

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
---	--

(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	<p>Initial Comments</p> <p>Complaint Investigation: 1716609/ IL 98066-F309, F323</p> <p>Statement of Licensure Violations:</p>	S 000		
S9999	<p>Final Observations</p> <p>Licensure 1 of 2</p> <p>300.610a) 300.1210a) b) 300.1210 c) d) 6) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
---	--

(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>includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
--	--

(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>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> <p>These requirements were NOT met as evidenced by:</p> <p>Based on interview and record review the facility failed to supervise and assist a resident, who was at risk for choking and required assistance to eat. This failure contributed to R1 choking and experiencing respiratory arrest on October 19, 2017.</p> <p>The facility also failed to continue to basic life support measures for R1 by discontinuing the cardiac compressions prior to emergency rescue team arriving. This failure contributed to R1 going for a period of 6 minutes without cardiac compression until initiated immediately by the paramedics. R1 later expired at the hospital.</p> <p>The findings include:</p> <p>R1's physician order sheet (POS) dated October 2017 shows R1 has diagnoses that include Heart Failure and Failure to thrive. The same POS shows R1 is on a mechanical soft diet and thin liquids. The same POS shows R1 is a full code.</p> <p>R1's Minimum Data Set Assessment (MDS) dated October 12, 2017 shows R1 has severe cognitive impairment. The same MDS shows R1 needs extensive physical assist of 1 staff for eating.</p> <p>R1's careplan dated October 6, 2017 shows R1 was on aspiration precautions but it does not</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
---	--

(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>include specific interventions if R1 should aspirate. R1's careplan did not include R1 needed supervision/assist at mealtimes. R1's careplan did not include R1 had no teeth and did not include R1 was on mechanical soft (diet).</p> <p>R1's Occupational Therapy note dated October 6, 2017 shows R1 requires contact guard assist during meals (staff providing hands on assist at mealtimes.)</p> <p>Daily nursing assignment sheet dated October 19, 2017 shows R1 requires supervision/assistance at mealtimes. E13 was assigned to assist R1 with meals.</p> <p>On November 20, 2017 at 1:36 PM, E13 (CNA) said he served R1's evening tray on October 19, 2017. R1 was served mechanical soft diet. E13 said he did not stay with R1 continuously during meals. E13 stated "sometimes I would get up and leave R1 alone."</p> <p>On November 16, 2017, Z5 (family member) said she would visit during meals. R1 would be feeding herself without staff assistance. Staff were "not paying attention to R1."</p> <p>On November 16, 2017 at 3:41 PM, E24 (3rd floor nurse supervisor) said that on October 19, 2017, E24 saw R1 feeding herself the evening meal in the hallway by the nurse's station. E24 said there was no staff assisting R1. E24 said "I went to R1 and asked her if she was doing ok."</p> <p>On November 13, 2017 at 3:11 PM, E15 (Certified Nursing Assistant- CNA) said on October 19, 2017, she was walking in the hallway on 3rd floor right across from where R1 was sitting. R1 waved at her and then pointed to her</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
--	--

(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>throat. E15 said she asked R1 if she was choking, R1 nodded (unable to speak) and then R1 turned gray. E15 alerted E14 (Registered Nurse) then E15 went to R1 to perform the Heimlich maneuver. "R1 was trying to cough but nothing was coming out." She had R1 in her arms when R1 became unresponsive. E15 lowered R1 to the floor and E14 (Nurse Supervisor- trainee) started CPR. 911 was called.</p> <p>On November 13, 2017 at 11:16 AM, E14 said on October 19, 2017 she was alerted by E15 (CNA) that R1, was choking, "I ran over to [R1], and asked her if she was choking? She shook her head no, R1 was unable to speak." E14 said she visually checked R1's mouth and said she did not see any food particles. E14 said that E15 (CNA) proceeded to perform the Heimlich maneuver to be sure but nothing came out of R1's mouth. A few seconds later, R1 slumped over, became unresponsive, had no pulse and a code blue was initiated. The paramedics arrived and R1 was transported to the hospital where R1 expired.</p> <p>On November 13, 2017 at 10:48 AM, E16 (CNA) said that on October 19, 2017 at about 6:30 PM, she was coming from another hall when she heard E15 say R1 was choking. E14 (RN) then called code blue.</p> <p>A facility incident report dated October 20, 2017 (written a day after the incident happened) shows that on October 19, 2017 at approximately 7:08 PM, "R1 was sitting in her wheelchair in front of the nurses' station. R1 was pale but able to respond and nod head. At 7:10 PM, R1 became unresponsive and code blue initiated. R1 was stabilized on the floor. Checked for airway, breathing and circulation, reflexes and pupil response. Vital signs taken, 911 called. Noted no</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
--	--

