Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6008130 07/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2545 24TH STREET** GENERATIONS AT ROCK ISLAND ROCK ISLAND, IL 61201 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) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Annual Certification Survey with Complaint #1924341/IL113093 Complaint #1924672/IL113445 Complaint #1924718/IL113493 Statement of licensure Violations S9999 Final Observations S9999 Licensure 300.610a) 300.1210b) 300.1210d)2) 300.1210d)6) 300.3220f) 300.3240a) 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 and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care Attachment A b) The facility shall provide the necessary care and services to attain or maintain the highest Statement of Licensure Violations 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

Electronically Signed

TITLE

(X6) DATE

07/25/19

PRINTED: 08/14/2019 **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: B. WING IL6008130 07/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2545 24TH STREET** GENERATIONS AT ROCK ISLAND ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION. (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 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 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: 2) All treatments and procedures shall be administered as ordered by the physician. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All

Section 300.3220 Medical Care

and assistance to prevent accidents.

f) All medical treatment and procedures shall be administered as ordered by a physician.

nursing personnel shall evaluate residents to see that each resident receives adequate supervision

Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements were not met as evidenced by:

- 1. Based on observation, interview and record review the facility failed to ensure ventilator dependent residents (R32, R83) received routine and emergency care, and failed to ensure tracheostomy residents (R13, R32, R44, R83) were assessed, monitored and care needs were met.
- 2. Based on observation, interview and record

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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	review the facility fatrained staff are preand emergency material envelopments are ventilator depet tracheostomy care. These failures results attempting to suction was obstructed with resident (R13) requite be replaced and	ailed to ensure competently esent to provide routine care imagement to residents who indent (R32, R83) and require (R13, R32, R44, R83). Alted in one resident (R32) on her own tracheotomy which in a mucus plug and one siring a bleeding tracheotomy the potential for life tory complications for (R13,				
	Facility currently er	nt dated 2017 indicates: nploys one Respiratory Respiratory Therapists.				
	Respiratory Therapone CRT (Certified	0:00pm, V7, RRT (Registered bist stated that there was only Respiratory Therapist) and ed Respiratory Therapist cility.				
	the facility had 24 h coverage, but as of the RTs go and res one RT eight hours Friday. V6 stated the left in the building a Friday 10am to 6:3	V6, CRT stated that previously nour respiratory therapist (RT) f 6/14/19 the facility let all of sidents only get coverage by a per day Monday through nat currently she is the only RT and works Monday through 0pm. V6 stated that this past irst weekend there was no RT are for residents.				
	indicates R32 was	er Sheet (POS) dated 6/2019 admitted to the facility on oses that include Chronic				

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING: _	CONSTRUCTION		SURVEY
		IL6008130	B. WING		07/	02/2019
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	Respiratory Failure Tracheostomy, Sev Sleep Apnea. MDS/BIMS (Minimu Mental Status) date no memory impairm (indicating R32 is concluded on 6/24/19 at 1:30p (Licensed Practical assess, monitor or during the night. V5 on for 40 minutes, the Assistant) who told stated that she such head of her bed do on the suction mac suction catheter is the ventilator tubing plug and I don't ever again". R32 stated tell her that V5 refuthat over the weeks 6/23/2019) V6 camme on the vent(ilator).	- ventilator dependent, vere Obesity, Obstructive arm Data Set/Brief Interview for ed 4/26/19 indicates R32 has ments and scored 15/15 ognitively intact). Om R32 stated that V5, LPN Nurse) did not come into suction her tracheotomy is stated she had her call light told a CNA (Certified Nurse V5, but V5 never came. R32 tioned herself, by putting the wn, reaching over and turning hine. R32 stated that the "inline" and already attached to g. R32 stated, "I had a mucus er want (V5) to be my nurse that she texted V6 at 3am to sed to suction her. R32 stated and (on 6/22/2019 and e to the facility at 7pm and put or) and then came back and				
	own time. R32 state	t(ilator) the next day on her ed V6 now leaves at 6:30pm ack to bed at 6pm, but prefers				
	indicates V6, CRT v 6/23/2019. On 6/24/19 at 2:00p first weekend that r available to residen care and she only of because she was w who require respira	by staff schedule dated 6/2019 was not scheduled on 6/22 or come V6 stated that it was the respiratory would not be stated that needed respiratory came in - on her own - worried about the residents story care. V6 confirmed that that sat 3am indicating she had to		ñ		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		SURVEY
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S9999	suction herself becavailable. V6 also semotional when she staff at night or on the staff and by the staf	ause the nurse was not stated that R32 gets very e knows there is no respiratory the weekends. 19 indicates R83 was acility on 6/22/19 with ude Acute Respiratory Failure ilator dependent, ronic Obstructive Pulmonary e Renal Disease - dialysis negestive Heart Failure. 1/20/19 indicates R83 has no nots and scored 15/15 indicating	S9999	DEFICIENCY)		
	On 6/24/19 at 4pm	V6 stated "(R83) was in the				

