STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008593	A. BUILDING: _____ B. WING _____	C 08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GROVE AT THE LAKE,THE	2534 ELIM AVENUE ZION, IL 60099

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S 000	Initial Comments Complaint Investigation #2415729/IL175821	S 000		
S9999	Final Observations Statement of Licensure Violations Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the	S9999		

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S9999	Continued From page 1 following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. These requirements were not met as evidenced by: Based on interview and record review the facility failed to follow the physician's order to send R1, who was hypoxic, and having difficulty breathing to the hospital. This failure resulted in R1's deterioration towards the end of the evening shift, on 05/27/24 to needing cardiopulmonary resuscitation (CPR) on 05/28/24 at 2:25AM, to R1's death at the facility in her room at 3:10AM, for 1 of 5 residents reviewed for quality of nursing care in the sample of 5. On 05/27/24, towards the end of the 3:00PM to 11:00PM shift, V6 (RN-Registered Nurse) provided R1 with a 100% non-rebreather due to R1 having difficulty breathing and becoming hypoxic with blood oxygen levels dropping below 90%. V6 (RN) failed to follow R1's Physician Order provided on 05/27/24 at 1:13PM, showing to send R1 to hospital with difficulty breathing/SOB (shortness of breath). The findings include:	S9999		

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S9999	Continued From page 2 On 07/24/24 at 10:13AM, V4 (RT-Respiratory Therapist) said, when using an oxygen NRB (Non-rebreather Mask) with an oxygen tank, the flow should be 15 liters (L) or higher to ensure the patient receives 100% oxygen. The NRB has a bag attached. The bag must be filled with oxygen to ensure the exhaled carbon dioxide is released and does not collect inside the mask. If less than 15L oxygen flow rate is maintained the resident will get less oxygen intake and their blood carbon dioxide levels will increase. A concentrator has a maximum output of 50% oxygen; a NRB cannot be used with an oxygen concentrator. Respiratory Therapists manage residents on ventilators. We do not manage oxygen administrator for non-ventilator patients. On 07/24/24 at 11:55AM, V3 (Licensed Practical Nurse/LPN) (11:00PM to 7:00AM, shift) said, R1 was on a non-rebreather. The respiratory therapist (V5 RT) was the one that switched her over. We had her on a nasal cannula, RT (Respiratory Therapy) changed her over to the non-rebreather, I did not perform intervention, I documented. We thought the concentrator may not be working so we switched her over to the tank. On 07/24/24 at 12:32PM, V5 (RT) said, I did not place the NRB on R1. I arrived for the Code Blue (cardiopulmonary resuscitation) and began using a bag valve mask. R1's Progress Notes by V5 (RT) dated 5/28/24 at 2:35AM, shows Respiratory Note, Note Text: Code blue called to resident's room. RT arrived immediately to room and began to bag resident on flush oxygen. EMT (Emergency Medical Technician) arrived and took over bagging	S9999		

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S9999	Continued From page 3 (providing oxygen (O2) via Bag Valve mask). On 07/24/24 at 1:03PM, V6 (Registered Nurse/RN) said, I put the NRB mask on R1 "towards the end of my shift" [sic] (3:00PM to 11:00PM). Her oxygen level was going down below 90%. I put her on the NRB and it increased her blood oxygen level to 99-100%. R1 is not normally on oxygen. I did not obtain an order for the use of a NRB mask. On 07/24/24 at 11:51AM, V2 (Director of Nursing/DON) said, NRB are for emergency use. There is no standing order for NRB mask use. When a non-rebreather is used, it is an emergency. The nurse would not stop to get an order. On 07/24/24 at 2:06PM, V7 (Physician Extender) said, when I was called (5/27/24 at 1:13PM), R1 had SOB (shortness of breath) and a blood oxygen level of 90%. I think the patient had just come back from dialysis. R1 had a plural effusion prior and episodes of SOB with activity and change in position. If there are changes in R1's condition the staff did not mention any other indicator to send resident to hospital. I was not informed about the results of the stat (immediate) chest x-ray. If I had received the results of the chest x-ray, I would have provided orders; a finding of atelectasis and pneumonia are not normal. If notified, I could compare x-rays, if a worse problem is identified, we could have sent the patient out to the hospital. I cannot tell you what I would have done, I am not certain. I did not have a chance to make a comparison. The information was not relayed to me. I was not informed about the non-rebreather mask. Everything depends on the condition of the patient. If the resident's breathing is abnormal	S9999		

