

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008635	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/01/2023
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NAME OF PROVIDER OR SUPPLIER CITADEL OF SKOKIE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 9615 NORTH KNOX AVENUE SKOKIE, IL 60076
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S000	Initial Comments Complaint Investigations	S 000		
S9999	2391473/IL156689 Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210)d)3) 300.3240a) 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. 300.1210 Section 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	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	Continued From page 1 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 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) These Regulations were not met as evidenced by: Findings include: Based on observations, interviews, and record review, this facility failed to identify an emergent situation and immediately activate the 911 system. This affected 1 of 3 residents (R1) reviewed for activating 911 in an acute change in condition. This failure resulted in a 30-minute delay in 911 being called and R1 being transported to the local hospital for emergent treatment. On 2/23/23 at 11:45am, this surveyor observed R1's room was located near the nurses' station	S9999		

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S9999	Continued From page 2 with a telephone. The oxygen storage room is located between R1's room and the nurses' station.	S9999			
	<p>On 2/23/23 at 1:50pm, V3 NP (nurse practitioner) stated that V3 is familiar with R1. V3 stated that R1 was alert and oriented x 0. V3 stated that V3 reviewed R1's medical record on 12/2/22 when V3 arrived at this facility. V3 stated V3 would not have waited 30 minutes to recheck R1's oxygen saturation level. V3 stated V3 did not realize R1 was not sent out to hospital immediately. V3 stated any changes in a resident's oxygen saturation level, heart rate, and blood pressure is an emergent situation and R1 should have been transported immediately at 5:28am when R1's oxygen saturation level was 64%.</p> <p>On 2/24/23 at 7:00am, V7 CNA (certified nurse aide) stated that V7 was familiar with R1. V7 stated that V7 did not work at this facility on 12/1/22 11:00pm until 12/2/22 7:00am. When questioned reason V7's name was on staffing sheet 12/1/22, V7 did not know but insisted V7 did not work overnight on 12/1/22.</p> <p>Review of this facility's staffing sheet, dated 12/1/22, notes V7 worked on R1's nursing unit 11:00pm until 7:00am 12/2. Review of V7's timecard punches notes V7 clocked in to work on 12/1/22 at 3:24pm and clocked out on 12/2/22 at 7:28am.</p> <p>On 2/24/23 at 7:45am, V6 RN (registered nurse) stated that she does not recall the details of the events of 12/2/22. V6 reviewed V6's documentation on 12/2/22. V6 stated that when V6 assessed R1 at 5:28am and noted R1's oxygen saturation level was 64%, V6 applied oxygen at 5 liters via non-rebreather mask. V6</p>				

