

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2024
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NAME OF PROVIDER OR SUPPLIER BETHSHAN ASSOCIATION	STREET ADDRESS, CITY, STATE, ZIP CODE 12927 SOUTH MONITOR PALOS HEIGHTS, IL 60463
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Z 000	COMMENTS ANNUAL FOCUSED FUNDAMENTAL CERTIFICATION SURVEY ANNUAL LICENSURE SURVEY INSPECTION OF CARE	Z 000		
Z9999	FINDINGS Statement of Licensure Violations: 350.620a) 350.1210b) 350.1230d)1) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1210 Health Services b) The facility shall provide all services necessary to maintain each resident in good physical health. Section 350.1230 Nursing Services d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical,	Z9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/01/24
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Z9999	<p>Continued From page 1</p> <p>nursing or psychosocial intervention.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure nursing staff provided timely nursing interventions to 2 of 2 clients outside the sample (R5 and R6) and failed to thoroughly investigate the following incidents involving a fracture, choking and death for 3 of 3 clients outside the sample (R5, R6, and R37. These failures resulted in R5 falling and sustaining a femur fracture on 02/03/24 and R6 having an emesis and feeling gassy on 12/01/23. R37 choking and R7 dying.</p> <p>Findings include:</p> <p>1) R5's incident report dated 02/03/24 at 6:45am includes under describe incident; "Staff saw R5's hand go out in front of him. R5 then fall (fell) backwards onto his bottom. Staff did not see what caused R5 to fall." Under response to problem /resolution it includes "Body assessment done with no visible signs of injury, no redness or swelling noted to lower extremities." Under follow up or action needed, it includes "R5 was admitted to hospital and had surgery for femur fracture..."</p> <p>The injury report investigation completed 02/09/24 includes under investigative interview; "...E12, Direct Support Person (DSP), saw R5 falling and putting his hand out as he fell to the ground. E12 and multiple staff got up and went to R5...After R5 fell he was concerned that he was hurt. E12 said R5 would not stand up as they assisted him to a chair." The investigative interviews continued; "...E14 (DSP), E15 (DSP) and E16 (DSP) all stated the same timeline that none of them saw R16 push R5 or saw R5 fell.</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>They all stated that R16 was concerned after R5 fell. They said R5 would not stand up and nursing came quickly to assess him..."</p> <p>R5's 02/03/24 Emergency Department (ED) record showed his chief complaint includes leg pain and fall. The narrative under chief complaint includes "...Resident fell on his bottom. Resident is typically ambulatory without any assistance. After the fall resident refused to stand up...States he has not been able to ambulate after...They continue to monitor him however, he continued to refuse to walk and use his left leg..."The ED physical exam showed under musculoskeletal: "Deformity to left lower extremity noted...pain with logrolling..." Under radiology it includes "X-ray left knee, femur and bilateral hip was ordered which showed a comminuted and superiorly displaced intertrochanteric left femoral fracture..."</p> <p>R5's nurses notes dated 02/03/24 at 1:00pm, includes "Out to urgent care per E13's (Medical Director) order for evaluation / x-rays due to fall this am. Individual nervous, shaking after falling, refusing to walk."