

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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
S 000	<p>Initial Comments</p> <p>Complaint Investigation</p> <p>2299484/IL153781- 2299600/IL155938-</p> <p>Facility Reported Incident Investigaion of 09.30.22/IL152907-</p>	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 1/2</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

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 AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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>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.</p> <p>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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview and record the facility failed to avoid an accident by not ensuring that the window safety latch was engaged to prevent a window from opening no greater than the 1 1/4 inch in height. This failure affects one of three residents (R9) reviewed for accidents. R9 room window observed open at its highest and R9 observed outside on the ground, and</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 2</p> <p>unresponsive, R9 subsequently noted cold to touch, with rigor in the jaw and with obvious signs of death, R9 pronounced deceased at 5:49am on 11/30/22. Based on interview and record review the facility failed to follow their Code Blue policy and practice by not announcing a code blue, not immediately starting Cardiopulmonary Resuscitation (CPR) and by stopping CPR before emergency team implemented efforts when a resident was observed unresponsive, irregular breathing, breathless and pulseless. This affects 1 of 3 residents (R9) reviewed for CPR. This failure resulted in a delay in emergency medical attention, Resident was found outside at 4:50am, 911 was called at 5:31am. The EMS team arrived at the resident at 5:39am and found R9 was pulseless, not breathing, rigor to jaw, with obvious signs of death, and no staff performing CPR, R9 was pronounced deceased at 5:49am. The facility failed to immediately conduct a comprehensive assessment and immediately activate 911 for a resident found unresponsive on the ground outside of the facility at approximately 4:50am. This affected 1 of 3 (R9) residents reviewed for comprehensive assessment. This failure resulted in R9 a 6ft 8-inch male over 240 pounds being carried into the facility by staff without conducting a comprehensive assessment to include vital signs. and not activating 911 until 5:31 am.</p> <p>Findings include:</p> <p>R9 face sheet shows R9 was admitted to the facility on 7/01/2022.</p> <p>R9's care plan shows R9 had diagnosis of major depressive disorder, metabolic encephalopathy, asthma, chronic kidney disease, long term use of aspirin, personal history of other venous</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 3</p> <p>thrombus and embolism, history of falling, psychotic disorder with delusions due to known physiological condition, hypertension, heart disease, unspecified atrial fibrillation, sarcoidosis, other obesity, type 2 diabetes, vascular dementia, other seizures, benign paroxysmal vertigo unspecified ear, cerebral ischemia, other speech and language deficits following cerebral infraction, osteophyte right hip, facial weakness, acquired absence of eye, and presence of artificial eye.</p> <p>R9's MDS dated 10/14/22 denotes in part section C for BIMS (brief mental status) denotes a score of 9 (cognitive impairments), R1 has disorganized thinking- 1. Behavior continuously present, does not fluctuate. Section D for mood shows for 7-11 days R9 has trouble falling or staying asleep or sleeping too much , section E for behavior denotes behavioral symptoms presence or frequency, other behavioral symptoms not directed toward others; number 1 is denoted for behavior of this type occurred 1 to 3 days, E0500 denotes did any of the identified symptoms put the resident at significant risk for physical illness or injury; number 1 is denoted for yes, significantly interferes with resident care; number 1 is denoted for yes, E1100 for changes in behavior or other symptoms; how does resident current behavior status, care rejection, or wandering compare to prior assessments (OBRA or scheduled PPS) - "0" denoted for same. Section "G" for functional status denotes for bed mobility- R9 requires extensive assistance with two-person physical assist, transfer- R9 requires extensive assistance with two-person physical assist, walk in room / corridor - activity did not occur.</p> <p>Facility initial incident report to the department</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022	
NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302		
(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 4</p> <p>dated 11/30/22 denotes in-part, resident name (R9), date of incident: 11/30/22, time of incident: 4:45am, location of incident: facility. Description of incident: resident (R9) accessed the window to his room and was found by staff on the ground. The facility is ground level and all one floor. The staff immediately brought the resident back in the building via wheelchair. The resident was alert at that time and the nurse was speaking to him trying to get information on what occurred.</p> <p>The CNAs put the resident to bed while the nurse initiated a call to 911, the nurse went to the room to assess the resident he became unresponsive and immediately CPR was initiated. Shortly after CPR was initiated, the paramedics arrived and continued resuscitation efforts. The resident was pronounced deceased by paramedics at 5:49am. Investigation initiated. Final will be sent per protocol. Type of incident; other box is checked. Type of injury; nothing is checked, environmental; nothing is checked. Notification denotes, physician on 11/30/22 at 6:30am, family on 11/30/22 at 630am and police on 11/30/22 at 4:45am. Hospitalization; no box is checked, 24-hour preliminary report box is checked. Signature box denotes V25 (DON- Director of Nursing).</p> <p>Facility incident report titled other dated 11/30/22 completed by V24 (Nurse) at 10:30am completed by V24 (Nurse) denotes in-part incident location- outside, resident found on ground outside below window, resident unable to give description, 911 called, no injuries observed at time of incident, no injuries observed post incident, predisposing environment factors- other is checked, predisposing physiological factors; confused, predisposing situation factors; other is checked, agencies, people notified; DON on 11/30/22 at</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 5</p> <p>10:36am.</p> <p>R9 Fire Department report dated 11/30/22 denotes in-part Medics 612 and 602 were dispatched to the above location for the heat/cold emergency. Upon our arrival crew found a 63-year-old male laying supine in bed, apneic and pulseless. Patient nurse stated, "we found him hanging out the window next to his bed". At this time, an assessment was performed from head to toe. Crew found the patient to be cold to touch, fixed pupils, and rigor to the jaw. Patient was placed on the cardiac monitor and showed asystole. Patient nurse was asked by crew the last known normal of the patient and she stated "we saw him at 4:00am LUMC (hospital initials) was contacted for medical control and time of death was given of 0549 by nurse 8067 and Doctor (physician name noted). Patient was left in the hands of police, and they were given TOD (time of death) and Doc (Doctor) name. Patient was laying supine in bed apneic and pulseless. Patient was cold to the touch and rigor to the jaw. Chief complaint hot/cold exposure, patient nurse stated, "we found him hanging out the window". Arrest present; yes prior to any EMS arrival, who witness; not witness, etiology; presumed cardiac, initial rhythm; asystole, CPR (Cardiopulmonary resuscitation) provided prior to EMS arrival: no, CPR started; 00:00, CPR by first responder, resuscitation; not attempted- considered futile, AED uses: no, Defib type: N/A. Impression/diagnosis; system cardiovascular, symptoms death, impression: obvious death, initial patient acuity: dead without resuscitation efforts (black). Cardiac monitor performed: role performing paramedic. Patient was placed on the pads to conform asystole, size pads, successful. Complication: none. Authorization: Via protocol. Patient response: unchanged. Paramedic</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 6</p> <p>consulted with (physician name noted) via radio, attempts 1; successful. Response factors affecting care; none. Scene factors affecting care: none. Transportation factors affecting care: not applicable. Dispatch factors: none. Turn around factors: none. Electronically signed by V26 (Fire department medic) at 6:43am.