

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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	Initial Comments  Complaint Investigations: 2474724/IL174438	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210d)3)  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 300.1010 Medical Care Policies  h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's	S9999		

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

TITLE

(X6) DATE  
07/17/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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 1</p> <p>plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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>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:</p> <p>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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to identify a change in a resident condition, failed to provide frequent monitoring, failed to provide accurate information to the physician, and failed to transfer R2 to the hospital in a timely manner. This failure resulted in R2 experiencing a slow deterioration from the morning of 5/26/24,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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>until she was transferred to the hospital at 12:30 PM on 5/27/24, in critical condition. R2 died at the hospital on 5/29/24 from septic shock. This applies to 1 of 3 residents (R2) reviewed for quality of care in the sample of 11.</p> <p>The findings include:</p> <p>On 6/20/24 at 9:19 AM, V16 and V17 (R2's family members) said they had attempted to call R2 the evening of 5/26/24 and the morning of 5/27/24. They said it was a routine for them to speak to R2 twice a day and it wasn't normal that she wasn't answering her phone. They said they contacted V19 (LPN) and asked her to check on R2. They said on 5/27/24 at 10:30 AM, V19 reported, "that something was off and [R2] would probably be sent to the hospital." They said V19 reported that R2 screamed whenever she tried to touch her. V16 said she asked V19 if she was calling 911 and V19 replied, "No I don't think so." V16 said she didn't understand why R2 was not picked up by the ambulance until 12:30 PM. V16 said she arrived at the emergency room to find R2 with an IV, indwelling catheter, and oxygen already on. V16 said R2 looked grey and was screaming in pain. V16 said R2 was admitted to the ICU (Intensive Care Unit) and was receiving IV blood pressure medications but was not doing well. V16 said R2 expired at the hospital on 5/29/24 due to septic shock.</p> <p>On 6/20/24 at 1:40 PM, V19 (LPN) said R2's wing was her regular assignment. V19 said she was familiar with R2 and was the nurse that sent her out on 5/27/24. V19 said R2 was alert and preferred to use the bedpan and perform her own peri-care. V19 said R2 would usually turn on her call light when she needed us to grab her something or empty the bedpan, but otherwise</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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 3</p> <p>she didn't want us bothering her. V29 said the night shift nurse did not report any issues with R2. V29 said on 5/27/24 R2 was a little confused, was having diarrhea, looked tired, and couldn't clean herself up, like she usually did. V19 said she had to send the CNA in to help R2 at least 2 times on 5/27/24. V19 said that R2 "wasn't acting like herself and was very weak." V19 said she called her family, the physician, and sent her to the hospital via non-emergent ambulance.</p> <p>R2's Face sheet printed 6/26/24 showed R2 had diagnoses to include, but not limited to: COPD (chronic obstructive pulmonary disease), heart failure, peripheral vascular disease, insomnia, atrial fibrillations, major depressive disorder, anemia, non-pressure chronic ulcer to left foot, dementia, and osteoarthritis.</p> <p>R2's facility assessment dated 3/12/24 showed R2 had moderate cognitive impairment; required partial to moderate assistance for personal hygiene and rolling in bed; required substantial to maximal assistance for toilet hygiene; and was always continent of stool.</p> <p>R2's Vital Signs showed on 5/27/24 at 9:35 AM her blood pressure (BP) was 121/64, heart rate (HR) was 62, respirations were 18, and her oxygen saturation (SpO2) was 95% on room air. There were no vital signs charted after 5/27/24 at 9:35 AM.</p> <p>R2's May 2024 MAR showed R2 received Tylenol at 1:18 AM on 5/27/24 and R2's 11-7 vital signs were not taken on 5/26/24.