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Illinois Department of Public Health (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING IL6014872 06/07/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3298 RESOURCE PARKWAY **BETHANY REHAB & HCC DEKALB, IL 60115** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) S 000 Initial Comments S 000 Licensure Findings S9999 Final Observations S9999 Statement of Licensure Violations: 300.610 300.1030a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies The facility shall have written policies and a) 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 300.1030 Medical Emergencies The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various Attachment A medical emergencies that may occur from time to time in long-term care facilities. These medical **Statement of Licensure Violations** emergencies include, but are not limited to, such things as: Pulmonary emergencies (for example, 1)

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

airway obstruction, foreign body aspiration, and

TITLE

(X6) DATE 06/19/17

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These Regulations are not met as evidenced by: Based on interview and record review the facility failed to seek emergency medical treatment for a resident with a rapid change in condition. This failure resulted in R15 being found unresponsive

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1135 (11:35 AM) I went back in to check her again and her oxygen saturations had dropped to 73. I placed her on her CPAP (continuous positive airway pressure). She continued to drop

non-rebreather. Her sats (oxygen saturations) came up to 93%. I attempted to give her a nebulizer treatment at this time which lasted 5

to 65. I placed her on a 15L (15 liter)

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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\$9999	minutes before her again. And I put he I placed another ca PM). I reported fur including the fact the her drop in oxygen. The nurse stated the nurse practitioner was on as she could greceive a call back. to check on R15, shon-rebreather at 1 (12:55 PM) I went to noticed her oxygen was looking at me at I ran to grab a new back to her room at unresponsive. I chefind one. I ran and could find and she cand could find and she cand could not find ocart and asked for smore help in the roor resuscitation) initiate continued until para PM). The doctor cand in at 7:00 AM shift nurse. She was doing well. She was doing well. She was doing morning mediblood sugar. It was some juice. The Ce (CNAs) came in to She became short of saturation was low.	oxygen saturations dropped or back on the non-rebreather. Il to the doctor at 1210 (12:10 ther changes in condition at she was still confused, and requiring a non-rebreather. at the on call doc and the were both in rooms and that as get one of them I would At 1230 (12:30 PM) I went in	S9999				

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compressions."

On June 7, 2017 at 9:36 AM, E2 Director of Nursing stated, "R15 had severe chronic

obstructive pulmonary disease (COPD) and was

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
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BETHANY REHAB & HCC 3298 RESOURCE PARKWAY DEKALB, IL 60115										
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	morbidly obese. She hospital because of respiratory issues. breath. She was st non-rebreather. The made several attemfrom the doctor. The oxygen tank and where unresponsive, updated me about update the doctor. R15, she stated, "i j E15 to keep an eye E15 after the incide is declining rapidly swanted the nurses to interventions are not responding, they can order from the diddn't know that." On June 8, 2017 at stated, "if she though danger, I would exphospital)." R15's electronic mediagnoses to include congestive heart fair hypertension, morbit hypoventilation, chrodisease, other abnochronic respiratory fivith hypoxia or hypertension. The EMR shows R1	ne was in and out of the COPD and chronic She started with shortness of ill responding and put on a see nurse called the doctor and apts with no response back he nurse went to get another hen she came back she found She initiated CPR. E15 had what was going on, told her to I also went and talked with just don't feel good." I told on her. I actually spoke with and told her that if a patient she can send by 911. I so be aware even off hours if of helping and the doctor is not an send the patient out without octor. A lot of the nurses 1:16 PM, Z1 R15's physician with she was in imminent ect them to send her (to the dical record lists her expressed in the patient of the patient out without octor. A lot of the nurses 1:16 PM, Z1 R15's physician with she was in imminent ect them to send her (to the dical record lists her expressed in the patient of the patient of the patient of the little	3333							
	The facility's signific	ant condition change and								

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