</p> <p>On 11/30/22 at 12:50p.m during observation of R9's room identified via facility census with V6 (Maintenance Supervisor), V6 identified the bed by the window as the bed that R9 was assigned to, the bed was observed pushed up against the window, bed frame touching the wall where window is located. The window locks were pointing outward (V6 said the window was unlocked), the window screen was observed missing, V6 identified the window screen that was observed outside the window on the ground to belong to R9's room window. The window screen was observed outside the window next to the bushes, portion of the metal frame was observed bent. The window blinds were observed to be missing, there was an additional mattress noted leaning on the wall. V6 said the blinds are missing because R9 pulled the blinds down, V6 did not have time frame of when R9 pulled the blinds down. Window measurements conducted with V6, when the bottom window was open to its highest the window opening was observed to measure at 27 inches in high, V6 said a resident can fall out the window when it's open to its highest. The measurement from the floor to the window seal was 13.75 inches (measured by V6). The measurement from the floor to the top of R9's mattress was observed to be 19.25 inches (measured by V6). At 5:10pm during observation of the facility widows to determine if they have locks, several room windows were observed with screws in them. V6 said the screws are there so</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 7</p> <p>that the window does not open too far. On 12/2/22 at 10:43am during follow up observation of the window in R9's room, there were 2 white apparatus on the top window (left and right side), V6 identified the apparatus to be a safety latch, V6 said the latch is to prevent the bottom window from opening too far. V6 moved the latch to the out position, V6 opened the window with the latch engaged, the window opening was observed to open no greater than 1.25 inches (measured by V6). V6 said the safety latch should always be in the out position, V6 said the last time he checked the window safety latch was 2 weeks ago, V6 said he checks the safety latch whenever, V6 said there is no frequency as to how often the windows should be checked to ensure that the latches are in the out position. V6 said when the latches are in the out position, it prevents the window from opening too high. V6 said when the safety latch is in the out position the window will not open wide enough for the resident to fall out. V6 said it is his responsibility to check the window safety latches to ensure they are in the out position. During the tour of the other residents' rooms to observe if there were safety latches in place and in the out position, there were 11 windows noted with the safety latch not in the out position thus allowing the window to open greater than 1.25 inches and or at its highest. During the tour V6 did not position the safety latches in the out position to prevent the windows opening greater than 1.25 inches.</p> <p>On 11/30/22 at 1:45 pm V24 (Nurse) said she was passing medication when V17 (CNA-Certified Nursing Aide) reported to her that R9 was outside on the ground. V24 said she looked out R9's room window and saw R9 on the ground, no one else was out there. V24 said they went outside, R9 was groaning, R9 had on a gown, no</p>	S9999		
-------	--	-------	--	--



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 8</p> <p>socks, no shoes, and she was not sure if R9 had on a brief. V24 said she asked R9 what he trying to do and R9 just looked at her and did not respond. V24 said they picked R9 up off the ground, R9 was not able to stand. V24 said they went and got a wheelchair and brought R9 back inside the facility. V24 said they put R9 in the bed, R9 was moaning, and she went to call 911 and get the blood pressure cuff. V24 said when she came back to R9's room that's when R9 stopped breathing. V24 said she initiated CPR- chest compressions. V24 said she stopped CPR and came out the room to allow for the medics to go in R9's room. V24 said the aide last saw R9 at 4:00am. V24 said R9 bed was in the low position. V24 said R9 bed is by the window. V24 said sometimes R9 sleeps at night and sometimes R9 is busy tossing and turning. V24 said she's sure R9 opened the window. V24 said R9 has confusion and is a fall risk. V24 said R9 never had any exit seeking behavior, and R9 did not have any bed alarms. V24 said when she called 911, she informed them that R9 was outside the window on the ground. V24 said she does not know how R9 got outside the window, she does not know how long R9 was outside on the ground. V24 said R9 room window was open "pretty high". V24 said R9 was a full code. V24, said she did an assessment and R9 was not breathing, and she initiated CPR. V24 said the medics came and took over. V24 said the medics worked on R9 for 45minutes to an hour. V24 said R9 not revived. V24 said she notified the family and the physician. During a follow up interview with V24 on 12/1/22 at 3:12pm, V24 denied telling the police that R9 was hanging out the window. V24, she doesn't remember what she told the 911 dispatcher when she called for emergency services. On 12/9/22 at 7:47a.m during a follow up interview, V24 said she was in the hallway</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 9</p> <p>getting her things together to start medication administration. V24 said that's when V17 informed her that R9 was outside on the ground below the window, V24 said she went to the room and looked first then her and V17 went outside immediately, V24 said she saw R9 on the ground. V24 said R9 was moaning, V24 said she checked R9 to make sure he was not bleeding, and she looked at his limbs and head. V24 said she told V17 to go and get V18 to help pick R9 up. V24 said V17 walked toward the front of the building to get V18. V24 said V18 arrived with the wheelchair, they picked R9 up, V24 said they picked R9 up on the first attempt. V24 said her and V17 had R9 legs and V18 had R9 upper body. V24 said they was outside with R9 for about 10 minutes. V24 said V18 pushed the wheelchair with R9 in and her and V17 held R9 legs. V24 said they put R9 in the bed, R9 continued to moan. V24 said after they put R9 in the bed, she left the room to call 911 because there was not a phone in the R9 room. V24 said she got the blood pressure cuff from the medicine cart also. V24 said her cell phone was at the nurse station and she used her cell phone to call 911. V24 said she reported to the 911 dispatcher that R9 was on the ground by his window, V24 said she believes that's what she said. V24 said she reported to the 911 dispatcher that R9 was breathing, and she reported that the CNA was with R9, and she believes that's all she reported. V24 said when she got back to the room, she told the CNA to get blankets for R9. V24 said when she got back to the room R9 had stopped breathing, R9 chest was not rising and falling, R9 did not have a pulse, she checked his carotid artery. V24 said she yelled out for someone to bring the backboard that was hanging on the crash cart, so that she could do CPR on R9. V24 said she don't know who she yelled out to. V24 said V17 was in</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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

Continued From page 10

S9999

the room with her but it was not V17 that went and got the backboard. V24 said she don't know who it was that brought her the back board. V24 said by the time she started CPR (chest compressions) the medics came. V24 said she saw the medics lights when they pulled up to the facility, V24 said she could see outside of R9's room window. V24 said she saw the medics get out the vehicle and approach the ramp to come inside the facility. V24 said that's when she stopped doing chest compressions on R9. V24 said she may have done 30 compressions. V24 said she should have not stopped doing chest compressions on R9 before the Emergency Medics took over CPR efforts for R9. V24 said she did not used the Ambu-bag on R9. V24 said when she saw medics pull up to the facility, she also told V17 to go and let them inside the facility. When asked V24 if she called 911 immediately, V24 replied "I believe I called 911 immediately". V24 said she did not tell the 911 dispatcher that R9 got naked and was hanging out the window. V24 reviewed her phone log and said she called 911 at 5:30am. V24 said she don't know why 911 was not called until 5:30am. V24 said she don't remember what R9 pulse rate was, she did not write it down, V24 said she know that R9 was breathing because R9 was moaning, V24 said R9 respiratory rate was 16. V24 said she don't know when R9 respiratory rate was 16. V24 said she did not call code blue because she was the only nurse there (in the facility) and when you call a code blue, that's to get assistance from another Nurse. When asked can the CNA assist you during a code blue, V24 said everyone, the Nurse and CNA should respond to a code blue. V24 said she don't know why she didn't call a code blue, V24 said it was a very frustrating night. V24 said she last saw R9 around 3:00am or 4:00am and R9 was laying in his bed awake. V24 said