</p> <p>On 03/16/24 at 10:30am, E12 (Direct Support Person {DSP}) stated, "I was turning around and out of the corner of my eye, I saw him fall. I didn't see the reason why he fell. He fell, like to me it looked like his knees were bent and he fell on his buttocks. But I wasn't sure, everything was so quick." E12 added, "We (me and probably 3 staff) went over to check him out. There were about 4 of us staff, I believe that went to him. We checked him for redness, abrasions and we didn't see any. We brought a chair to him and helped him transfer to the chair. He was having a very hard time getting up off the floor. We pretty much lifted him up off the floor. We checked him again and</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>checked him through the day and had him try to take steps. He would stand but he would not take steps." Surveyor asked if it was normal for R5 to not be able to get off the floor. E12 answered, "He's one of those people that could have gotten up off the floor by himself, and it was not normal for him to not be able to get up off the floor." Surveyor asked where R5 was on 02/03/24 from 6:45am through 12:00pm when he was sent out for further evaluation. E12 answered, "We moved the chair to the dining room and that where he was sitting." Surveyor asked did R5 ever ambulate to use the bathroom. E12 answered, "No, I believe at some point we transferred him to a geriatric recliner and wheeled him to the bathroom."</p> <p>On 03/18/24 at 9:49am, E5, nurse, stated, "I assessed R5 when staff came in to inform us that he fell, it was while we (nurses) were doing shift report. The night nurse gave him 2 Acetaminophen (2 500mg tablets) and I went and assessed him. He appeared to be shaken up and I assessed him for redness, and he didn't have any. Staff told me that he would stand but not take steps. I assessed him while he was seated in a chair in his pod. The staff already transferred him to a chair when I saw him. I assessed him through the shift. I called E4, Director of Nursing and asked about X-rays and she told me to monitor him. E4 got in touch with E13, physician, and I think he said to monitor R5."</p> <p>On 03/15/24 at 2:05pm, E4 stated, "For falls, we notify E13, physician but there is no specific timeline for notification. Sometimes if the client falls and get up, we don't need to monitor." Surveyor asked what time was E4 notified about R5's fall. E4 answered, "I was notified at 8:30am". Surveyor informed E4 that R5 fell between</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>6:30am and 6:45am, E4 answered, "I am not sure why there was a delay in the nurse notifying me about the fall." Surveyor asked when did E4 call the physician. E4 answered, "I called the physician at 10:12am." Surveyor asked if E4 was made aware that R5 refused to get up off the floor. E4 answered, "I was not aware that he refused to get up after the fall." E4 added, "When I got the call, I instructed the nurse to continue to monitor him as there wasn't any obvious signs of injuries. I called the physician after 10:00am and he ordered the same thing, to continue to monitor R5. Since R5 still refuses to ambulate, we sent him out for further evaluation around 12:00pm." Surveyor asked if E13 was aware that R5 has osteoporosis and history of both clavicular fractures as well as fractured patella. E4 answered, "He should know what R5's diagnosis is because he is his primary doctor for a while now." Surveyor asked why the nurse didn't call E13 directly. E4 answered, "E13 prefers to only deal with one person. So, I am the only one that calls him."</p> <p>On 03/13/24 at 2:19pm, E3 (Administrator) stated, "R5 fell between 6:30am and 6:45am. Nurse called E4, Director of Nursing (DON) at 8:30am and E4 called physician (E13) at 10:00am. R5 was sent out for evaluation at 12:15pm."</p> <p>E3 added, "E13 was notified at 10:00am, not immediately after the fall. The shift nurse notified E4 at 8:39am." Surveyor asked why wasn't E13 notified after R5 fell instead of 4 hours later. E2 stated, "I don't know." Surveyor asked what is the expectation when calling the physician. E3 answered, "I don't know what the expectation is when to call the physician." Surveyor informed E3 that the investigation did not include how R5 was between 6:30 through 12:15pm. E3 answered, "I</p>	Z9999		
