PRINTED: 04/23/2021

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: __ C B. WING IL6006175 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1136 NORTH MILL STREET **ARISTA HEALTHCARE** 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 TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigation: 2171468/IL131496 S9999 Final Observations S9999 Statement of Licensure Violation: 300.610a) 300.1210b) 300.1210d)2) 300.1210d)3) 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 b) The facility shall provide the necessary care and services to attain or maintain the highest

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

practicable physical, mental, and psychological

well-being of the resident, in accordance with

each resident's comprehensive resident care

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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	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.			
	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.			
	3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.			
	These requirements were not met as evidenced by:			
	Based on interview and record review, the facility failed to ensure a resident received physician ordered ventilation therapy.			
'	This failure resulted in R1 requiring hospitalization for worsening cough and dyspnea (shortness of breath).			
	This applies to 1 of 3 residents (R1) reviewed for improper nursing care in the sample of 5.			
-	The findings include:			
	The EMR (Electronic Medical Record) shows R1 was admitted to the facility in April 2020. R1 has			

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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: _ C IL6006175 B. WING 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1136 NORTH MILL STREET **ARISTA HEALTHCARE** NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PRÉFIX (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 TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 multiple diagnoses including, chronic respiratory failure, ALS (Amyotrophic Lateral Sclerosis), DVT (Deep Vein Thrombosis), hypertension, neurogenic bladder, pneumonia, quadriplegia, depression, history of COVID-19, gastrostomy tube, dysphagia, cognitive communication deficit, lack of coordination, artificial opening of urinary tract, and history of falling. R1's MDS (Minimum Data Set) dated February 10, 2021 shows R1 is cognitively intact, requires supervision for eating and locomotion on and off the unit, extensive assistance with personal hygiene, dressing, and bed mobility, and is totally dependent on facility staff for transfers between surfaces, toilet use, and bathing. R1 has an indwelling urinary catheter and is always incontinent of stool. On March 5, 2021, V3 (NP-Nurse Practitioner) documented he assessed R1 for shortness of breath due to nursing staff concerns. V3 assessed the resident, ensured inhalers and breathing treatments were administered and documented to monitor R1. On March 5, 2021 at 9:35 PM, V5 (RN-Registered Nurse) documented R1's room mate notified V5 that R1 was complaining of experiencing shortness of breath. R1 was assessed by V5. V5 documented R1 had no signs and symptoms of shortness of breath. however, V10 (Spouse of R1) insisted R1 be sent to the local hospital. V5 documented R1 was taken to the local hospital by private ambulance at 10:35 PM. Hospital documentation shows R1 was admitted to the local hospital on March 5, 2021 for dyspnea (shortness of breath).

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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: C B. WING IL6006175 03/11/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1136 NORTH MILL STREET **ARISTA HEALTHCARE** NAPERVILLE, IL 60563 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 V11's (Physician/Pulmonologist) assessment of R1 dated March 6, 2021 at 2:13 PM shows, multiple concerns, including: "Worsening cough, dyspnea suspect related to mucous plugging given nonadherence to [R1's] home regimen of nocturnal VPAP (Variable Positive Airway Pressure), chest PT (Physiotherapy) and cough assist. Chronic respiratory failure supposed to be managed on nocturnal VPAP, however, per [V10] (Spouse) not performed at the facility, ALS with multiple complications including chronic respiratory failure, dysphagia (difficulty swallowing), neurogenic bladder, aspiration risk and history of DVT. Plan: Continue close monitoring of respiratory status... Resume home respiratory regimen including nocturnal VPAP. chest PT and cough assist - will need to ensure these are arranged and functional at facility prior to discharge." The EMR shows an order for R1 dated February 5, 2021 for IVAPS (Intelligent Volume-Assured Pressure Support) at bedtime related to disorder of central nervous system. Nursing documentation on the TAR (Treatment Administration Record) and nursing progress notes for February and March 2021 shows R1 did not receive the physician-ordered ventilation therapy on multiple dates. The facility did not have nursing documentation to show R1 received

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the following:

any alternative treatment or equipment to provide the ventilation therapy when equipment was malfunctioning. Nursing documentation shows

March 5, 2021 by V5 (RN) - IVAPS "not working."

March 4, 2021 by V5 - IVAPS "not working,

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

l .	N OF CORRECTION	IDENTIFICATION NUMBER:		:		E SURVEY MPLETED
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	message sent to Recheck machine."	espiratory Therapist to come				
	Therapist) - "IVAPS cord. The cord has a up on BiPAP (Bileve the meantime for no power cord is locate instructed him to us agrees to. Plan: Lofor home unit." February 23, 2021 b Respiratory Therapy morning to check.	by V7 (RT-Respiratory from home missing power still not been found. I set him all Positive Airway Pressure) in acturnal support until the ad or replaced. I have the it. He understands and acate or replace power cord by V5 - IVAPS "not working." IVAPS "not working." IVAPS with the interest in the action also shows R1 did not				
	receive the physician bedtime due to miss waiting for respirator	n-ordered ventilation at sing machine parts and the ty therapy to set up R1's February 5, 7, 9, and 14,				
	ventilation therapy at 19, 21, 22, 23, 24, 26 2021. The facility die show R1 received et regarding possible o ventilation therapy, n documentation to sh	ion shows R1 refused the t bedtime on February 17, 18, 8, 2021, and March 1, and 3, d not have documentation to ducation by nursing staff utcomes of not using the for did the facility have ow R1's physician was 1 refused the treatment.				
	motorized wheelchai the breathing machir missing a cord, some the water chamber.	12:39 PM, R1 was sitting in r in room. R1 said, "As for nes, sometimes they are etimes a mask, other times I will refuse to wear the is not functioning correctly.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

