Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6008270 08/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE GENERATIONS AT ELMWOOD PARK ELMWOOD PARK, IL 60707 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE DATE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigations: 2294967/IL148365 & 2295031/IL148442 89999 Final Observations S9999 Statement of Licensure Violations 300.610a) 300.1210b) 300.1210d)2 300.1210d)4)A 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 practicable physical, mental, and psychological well-being of the resident, in accordance with Attachment A each resident's comprehensive resident care Statement of Licensure Violations plan. Adequate and properly supervised nursing Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008270 B. WING 08/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE GENERATIONS AT ELMWOOD PARK ELMWOOD PARK, IL 60707 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE **DEFICIENCY**) \$9999 Continued From page 1 S9999 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. 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. These Requirements were NOT MET as evidenced by: Based on interviews and record reviews, the facility failed to have a Licensed respiratory therapist assigned to the mechanical ventilation unit on 6/28/22. This failure affects one resident (R3) of 3 residents reviewed for Respiratory care: sufficient staffing. R3 had difficulty breathing and low oxygen saturation. R3 was transferred to a local hospital via emergency response for hypoxemia. Findings Include: On 7/28/2022 at 1:00pm, V21 (EMT/Fire Department) stated that V21 observed R3 to be a trach and vent patient. R3 was in the room, and vent machine was alarming. The Nurse on duty Illinois Department of Public Health

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 IL6008270 08/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE **GENERATIONS AT ELMWOOD PARK ELMWOOD PARK, IL 60707** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY** \$9999 Continued From page 2 S9999 reported to V21 that there was no Respiratory Therapist (RT) in the unit all day, "We asked for RT to bring us a vent set up for the resident and disconnect the resident, the nurse stated they did not have a RT in the vent unit all day". On 7/28/22 at 12pm, V1 (Administrator) stated that they didn't have an RT on 6/28/22. Their RT director had resigned a couple of days before the incident of 6/28/22. V1 stated that V1 was made aware that there was no licensed respiratory therapist on the third floor (vent unit) around 11 am that day. Reported that they tried to look for a RT to come in and there was no one willing to pick up the shift. The agency RT also did not show up that day". On 7/29/22 at 11:05am, V24 (RN) stated "On the 28th, there was no respiratory therapist (RT) on the third floor, vent unit. There was no RT aide in the unit also. I was the assigned nurse to R3 on 6/28/22. Around 10 am, I noticed that there was no RT in the unit, I called the scheduler (nursing staff). They told me they are working on finding a RT to come in. R3 moves a lot and the machine would beep but it would stop. I was not worried because R3 was not in distress at that time. However, I remember at least one time that I suctioned R3, on 6/28/22, due to a guraling sound, and that R3 was in need of suctioning. I do not recall calling any RT over the phone at that time. I don't even know where to find their numbers. R3 was stable at the time I was R3's nurse". On 7/29/22 at 12:35pm, V25 (Agency Nurse) stated that V25 worked on 6/28/22. "We are not allowed to disconnect or change the settings of the vent machine. I remember I called 911 for R3 on 6/28/22. I called 911, because R3's vent