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Z9999	<p>Continued From page 5</p> <p>can write you a timeline." Review of the investigation showed that the facility investigation did not investigate why it took almost 6 hours after the fall before he was sent out for further evaluation. R5 was diagnosed with comminuted and superiorly displaced intertrochanteric left femoral fracture.</p> <p>Email correspondence with E3, Administrator, dated 03/19/24 at 4:17pm revealed that the facility does not currently have any policy on change in condition, falls, nursing assessment and reporting to the physician.</p> <p>Surveyor tried to call and interview E13 on 03/20/24 at 1:30pm and left a message for him to call back. E13 did not call back. On 03/21/24, surveyor tried calling E13 three times (2:00pm, 2:30pm, and again 3:15pm) and left surveyor personal cellular phone number for E13 to call back. E13 didn't call back.</p> <p>2) The 11/21/23 to 12/18/23 Physician's Order (PO) Form of R6 confirms diagnoses including Cerebral Palsy, Gastro-Esophageal Reflux Disease (GERD), Spastic Hemiplegia, Constipation and Dystonia.</p> <p>R6's PO for 11/21/23 to 12/18/23 confirms a diet order of (fiber-fortified nutrition) via gastric-tube (GT) at 85ml (milliliter) per hour for 16 hours a day. Flush GT with 300ml water every shift. GT feeding on at 5pm and off at 9am.</p> <p>The 11/21/23 to 12/18/23 Medication Administration Record and PRN (as needed) Medication Record indicates R6 received the following on:</p> <ul style="list-style-type: none"> - 12/01/23 at 5:00 PM, (fiber-fortified nutrition) via GT feeding started at 85ml per hour. - 12/01/23 at 7:30 PM: Gas relief 125mg via GT 	Z9999		

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Z9999	<p>Continued From page 6</p> <p>for arching. R6 seemed gassy. Result at 9:00 PM, R6 still seems uncomfortable.</p> <ul style="list-style-type: none"> - 12/01/23 at 9:15 PM: Acetaminophen 1000 mg via GT. R6 seems uncomfortable. Result at 10:30 PM, R6 is sleeping. - 12/02/23 at 3:00 AM: Gas relief 125 mg via GT for gassy. Result, R6 sleeping (no date or time documented). And Ibuprofen 400mg via GT for seems uncomfortable. Result is medium emesis (no date or time documented). - 12/02/23 at 4:00 AM: (Bismuth Subsalicylate) via GT for emesis. Result, R6 is sleeping, (no date or time documented). - 12/02/23 at 7:00 AM: GT feeding held due to emesis. - 12/02/23 at 2:25 PM: Gas relief 125mg via GT for gassy, burping. No result documented. - 12/02/23 at 5:00 PM: GT feeding held due to emesis. <p>Nurses Notes for R6 indicates on:</p> <ul style="list-style-type: none"> - 12/02/23 at 10:00 AM: E13 Physician notified of recent episodes of emesis and abdominal distention. (Blood pressure, BP) 125/83, (pulse, P) 95, (oxygen saturation, O2 Sat) 99%, (respiration, R) 16, (temperature, T) 99.0 tympanic. Feeding held at 7:00 AM. Emesis x1 at 7pm on 12/01/23 and emesis x1 on overnight shift. Resident very restless this AM. PRN (as needed) Simethicone was given x2 on previous shifts. Regular bowel movements (BM) per reports (BM x2 on 11/29/23 AM, large BM x1 on PM shift 11/29/23, BM on 11/30/23). Per E13, obtain KUB (kidney ureter bladder x-ray) due to emesis. (Portable x-ray provider) contacted. - 12/02/23 at 5:00 PM: R6 continues to gag and spit up mucous, very small amounts. Afternoon meds were given per g-tube with 150cc water. Feeding was held at this time. KUB was done at 4:15 PM. Appears to be uncomfortable - grunting 	Z9999		

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Z9999	<p>Continued From page 7</p> <p>as in distress and arching his back. Abdomen is distended and hard. Afebrile (no fever). - 12/02/23 at 8:00 PM: E13 contacted at 7:00 PM with R6's status. T 99.5, BP 118/85, P 132, O2 Sat 95%. No void this shift so far at 7:00 PM. Order at 7:25 PM received to send to ER for evaluation.</p> <p>The 12/02/23 Physician's Telephone Orders at 7:25 PM for "send to emergency room (ER) for evaluation and treatment."</p> <p>The 12/02/23 Physician's Telephone Order at 9:40 AM for "KUB (kidney, ureter and bladder) due to emesis."