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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	
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S9999	hospital when they refused to take R83 ventilator depender staff." V6 stated that bring R83 back any the admitting nurse when she came bara Sunday because staff who could put stated that she is the put in R83's speaking valve. V6 tube comes out, staguickly as the stom On 6/25/19 at 3:45 are times she has be another nurse and she would have to know how to replace stated "It's scary, a on that floor and I common	ge 5 cut respiratory staff and I is back because she is at 24/7 and I no longer had the at the decision was made to away and V6 was called in by to put R83 on the ventilator ck from the hospital at 9pm on there was no other trained (R83) on the ventilator. V6 is only staff who knows how to any staff who knows how to any staff who knows how to a starts to swell immediately. The work of the floor without if a resident extubated himself call "911" as she does not be a tracheostomy tube. V8 and tonight I'm the only nurse lon't feel comfortable with the vent to dialysis." V8 and tonight I'm the only nurse lon't feel comfortable with the vent to dialysis." V8 and tonight I'm the only nurse lon't feel she would not know what problem. V8 stated there are in RN (Registered Nurse) in the and now there is no oner. V8 stated she does not resident on or off a ventilator. The work of the vent of the ventilator of the vent of the vent of the ventilator. The work of the vent of the ventilator of the vent of the	S9999			

PRINTED: 08/14/2019 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: B. WING IL6008130 07/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2545 24TH STREET GENERATIONS AT ROCK ISLAND** ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PRÉFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 6 S9999 On 6/25/19 at 10:20am V11, LPN stated "We have respiratory here Monday - Friday from 10am - 6pm. If they aren't here, the nurses are responsible. I don't feel comfortable with the vents. If respiratory wasn't here and the whole trach came out, I'd have to call 911." V11 also stated that recently the staffing has been cut and respiratory used to be here 24 hours a day. On 6/25/19 at 10:30am V12, RN/Agency stated that she did help transport a vent resident to dialysis yesterday, but didn't mess with the vent or any of the settings and stated "I know nothing about how to do this. I am not comfortable weaning a patient on or off a vent. If a trach came out, I'd have to call 911, because I've had no training and wouldn't know what to do." POS dated 6/2019 indicates R13 was admitted. to the facility 3/15/19 with diagnoses that include Acute Respiratory Failure with Tracheostomy. Chronic Obstructive respiratory disease. Congestive Heart Failure and Lung Cancer. MDS/BIMS dated 6/21/19 indicates R13 is cognitively intact and scored 14/15. On 6/25/19 at 10:45am R13 stated that a couple days ago he had bleeding from his trach and V6, CRT came to help. R13 stated that the nurse did not help him and that he is worried when V6, CRT

Illinois Department of Public Health

or V7, RRT are not working because he does not know if the nurses will know how to help him. At that time V6 was in the room administering a breathing treatment to R13 through his trach tube. V6 stated that in the evening (on Sunday 6/23/19) she was putting R32 back on the ventilator (on her own time) when a CNA asked her to look at R13. V6 stated that R13 had a napkin full of blood and a lot of bleeding from his trach and that if R13's trach gets dry it has a

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Illinois Department of Public Health

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	6/23/19 (Sunday) nindicate trach care nursing. This care a previously provided Care Plan dated 10 increased potential respiratory distress tracheostomy and A Respiratory Flowsh nurses were not moor trach care for R8	6/22/19 (Saturday) and o documentation was found to was provided to R44 by and monitoring for R44 were by the respiratory therapist. 0/25/16 indicates R44 has for complications for related to respiratory failure, Anoxic brain damage. 1/26/19 indicates and indicates on the following vent settings, oxygen and one of the following vent settings, oxygen and were previously provided by apist.				
	of Nursing) stated to Flowsheets are kep the Respiratory car nurses do have acc treatment book (The separate from Med and Treatment Adnothat she charted in the nurses were now was not part of the V2 acknowledged to the physician order when respiratory the On 6/24/2019 at 4p offered to train the the nurses but it was ensure the nurses.	om, V6, CRT stated that she ADONs who could then train as not her responsibility to knew what to do.				
	Facility Job Descrip (undated) indicates					