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S9999	<p>Continued From page 3</p> <p>stated that V6 called EMS 911 immediately. When questioned further regarding time documented noting at 5:59am EMS 911 was called, V6 stated that V6 called another nurse to assess R1 and then V6 had to go to the oxygen storage room to obtain oxygen cannister. When questioned reason it took 31 minutes to get another nurse and oxygen, V6 did not respond.</p> <p>On 2/24/23 at 1:00pm, V2 DON (director of nursing) stated that V6 RN called EMS immediately when R1's blood pressure was 61/41 at 5:59am. V2 stated that when a resident's oxygen level is low, the nurse should apply oxygen and recheck the oxygen saturation level in 10-15 minutes. V2 stated that R1's oxygen saturation level was 64% at 5:28am, V6 applied oxygen via a non-rebreather mask and R1's oxygen saturation level came up to 71%. V2 stated that when V6 obtained blood pressure 61/41, V6 called EMS immediately. V2 stated that with some medical conditions, an oxygen saturation level of 64% is normal. When asked to identify those medical conditions, V2 did not respond. When asked to identify which of R1's medical condition(s) would one see oxygen saturation levels normally 64%, V2 did not respond. V2 stated that this facility does not have a policy or protocol for oxygen saturation level monitoring. V2 stated that oxygen saturation level monitoring is a nursing standard of care.</p> <p>Review of R1's medical record notes R1 was admitted on 11/11/22 with diagnoses including: traumatic brain injury, paraplegia, dysphagia, non-traumatic intracerebral bleed, generalized muscle weakness, right elbow contracture, seizures, and hypertensive heart disease.</p> <p>Review of R1's medical record, dated 12/2/22, V6</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>RN noted: resumed duty at 10:56 pm, R1 in bed sleeping, 1:00am R1 was sleeping, vital signs as follows: blood pressure 136/80, temperature 98.4 degrees, pulse 78, respirations 20 breaths/minute, oxygen saturation level 96% on room air, 3:00am R1 was sleepy, 5:28am observed R1 with difficulty in breathing, vital signs checked: oxygen saturation level 64% Room air, pulse 92, blood pressure 61/41, respirations 22 breaths/minute, raised head of bed, oxygen 5 liters via non-breather mask given and oxygen saturation level was 71 %. R1 also was sweating. At 5:59am, called 911 and they arrived at the facility at 6:10 am, departed facility at 6:20 am. R1's gown changed, incontinence brief changed and R1 was cleaned. Addendum: vital signs taken at 5:28am were as follows: oxygen saturation level 64% room air, pulse 84, blood pressure 118/74, respirations 22 breaths/minute. Vital signs taken before calling 911: blood pressure 61/41, respirations 22, pulse 92, oxygen saturation level 71% with 5 liters of oxygen on non-breather mask.</p> <p>Review of R1's EMS 911 run sheet, dated 12/2/22, notes EMS was contacted at 6:01am for a resident with low oxygen saturation level. Upon EMS arrival at R1's bedside at 6:08am, crew found R1 in hospital bed unresponsive with agonal respirations. R1 had cyanosis to lips. R1's skin hot and cyanotic, lung sound diminished throughout, and vital signs: blood pressure-unable to obtain, respirations 8/minute weak/agonal, heart rate 60 beats/minute, and oxygen saturation level 71% on room air. At 6:13am, R1's blood pressure was 210/180, heart rate 50 beats/minute, respirations 12/minute, and oxygen saturation level 94% with oxygen/bag valve mask. EMS left facility with R1 at 6:18:22am and arrived at the hospital at</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>6:18:53am.</p> <p>Review of R1's hospital record, dated 12/2/22, notes R1 arrived to the emergency unresponsive. R1's vital signs: oxygen saturation level 94% via oxygen/bag valve mask, without respirations, blood pressure 200/100, no pulses palpated—believed to be false read while arm was being manipulated for IV (intravenous) access, cyanotic, pale, and fixed dilated pupils. CPR (cardiopulmonary resuscitation) initiated. R1 was pronounced dead at 6:44am.</p> <p>Review of this facility's change in a resident's condition or status policy, revised 05/2017, notes the nurse will notify the resident's physician when there has been a significant change in resident's condition and there is a need to transfer the resident to a hospital. A significant change of condition is a major decline in the resident's status that will not resolve itself without intervention by staff.</p> <p>Review of this facility's pulse oximetry policy, revised 10/2010, notes assess the resident for the following signs and symptoms of impaired oxygen saturation: altered respirations, difficulty breathing, cyanotic appearance of nail beds, lips, skin, mucous membranes, restlessness, and/or loss of consciousness.</p> <p>Review of the national library of medicine, oxygen saturation, dated 11/23/22, notes oxygen saturation is an essential element of patient care. Oxygen is tightly regulated within the body because hypoxemia can lead to many acute adverse effects on individual organ systems. These include the brain, heart, and kidneys. Oxygen saturation is a measure of how much hemoglobin is currently bound to oxygen</p>	S9999		

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S9999	Continued From page 6 compared to how much hemoglobin remains unbound. The use of pulse oximetry has become a standard of care in medicine. It is often regarded as a fifth vital sign. Pulse oximetry can provide a rapid tool to assess oxygenation accurately. It is particularly useful in emergencies. Cyanosis (bluish discoloration) may not develop until oxygen saturation reaches about 67%. The generally accepted standard is that a normal resting oxygen saturation of less than 95% is considered abnormal. Therefore, it remains vital to observe patients for the clinical markers of hypoxemia. The brain is the most sensitive organ, and visual, cognitive, and electroencephalographic changes develop when the oxygen saturation level is less than 80% to 85%. All healthcare workers, including nurses, should be familiar with pulse oximetry. Pulse oximetry is an accurate measurement of the patient's overall oxygen saturation. (A)	S9999			