Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED	
		IL6001283	B. WING			C 01/17/2023
	PROVIDER OR SUPPLIER	14500 SO	DRESS, CITY, UTH MANIS M, IL 60633		1 01/1	772020
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION'SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	(X5) COMPLETE DATE -	
S 000	Initial Comments		S 000			E.
*	Complaint Investiga	ation 2390238/IL155181		5)		
S9999	Final Observations Statement of License	sure Violations:	S9999	5 5 6.	***	V
	300.610 a) 300.1010 i) 300.1210 b) 300.1210 d)3) 300.3240 a)					
1	a) The facility: procedures governi facility. The written be formulated by a Committee consisting administrator, the a medical advisory confinering and other policies shall complime written policies the facility and shall	dvisory physician or the immittee, and representatives in services in the facility. The y with the Act and this Part. shall be followed in operating be reviewed at least annually locumented by written, signed				
i.	Section 300.1010 M i) At the time of immediate treatments	Medical Care Policies of an accident or injury, ot shall be provided by first aid procedures.		# F	16.	A _e
	Nursing and Person b) The facility s	General Requirements for al Care shall provide the necessary attain or maintain the highest		Attachment A Statement of Licensure Violations	;	€ 8:53

); ()

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

TITLE

(X6) DATE

PRINTED: 02/09/2023 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ C B. WING IL6001283 01/17/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE **BRIAOF RIVER OAKS** BURNHAM, IL 60633 SUMMARY STATEMENT OF DEFICIENCIES (X4)ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 1 S9999 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. Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,

Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.

seven-day-a-week basis:

Section 300.3240 Abuse and Neglect An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements are not met as evidenced by:

Based on interview and record review, the facility failed to follow their nursing protocols and Emergency Management policy by not immediately assessing a resident (including taking vitals) who was found unresponsive; they failed to immediately call 911; and they failed to stay with the resident at all times. This failure applied to one (R1) of three residents reviewed for emergency services and resulted in a delay in initiating resuscitative measures and calling 911 and subsequent arrival of paramedics. R1 expired on 1/8/23.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED							
))			A. BUILDING:										
IL6001283		B. WING			C 01/17/2023								
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
BRIA OF RIVER OAKS 14500 SOUTH MANISTEE BURNHAM, IL 60633													
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PL (EACH CORRECTI CROSS-REFERENCI DEF	D BE COMPLETE								
S9999	Continued From page 2		\$9999	¥6	9								
	Findings include:		,										
	5/1/14 with diagnos Schizophrenia, Maj	ld male admitted to the facility es that included Paranoid or Depressive Disorder and Pulmonary Disease.					59						
	R1's MDS (Minimur	n Data Set) dated											
60 W	11/17/2022, documentave mild cognitive assessed with a Bri 11 out of 15. R1 exp Review of R1's med documentation that	ents R1 was determined to impairment and was ef Interview Mental Score of pired in the facility on 1/8/23. dical records include V4, LPN, wrote progress		3 T		84	W						
	R1 and 911 was not took over the CPR		8		2	\$)	30						
	from local ambuland stated a call was plated a call was plated on to read that para at 9:26AM. Per EMS the bed, cold to tout mortis (irreversible)	al Services) at 9:20AM. It goes medics arrived at the bedside 5, R1 was presented lying on ch and with signs of rigor signs of death). An EKG	* *.			t.							
2.	no sign of cardiac fu	was obtained and there was unction. Resuscitation efforts , and R1 was pronounced	v ₂ *		e e		e: X						
64 1 8	for documentation of including vitals, for I nor did staff confirm	f this survey, surveyor asked of any nursing assessment, R1 and it was not provided, via interviews that an s were completed on R1 when during code blue.	F) (2	×									
	On 1/10/23 at 5:54P	M, V5, Security Guard, said,											

3977 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B: WING IL6001283 01/17/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE **BRIAOF RIVER OAKS** BURNHAM, IL 60633 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 "A resident came to me and said something was wrong with (R1). I went into the room and saw him facing the wall on his knees, legs mangled and hanging from the string he keeps his keys on. It was attached to knob of the closet door. I left the room, told the nurse, and didn't return. The nurse came out and called code blue and all the nurses came down. Honestly, I didn't think to go and help him. I went back to watching the residents in the dining room to supervise and make sure nobody left out. I haven't been back to work since it happened, and I took the rest of the week off." On 1/10/22 at 6:08PM, V4, Licensed Practical Nurse/LPN, said, "When I went to the room, I saw (R1) hanging, and immediately rushed out of the room and called code blue to alert the nurses. and I called 911." Surveyor asked V4 if he assessed R1 prior to leaving the room at this time, and V4 stated that he did not. On 1/11/23 at 10:10AM, V17, Registered Nurse/RN, said, "If we are alone with a resident who is unresponsive, the first thing we do is call out a code blue for all of the nurses to come. Once they relieve me of what I'm doing, I would call 911. I would use a CNA (Certified Nursing Assistant) to call the receptionist to call code blue for me. I wouldn't leave the patient until someone came to relieve me."

On 1/11/23 at 10:48AM, V2, DON (Director of Illinols Department of Public Health

On 1/11/23 at 10:32AM, V18, LPN, said, "If I was alone with a resident who was unresponsive. I would yell code blue and start compressions immediately. I would yell to get someone's attention to call over the intercom so that I

wouldn't leave the resident alone."

FORMAPPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ С IL6001283 B. WING 01/17/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 14500 SOUTH MANISTEE **BRIAOF RIVER OAKS** BURNHAM, IL 60633 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 4 S9999 Nursing), said, "If they are alone, I expect for staff to start compressions, start yelling code blue, and wait for someone to come in and call 911 and a code for help." On 1/11/23 at 4:30PM, V2, DON, said, "When I talked to V4, LPN, he said that he left the room to get help, which left (R1) unattended." On 1/12/23 at 1:45PM, V2 was asked what is the expectation of staff during a "code", and V2 stated, "Nursing staff are expected to check pulse, call for help...start CPR, ask if the person is full code or DNR (Do Not Resuscitate), give directions. I switch out and tell the person who is responsible. They would not do CPR (Cardiopulonary Resuscitation) if the person had a pulse. A lot of people talk about presumed dead, but only if they have a pulse should the staff stop." Surveyor asked V2 who was the designated person running this code, and if a code recording sheet was done or any documentation. V2 responded the recording sheet was not done, and there was not really a designated person running the code.."I would say that it was (V4, LPN) but from my interviews and written statements, it didn't seem like anyone was running it. The expectation is that V4 would start and when he was relieved, the charge nurse or he would take over when help arrived." Facility policy titled, "Emergency Management" (revised date 9/22) includes: Policy 1. The objective of the emergency management of a resident is to administer necessary care until

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the paramedics arrive.

2. Have someone immediately call the physician and 911 an prepare all necessary documents

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