	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING:	CONSTRUCTION		SURVEY PLETED
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	Selects, assembles proper function, opincludes mechanical oxygen analyzers, or resuscitators with a end-expiratory presequipment, oral/nasequipment, oral/nasequipment, oral/nasequipment, oral/nasequipment, oral/nasequipment, oral/nasequipment, oral/nasequipment, assume all tracheostated the majority LPN's and/or from nursing staff received and they are not correspiratory care redependent resident education and train equipment, skill to difference between cuff when capping, stated the facility has therapist at night arrused an ambu bag V7 stated that vent require frequent mot trained staff to trou assess the resident happen.	venes appropriately. Is and checks equipment for erations and cleanliness. This al ventilators, CPAP systems, demand values, manual and without PEEP (Positive soure), spirometers, suctioning sal airways and tracheal tubes. In V7, RRT (Registered sist) stated that early in June is were told they were phasing apy and that nursing would stomy and vent care. V7 of the nurses in the facility are is Agency. V7 stated that ed the bare minimum training impetent to provide the level of quired to care for ventilator is. V7 stated it takes years of ing to troubleshoot ventilator understand alarms, know the trach tube types, deflating the is and the list goes on. V7 as no trained respiratory and some nurses have never if a resident on a trach codes. Illator dependent residents on itoring of settings and need bleshoot equipment and the quickly when problems.				
	any other nurse and himself she would I not know how to re	d if a resident extubated nave to call "911" as she does place a tracheostomy tube. V8 nd tonight I'm the only nurse				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILÐING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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\$9999	on that floor and I of transporting (R83) stated that R83's we then plugged back dialysis room and for to do if R83 had a times there is not at the building at night respiratory staff eith know how to put a stand "definitely not containing for the vent and "definitely not containing for the vent and "definitely not contain and off of the vector and off of the vector and off of the vector with residents floated to that floor previous respiratory training for the vent managing the vent floor with residents floated to that floor previous respiratory training for the vent managing the vent patients. On 6/25/19 at 10:20 have respiratory hereform. If they aren' responsible. I don' vents. If respiratory trach came out, I'd that she is not comon/off the vent becatraining from the fair	lon't feel comfortable with the vent to dialysis." V8 ent needs to be unplugged and in when she gets to the eels she would not know what problem. V8 stated there are n RN (Registered Nurse) in t and now there is no ner. V8 stated she does not resident on or off a ventilator. Dam V9, LPN stated that the y supervisor gave her some as but she is not comfortable or caring for vent patients, comfortable weaning a resident ent." V9 stated that if a trach lid have to ask for assistance. In mostly does not work on the who are on vents but has before. V9 stated that the y supervisor gave her some as but she is not comfortable or caring for the vent. Dam V11, LPN stated "We ere Monday - Friday from 10 am there, the nurses are the feel comfortable with the wasn't here and the whole have to call 911." V11 stated fortable weaning a resident ause I have not had formal cility and has not received any story staff have been cut to	S9999			
		0am V12, RN/Agency stated ansport a vent resident to				

Illinois Department of Public Health
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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S9999	dialysis yesterday, or any of the setting about how to do this weaning a patient of out, I'd have to call training and wouldn's tated that she has managing vent sett treatment for for version of the RT's go and resone RT (Respirator day Monday through currently she is the works Monday through she is the works Monday through she is the works Monday through she was for residents. Inservice "Understaindicates 5 LPNs as 6/13/19. Inservice of "troubleshooting" with minutes the inservice of the was not adequate for no inservice she was not adequate for no inservice she was not adequate for no inservice of the inservice of the works adequate for no inservice she was not adequate for no inservice she w	but didn't mess with the vent gs and stated "I know nothing is. I am not comfortable on or off a vent. If a trach came 911, because I've had no n't know what to do." V12 is not had any tracing on tings or any type of care or				

PRINTED: 08/14/2019 **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: B. WING IL6008130 07/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2545 24TH STREET** GENERATIONS AT ROCK ISLAND ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX 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 12 S9999 Facility Job Description for Respiratory Therapist (undated) indicates (in part) Main Duties include: Differentiates between resident and equipment problems and intervenes appropriately. Selects, assembles and checks equipment for proper function, operations and cleanliness. This includes mechanical ventilators, CPAP systems. oxygen analyzers, demand values, manual resuscitators with and without PEEP. spirometers, suctioning equipment, oral/nasal airways and tracheal tubes. The Job Description for LPN and RN's does not include the above respiratory therapist duties. On 6/27/19 at 1:40pm V28, Physician for (R13, R32 and R83) stated that he was not aware until now that the facility reduced respiratory therapy staff and believed that his residents had 24 hour respiratory care. V28 stated not having respiratory available is not the best care for his residents and is a quality of care issue. V28 agreed R13 may not have had to be sent to the hospital yesterday when his oxygen levels were low if respiratory had been available. V28 stated that R32 requires a high level of respiratory care and is definitely at risk and cannot be left off the ventilator an entire weekend and R83 would be at significant risk if no qualified staff are available. V28 stated that there is definitely a risk to residents with trachs and ventilator dependent residents unless there is a back up plan of trained staff who can recognize problems. Ideally I would

Illinois Department of Public Health

like to have been notified as this decision to reduce respiratory staff impacts my residents. V28 stated the Medical Director also should have

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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 IL6008130 07/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **2545 24TH STREET GENERATIONS AT ROCK ISLAND** ROCK ISLAND, IL 61201 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 13 S9999 been notified prior to this decision On 6/27/19 at 9:03am V18, Medical Director stated that he was not aware until this morning that the facility had reduced respiratory staff and that trach and ventilator dependent residents did not have 24 hour coverage by respiratory therapists. V18 stated that residents will be sent to the emergency room more often which is not good for anyone. V18 also stated that not having respiratory therapists available at all times does put residents at risk for harm for trach and ventilator dependent residents. (A)