



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6001259	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 08/27/2021
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NAME OF PROVIDER OR SUPPLIER  BURGESS SQUARE HEALTHCARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 5801 SOUTH CASS AVENUE WESTMONT, IL 60559
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(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>nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>These regulations are not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident received the prescribed amount of tube feeding. This failure caused the resident to receive too much tube feeding, resulting in an eight-day hospitalization for acute congestive heart failure.</p> <p>This applies to 1 of 2 residents (R1) reviewed for tube feedings.</p> <p>The findings include:</p> <p>R1's Face Sheet showed her diagnoses include hypertensive heart disease, chronic kidney disease, heart failure, and type 2 diabetes.</p> <p>R1's August 2021 Physician Order Sheet showed an August 11, 2021 order for her tube feeding rate as a single dose of 275 milliliters (ml) all at one time, and to administer that amount three times a day.</p> <p>The facility's 8/14/21 Initial Facility Report showed, "Nurse administered incorrect amount of tube feeding. Resident sent to hospital for eval (evaluation) and treat. Final report to follow."</p> <p>R1's 8/15/21 history and physical notes from the local hospital showed she presented with shortness of breath and increasing abdominal pressure and pain. Under the "Assessment and Plan" portion of R1's hospital history and physical,</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>the note showed "Hypertensive heart disease with new onset congestive heart failure ...We think this is secondary to her feedings being given too quickly ..."</p> <p>On 8/25/21 at 10:00 AM, V2, RN, ADON (Registered Nurse, Assistant Director of Nursing) stated R1's tube feeding ran for about five hours continuously at 275 ml per hour. V2 stated R1's feeding was started around 5:00 PM on August 14, 2021, and not stopped until around 10:00 PM. V2 stated R1 received around 1300 ml of tube feeding during that time, which caused her shortness of breath, abdominal pain, and nausea. V2 stated R1 also became hyperglycemic with a blood glucose of 499 when the feeding was stopped.</p> <p>On 8/25/21 at 10:30 AM, V3 (R1's Physician) verified R1 was sent to the hospital because of a nursing error with R1's tube feeding. V3 stated R1 was put on a continuous feeding of 275 ml per hour, instead of a bolus feeding of 275 ml. V3 stated R1 experienced abdominal pain, shortness of breath, and fluid overload, which caused R1 to go into acute heart failure. V3 stated R1 received 275 ml for four to five hours, and the average amount of continuous feeding is only 80 to 100 ml per hour. V3 said, "Anyone given that much fluid- it would push them into heart failure. R1's acute heart failure could have been avoided if she was given the bolus feeding and not the continuous feeding."</p> <p>On 8/25/21 at 12:03 PM, V4, RN (Registered Nurse), said, "When giving a resident a bolus feeding first check the physician's order. If you give the wrong amount of feeding the resident can become ill."</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>On 8/28/21 at 11:50 AM, R1 was in her wheelchair at her bedside. R1 stated she "remembered going to the hospital because she didn't feel well."</p> <p>The facility's May 2021 Enteral Tube Bolus Feeding policy showed "Preparation 1. Verify the physician's order .... General Guidelines 3 .... Check the following information: g. Rate of administration ...."</p> <p>(A)</p>	S9999		