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 11</p> <p>she don't recall the window being open. V24 said she was not aware that R9 could open the window in his room.</p> <p>On 11/30/22 at 4:25p.m V17 (CNA) said she was the aide responsible for R9 care on 11/29/22 for the 11:00pm-7:00am shift. V17 said she checked on R9 at 3:30am, and at 440am when she went to check on R9, she went in the room, she did not see R9 in the bed, and she went further and saw R9 outside the window on the ground. V17 said she went and got the nurse V24, and she went and told V18 (CNA) to get a wheelchair for R9. V17 said R9 was outside laying in a fetal position, naked with his gown on his arm. V17 said her and V24 had R9 by the arms and V18 had R9's legs and they picked R9 up and put him in the wheelchair and brought him back inside the facility, V17 said they put R9 in the bed. V17 said R9 was cold so she got blankets to try and warm R9 up, V17 said she stayed with R9 until V24 came back. V17 said she left R9 room to wait for the paramedic at the entrance door with the ramp. V17 said she did not see V24 do CPR on R9. V17 said she saw R9 snoring, V17 said R9 was not talking. V17 said she did not do CPR on R9. V17 said she does not know how long R9 had been outside on the ground. During a follow up call with V17 on 12/1/22 at 3:41pm, V17 denied telling the police that she saw R9 hanging out the window. On 12/9/22 at 7:00am during a follow up call V17 said the police misquoted her statement in the police report, V17 said she read and reviewed the report. V17 said she told the police that she was hanging out the window and saw R9 on the ground, V24 said she did not say R9 kicked out the screen, she did not say she pulled R9 back inside the window. V17 said on 11/30/22 at 4:50am, V17 said she knew it was 4:50am because she always looks at her clock,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 12</p> <p>V17 said she was going into R9's room to get him up, V17 said she was not preparing her cart at 4:50am, she was at R9's room at 4:50am. V17 said R9's room door was open a little. V17 said when she went inside the room she felt a burst of air, V17 said she didn't see R9 in the bed, V17 said she looked out the window, and when she looked down, R9 was on the ground. V17 said she ran and told the nurse (V24), that's when her and V24 went outside where R9 was. V17 said they went out the exit the building at the east door (where the ramp is). V17 said the nurse was looking R9 "over" calling R9's name, trying to get him to respond. V17 said the nurse lift R9 left arm, trying to bring R9 to a position so that he was on his back. V17 said the nurse asked her to go and get V18. V17 said at that time V18 was on his break and was sitting in his car, the car was parked down the street a little pass the main entrance door. V17 said she went and got V18, and they came back to where R9 and V24 was, V24 informed V18 to go and get a wheelchair for R9. V17 said V18 came back with the wheelchair, they picked R9 up and put him in the wheelchair, V17 said it took at two attempts to get R9 up. V17 said her and V24 had R9 legs while V18 had R9 by the arms. V17 said they was outside with R9 for about 10 minutes. V17 said V18 pushed R9 inside the facility, V17 said all three of them put R9 back in the bed. V17 said once R9 was in the bed, R9 was still making snoring sounds. V17 said after R9 was in the bed, V24 (Nurse) left the room, V17 said she assume V24 was going to call 911, but V24 did not say she was calling 911. V17 said when V24 came back to the room she had the blood pressure cuff and she heard V24 on the phone with 911. V17 once V24 came back to the room she went to her cart and got blankets for R9 (cart at room door). V17 said she saw the nurse put the blood pressure cuff on R9's left</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 13</p> <p>arm. V17 said she saw V24 put two fingers on R9 wrist and neck to check R9 pulse, and V24 was calling R9's name. V17 said she stayed in the room with V24 and R9 until she had to leave the room to let Medics in. V17 said she could see from R9 room window when the medics/911 pulled up, V17 said when she saw the lights flash, she went to let them inside the facility at the east exit door (door with the ramp). V17 said when she was in the room with V24 she did not see V24 do CPR on R9, V27 said she did not see V24 do chest compressions on R9. V17 said code blue was not called. V17 said she did not call 911. V17 said V28 (CNA) did not help them with R9. V17 said her CPR certification was expired that's why she renewed it on 12/1/22. V17 said she do remember having her CPR certification within the last two years.</p> <p>On 12/1/22 at 11:05am V28 (CNA) said she was working on 11/29/22 on the 11:00pm to 7:00am shift, V28 said she was not assigned to R9's care, V28 said she held the door open for the staff to bring R9 into the facility. V28 said R9 did not have a gown on, R9's gown was wrapped around his arm. V28 said V24 and V17 took R9 back to his room. V28 said she is not aware of whatever else happened after that because she went to finish getting up her assigned residents. V28 said she did not hear an announcement for code blue. V28 said she did not open any windows for R9 that night or early morning.</p> <p>On 12/2/22 at 3:41p.m V18 (CNA) said he was working on 11/29/22 on the 11:00pm to 7:00am shift, V28 said he was not assigned to R9's care. V18 said he was providing patient care when V17 came and got him to assist with R9, V18 this was around 5:00am or 5:30am. V18 said he dropped everything and ran outside to see. V18 said he</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER

**BERKELEY NURSING & REHAB CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE

**6909 WEST NORTH AVENUE  
OAK PARK, IL 60302**

(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 14</p> <p>saw V24 and V17 holding R9 up, the window was wide open, the screen was on the ground. V18 said R9 was awake, his eyes were open and R9 was not saying anything. V18 said he called R9's name but he did not respond and R9 would usually respond. V18 said R9 only had on a diaper, and it was not really on him. V18 said he ran and got a wheelchair, and they placed R9 in the wheelchair. V18 said he thinks V17 came and got him because they could not lift R9. V18 said they was waiting for him to come and help them lift R9. V18 said he does not know how long R9 was outside. V18 said he rolled R9 inside and all of them put R9 in the bed. V18 said R9 did not assist them with getting him in the bed. V18 said R9 was breathing, blinking his eyes, and making a sound like a "smokers cough, growling" and R9 was not responding. V18 said R9 skin was cool. V18 said when he felt R9 skin, it wasn't enough to say R9 was freezing, it seemed like he could have been out there for 20 minutes. V18 said he did not see R9 20 minutes prior to R9 being found either. V18 said after he assisted with getting R9 in the bed he left and went back to his assignment. V18 said he does not know how R9's room window got open. V18 said the last time he saw R9 was at 11:15pm in the bed, R9 was sleeping, and the room window was closed. V18 said if the window was open at that time, he would have felt the cold air. V18 said he don't know if V24 or V17 did CPR. V18 said code Blue was not called. V18 said if a code blue is called, they announce it over the PA system and all staff come, and you grab the crash cart.</p> <p>On 12/1/22 at 11:19am V26 (Fire Department Medic) said he was the responding medic for the emergency call for R9. V26 said when he arrived to R9 bedside, there were no staff observed implementing CPR to R9, V26 said he did not</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 15</p> <p>take over CPR efforts from any staff member at the facility, V26 said he initiated CPR for R9. V26 said R9 was laying in the bed in supine position. V26 said on his assessment R9 body was cold to touch, R9 upper body temperature felt the same as his lower body temperature, R9 was pulseless and there were no respirations observed. V26 said R9 had obvious signs of death when he got to him. V26 said rigor mortis was noted in R9 jaw, V26 said rigor mortis is stiffing of the body when some has died, V26 said rigor starts to set in with 30 minutes to 2 hours of death. V26 said R9 was placed on a cardiac monitor, and it shows asystole: meaning no electrical activity in the heart. V26 said he does not recall seeing a back board under R9. V26 said V24 (Nurse) reported to him that R9 was hanging out of his window, V26 said it was cold that night/ early morning hours. V26 said he saw a heat vent near R9 bed. (V26 said he thought it was strange that R9 was hanging out the window next to the heat vent and the lower part of his body was the same temperature as the upper part). V26 said V24 said R9 was last seen by staff at 4:00am and everything was okay with R9. V26 said V24 reported that R9 had dementia but he didn't see the diagnosis listed in the records that was presented to him, V26 said the documents did show that R9 had a stroke with right-side paralysis. V26 said he did not observe any alarms or sensors on R9 room window. V26 said when he arrived, he observed several windows that appeared to be open. V26 said R9 case was turned over to the police department, and he did not have any details from the police department. V26 said the fire department medics report to (LMC-hospital name given) and the medical Doctor gave the time of death, of 5:49am. V26 said the cardiac monitor did not suggest shocking R9, V26 said the resuscitation was minimal</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 12/20/2022
NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302		