</p> <p>Responding emergency staff documented on 12/02/23 at 7:37PM that a call was placed for R6 who had a high fever. R6 was found making incomprehensible sounds and spitting up saliva. R6 had intact g-tube and Baclofen pump. Per facility nurse, R6 has been restless and not himself since yesterday. R6 placed on cardiac monitor that read (regular heartbeat faster than normal). R6 had continuous secretions that were suctioned throughout transport. (Heart rate) of R6 is 144 at 7:48 PM on 12/02/23.</p> <p>Emergency room documented R6's chief complaint of Altered Mental Status and presents with fever and (increased heart rate). Exam of R6 documented "slightly distended abdomen, x-ray at the bedside which reveals significant amounts of gaseous distention. Chest x-ray reveal bilateral infiltrates, suspect (R6) is experiencing hospital-acquired pneumonia."</p> <p>On 3/15/24 at 1:26 PM E6 Nurse stated: - R6 is uncomfortable when he is arching his back.</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <ul style="list-style-type: none"> - it is not unusual for R6 to receive this amount of gas relief medications in a 24-hour period. - the 12/02/23 at 4:00 AM entry is a re-assessment of the 12/02/23 at 3:00 AM PRNs (as needed medications) given to R6. - R6 only had one emesis, it was on 12/02/23 at 4:00 AM at the time of re-assessment of the 12/02/23 at 3:00 AM PRNs given. - feeding was stopped on 12/02/23 at 7:00 AM. Director of Nursing (DON) E4 and Physician E13 were notified on 12/02/23. - feeding of R6 was infusing from 5:00 PM on 12/01/23 until 7:00 AM on 12/02/23. PRN medications were given to R6 in between feedings. - there is no other documentation regarding amount of emesis, amount of feeding given to R6. <p>On 3/15/24 at 2:30 PM, E4 DON stated the following regarding care of R6 from 12/01/23 through 12/02/23:</p> <ul style="list-style-type: none"> - R6 is on continuous GT feeding for sixteen hours from 5:00 PM through 9:00 AM at 85cc/hour. - R6 was given 1000mg of Acetaminophen for uncomfortable on 12/01/23 at 9:15 PM. R6 is uncomfortable when he is in pain. - Gas is the unknown source of discomfort for R6. R6 uses arching of his back to express discomfort. - R6 is on a lot of medications and PRNs for Gastro-intestinal (GI) issues. It is not unusual for R6 to be gassy. - E4 guesses discomfort of R6 is relieved by gas decompression. Gas decompression is done by opening the g-tube for a few seconds. Nurses would know to do this for R6 frequently. There is no documentation of the gas decompression/s provided to R6. 	Z9999		

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Z9999	<p>Continued From page 9</p> <ul style="list-style-type: none"> - It is nursing judgment on when to call E4 DON or E13 Physician regarding client's condition/s. Staff nurse's call E4 first who will then notify E13. - We do not have a policy regarding change in medical condition. - We do not have a policy on when to hold g-tube feedings. - We do not have a policy on nursing intervention/s when client is throwing up. - It looks like g-tube feeding of R6 started at 5:00 PM on 12/01/23 and continued throughout the night until it was put on hold on 12/02/23 at 7:00 AM. - E4 and E13 were first notified about R6 on 12/02/23 at 9:40 AM. - E4 and E13 were not notified again until 12/02/23 at 7:30 PM <p>Review of the use of PRN (as needed) medications by R6 from 8/01/23 to 11/20/23 confirms the three times R6 received PRNs:</p> <ul style="list-style-type: none"> - (Bismuth Subsalicylate) on 9/05/23 at 4:30 AM for emesis, (no result documented). - Acetaminophen 1000 mg on 9/05/23 at 11:30 AM for temperature of 99.5, result of temperature 99.0 on 9/05/23 at 1:30 PM. - Gas relief for bloating/gas on 10/25/23 at 5:00 PM with relief documented on 10/25/23 at 7:15 PM. <p>Email confirmation with E3 Administrator on 3/20/24 at 4:17 PM regarding facility policies on change in condition and notification of physician includes response that nursing staff are to assess and triage clients after injury and/or illnesses and then contact the E4 DON and/or the E13 Physician.</p> <p>Multiple attempts to contact E13 Physician were made on 3/20/24 and 3/21/24 but no contact</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>made. Call back numbers were provided but no call was received as of 3/22/24.