IL6006175 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
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ARISTA HEALTHCARE 1136 NORTH MILL STREET NAPERVILLE, IL 60563 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 Who wants to wear a mask on their face if it is constantly beeping and the nurses don't know how to fix it? I've only refused to wear it when the machine is broken." On March 9, 2021 at 12:56 PM, V2 (DON-Director of Nursing) said, "[R1] needs a new machine. The chamber is broken so he doesn't get a tight fit. The company has been called to see if he qualifies for a new machine. We haven't gotten a response from them yet. The nurses didn't know how to call the breathing machine company for trouble shooting when a			IL6006175	B. WING _				
X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Summary STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 Who wants to wear a mask on their face if it is constantly beeping and the nurses don't know how to fix it? I've only refused to wear it when the machine is broken." On March 9, 2021 at 12:56 PM, V2 (DON-Director of Nursing) said, "[R1] needs a new machine. The chamber is broken so he doesn't get a tight fit. The company has been called to see if he qualifies for a new machine. We haven't gotten a response from them yet. The nurses didn't know how to call the breathing machine company for trouble shooting when a	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	, STATE, ZIP CODE			
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 5 Who wants to wear a mask on their face if it is constantly beeping and the nurses don't know how to fix it? I've only refused to wear it when the machine is broken." On March 9, 2021 at 12:56 PM, V2 (DON-Director of Nursing) said, "[R1] needs a new machine. The chamber is broken so he doesn't get a tight fit. The company has been called to see if he qualifies for a new machine. We haven't gotten a response from them yet. The nurses didn't know how to call the breathing machine company for trouble shooting when a	ARISTA	HEALTHCARE						
Who wants to wear a mask on their face if it is constantly beeping and the nurses don't know how to fix it? I've only refused to wear it when the machine is broken." On March 9, 2021 at 12:56 PM, V2 (DON-Director of Nursing) said, "[R1] needs a new machine. The chamber is broken so he doesn't get a tight fit. The company has been called to see if he qualifies for a new machine. We haven't gotten a response from them yet. The nurses didn't know how to call the breathing machine company for trouble shooting when a	PRÉFIX	(EACH DEFICIENCY	'MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	HOULD BE	(X5) COMPLETE DATE	
red light comes on. It is lack of knowledge and follow through and a critical thinking component. I told them if there is a red light on, you pick up the phone and call the 1-800 number. The nursing staff did not provide the respiratory therapy because the machine wasn't working right. The nurses need better training. The refusing hasn't been frequent. If we are not able to resolve the situation with the staff we have here, then we can call his wife and involve her. The whole facility needs to get better on involving social work, and others, to document and work on educating the resident. I don't see that we have anyone involved here with [R1] resisting care." On March 9, 2021 at 3:26 PM, V5 (RN) said, "The BIPAP at night was not working right. The charting said it was not working so that means the physician's order wasn't administered and the progress notes show that also. The plan of care was to put it in the progress notes. There was no other plan of care for him refusing care. When I called the respiratory therapist to come in, it took time for him to come fix it. Respiratory never comes the same night we call." On March 9, 2021 at 4:47 PM, V7 (RT) said, "I		Who wants to wear constantly beeping a how to fix it? I've or machine is broken." On March 9, 2021 a (DON-Director of Nonew machine. The doesn't get a tight fit called to see if he que we haven't gotten a The nurses didn't kn machine company for the residence on follow through and a I told them if there is the phone and call the nursing staff did not therapy because the right. The nurses not refusing hasn't been to resolve the situation here, then we can can be whole facility ne social work, and other educating the reside anyone involved here. On March 9, 2021 at BIPAP at night was rether the physician's order progress notes show was to put it in the protect of the respiratory time for him to come comes the same night.	a mask on their face if it is and the nurses don't know ally refused to wear it when the at 12:56 PM, V2 cursing) said, "[R1] needs a chamber is broken so he to the company has been utilities for a new machine. It response from them yet, now how to call the breathing for trouble shooting when a lit is lack of knowledge and in critical thinking component. It is a red light on, you pick up the 1-800 number. The provide the respiratory is machine wasn't working the determination. The interest of the staff we have all his wife and involve her. The seds to get better on involving the ewith [R1] resisting care." It 3:26 PM, V5 (RN) said, "The not working right. The not working so that means is wasn't administered and the or that also. The plan of care rogress notes. There was no in him refusing care. When It is the component of the component in the component of the plan of care rogress notes. There was no in him refusing care. When It is the component of the plan of care rogress notes. There was no in him refusing care. When It is the call."	S9999				

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diagnosis."

caused by not using the IVAPS at night. These failures escalated to the point where [R1] needed

hospitalization, especially due to his ALS

The facility's policy entitled "BIPAP/CPAP (Continuous Positive Airway Pressure)" dated "4/14" shows: "Policy: BIPAP/CPAP therapy will Illinois Department of Public Health

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	(X3) DATE SURVEY COMPLETED		
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\$9999	be administered by Nurse upon order of The Respiratory The patient for the proper The Respiratory The in-service to the nur how to set IPAP (Ins Pressure), EPAP (E Pressure), MODE so the nursing start and is knowledgeable be responsible to se setting per the physical LPN (Licensed Prace).	a Respiratory Therapist or f a physician. Procedure: 1. erapist or Nurse will fit the er headgear and mask. 2. erapist will give the initial sing staff, and demonstrate spiratory Positive Airway xhalation Positive Airway ettings and operate the unit. If has been previously trained le on the equipment, they will et IPAP, EPAP, and MODE ician's orders. 4. The RN or stical Nurse) is responsible for on the BIPAP/CPAP unit daily	S9999			

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