(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 16</p> <p>because R9 had obvious signs of death. V26 said he was concerned about the supervision of R9. V26 said in his experience as a fire department medic, if a resident or a person is found on the ground, that person should not be moved, V26 said there could be an injury to the neck or any trauma and or moving them without knowing if there's a serious injury would not be appropriate. V26 said this is not routine for the nurse and CNA to move a resident and bring them back inside the facility after finding the resident on the ground. V26 said R9 should have remained there for the emergency team to assess R9 where he was.</p> <p>On 12/5/22 at 11:34p.m V27 (Responding Officer) said he was the responding officer to the emergency call for R9, V27 said he interviewed V17 and V17 statement is in his report, V27 said the statement is not verbatim but that's what was reported to him. V27 said he spoke to V24 briefly and V24 statement was the same as V17, and so he didn't put V24 statement in his report. V27 said he contact the medical examiner's office and he was informed that it was not a medical examiners case, V27 said he notified the facility and he contacted R9's family for notification.</p> <p>Review of the 911 call on 11/30/22 at 0530 hours, V24 is heard telling the 911 dispatcher that the location of the emergency was 5909 west North avenue, on the oak park side, V24 is heard saying to the dispatcher that " I have a patient here that got naked and hanging out the window and now he's hyperthermia" when asked what number she was calling from V24 said " this is my personal number and gave the dispatcher the phone number, after 1 minute and 51 seconds V24 told the 911 dispatcher that she was not with R9 and she was "walking back there now" V24 is</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 17</p> <p>heard saying she was getting the paper work together for the ambulance. At 2 minutes and 13 seconds 911 dispatcher asked V24 if the resident was awake, V24 said he was but it don't look like it now, V24 said she don't know if R9 was sleeping or not. At 2 minutes and 34 seconds V24 said it looks like he is snoring. V24 is heard saying "where's that thing for the blood pressure," when the dispatcher asked was the resident snoring like he was sleep or like he was having trouble breathing, V24 responded " like he went back to sleep", V24 said R9 was breathing, no concern for covid 19, at 3minutes and 28 seconds V24 is heard saying R9 breathing was completely normal, At 3 minutes and 48 seconds when the dispatcher asked V24 if R9 was conscious and alert , V24 is heard saying "he was snoring but", V24 denied that R9 was responding normally when he was awake, V24 denied that R9 had any issues with heart problems, at 4 minutes and 23 seconds V24 denied having a defibrillator. 911 called ended after 4 minutes and 57 seconds.</p> <p>Review of the ambulance run report it denotes that 911 call received at 531, dispatch at 532, enroute at 534, at reference at 538, at patient at 539, leave reference at 605, available at 610.</p> <p>On 12/6/22 at 10:16am V25 (DON) said the nurse should not stop CPR efforts before the nurse hand the patient over to the medics. V25 said the nurse should follow the facility code blue policy when a resident is unresponsive. V25 said the nurse should report exactly what occurred when calling 911. V25 said she will check to see if the facility has a defibrillator. At 2:17pm surveyor was informed that the facility did not have a CPR policy or pamphlets with instructions on how to perform CPR. During this survey V25 did not</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 18</p> <p>report if the facility had a defibrillator or not.</p> <p>During this survey V24 said R9 was not responsive when she went back to his room to assess him. V24 called 911 at 5:30am. V24 is heard on the 911 call at 1 minute and 51 seconds saying she was going to R9 room now, and she was getting paperwork together for the ambulance. V24 was not heard telling the 911 dispatcher that R9 needed CPR. V24 was not heard telling the 911 dispatcher that she had to initiate CPR for R9. V24 told the 911 dispatcher at 3 minutes and 48 seconds into the emergency call that "R9 was snoring but". Using the responsible person concept, it is reasonable to believe that V24 failed to give the 911 dispatcher all the details of R9 condition. At 3 minutes and 48 seconds V24 was not heard telling the 911 dispatcher that R9 needed CPR. V24 was not heard telling the 911 dispatcher that she had to initiate CPR for R9. V24 was on the phone with the 911 dispatcher for 4 minutes and 51 seconds. V24 was not heard telling the 911 dispatcher that R9 needed CPR. V24 was not heard telling the 911 dispatcher that she had to initiate CPR for R9. During this survey V24 said she did CPR (30 compressions) on R9, V17 said she did not witness V24 doing CPR on R9. V17 and V24 said V17 stayed with V24 and R9 until she went to open the door for the medics who arrived on the scene at 5:38am. V26 (Fire department Medic) said when he arrived to R9 bedside, he did not see anyone doing CPR on R9.</p> <p>During this investigation V17 said R9 was observed on the ground at 4:50am (V17 said she looked at the time), V24 and V17 said they was outside with R9 for about 10 minutes; that puts the time roughly around 5:00am when they got R9 inside the facility into the bed. V24 made the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 19</p> <p>911 call at 5:30am: 30 minutes after getting R9 back inside the facility. V24 is heard on the 911 call at 1 minute and 51 second saying she was going back there with R9 now and she was getting the paperwork together for the ambulance. Using the reasonable person concept V24 failed to conduct a comprehensive assessment on R9 for 30 minutes after observing R9 unresponsive on the ground outside. V24 failed to call 911 for 40 minutes after observing R9 on the ground outside.</p> <p>Review of the incident report, there are no assessments documented and there is no vital sign assessment document. Review of the nurse progress notes, there are no assessments documented and there is no vital sign assessment documented.</p> <p>On 12/7/22 at 12:46p.m V29 (Physician) said he was notified of the incident/accident with R9 on 11/30/22 around 6:30am by the facility. Survey findings was reviewed with V29, V29 said the incident is an unfortunate situation, V29 was made aware that the nurse and aides said R9 was snoring, V29 said in his opinion because he was not there, but there's no was that R9 was snoring. V29 said maybe the Nurse was not able to recognize when someone is having difficulty breathing. V29 said he does not know the cause of R9 death but if R9 was outside for an unknow period, no clothes on and the staff said R9 body was cold it is likely that R9 was dealing with hypothermia. V29 said any person will be cold with clothes on within 10 minutes of being outside in 26-degree Fahrenheit weather. V29 said situation of R9 accessing the window would not have occurred if the safety latches were engaged to prevent the window from opening to high and R9 climbing out. V29 said safety is important. V29</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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)	(X6) COMPLETE DATE
S9999	<p>Continued From page 20</p> <p>said the facility needs to take measures to prevent this from happening again. V29 said if the staff observed R9 outside on the ground at 4:50am the nurse should have called 911 right away. V29 said the nurse should have initiated basic CPR, i.e., check the airway, do chest compressions as appropriate. V29 said calling 911 after 40minutes of finding R9 was a lot of time. V29 said he wish the nurse would have called sooner. V29 said in his career he has seen rigor mortis start to set in within 1 to hours of death, depending on the environmental factors.</p> <p>Review of the national weather report it shows that the temperature in Oak Park, Il on 11/30/22 between the hours of 3:30am to 4:50am, the temperature ranged 25 to 26 degrees Fahrenheit and the wind chill ranged between 16 to 21 (MPH), making the outside temperature feel like 11 to 13 degrees Fahrenheit. The windchill chart denotes that at a temperature of 25 to 26 degrees and a wind chill of 16 to 21 mph, will produce frostbite in humans in 30 minutes.</p> <p>Request was made to review facility video recording for 11/30/22 for the hours of 1:30am to 6:00am. On 11/30/22 at 445pm V7 (Administrator) said the video was not available due to the internet connection being out at that time.</p> <p>Review of the facility code blue policy dated 6/2015, revision date 7/2020 and review date of 12/2021 denotes in-part a code is initiated for all residents requiring emergency medical attention. Upon finding a person without respirations and/or pulse, call for help and confirm presence/absence of advanced directives/code status. If the resident is not a DNR (Do Not Resuscitate), a code blue</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 21</p> <p>should be announced and start CPR. When announcing code blue, state the area of the code. As staff arrive the DON (Director of Nursing) or designee should assign staff to the following items: someone to call 911, someone to assist with CPR, someone notify the physician and family, someone to start the transfer form, get the paperwork together and notify the hospital, someone to hold the elevator on the first floor if applicable, someone to remove other residents from and ensure there is a clear path for the paramedics.</p> <p>The American Heart Association denotes what to do if, sudden cardiac arrest: for adults, check for responsiveness then shout for nearby help. Next, call 911 to activate emergency medical services. Then call for, or get, an automated external defibrillator if one is available and use it as soon as it arrives. Begin high-quality CPR immediately and continue until professional emergency medical services arrive. If two people are available to help, one should begin CPR immediately while the other calls 911 and finds an AED.