

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014344	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/19/2020
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NAME OF PROVIDER OR SUPPLIER AVANTARA LONG GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 1666 CHECKER ROAD LONG GROVE, IL 60047
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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
S 000	Initial Comments Licensure Complaint Investigation: 2014474/IL123697 2014864/IL124804	S 000		
S9999	Final Observations Statement of Licensure Violation : 1 of 1 Violation Cited 300.1210b) 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. This REQUIREMENT was not met as evidenced by: Based on interview and record review the facility failed to ensure a resident in respiratory distress had their supplemental oxygen adjusted for one of three residents (R1) reviewed for oxygen therapy in the sample of three. The findings include: R1's Progress Notes showed a diagnosis of acute respiratory failure with hypoxia (low oxygen level).	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	<p>Continued From page 1</p> <p>R1's Progress Note dated 5/23/20 showed R1 was receiving 2 liters of oxygen per minute by nasal cannula. At 10:35 AM, R1 was in distress, short of breath, had a respiratory rate of 24 (high), and R1's oxygen saturation was low at 80%. At 10:40 AM, R1's respiratory rate was 30 (high) and oxygen saturation was low at 71%. The same progress note showed at 10:50 AM, paramedics arrived and R1 was placed on a non-rebreather mask (15 minutes after R1 was identified as having respiratory issues).</p> <p>On 7/1/20 at 11:35 AM, V9 (Nurse) said she took care of R1 on 5/23/20. V9 said R1 was dependent on supplemental oxygen at 2 liters per minute by nasal cannula. V9 said on 5/23/20 R1 was in respiratory distress and R1's supplemental oxygen was not adjusted until paramedics arrived and placed a nonrebreather mask on R1.</p> <p>On 7/1/20 at 10:35 AM, V2 (Director of Nursing) said a resident in respiratory distress with a low oxygen level should be placed on a nonrebreather mask.</p> <p style="text-align: right;">(B)</p>	S9999		