PRINTED: 12/22/2021 **FORM APPROVED** Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C B. WING IL6003008 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3601 SOUTH HARLEM AVENUE GROVE OF BERWYN, THE BERWYN, IL 60402** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Complaint Investigation: 2197286/IL138820 S9999 \$9999 Final Observations Statement of Licensure Violations 300.1210)b 300.1210d)2 300.1210d)4 300.1230)e 300.3220)f 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

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

measures shall include, at a minimum, the

and shall be practiced on a 24-hour,

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following

following procedures

seven-day-a-week basis

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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: \_ IL6003008 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE GROVE OF BERWYN, THE **BERWYN. IL 60402** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) S9999 Continued From page 1 S9999 2) All treatments and procedures shall be administered as ordered by the physician. 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis Section 300.1230 Direct Care Staffing e) The facility shall schedule nursing personnel so that the nursing needs of all residents are met. 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) These Reguirements were not met as evidenced by: Based on interviews and records reviewed the facility failed to follow physician orders to monitor one resident (R3) during the 11:00PM to 7:00AM shift by not having a nurse available to monitor his blood sugars, after reported low lab values and having possible pneumonia per chest X-ray. This failure resulted in R3 being transferred to the hospital after the day shift nurse assessed and reported his status to the Physician. This failure affected 1(R3) of 3 residents reviewed for monitoring. Findings include: R3 is 78 year old admitted to the facility on

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9/21/21 with diagnosis including, but not limited to

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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 IL6003008 10/20/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3601 SOUTH HARLEM AVENUE GROVE OF BERWYN, THE BERWYN, IL 60402** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY**) Continued From page 2 S9999 S9999 Cognitive Communication Deficit, Dementia, Hypertension, Atherosclerotic Heart Disease. Atrial Fibrillation, Heart Failure, Chronic Obstructive Pulmonary Disease, Chronic Respiratory Failure, Chronic Kidney Disease, and Presence of Cardiac Pacemaker. R3's Brief interviews for Mental Status dated 9/18/21 has a score of 9, Moderately Impaired. R3 was transferred to the hospital on 10/13/21. On 10/13/21 at 2:39 V11, Scheduler, said the 1st floor is supposed to have 2 nurses scheduled on night shift. V11 said V19, Nurse, was supposed to come in. V11 said she was notified about 2:00AM that V19 did not come in. V11 said she called V2. Director of Nursing, when she found out there was not a nurse on the 1st floor and reported there was no nurse. On 10/14/21 at 10:57AM V4, Licensed Practical Nurse (LPN), said he worked nights on 10/12/21, V4 said he worked 2 shifts 3:00PM to 11:00PM and 11:00PM to 7:00AM. V4 said around 5:30AM on 10/13/21 he was called by the receptionist to work on the first floor. V4 said he did not assess R3. V4 said there is usually 1 nurse on each floor of the facility. On 10/14/21 at 11:21AM V16, Certified Nursing Assistant (CNA), said R3 would often move the head of bed flat down and I needed to reposition the head of the bed. V16 said R3 was on oxygen. On 10/14/21 at 12:12PM V13, Nurse, said she worked 3:00PM to 11:00PM on 10/12/21, V13 said she waited until 12:00AM or 12:30AM before she left, but V19, Nurse, did not arrive and there was no nurse on the unit when she left. V13 said

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during her shift she had relayed lab results to R3's doctor related to low hemoglobin and

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ C 10/20/2021 IL6003008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **3601 SOUTH HARLEM AVENUE GROVE OF BERWYN, THE BERWYN. IL 60402** PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 3 S9999 glucose levels. V13 said the doctor gave a new order to monitor R3. V13 said she last checked R3's blood glucose around 10:20PM and it was in the 70's. V13 said R3 had a poor appetite that evening and ate 25% of his dinner. V13 said the last physician order she received was to monitor R3. V13 said this means a nurse should be monitoring the resident for any changes. On 10/14/21 at 2:47AM V14, Physician, said when I tell them to monitor, I expect a nurse to check vitals and make sure the resident is stable and not in distress. I expect the nurses to be checking on the resident. When I gave the order to monitor, I expected the facility to have a nurse for the resident. V14 said R3 was started on antibiotics in the hospital and has been admitted. On 10/15/21 at 10:26AM V14 said if a resident has blood sugars in the 70s or 80s in the evening. I would order the nurse to recheck the blood sugar. In the evening the blood sugars should be around 100. On 10/15/21 at 12:07PM V18, CNA, said she did not have a nurse on the floor with her while she worked on 10/12/21 during the night shift. V18 said she did not do any vitals on any resident that shift. V18 said she is a CNA and can not assess and determine resident medical needs, that is the nurses job. V18 said I am not sure who R3 is. On 10/15/21 at 1:10 PM, V2, Director of Nursing, said symptoms of gastro-intestinal bleeding include coffee ground emesis, respiratory distress, blood pressure and vitals fluctuate. V2 said the nurses are trained to assess for this. V2 said a CNA can not call the doctor to report a change in resident condition. V2 said an order to monitor a patient means to check the resident.

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he was paged.

with his remote and leave the bed flat down.

Gastroesophageal Reflux and to monitor R3.

R3's Progress Notes dated 10/12/21 at 8:08PM state chest X-Ray results faxed to physician and

R3's Progress Notes dated 10/12/21 at 10:43PM states per physician continue to encourage oral

and ordered new medication for

R3's Progress Notes dated 10/11/21 at 12:18PM Notes R3 had 1 bloody emesis. Physician notified

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