</p> <p>Facility policy accident and incident policy reports dated 6/2021 denotes in part an incident/ accident report is to be completed and shall include date and time of incident/ accident. Description and possible cause of incident, physical assessment, injuries noted, vital signs, treatment rendered, and notification of appropriate parties.</p> <p>The Illinois Nurse Practice Act, Article 50 general provisions (225 ILCS 65/60-35) Sec. 60-35. RN (Registered Nurse) scope of practice. The RN scope of nursing practice is the protection, promotion, and optimization of health and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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	Continued From page 22  abilities, the prevention of illness and injury, the development and implementation of the nursing plan of care, the facilitation of nursing interventions to alleviate suffering, care coordination, and advocacy in the care of individuals, families, groups, communities, and populations. Practice as a registered professional nurse means this full scope of nursing, with or without compensation, that incorporates caring for all patients in all settings, through nursing standards of practice and professional performance for coordination of care, and may include, but is not limited to, all of the following: Collecting pertinent data and information relative to the patient health or the situation on an ongoing basis through the comprehensive nursing assessment. Analyzing comprehensive nursing assessment data to determine actual or potential diagnosis, problems, and issues. Identifying expected outcomes for a plan individualized to the patient or the situation that prescribes strategies to attain expected, measurable outcomes. Implementing the identified plan, coordinating care delivery, employing strategies to promote healthy and safe environments, and administering or delegating medication administration according to section 50-75 of this act. Evaluating patient progress toward attainment of goals and outcomes. Delegating nursing interventions to implement the plan of care. Providing health education and counseling. Advocating for the patient. Practice ethically according to the American Nurse Association Code of Ethics. Practicing in a manner that recognize cultural diversity. Communicating effectively in all areas of practice. Collaborating with patients and other key stakeholders in the conduct of nursing practice. Participating in continuous professional development. Teaching the theory and practice of nursing student nurse.	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>		
(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 23</p> <p>Leading within the professional practice setting and the profession. Contributing to quality nursing practice. Integrating evidence and research findings into practice. Utilizing appropriate resources to plan, provide and sustain evidence-based nursing services that are safe and effective.</p> <p>(A) 2/2</p> <p>300.1210b) 300.1210d)6) 300.2900d)2)</p> <p>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.</p> <p>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: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 24</p> <p>Section 300.2900 General Building Requirements</p> <p>d) Doors and Windows</p> <p>2) All exterior doors shall be equipped with a signal that will alert the staff if a resident leaves the building. Any exterior door that is supervised during certain periods may have a disconnect device for part-time use. If there is constant 24 hour a day supervision of the door, a signal is not required.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to have effective monitoring in place to prevent a high elopement risk Resident from leaving the facility unauthorized, failed to have an effective door alarm system in place to alert the staff when and if a resident leaves the facility unauthorized. This affects 1 of 8 residents (R1) who eloped the facility on 9/30/22 without staff knowledge, was found by police roaming the streets 1.6 miles from the facility and taken to the hospital, diagnosed with acute UTI, and confusion. This failure has the potential to affect all 8 who are identified to be at risk for elopement.</p> <p>Findings include:</p> <p>R1 face sheet shows R1 is a 79-year-old male, R1 has diagnosis of unspecified dementia, anxiety repeated falls, adult failure to thrive, paranoid schizophrenia, schizoaffective bipolar disorder, bradycardia, repeated falls, and depression. R1 facility census shows R1 was admitted to the facility on 7/6/22.</p> <p>R1 MDS (Minimum Data Set) dated 10/10/22</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 25</p> <p>shows BIMs score of 5 (cognitively impaired), section G for functional status shows transfers extensive assist-one person physical assist, walk in room; extensive assist -one person assist, walk in corridor; extensive assist- one person physical assist, locomotion on unit; extensive assist- one person physical assist, locomotion off unit; extensive assist-one person assist, balance during transitions and walking; 2- not steady only able to stabilize with staff assistance, walking; 2- not steady only able to stabilize with staff assistance, turning around; not steady but able to stabilize without staff assistance, surface to surface transfer; 2- not steady only able to stabilize with staff assistance. Mobility device- wheelchair.</p> <p>R1 care plan with initiation date of 7/10/22 denotes elopement; resident (R1) is high risk for elopement r/t (related /to) history and recent attempt and D/X (diagnosis) of dementia, the resident will have reduced attempts of incident by next review date, 9/30/22 begin 30 minutes round by staff monitoring all shifts, encourage resident to participate in activities of choice, exercise the resident at regular intervals by walking him/her around the facility for the amount of time he/she is able to tolerate, use frequent reassuring phrases to help feelings of fear and anxiety. R1 care plan with initiation date 7/6/22 denotes R1 demonstrates cognitive impairments related to diagnosis of dementia, symptoms are manifested by impaired, compromised decision making, R1 has a state guardian, the resident will have a responsible person assigned decision making responsibilities either through guardianship procedures or surrogate in compliance with state law, evaluate factors that contribute to impaired judgement, reasoning and decision making, if the deficits appear permanent , not temporary,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 26</p> <p>assess the need for responsible decision maker, collaborate with the health care team in evaluating the residents status. R1 care plan with initiation date of 7/6/22 denotes R1 has a Dx( diagnosis) of unspecified dementia, unspecified severity without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, dysphagia oropharyngeal phase, paranoid schizophrenia, depression, unspecified and schizoaffective disorder bipolar type, R1 will comply with staff redirection and behave in a safe and respectful manner, interventions are to conduct an evaluation of the behavioral symptom to determine what strength or abilities and needs are communicated via the behavior (e.g. verbal abuse often communicates a need to feel in control and assertive), Give psycho-active medication as ordered. Record behavioral symptoms (e.g., verbal/physical aggression, inappropriate behavior) and side effects (e.g., tardive dyskinesia, anticholinergic effects), if the resident becomes pre-occupied by hallucinations and/or delusional thoughts, do not attempt to talk him/her out of the delusions. Remind him/her that he/she is safe and secure in the facility environment, intervene when any inappropriate behavior is observed. Communicate that the resident is responsible for exercising control over impulses and behavior (Social Skills training). Use creative refocusing to alter behavioral patterns if the person suffers from Dementia (e.g., provide drawers, laundry basket for rummaging, provide a tube sock with a knot to focus the resident's attention), Refer the resident to the consulting psychiatrist for a psychiatry evaluation, as warranted. R1 care plan with initiation date of 7/7/22 denotes resident ( R1) is at risk for increasing confusion secondary to dementia, resident will function at highest level with or without staff assistance thru next review,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 27</p> <p>explain all procedures use simple commands/ task segmentation and one word commands if possible, observe for signs of frustration or anxiety and redirect as able, pleasant/ calm interaction with resident, provide cueing and prompting PRN ( as needed), reality orientation as needed, call MD PRN: agitation, confusion, and change in eating habits or other concerns. R1 care plan with initiation date of 7/7/22 denotes at risk for falls r/t history of falls, cognitive impairments, decreased safety awareness, incontinence of bowel, incontinence of bladder, decreased strength and endurance, the resident will have a safe environment maintained thru the next review, give resident verbal reminders not to ambulate/ transfer without assistance, gather information on past falls and attempts to determine the root cause of the fall, anticipate and intervene to prevent recurrence, be sure call light is within reach and encourage the resident to use it for assistance as needed, staff to respond promptly to all request for assistance, anticipate and meet individual needs of the resident, complete the fall risk review per the facility protocol. R1 care plan with initiation date on 7/6/22 denotes R1 requires the support, care, and services of a long-term care facility demonstrating symptoms of cognitive impairment. Has been determined by community access assessment to be able to access the community with supervision. R1 will be agreeable to access the community with supervision, ongoing and through the next review, a community survival skills assessment will be conducted quarterly to determine my (R1) ability to safely and respectfully navigate when outside in the community, make sure that I (R1) am aware of the rules and regulations associated with accessing the community and that I understand that access to the community is a privilege that</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 28</p> <p>may be revoked at any time due to engaging activities and/or behaviors.