FORM APPROVED 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 IL6000020 B. WING 04/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL **ABBINGTON REHAB & NURSING CTR** ROSELLE, IL 60172 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Annual certification survey S9999 Final Observations S9999 Annual certification survey Statement of Licensure Violations: 300.1010b) 300.1010h) 300.1210b) 300.1210d)2)3) Section 300.1010 Medical Care Policies b)The facility shall have and follow a written program of medical services which sets forth the following: the philosophy of care and policies and procedures to implement it; the structure and function of the medical advisory committee, if the facility has one; the health services provided: arrangements for transfer when medically indicated; and procedures for securing the cooperation of residents' personal physicians. The medical program shall be approved in writing by the advisory physician or the medical advisory committee. Section 300.1010 Medical Care Policies h)The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, Attachment A injury or change in condition at the time of Statement of Licensure Violations

Illinois Department of Public Health

notification.

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 B. WING IL6000020 04/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL **ABBINGTON REHAB & NURSING CTR** ROSELLE, IL 60172 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 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. Section 300.1210 General Requirements for Nursing and Personal Care 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 regulations were not met as evidenced by: Based on interview and record review, the facility failed to notify the physician and monitor a resident for complications after having to reschedule/postpone hemodialysis due to not being able to set up transportation. This failure resulted in R50 requiring hospitalization and medical interventions including emergent hemodialysis.

Ilinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6000020 B. WING 04/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL **ABBINGTON REHAB & NURSING CTR** ROSELLE, IL 60172 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 This applies to 1 of 1 (R50) resident reviewed for hemodialysis. The findings include: R50's EMR (Electronic Medical Record) showed diagnoses including end stage renal disease, dependence on renal dialysis, diabetes, and hypertension. R50's MDS (Minimum Data Set) dated February 26, 2022, showed R50 had moderate cognitive impairment. On April 4, 2022 at 11:33 AM, R50 said the facility arranges transportation for R50 to go to hemodialysis, but reported the facility failed to set up transportation during this past December due to the holiday. On April 6, 2022 at 1:13 PM, V15 (physician) said V15 was not made aware by facility staff that R50's hemodialysis would be delayed six days. V15 said he (V15) was rounding on R50 on December 27, 2021, and noticed R50 did not look well. V15 ordered for R50 to be sent to the hospital. V15 said R50 was hospitalized because of missing hemodialysis. A Consultation Report dated December 28, 2021, by V18 (Nephrologist) showed R50 went to the emergency room because R50 wasn't feeling well and was found to have hyperkalemia (elevated potassium level) and fluid overload. The report showed R50's hemodialysis schedule was Tuesdays, Thursdays, and Saturdays, but R50 missed R50 regular Saturday hemodialysis because of the holiday. R50 was rescheduled for hemodialysis on Sunday, but the facility was unable to provide transportation so R50 missed

llinois Department of Public Health

PRINTED: 06/07/2022 FORM APPROVED

| _ | Illinois I               | Department of Public  | <u>Health</u>  |                              | The second second   | , 014                     | MAFFROVE                      | U |
|---|--------------------------|---|--|------------------------------|---|---------------------------|-------------------------------|---|
|   |                          | ENT OF DEFICIENCIES<br>N OF CORRECTION  |  |                              |   |                           | (X3) DATE SURVEY<br>COMPLETED |   |
| Ĺ |                          |   |  |                              | 04/07/2022  |                           |                               |   |
| l | NAMEOF                   | FOF PROVIDER OR SUPPLIER STREET AD  |  | DRESS, CITY, STATE, ZIP CODE |   | 04                        | 04/01/2022                    |   |
|   | ABBING                   | TON REHAB & NURS  | NGCIK  | CENTRAL<br>E, IL 60172       |   |                           |                               |   |
|   | (X4) ID<br>PREFIX<br>TAG |   |  | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF CORF<br>(EACH CORRECTIVE ACTION S<br>CROSS-REFERENCED TO THE AI<br>DEFICIENCY) | N SHOULD BE COMPLETE DATE |                               |   |
|   | S9999                    | Continued From page   | ge 3   | S9999                        |   |                           | <del> </del>                  | _ |
|   |                          | prior to going to the continued to show the R5O had low oxyger 7.5 (normal is range undergo emergent hemergent hemodially oxygen and still had of 200/70. R50 requiremodialysis session Anursing Progress | e and generalized weakness emergency room. The report nat in the emergency room, a levels, a potassium level of 3.5 to 5.5), and had to semodialysis. After the rsis, R50 was still requiring an elevated blood pressure                                 | ē                            |   | <                         |                               |   |
|   |                          | showed R50's hemo<br>be canceled and res<br>transportation issues<br>center and reschedu<br>appointment for Wed<br>2021. R50 was made<br>hemodialysis appoint<br>was notified to set up                   | dialysis appointment had to cheduled due to cheduled due to construct the dialysis led R50's hemodialysis lnesday, December 29, caware of the rescheduled them and the front office of R50's transportation.   |                              |   |                           | ×                             |   |
|   |                          | 2021 at 3:56 PM, by reported to V14 that I responded by telling remove one of R50 t fleece sweatshirt) as worn indoors. R50 sa  | Note dated December 27,<br>V14 (RN) showed R50<br>R50 wasn't feeling well. V14<br>R50 to go to R50 room to<br>ops (a fleece jacket and a<br>they are too warm to be<br>id to V14 "it's probably<br>lysis." The progress note did<br>ed R50 or notified a |                              |   |                           | ~                             |   |
|   |                          | 2021 at 11:02 PM, by<br>Nurse) showed R50 v   | lote Dated December 27,<br>V3 (LPN/Licensed Practical<br>vas admitted to the hospital<br>erkalemia, weakness, and  | 22                           |   |                           |                               |   |

Illinois Department of Public Health

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 IL6000020 B. WING 04/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL **ABBINGTON REHAB & NURSING CTR** ROSELLE, IL 60172 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On April 6, 2022 at 2:11 PM, V16 (Receptionist) said V16 is in charge of arranging transportation for residents. V16 said the transportation company used for R50 does not work on Sundays. V16 was not aware of any transportation services available on Sundays. Facility provided documentation regarding R50's hemodialysis schedule which showed R50 receives hemodialysis on Tuesdays, Thursdays, and Saturdays. The document also showed the transportation company does not work on Sundays. (A)

flinois Department of Public Health