

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  C 06/04/2019
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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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S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 Violation</p> <p>300.1010c) 300.1010e) 300.1010h) 300.1210b) 300.1210d)3) 300.3240a)</p> <p>Section 300.1010 Medical Care Policies</p> <p>c) Every resident shall be under the care of a physician.</p> <p>e) All resident shall be seen by their physician as often as necessary to assure adequate health care. (Medicare/Medicaid requires certification visits.)</p> <p>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 plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. (B)</p> <p>Section 300.1210 General Requirements for</p>	S9999	<p style="text-align: center;"><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 06/21/19
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S9999	<p>Continued From page 1</p> <p>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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to assess a resident (R1) with congestive heart failure (CHF) who was exhibiting increased signs of exacerbation of CHF.</p> <p>This failure contributed to a delay in medical intervention, R1's condition continued to decline resulting in hospitalization and subsequently expiring at the hospital.</p> <p>This applies to 1 of 3 residents (R1) reviewed for quality of care in the sample of 3.</p> <p>The findings include:</p> <p>R1's facility's SBAR (Situation, Background, Assessment, Recommendation) Report dated May 12, 2109 at 3:46 PM, showed R1 was found by staff to be in respiratory distress and subsequently sent to a local emergency room via emergency medical services (EMS).</p> <p>R1's Emergency Department (ED) Provider Notes dated May 12, 2019 showed R1 arrived to local emergency room via EMS in respiratory distress. R1 was intubated and placed on a ventilator. R1's ED Triage Note dated May 12, 2019 at 4:02 PM, showed R1 had "edema to bilateral legs with significant redness/warmth noted" upon arrival to the emergency room.</p> <p>R1's hospital History and Physical Exam Report dated May 13, 2019 showed R1 had +3 pitting edema to his lower extremities with redness and wounds to both lower extremities.</p> <p>R1's hospital Inpatient Discharge Summary</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>printed June 3, 2019, showed R1 expired in the hospital on May 14, 2019 at 5:15 PM, with "discharge" diagnoses including septic shock with left lower extremity cellulitis, acute hypoxic respiratory failure secondary to septic shock, and acute kidney failure.</p> <p>R1's Care Plan dated April 5, 2019 showed R1 had diagnoses including CHF, edema, and peripheral vascular disease. R1's Care Plan showed R1 "has potential for shortness of breath and altered fluid balance related to congestive heart failure" with interventions including "monitor/document/ report to MD (medical doctor) PRN (as needed) any signs or symptoms of CHF: dependent edema of legs and feet..."</p> <p>R1's Admission Record printed June 4, 2019, showed V4 was the physician for R1.</p> <p>R1's Electronic Medical Record was reviewed and showed the last comprehensive physical examination completed on R1 by a medical professional (physician, nurse practitioner, physician assistant) was November 29, 2018.</p> <p>On June 4, 2019 at 1:30 PM, V3 CNA stated, "I am very familiar with (R1). I took care of him a lot after he switched rooms. The last time I cared for him was the last week of April (2019). I remember his lower legs were red and swollen then. I didn't report the swelling to anyone because I thought that wasn't anything new for him..."</p> <p>On June 4, 2019 at 11:30 AM, V5 Licensed Practical Nurse (LPN) stated, "I took care of (R1) on May 10, 2019. I remember I walked into his room and (R1) was sitting on the side of his bed. Both of his legs were swollen from the knees down to his feet. The skin to his lower legs has stretched and hard to the touch." When V5 LPN</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>was asked if he reported R1's leg swelling to R1's physician, V5 stated, "No, I didn't report (R1's) leg swelling because I thought that was normal for him."</p> <p>On June 4, 2019 at 9:50 AM, V7 Registered Nurse (RN) stated, "I took care of (R1) that day (May 12, 2019). I usually don't work that floor and I didn't know (R1) real well. I knew he had a history of CHF. He was in bed covered up and sleeping most of the day. It wasn't until the CNA (Certified Nursing Assistant) came and got me later that afternoon to tell me (R1) was having trouble breathing, that I pulled back the covers of his bed to assess him and found also that both of (R1's) lower legs were red and swollen." V7 RN stated she "didn't really do a thorough assessment" on R1 on May 12, 2019 until after he developed shortness of breath.</p> <p>On June 4, 2019 at 11:20 AM, V2 Director of Nursing (DON) stated nurses should be assessing each resident, head to toe, daily, unless a resident refuses the assessment. If a resident refuses the assessment, it should be documented in a progress note.</p> <p>On June 4, 2019 at 11:15 AM, V1 Administrator stated R1 had not had a comprehensive examination by a physician since November of 2018 because "he (R1) never had any concerns but I should have called (R1's) physician and reminded him that (R1) needed to be seen." V1 also stated, "Any change in a resident's condition, including skin changes, should be reported to the physician immediately. I should have made sure (R1's) physician knew about his leg swelling."</p> <p>On June 4, 2019 at 1:00 PM, V4 Physician stated, "I have not seen (R1) since 2018 because he is</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>no longer under my care. I don't come to that facility. Any resident in a facility should be seen and monitored by a physician or the nurse practitioner at least every three months because of their ongoing medical conditions. This includes routine lab work such as a complete blood count (CBC) and a comprehensive panel (CMP) to look at kidney function. If a resident has a history of CHF, they should probably have a chest X-ray done also." R1's physician orders were reviewed from January 1, 2019 through May 1, 2019. No orders for a CBC, CMP, or chest X-ray for R1 were noted during that time frame.</p> <p>R1's 2019 Skin Check Forms dated March 29, April 5, April 12, and May 10, 2019, each showed R1 had edema and swelling to his bilateral lower legs.</p> <p>(A)</p>	S9999		
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