</p> <p>On 11/4/22 R1 was observed in the activity room, R1 did not respond to surveyor during the attempt to communicate with R1, during this surveyor R1 was observed walking, R1 observed to advance one foot at a time when ambulating, R1 observed to walk at a slow pace. R1 observed to self-transfer from bed to wheelchair. R1 observed self-propelling down the west hall in his wheelchair.</p> <p>Facility incident report dated 9/30/22 completed by V1 (Nurse) shows in-part elopement, upon doing morning rounds resident was not in room, writer and CNA looked in common areas for resident and we were not able to locate him. Writer initiated code for all staff to search for resident. While performing search writer was interrupted by a phone call from the police department. Writer was informed that resident was located on Armitage and Normandy roaming the streets. MD was made aware, and MD came into the facility, State guardian was called, and voicemail was left. Fire department called facility back and spoke with writer and notified me that resident will be taken to West Suburban hospital. MD aware. Another voicemail was left for guardian regarding updates with patient. Search of resident room to room, and dining room, notified receptionist to call code white, in the mist of code writer was notified by police resident whereabouts and notified writer that resident was taken to west suburban hospital. Code pink all clear was announced. Resident taken to hospital-Y. No injuries observed at this time, no injuries observed post incident, predisposing physiological factors: confused, impaired memory, impulsive, receives antipsychotics,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 29</p> <p>DON, physician and state agency notified.</p> <p>Facility initial report to the department dated 9/30/22 at 6:00pm shows in-part location of incident- facility, time of incident 7:20am, resident (R1) left the building unauthorized; facility conducted a search of all and immediate vicinity but was not located. Resident was eventually located by the police and taken to the hospital; facility began investigation. Facility final report to the department dated 10/7/22 shows in-part during the process of the investigation by QA (quality assurance) committee, medical record review and interview of witness, the following facts were determined: upon being interviewed a staff member stated that upon rounds this resident was last seen at 7:04a.m sitting on his bed in his room, at 7:30am the resident was no longer in his room or surrounding areas, during the facility search the nurse received a call from the police department. The nurse was informed that the resident has been located on Armitage and Normandy. Resident was taken to WS hospital per protocol for assessment. No injuries were observed. Resident returned to facility and able to make needs and wants known to staff. MD and Guardian notified. 30minutes monitoring in place.</p> <p>R1 hospital records dated 9/30/22 with triage time of 8:38am denotes patient was found wandering outside, EMS (emergency medical service) reports he has dementia with AAox2 (alert and orientx2) at baseline. EMS called nursing home where he lives but staff told EMS that he could not come back. Patient presents to emergency department while found wandering the streets. The patient is a nursing home patient with a history of dementia and Alzheimer's. It's uncertain how long he has been outside of the nursing</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 30</p> <p>home. He was sent to the emergency department for evaluation. History is greatly limited due to the patient dementia although he denies any pain at this time. Diagnosis- acute UTI, confusion state and dementia. ED (emergency Department) EMS (emergency medical service) agency CFD- Chicago Fire Department.</p> <p>R1 progress note dated 9/29/22 shows resident noted pushing emergency exit door open and attempting to leave, resident verbalize he wanted to go to the bank to get money for cigarettes, resident easily redirected and joined staff and peers in the dining room, PRN (as needed) Haldol administrated, writer will continue to monitor.</p> <p>R1 progress note dated 9/30/22 completed by V1 (Nurse) denotes upon doing morning rounds resident was not in room, writer, and CNA (Certified Nursing Aide) looked in common areas for resident and we were not able to locate him. Writer initiated code for all staff to search for resident. While performing search writer was interrupted by a phone call from the police department. Writer was informed that resident was located on Armitage and Normandy roaming the streets. MD (Medical Doctor) was made aware, and MD came into the facility, State guardian was called, and voicemail was left. Fire department called facility back and spoke with writer and notified me (V1) that resident will be taken to West Suburban hospital. MD aware. Another voicemail was left for guardian regarding updates with patient.</p> <p>R1 elopement risk review dated 10/3/22 show s a score of 26, high risk for elopement, R1 is not confined to the bed/chair, R1 has diagnosis of dementia/ Alzheimer's or sever mental illness and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 31</p> <p>or periods of confusions, R1 pace or wander, R1 has history of elopement for the past 3 months, R1 does not accept nursing home placement, and R1 has a hx (history) of elopement per last facility, on 9/30/22 resident elopement and returned back to the facility and continued to be on the elopement list precaution.</p> <p>R1 elopement risk review dated 8/8/22 shows in part R1 is high risk for elopement, on 8/7/22 resident tried to elopement, redirected and monitored and was placed on the elopement list precaution.</p> <p>R1 elopement risk review dated 7/11/22 shows in part R1 is high risk for elopement, on 07/10/22 resident tried to elopement, redirected and monitored and was placed on the elopement list precaution.</p> <p>Review of R1 clinical records there were no elopement risk assessment completed for the attempt to elope on 9/29/22. Review of R1 clinical records there were no elopement risk assessment completed for the attempt to elopement on 11/13/22.</p> <p>R1 community survival skills assessment dated 7/6/22 shows R1 The resident is sufficiently alert, oriented, coherent, and knowledgeable allowing him/her to be considered for independent outside pass privileges. (If "Yes" continue with assessment and you must answer questions 2-10; If "No" skip questions 2-10 and proceed to the recommendations section and check "not capable". No is checked. The resident can move/navigate/negotiate safely on community streets (crosses safely, maintains a safe distance around cars, uses sidewalks, if in a wheelchair propels safely/carefully, etc.). No is checked. The</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 32</p> <p>resident knows the facility address, location, and how to contact the facility in an emergency. No is checked. The resident appears able to refrain from self-harmful and/or socially inappropriate behavior while in the community (including abstaining from alcohol and illicit drugs, avoiding persons who constitute a bad influence and can practice "harm reduction" strategies. No is checked. The resident knows how to ask for/seek help in an emergent or problematic situation. The resident has knowledge of potentially dangerous situations, such as walking alone after dark, straying into an alley, accepting rides from strangers, carrying valuable items where they are easily seen. No is checked. The resident has no severe, debilitating physical impairment that would jeopardize his/her safety in the community. No is checked. The resident can adhere to pass privilege policies, e.g., getting permission to leave, signing out, respecting time parameters and curfews, informing staff upon return. No is checked. The resident can behave with respect while in the community and there have been no problems or concerns (reported or witnessed) with his/her conduct over the past seven (7) days. The resident sufficiently follows rules addressing medication compliance, participation in his/her treatment plan, appropriate hygiene and grooming and treats others with respect. The resident does not appear to be capable of unsupervised outside pass privileges currently. Resident (R1) is unable to navigate in the community on his own, supervision only.