</p> <p>Nurse's Notes for R6 indicates on 12/04/23 at 1:00 AM: call placed to hospital. Nurse taking care of resident informed that (R6) coded an hour ago (approximately) and passed away.</p> <p>The 12/04/23 death certificate of R6 lists cause of death as "a. aspiration pneumonia, b. colonic pseudo-obstruction."</p> <p>Per https://my.clevelandclinic.org "Ogilvie syndrome, also known as acute colonic pseudo-obstruction (ACPO), is a sudden and unexplained paralysis of your colon. Your colon acts like it's blocked or obstructed by something (pseudo-obstruction), but nothing is physically obstructing it. The problem is in your colon's motor system. Mar 8, 2023."</p> <p>2) R37's incident report dated 03/11/24 at 5:40pm includes under describe incident; "R37 began choking during dinner while eating." Under staff performed abdominal thrusts until the food was dislodged. Nurse immediately assessed R37. No distress..."</p> <p>E3, Administrator, on 03/14/24 at 11:16am stated, "This investigation does not mention how R37 choked."</p> <p>3) The Incident Report form for R7 completed on 02/11/24 at 1:00 AM describes, "at approximately 7:25 PM on 02/10/24, Nurse E17 was advised by Nurse E18 that R7 had some light emesis which had been observed when hamburgers were on the menu. It was recommended to try (lemon-lime non-caffeinated carbonated drink) but lemon-lime drink was locked up. E17 advised E18 that E17 would administer 30 ml (milliliter) of (Bismuth</p>	Z9999		

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(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
Z9999	<p>Continued From page 11</p> <p>Subsalicylate) per the order in the MAR (medication administration record) ...A call over the PA (public address) addressed nursing assistance requested in another pod. E17 ran to the pod and observed R7 surrounded by staff attempting to breath (sic) and her mouth full of emesis -- R7 was struggling to breathe and clear her throat/lungs. After less than a minute, E17 lifted R7 out of her chair when she became unresponsive and color in face began to change - cyanosis (skin color change to blue due to shortage of oxygen in the blood) - we turned R7 on her left side and attempted a jaw thrust to open/clear airway. A report of no pulse was yelled and began CPR (cardiopulmonary resuscitation) - chest compressions. Before CPR E17 ordered a staff to call 911 and yelled for an AED (automated external defibrillator)/Defibrillator. CPR commenced for approximately 8-10 minutes 2-3 shocks with defibrillator, compressions continuous with ambu mask. Transported to hospital. Doctors intubated R7. Admitted to ICU (intensive care unit). Family decided to sign DNR (do not resuscitate). R7 passed a few hours later at hospital."</p> <p>Interview with E4 Director of Nursing on 3/15/24 at 2:30 PM confirmed the following: - R7 complained of reflux 1-1.5 hours after dinner on 02/10/24 - R7 received Bismuth Subsalicylate - staff was with R7 when she went under distress - it was approximately 13 minutes from R7 complaining of reflux to calling 911</p> <p>Interview with E3 Administrator on 3/14/24 at 12:09 PM confirmed the following: - there is no investigation into the death of R7 - will have to find out who was the staff who fed R7 at dinner</p>	Z9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000905	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2024
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Z9999	<p>Continued From page 12</p> <ul style="list-style-type: none"> - lemon-lime drink is accessible in the kitchen unless it ran out that day - no pulse, temperature or blood pressure was obtained on her here, defibrillator advised shocks - R7 was at the nurse's office after dinner, after 6:30 PM. - On 02/10/24 at 7:25 PM up to 15 minutes after is when the vomit first occurred - On 02/10/24 at 7:38 PM was the time of call to 911. <p>The 02/11/24 Death Certificate of R7 lists cause of death as "a. septic shock, b. pneumonia."</p> <p style="text-align: center;">(A)</p>	Z9999		