</p> <p>R2 did not have progress notes from 5/24/24 until 5/27/24 at 11:58 AM. (R2's progress notes did not contain an assessment or entry on 5/27/24 by</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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 4</p> <p>V28 (LPN) regarding R2's increased weakness, change in behavior, and complaints of vaginal pain. There were no vital signs taken on 11-7 shift and the physician was not notified of R2's change in condition.) R2's Progress Note dated 5/27/24 at 11:58 AM, by V19 (LPN) showed, "Noticed resident weak and not doing her own peri-care as usual, said that she is weak and cannot do it and kept on removing her diaper. Also, c/o (complained of) vaginal pain. Called [V34 - R2's Physician], order given and carried out to - send resident to ER (emergency room to (local hospital) for eval and treat via regular ambulance. Called (non-emergent ambulance service), said ETA (estimated time of arrival) 30 minutes ... Vital signs stable. Resident left with 2 Paramedics around 12:35 PM. Resident was alert, verbally responsive at the time of leaving." (This note does not contain any detail on the times the family or physician were notified, nor does it contain ongoing assessments and vital signs of R2 between 9:35 AM (identification of R2's change in condition) and 11:47 AM when the ambulance was notified.)</p> <p>R2's Physician Order Sheet printed 6/26/24 showed an order on 5/27/24 to send R2 to the Emergency Room via regular ambulance and an order to obtain vital signs every shift.</p> <p>R2's SNF/NF to Hospital Transfer Form dated 5/27/24 showed vital signs obtained at 9:35 AM. This form showed the date of transfer was 5/27/24 at 12:35 PM.</p> <p>R2's Ambulance Patient Care Report dated 5/27/24 showed the time of injury was 9:30 AM, dispatch was notified at 11:47 AM, and the ambulanced arrive to the patient at 12:23 PM. This report showed, "Upon arrival patient was</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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 5</p> <p>alert and oriented x 1, on room air, laying in bed in a lethargic sate. Patient is currently complaining of vaginal region pain and generalized weakness. (Nurse) on scene states they noticed patient lethargic this morning at 9:30 AM. (Nurse) on scene states patient's normal mental status is alert and oriented x 2-3. (Nurse) states (R2's) last known normal is 5/24/24 ... Patient pale, cold, and dry ..." This report showed initially R2's oxygen saturation was 86% on room air and she required hot packs on her hands and 100% oxygen, via a non-rebreather mask, to bring her oxygen level up. This report showed that R2's first BP was 56/35 (critically low). R2 had low blood pressure readings, unsuccessful IV attempts and the crew decided to divert to the closest hospital for critical care.</p> <p>R2's Death Certificate dated 5/29/24 showed the cause of death was Septic Shock due to a UTI (Urinary Tract Infection).</p> <p>On 6/26/24 at 1:48 PM, V35 (Restorative Aide) said they worked R2's wing the weekend of Memorial Day. V35 said on Saturday R2 complained of constipation and the nurse gave her a laxative. (R2's May MAR showed MiraLAX was administered on 5/25/24 at 8:34 AM). V35 said R2 was going poop all day on Sunday, she just "kept going." V35 said R2 normally would clean herself up and rarely asked for help. V35 said on Sunday (5/26/24) R2 had poop everywhere and was actually letting me help her. V35 said that wasn't like R2, she was normally very independent with peri-care.</p> <p>On 6/26/24 at 12:47 PM, V30 (CNA - Certified Nursing Assistant) said she was working the overnight shift on 5/26/24. V30 said R2 wasn't on her assignment, but she heard her screaming</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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 6</p> <p>and went into her room. V30 said V29 (CNA) was R2's assigned CNA, but she was busy on another hall. V30 said R2 was screaming, so she went in to check on her. V30 said there was poop everywhere. V30 said R2 had spilled the bedpan on the floor and poop was smeared on the mattress, linens, and R2. V30 said R2 was grabbing at her vaginal area and yelling, "It hurts! It burns! It itches!" V30 said before she completed a full bed bath, she notified V28 that R2 wasn't acting right and was complaining of vaginal pain. V30 said V28 went in the room and gave R2 a Tylenol (R2's May 2024 MAR showed Tylenol was administered at 1:18 AM on 5/27/24). V30 said V28 (LPN) never directed her to take R2's vital signs. V30 said she reported to V29 (R2's assigned CNA) that R2 wasn't acting like herself, and she would need to round on her. V30 said R2 can normally change and toilet herself, but not that night.</p> <p>On 6/26/24 at 3:06 PM, V29 (CNA) said normally R2 didn't want to be bothered at night. V29 said R2 wanted to do everything herself and usually used the bedpan and cleaned herself up. V29 said she didn't recall providing any care to R2 on the 11-7 shift on 5/26/24.</p> <p>On 6/26/24 at 2:45 PM, V28 (LPN) said she worked 3-11 and 11-7 on 5/26/24. V28 said she was familiar with R2. V28 said R2 was alert and oriented and able to make her needs known. V28 said R2 was very private related to peri-care and was normally independent with use of the bedpan and cleaning herself up. V28 said she didn't know anything about R2 having diarrhea, requiring assistance with cleaning up, and complaining of vaginal pain that night. The surveyor asked V28 why she gave Tylenol at 1:18 AM. V28 replied, "Just to help her sleep or something." V28 said if</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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>R2 had weakness, required assistance with bedpan/peri-care, and was complaining of vaginal pain, then that would be a change in condition for her. V28 said with a change in condition she would complete an assessment, obtain vital signs, notify the physician, and complete any orders given. V28 said she did not do any of that for R2 because she wasn't aware there was an issue. V28 said frequent diarrhea causes dehydration and loss of electrolytes.