</p> <p>R1 base line care plan dated 7/6/22 shows in-part resident (R1) has diagnosis of dementia, R1 need one person assist with self -are performance, R1 normally use wheelchair for mobility, R1 is alert and cognitively impaired, R1 scored a 5 on the BIMS (brief interview for mental status), R1 takes</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 33</p> <p>antianxiety medications and resident (R1) is an elopement.</p> <p>On 11/4/22 at 11:14am V3 (DON- Director of Nursing) said she completed the investigation for the elopement for R1, V3 said the west exit door alarm was not working properly and the alarm sound was low, and it was difficult for staff to hear the alarm. At 11:53am observation of the East exit door with V3 (DON- Director of Nursing), the east exit door alarm active when pushed open, and the alarm automatically deactivates when the door closes, V3 said there's no code needed to deactivate the door alarm, it shuts off when the door closes. Observation of the West exit door alarm active when the door is pushed open, the alarm remains activated when the door closed, V3 then put the code in the keypad noted on the wall, the alarm observed to deactivate at that time. V3 then suggest that surveyor speak to V6 (Maintenance Supervisor) regarding the door alarm for further information. At 12:38p.m V3 said R1 eloped the facility on 9/30/22 and she believes R1 exit the facility using the west exit door because that is the door the tried to elope from on 9/29/22. V3 said she do not know what door R1 went out of when R1 eloped the facility on 9/30/22. V3 said the facility implemented 30-minute monitoring rounds for R1 starting on 9/29/22, V3 said every 30 minutes the staff (nurses, aides, social worker) has to lay eyes on R1 and document their initials in the rounding sheet, this shows they saw R1. V3 said the 30-minute monitoring is the only new intervention that was implemented for R1. V3 said 1to1 monitoring was not implemented for R1. V3 made aware 1:1 monitoring was an intervention documented on R1 plan of care. V3 denied that 1:1 monitoring was implemented for R1. V3 said when the nurse and aides start their shift, they</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 34</p> <p>should do rounds and make sure that the residents are in the facility, V3 said if the staff can't find a resident in their room or common areas the staff should announce a code white (for elopement), V3 said the code white should be called immediately when they nurse, or aide cannot locate a resident in the facility. V3 said if a door alarm activates the staff should s/go to that door and make sure that a resident did not go out the door, the staff should look outside the door and look both ways to see if they could see if a resident left out, V3 said if the staff does not see a resident they should come inside the facility and check to see if all residents are accounted for. V3 said if all the residents are not accounted for the nurse or manager should announce a code white for elopement. V3 said door alarms should not be deactivated prior to the staff checking outside the door to see if they see a resident. On 11/16/22 at 12:38p.m V3 said she want to be forth coming to the surveyor, V3 said she was asked by V7 to tell the nurse staff not to document the elopement attempt of R1 on 11/13/22, and to not mention the elopement to the surveyor. V3 said during the morning meeting V7 (Administrator) told her that the surveyor cannot find out that R1 eloped on 11/13/22 and if the staff and her do not document it, then the surveyor cannot prove it. V3 said what she was asked to do was unethical and that's why she left the facility on 11/15/22 and has not returned.</p> <p>Request was made to review the 30-minute monitoring document for R1, V3 present with documentation for 9/29/22, V3 did not present the documentation for 30-minute monitoring for 9/30/22 for R1. Request made on 11/9/22 to review the 30-minutes monitoring document for R1 for 09/30/22. V3 did not present the document.</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 35</p> <p>On 11/4/22 at 4:19pm V2 (Nurse) said he was the nurse responsible for R1 on the night shift of 9/29/22 (11pm-7:00am), V2 said he was the only nurse on duty that night shift. V2 said he last saw R1 around 7:04am on 9/30/22 in his (R1) room sitting on the bed, V2 said R1 was compliant with his 6:00am medications. V2 said when V1 (Nurse) came in for her shift, he gave her report and he continued to work at the nurse station finishing up and he left afterwards. V2 said he did not hear any door alarms, V2 said he did not reset any door alarms that morning, V2 said he did not assist with the search efforts for R1, V2 said he did not hear anyone announce a code white on 9/30/22 when he was at the facility. V2 said V1 (nurse) did not ask him about the whereabouts of R1 when he sat at the nurse station to finish his work, V2 said he received a call approximately 10:00am on 9/30/22 and V3 (DON- Director of Nursing) informed him that R1 had eloped the facility, V2 said that was his first time he heard about R1 being missing from the facility. V2 said he was aware that R1 is an elopement risk.</p> <p>Review of V2 timecard shows V2 punched out at 7:47am on 9/30/22.</p> <p>Observation of the facility nurse station, the nurse station has 2 computers, the computers are located at the back of the nurse station, only a small portion of the hallway is viewable from the nurse station where the computers are, Surveyor was not able to see down the west hall or down the east hall from the back of the nurse station where the computers are. During this survey, surveyor observed that when the staff are at the computers their backs are toward the east and west hallway.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 36</p> <p>On 11/4/22 at 2:19pm V5 (CNA- Certified Nursing Aide) said she was not working the day that R1 eloped, review of the facility assignment sheet with V5, V5 then said she worked the 7:00am-3:00pm shift, but she arrives a little late. V5 said when she arrived at the facility, she did her morning rounds, she noticed R1 was not in his room. V5 said it wasn't a concern because R1 like to frequent another location in the facility, V5 said she then checked the areas where R1 like to frequent (down the west hall near admission office, because they keep his snacks there), V5 said R1 was not there and so she preceded to the dining room to check for R1 and before she got to the dining room, that's when V1 (Nurse) asked her if she knew where R1 was. V5 said that's when V1 said she got a call from the police, and they informed her that R1 was found roaming the streets. V5 said she was aware that R1 was an elopement risk. V5 said she did not hear any alarms sounding when she arrived at the facility for her shift. V5 said she did not reset any door alarms either. V5 said she assisted with the building search for R1.</p> <p>Review of V5 timecard shows V5 punched in at 7:07am on 9/30/22.</p> <p>On 11/9/22 at 10:26a.m V1 (Nurse) said she was the nurse responsible for R1 care on 9/30/22 for the 7:00am - 3:00pm shift, V1 said she arrive to work a few minutes late, she got report from V2 (Nurse). V1 said after getting report she did not see V2 anymore. V1 said during her rounds she notice R1 was not in his room, V1 said she then checked the common areas that R1 like to frequent and R1 was not there either, V1 said she then asked V5 (CNA- Certified Nursing Aide) if she knew where R1 was at, V1 said she then</p>	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 37</p> <p>began to check all the resident rooms and she could not locate R1, V1 said she then asked the front desk receptionist to announce code white (for elopement), V1 said her and V5 was the only staff looking for R1. V1 said while searching the facility she received a call for the oak park police stating that they found R1 roaming the streets, V1 said that's when she asked the police if they can take R1 to the local hospital and have R1 evaluated because it was cold outside. V1 said the police mentioned they picked R1 up on Armitage and Normandy. V1 said R1 is an elopement risk. On 11/15/22 during a follow up interview, V1 said she may have documented the wrong time, and 730am may not be the correct time for the events, but she does remember it wasn't too long after she arrived, she remembers getting the call from the police. V1 said she did announce code white, and she did search for R1. V1 made aware that it was not the oak park police that found R1. V1 said she thought the police mentioned they was the oak park police. V1 informed surveyor that R1 got out the facility on 11/13/22, V1 said she worked on 11/13/22 but she left early, she was there for a special assignment, V1 said V14 (CNA) informed her of this.</p> <p>Review of V1 timecard shows V1 punched in at 7:25a.m on 9/30/22.</p> <p>On 11/16/22 at 12:58p.m V19 (Receptionist) said she was the receptionist on duty on 9/30/22. V19 said she arrived at the facility around 7:20am, punched in at 7:30am, V19 said she always park on the west side of the facility and walk around to the front of the building. V19 said she did not see R1 walking down the street when she arrived. V19 said when she arrived, she did not here any door alarms, she did not reset any door alarms.