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	machine was beepi	ng non-stop and I know that						
	when the machine t	peeps there is something						
	wrong and the mac	hine needed to be checked.				.02		
	R3 was saturating t	pelow 80's at the time but not				, , , , , , , , , , , , , , , , , , ,		
	tachypheic. There v	vas no one from Respiratory						
	Department to trout	pleshoot the vent machine. I						
14	suctioned R3 and the	ne machine would stop for a						
		hen would start beeping						
	at 3nm I chacked th	mething was wrong. I started ne RT's office, and I did not	1			:		
	see anyhody I aska	ed the other nurse that was		1,470				
6.0	scheduled a double	that day, and she said that		We-ris		i i		
710	there was no one fro	om the RT department all day.	ļ	G	5-0 PA			
	I remember going d	ownstairs and talked to a		_ PASSA	100	g(r)		
	gentleman V1 (Adn	ninistrator). I asked V1 if there	44.5		(249)	904		
00	was a respiratory th	erapist coming to help us out	1000	(E) 15				
	on the 3rd floor (ver	nt unit). V1 said there will be				- 2. E.		
	someone coming, b	ut not until 7pm. I mentioned		1				
	to V1 that I have at	east 14 to 15 residents on my	23		į			
	side, and the majori	ty of them have a			**			
	tracheostomy and m	nechanical ventilation. I called		1				
	911 maybe an hour	or two after my shift started at			5365			
	3pm that day (6/28/2	22). The Emergency						
		a respiratory therapist to						
		n the mechanical ventilator. I						
	reported to the eme	rgency responder that we did						
- 11		time and that one will come		100				
	but not until 7pm".							
	On 7/27/22 at 4:20-	m 1/15 (Disaster of				1		
7A.	On 7/27/22 at 1:30p	st) stated that it is the facility				- 1		
	noticy to have a lice	nsed RT at all times in the			150	i		
	vent unit Also states	that nurses are allowed to			}	- 1		
9	suction a vent reside	ent but not allowed to touch or				- 1		
		lator machine. RT needs to				1		
		ing care to a resident for		<u> </u>		ļ		
	airway protection.			0.				
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	On 7/28/2022 at 1:0	0pm, V21 (EMT/Fire						
ĺ	Department) stated	that the nurse on duty			31			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6008270 08/04/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 7733 WEST GRAND AVENUE GENERATIONS AT ELMWOOD PARK **ELMWOOD PARK, IL 60707** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 4 S9999 reported to V21 that there is no Respiratory Therapist (RT) in the unit all day. "We asked for RT to bring us vent set up for the resident and disconnect the resident, the nurse stated they did not have a RT in the vent unit all day". On 7/28/22 at 11:30am, V19 (CNA) stated that V19 remembers the incident on 6/28/22, R3 was having breathing problems. V19 also stated V19 did not see any respiratory therapist starting her shift at 3pm, until R3 was sent out to the hospital via 911 that day. On 7/28/22 at 11:55am, V20 (CNA) stated "I remember one incident when there was no respiratory therapist or respiratory aide. I remember it was just the nursing staff, 2 CNAs and 2 nurses. One incident (6/28/22) in morning shift. I noticed after breakfast that there was no one from the respiratory department". The Staffing Schedule was reviewed. There was an agency RT scheduled for day shift (7am to 7pm) on 6/28/22 and the Agency RT, per V1, was a no show that day. Hospital record: Documented on 6/28/22 at 1823: Upon arrival in the ED (Emergency Department). R3 appears to be in respiratory distress. RT at bedside, suctioned R3. A lot of secretions have been suctioned. R3 not in respiratory distress at this time. Resting comfortably and tolerating vent appropriately. Per EMS, nurse at nursing home (NH) attempted to suction patient, as well as EMS, unsuccessful. Per EMS, NH does not have respiratory therapist at nursing home. R3's Physician Order Sheet (POS) reviewed and on 5/6/22 orders for Vent Parameters every 6 hours and Respiratory Therapy to evaluate and

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Illinois Department of Public Health FORM APPROVED							
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±2.	treat every shift.		]				
520	·		İ	800			
	Progress notes revi present. There is no for Day shift on 6/26	iewed from admission to DRespiratory Therapy notes 8/22.	3)				
	RT scheduled for da	eviewed, there was an agency ay shift (7am to 7pm) and the was a no show that day.					
17) ( <u>1</u> 55.5)	shows a qualificatio accredited Respirat Respiratory Therapi Respiratory Care Pr	tion for Respiratory Therapist n for a RT is: graduate of an ory Therapy program, st certification listed as ractitioner in the State of License in good standing.	34 X	23		270	
	6/30/21, reads in pa highest quality physi Care services in a ti efficient manner. Th through: Timely and resident needs, adm ensures the health a and maintain compli	ogram policy, updated on rt: The goal is to provide the ician ordered Respiratory mely effective, safe, and is facility will accomplish this thorough assessment of sinister care in a manner that and safety of the residents, ance with the state and elating to Respiratory Care.	35 25			3)	
	part: Ventilation and monitored and maint therapist with each seem therapist with each seem therapist ventilator and all respondered and all respondered according recommendations arights indicating equiped all required complete all required	t will ensure that the piratory equipment is	W.		24		

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	needed. Respiratory therapist will complete every shift assessment for all residents on mechanical ventilation		0	E.		12	
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