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and blood oxygen levels are going down, they need to send the patient to the hospital. The nurse should follow my instructions as well. When the indications are present to send the resident to the hospital ...the nurse is aware of the protocol. After using up all the measures, and the condition of the patient is declining with hypoxia (low oxygen level) and SOB we need to send the resident to hospital right away.

R1's Progress Notes dated 5/28/24 at 12:30AM, shows, V3 (LPN) Note Text: Approx 12:30am resident was assessed by 2 nurses. SPO2 (blood oxygen level) 94-97% via O2L (liters) non-rebreather mask. 12:47am po (by mouth) med (medication) was administered. Resident monitored and checked periodically. Approx (approximately) 1:30am VS (vital signs) obtained. T (temperature) 97.1 P (pulse) 65 R (reparations)16 SPO2 (peripheral oxygen saturation) 97% via non-rebreather mask with O2@ 2L . 1:55am Resident has order to send her out to ER, but if condition worsens, send out 911. Call placed to transport ambulance for ETA (estimated time of arrival) update. Approx 2:10 Resident reassessed by 2 nurses. Approx 2:15am resident reassessed and noted resident with faint pulse and respiration, minimal response to verbal and physical stimuli. O2 increased to 10L per non-rebreather mask due to hypoxia. Approx 2:20am Resident reassessed again and unable to obtain pulse/respiration. Code blue and 911 called. CPR-Cardio Pulmonary Resuscitation initiated. Crash cart obtained and AED (Automatic External Defibrillator) applied. No shock advised. Ambu bag (bag valve mask) applied. IV NS (intravenous-normal saline) fluids administered to PICC (peripherally inserted central catheter) line in L (left) upper arm. CPR continued. Approx 2:25am RT arrived to room and took over ambu

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bag. CPR continued. No pulse. Staff continued CPR until paramedics arrived at approx 2:34. EMT took over code upon arrival to room. Paramedics started 2 more IV lines with fluids, to both legs. CPR continued. Approx 3:10am resident pronounced dead. MD (physician) notified of resident status. Administrator and DON (director of nursing) notified of resident status. Family notified and updated of resident status. Approx 4am coroner was notified of death and he released the body for funeral home pick up.

R1's Physician Order 05/27/24 at 1:13PM, shows, send to hospital with difficulty breathing/SOB.

R1's Physician Order 05/27/24 at 1:13PM, shows, stat chest x-ray.

R1's Chest X-Ray, reported date 05/27/24 at 8:16PM, shows, suboptimal pulmonary expansion. Near complete opacification right hemithorax. Patchy perihilar and lower lobe opacities left lung. The findings may reflect atelectasis and pneumonia. Follow-up as clinically indicated.

R1's Abdomen, 2 View X-ray reported date 05/22/24 at 11:38AM, shows, Lung Bases are clear.

Review of R1's Physician's Orders dated 02/20/24 to 05/28/24 shows, R1 did not have an oxygen order for the use of a 100% non-rebreather mask. R1's oxygen order dated 05/22/24 shows, oxygen continuous 2 liters per minute via nasal cannula.

The facility's Physician Orders policy dated 11/10/2014 shows, it is the policy of this facility to ensure that all resident ...plan of care must be in

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S9999	Continued From page 6 accordance to the licensed physician's order. The facility shall ensure to follow physician orders as it is written .... Physician orders will be carried out at a reasonable time. Provision of care, treatment and services administered must be approved by the attending physician .... The facility's Oxygen Therapy and Administration policy dated 08/08/24 defines, Hypoxia as oxygen saturation levels of less than 92%. R1's Physician Order dated 02/21/2024 at 3:56PM, shows, FULL CODE. R1's Death Certification dated, May 28, 2024 shows, Cause of death: Cardiopulmonary Arrest, End Stage Renal Failure. (AA)	S9999		