</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 38</p> <p>V19 said around 8:00 or 8:06am she received a call from the police sergeant, he asked if the facility was missing a resident that walks with a shuffle gait, V19 said she instantly knew the police was talking about R1, V19 said she immediately announced code white, and that's when V1 came to the front desk, and she gave V1 the phone to talk with the police. V19 said she went to the nurse station and informed the staff that they need to search for R1, and she checked a few locations also. V19 said when she was near the nurse station, she called V7 (administrator) and made him aware of R1 elopement and that the police called the facility. V19 said she is the one that cleared the code white, when V1 informed her to. V19 said the sergeant informed her that R1 was found on Armitage and Normandy near the candy factory. V19 said the nurse did not inform her to announce the code white, she announced based on the information received by the police.</p> <p>On 11/9/22 at 4:29PM V8 (CNA-Certified Nursing Aide) said she worked on 9/30/22 and when she arrived on duty, she did not hear any door alarms sounding, she did not reset any door alarms that morning. V8 said she heard a page for white code or something like that, V8 said she was in the room caring for the resident and when she finished and came out the room the staff was taking about R1 escaped and the police found him far away by the hospital or something. V8 said when she was in the room, she heard something about white code, but she does not know what that means. On 11/15/22 at 2:27p.m V8 said she worked on 11/13/22 she was the aide assigned to work with R1, V8 said she was in the room caring for a resident, and when she came out the room, V13 (Nurse) made her aware that R1 got out of the facility. V8 said V13 told her to</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6010110	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 12/20/2022
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  BERKELEY NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 6909 WEST NORTH AVENUE OAK PARK, IL 60302
---	---

(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 39</p> <p>keep a close eye on R1. V8 said she had a lot of work to do, and she went and finished her duties. V8 said she was doing 30 minutes rounds on R1 that day and she documented also. V8 said she don't recall when the last time she may have saw R1 on 11/13/22.</p> <p>Review of V8 timecard shows V8 punched in at 7:06am on 9/30/22.</p> <p>On 11/10/22 at 10:48a.m V11 (Restorative aide/ CNA) said she was working on 9/30/22 in the morning, V11 said she is a restorative aide, she didn't have an assignment, but she does help the staff out with patient care whenever they need help. V11 said when she arrived at work, she did not hear any door alarms sounding, she did not reset any door alarms she said she was in the room providing care to a resident and she did not hear any alarms sounding, she did not hear any announcements for code white either. Review of V11 timecard shows V11 punched in at 7:03a.m.</p> <p>On 11/4/22 V16 (Nurse) said she arrived to work late on 9/30/22, she was not involved with the search efforts for R1, V16 said she only heard about R1 eloping, she does not have any details of the incident.</p> <p>Review of V16 timecard shows R16 punched in at 8:13am on 9/30/22.</p> <p>On 11/10/22 at 3:48p.m V15 (Restorative Aide) said she is a restorative aide and she also restock the facility supplies, V15 said she worked on 9/30/22, when she arrived at the facility, she did not hear any alarms sounding, she did not reset any door alarms. V15 said when she arrived at the facility, she went into the basement to</p>	S9999		



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 40</p> <p>work, V15 said she can't hear any announcements when she's in the basement because the location that she's in, she must go through multiple doors to get to her work area in the basement, V16 said she could barely hear pages from the first floor.</p> <p>Review of V15 timecard shows V15 punched in at 6:25a.m on 9/30/22.</p> <p>On 11/4/22 at 2:55pm V18 (CNA-Certified Nursing Aide) said he worked the night shift on 9/29/22 and he last saw R1 sitting on his bed at 6:50am on 9/30/22. V18 said he did not hear any door alarms sounding on the morning of 9/30/22 prior to him leaving. V18 said he wrote a statement and the documentation of him last seeing R1 at 7:50am was an error, it should read 6:50am.</p> <p>Review of V18 timecard, V18 punched out at 7:02a.m.</p> <p>On 11/9/22 at 2:23PM during a telephone interview, V4 (Social Worker) said she was off duty on 9/30/22 but she got a call from the V7 (Administrator) that R1 eloped on 9/30/22, and she inform him to initiate 30-minute monitoring for R1 on 9/30/22, V4 said she is not aware of R1 attempt to elope the facility on 9/29/22. V4 was informed that V3 (DON- Director of Nursing) presented documentation showing that 30 minutes monitoring was initiated for R1 on 9/29/22, V4 said she updated R1 plan of care on 10/3/22. V4 said she was aware of R1 history of elopement at his prior facility, V4 said it's documented in R1 admission paperwork. R1 care plan reviewed with V4, V4 said the interventions were developed to try and deter R1 from leaving, by walking him down the hall and providing activities for R1 to participate in to distract R1</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 41</p> <p>from wanting to leave the facility. V4 said R1 was assessed, and it was determined that R1 is not safe in the community by himself, R1 would need supervision. R1 has dementia and has confusion. V4 said if the facility initiated 30-minute monitoring for R1 on 9/29/22 and R1 was able to elope on 9/30/22, then the 30-minute monitoring was not effective.</p> <p>On 11/9/22 at 8:44am V6 (Maintenance supervisor) said the west exit door has an alarm but it's not as loud as the east door alarm. V6 said the east door alarm activates when opened and deactivate automatically when the door closes, there is no code needed to deactivate the east door alarm. V6 said the west door alarms when the door opens and stays on when the door closes, V6 said staff must put a code in the wall panel to turn the door alarm off. V6 said the front door alarm panel is not working properly by not excepting the pin code when entering it, V6 said that's okay because the front door alarms deactivates when the door closes, so it not an issue. V6 said when he arrived at the facility on 9/30/22 he did not hear any door alarms sounding and he did not reset any exit door alarms. V6 said there's always a staff member in the hallways and if the door alarms, the staff should respond and go to the door that is alarming, V6 was asked how did R1 elope from the facility on 9/30/22 if there's always someone in the halls to respond to the alarm if it sounds, V6 did not give a response. V6 said the west, east and main exit door do not have a 15 second delay on them, the door opens as soon as it is pushed to open. On 11/15/22 at 12:54pm observation of the west door alarm sound, the alarm observed to be audible and is faint as surveyor gets further away from the alarm near room 14 and 11. On 11/16/22 at 12: 31p.m observation of the main entrance door with V6,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 42</p> <p>the alarm observed to come on when the door is opened, and the alarm shuts off before the door closes. V6 said he must fix the door alarm, V6 said the alarm should not shut off before the door closes entirely. The front door alarm observed addible and becomes faint near the 19 and 20 on the west side of the facility and become faint near room 14-11 on the east side of the facility.</p> <p>On 11/4/22 V7 (Administrator) said the door alarms were serviced and he does not know the date when the service was complete. Request was made to review the service report or invoice. V7 presents with invoice. At 4:09pm V7 (Administrator) was asked who deactivated the west exit door alarm once R1 left the facility, V7 said maybe V6 did it, in the attempt to gather information regarding the elopement investigation, V7 said the bottom line is that R1 left the facility and returned. V7 then said to surveyor "you are trying to make this situation more than what it is". On 11/10/22 at 11:26a.m, V7 was asked does the facility monitor the exit doors and if so, how? V7 said the doors have alarms. On 11/15/22 at 1:14pm V7 said he was not able to review the facility video recording for 9/30/22, V7 said he made a request to the IT department on 9/30/22 and IT informed him a few weeks ago that the video is not available due to the hard drive not being operable. V7 said the issue is not resolved, and the IT department is still awaiting the parts to service the video camera system. On 11/15/22 at 2:27pm V7 was asked what has the facility put in place since R1 got out of the facility on 11/13/22, V7 said he was not aware of R1 eloping or getting out of the facility on 11/13/22. At 4:30pm V7 was made aware that the nursing staff reported to surveyor that R1 eloped the facility on 11/13/22, V7 replied to surveyor "where are you getting this information</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2022</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 43</p> <p>from" V7 was informed that the information came from his staff, V7 continue to say he's not aware of R1 eloping on 11/13/22, V7 was made aware that surveyor interviewed his staff and the nurse said she informed the Director of Nursing.</p> <p>(B)</p>	S9999		