asked residents of the residents of the residents of the right elbow, in the right elbow in the right elb	ead: 11/7/19, 13:25: CNA assistant) went into resident with Lunch, noted resident in heater, immediately removed writer, assessed area, noted ding from right posterior mid oulder with 1.2cm x0.3 cm imal to the right elbow and ster 1.3 cm x 0.5 cm proximal intact blisters on right mid ing 1.8 cm x 0.6 cm and er above it measuring 1.2cm x dent what happened she if fell over the radiator."					
		eads: 11/7/19, 16:53 Informed at R9 sustained a burn on her					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6000353	B. WING			C 1 5/2019
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
\$9999	right arm from the hathe area extending shoulder The area a filled blisters on right 1.8 cm x 0.6 cm and it measuring 1.2cm proximal to her right not measurable cm other opened blister with light serous on The Wound Evaluate Physician) dated 11 wound to the right a exudate. On 11/12/19 at 3:30 reclining chair in he unit installed just be R9's right upper arm purple discoloration on the outer part of elbow were 2 brown On 11/13/19 at 10:1 (Assistant Director oup in bed on 11/7/15 the heater was a litt time she turned the R9 has a left hemipside of her body. Refrom staff to turn in light to call for assis confusion and does stated on 11/7/19 sh Nursing Assistant) of when she entered the like this. I smell stated when V17 turned the N17 turned when V17 turned the N17 turned when V17 turned she when V17 turned the S1 turned when V17 turned she will she will be	leater in her room. Assessed from mid forearm to her also noted with multiple fluid at mid upper arm measuring d another intact blister above x 0.8 cm, 2 open blisters, one telbow measuring 1.2 x0.4x with light serous exudate the measuring 1.3 cm x 0.5 cm the right elbow. Ition from V21 (Wound Care /8/19 reads: R9 has a burn rm with heavy serous PM, R9 was awake in the room. There was a heating low the window. Noted on a was a large red and deep. There were also dry blisters the arm. Just above the	S9999			

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	,
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S9999	Continued From pa	ge 4	S9999			
	were blisters on the blisters were open. pain which she rate policy is for beds to On 11/13/19 at 1:54 and V8 pulled R9 up AM. V13 stated the to pull R9 up in bed against the heater with When asked why wheater, V13 replied risk. Fall risk reside V13 stated the room stated R9 cannot mright arm up and do requires staff physic	e upper arm. Two of the V8 also stated R9 was in d the pain 8/10. V8 stated the be in the low position. I PM, V13 (ADON) stated she p in bed between 8:30-9:00 by raised the height of the bed. V13 stated the bed was when she entered the room. The results as R9's bed against the "probably because she's a fall and beds go against the wall." In was hot upon entering. V13 love. R9 can only move her lown. R9 can't turn herself and cal assistance. V13 also to place beds in the low				
	Nurse) stated on 11 assess R9 after she the heater. V22 staredness from the she were clusters of blis leaking and the rest "I saw her immediat was redness every." On 11/13/19 at 4:04 11/7/19 around 11:0 and noted R9 slump she smelled someth smelled like when y grabbed R9, pulled help. When asked V17 replied "it was definitely up." The	5 PM, V22 (Wound Care /7/19 she was called to e was found with her arm on sted R9's right arm had houlder to the elbow. Theresters, one near the elbow was twere fluid filled. V22 stated tely after it happened. There where with blistering." 4 PM, V17 (CNA) stated on 20 AM, she entered R9's room ped in bed. As V17 got closer hing burning. V17 stated "it you iron clothes." So V17 her next to her and called for about the position of the bed, not in the low position. It was policy is to place the bed in ecording to V17, the bed was				

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING IL6000353 11/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON **BRIDGEWAY SENIOR LIVING** BENSENVILLE, IL 60106 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 Continued From page 5 S9999 against the heater. V17 added R9 is unable to turn in bed and can't move her left side. R9 does not use the call button, you must just go there. R9 was awake with tears in her eyes. She rated her pain 9/10 (Severe). V17 stated R9's arm was reddened with indentations from the vent on the heater. Then a couple of minutes later it started to bubble up. V17 stated she took R9's arm off the heater. V17 stated "I touched her arm. It was definitely hot. That was the iron problem." On 11/14/19 at 2:50 PM, V2 (Director of Nursing/DON) stated on 11/7/19, upon entering R9's room she noted R9's right arm to be reddened with blisters. V2 stated first there were two, then there were four. V2 also stated the height of the bed should be in the low position. When asked what factors would place R9 at risk for harm, V2 stated R9 has immobility and impaired cognition. R9 requires physical assistance from staff for bed mobility. V2 stated new interventions is for staff to ensure R9's bed is away from the heater. On 11/14/19 at 3:05 PM, V17 clarified her previous statement and said R9's bed was in the highest position. Both the head of the bed and the bed itself were elevated. The vent shape from the top of the heater was indented in R9's arm. On 11/15/19 at 4:07 PM, V21 (Wound Care Physician) stated R9 sustained a burn from the heater. According to V21 the wound was big with first degree burns and approximately 20% second degree. The wound is almost healed. V21 stated

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R9 is confused and does not know what's going on. The facility needs to ensure she cannot touch the heater. V21 also stated the burn could've been prevented had the facility monitored R9

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