</p> <p>On 6/26/24 at 10:58 AM, V19 said she found R2 like that in the morning, after breakfast. V19 said it was during morning medication pass when she did the assessment and took the vital signs. (Vital signs charted at 9:35 AM, morning medications due at 9:00 AM). V19 said during that time R2 was talking to her, but continued to have diarrhea, was complaining of vaginal pain, and kept removing her incontinence brief. The surveyor asked V19 what time she called the family, physician, and ambulance. V19 said she couldn't recall the exact times. The surveyor asked V19 if she took another set of vital signs before she called the physician. V19 stated, "I don't remember if I took another BP after 9:35 AM. She was weak when I did her BP." The surveyor asked V19 to check her documentation in EMR and V19 replied, "I don't see any more vital signs charted." The surveyor asked V19 if there was any documentation to show continued assessments between 9:35 AM (when she noted R2's condition change) and 11:47 AM (when the ambulance was notified, per Ambulance Patient Care Report). V19 said she didn't see anything specific in R2's progress notes. V19 said they don't complete a SBAR form when notifying the physician. V19 said the only form completed when she transfers a resident to the hospital is the Transfer Form. V19 was unable to explain</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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>why she used the 9:35 AM vital signs for the Transfer form completed dated 5/27/24 at 12:35 PM.</p> <p>On 6/26/24 at 12:01 PM, V25 (Agency CNA) said she was working 7-3 shift on 5/27/24. V25 said she didn't recall the exact time, but she remembered R2 having diarrhea and not being able to clean herself up. V25 said she and the nurse thought "something was up," and that "she wasn't acting herself." V25 said R2 couldn't use the bedpan and clean herself up like normal. V25 said R2 declined quick and had to be sent to the hospital.</p> <p>On 6/26/24 at 2:06 PM, V34 (R2's physician) said she didn't recall what time the facility called her about R2 on 5/27/24. V34 stated, "Most of the residents at the facility are old and frail, so I usually just send them out 911. I remember they called and said she (R2) was a little confused. I usually ask for vital signs and what is going on. If the vital signs were stable, then I would follow the resident's wishes for transport. [R2's family member] preferred to send her to a specific hospital." V34 said she would expect the nurses to provide all pertinent information, regarding a resident's change in condition and a recent set of vital signs. V34 said this information is pertinent in determining the appropriate mode of transportation (911 vs. non-emergent transport). V34 said the vital signs were not stable, then she would have sent R2 out 911.</p> <p>On 6/26/24 at 2:04 PM, V3 (DON) said if a resident had frequent diarrhea, change in normal behavior/mentation, and complaints of vaginal pain that would be considered a change in condition. V3 said when the nurse identifies a change in condition then they should do an</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6000353</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/01/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEWAY SENIOR LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</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 9</p> <p>assessment, check vital signs, and discuss any concerns with the physician. The surveyor explained that R2 had frequent diarrhea, change in behavior, increased weakness, and complaints of vaginal pain on 11-7 shift on 5/26/24. V3 said she would expect the nurse to notify the physician and document R2's vital signs, complaints, and pertinent assessments. V3 said when the nurse calls the physician, she should provide recent vital signs and accurate assessment information. V3 said it's important to provide the physician with an accurate picture of the resident's condition, so they can determine proper mode of transportation.</p> <p>The facility's Guidelines for Notifying Physicians of Clinical Problems (revised 4/07) showed, "These guidelines are to help ensure that 1) medical care problems are communicated to the medical staff in a timely, efficient and effective manner and 2) all significant changes in resident status are assessed and documented in the medial record ... When contacting the practitioner, especially at night and on weekends (when physician's not familiar with the residents may be on call), the nurse should have the following information available: 1. Detailed description of current issue or problem, including vital signs, symptoms, and results of physical assessment ..."</p> <p>(A)</p>	S9999		