(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>pulse, ambulabgging initiated. Pulse noted. (No pulse rate was documented) EMS arrived, treated resident and stabilized. Resident was transferred to the hospital."</p> <p>R1's progress notes dated October 19, 2017 written by E18 (Registered Nurse) shows a timeline: 7:10 PM-R1 non responsive code blue initiated. 7:11 PM-CPR started 7:15 PM-Ambubgging initiated 7:18 Pulse noted (no pulse rate, no description of pulse) 7:40 PM-BP- 124/60 Pulse-74 (E18 did not verify the accuracy of these readings)</p> <p>The EMS report dated October 19, 2017 documents R1 was pulseless from the time of arrival to the facility to ER transport-7:24 PM to 7:58PM)</p> <p>On November 20, 2017 at 9:45 AM, E18 (RN) said she was R1's nurse. She said on October 19, 2017 she was assigned to observe and document while CPR was ongoing. CPR was performed on R1; CPR was stopped when one of the staff said R1 had a pulse (7:18 PM). E18 said she did not confirm whether there was a pulse. E18 said R1's pulse was not rechecked after 7:18 PM. E18 also said she documented the blood pressure and pulse recordings (7:40 PM) that she copied from the electronic blood pressure equipment but did not verify the accuracy of the recording or the time the readings were made by the machine.</p> <p>The local Fire Department Patient Care Report dated October 19, 2017 signed by Z3 (paramedic) shows that paramedics arrived to the patient at 7:24 PM. (6 minutes after facility</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
---	--

(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>stopped CPR) Upon arrival [R1] on floor unresponsive and not breathing. CPR was initiated immediately by EMS. [R1] appeared to have choked on food. Food was removed with forceps and suction. Pt was asystole (no heart beat) upon arrival and then (PEA) pulseless electrical activity. Pulse -0, Respirations-0, T-0, BP-0/0 SP02-0% at 19:31 Pulse-0 Resp-0 Temp-0/0 SP02-0%. Cap refill-0%. R1 was transported to the local hospital.</p> <p>The Emergency Department Triage note dated October 19, 2017 showed [R1] was witnessed to choke on food. [R1] has been in asystole or PEA since the medics responded (At 7:24 PM-7:58 PM= 34 minutes with no pulse).</p> <p>Z4's Emergency Physician Documentation dated October 19, 2017 shows: R1 witnessed choke on food, witnessed arrested. [R1] had been asystole (no cardiac activity) or PEA (pulseless, unresponsiveness and lack of palpable pulse) since the medic responded in the facility at (at 7:24 PM.) EMS reports pulling out of food out of R1's trachea.</p> <p>On November 15, 2017 at 8:05AM, Z3 (paramedic) said when EMS arrived on the floor where R1 was, R1 was lying on the floor by the elevator. R1 was pulseless and not breathing. There was no staff providing CPR. EMS initiated CPR immediately. "We removed chunks of food from R1 using forceps and suction. The facility said that R1 was in her wheelchair eating and became unresponsive and stopped breathing." Z3 said food from trachea can indicate R1 had choked and can cause respiratory arrest. Z3 said if R1 had a weak pulse (per facility) the facility should have continued CPR until EMS arrived. Z3 said R1 had been asystole and EPA since they</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
--	--

(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>arrived in the facility to transport to ER. Z3 said if patient had a pulse after doing CPR, they should have more constant monitoring like oxygen saturations or continue CPR until EMS/paramedics arrives.</p> <p>On November 16, 2017 at 3:20PM, E25 (Registered Nurse) said she felt a pulse on R1 and also used stethoscope to check apical pulse (but can't remember pulse rate and characteristics of pulse) "I stopped the compression but not sure if ambu bagging was still ongoing."</p> <p>On November 20, 2017 at 10:15 PM, E26 (respiratory therapist) said he was doing the compression when a staff said there was a pulse but it was weak/faint. CPR was stopped by one of the nurses.</p> <p>On November 16, 2017 at 3:41 PM, E24 (3rd floor supervisor) said she also felt a pulse in R1's arm and neck (carotid) but could not remember the pulse rate.</p> <p>On November 20, 2017 at 11:25 AM, E2 (Director of Nursing-DON) said if R1 had a weak pulse, they should have continued CPR until paramedics arrived to the patient.</p> <p>An undated facility document entitled "code blue" showed "3. (In bold letters) continues CPR if still absence of pulse or still thready/weak (In bold print) DO NOT STOP UNLESS PULSE IS STRONG AND BOUNDING"</p> <p>...</p> <p>On November 16, 2017 at 7:14 PM, Z4 (Emergency room Physician) said R1 was dead when she arrived in the ER. R1 was pronounced dead on 7:58PM. Z4 said it was reported by the</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
--	--

(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>paramedics that R1 had a choking episode in the facility; EMS removed a lot of food from her trachea. R1 was already intubated by paramedics when R1 arrived in the ER. Z4 said food in the trachea may cause choking and respiratory arrest.</p> <p>On November 20, 2017 at 11:30 AM, E1 (Administrator) said R1 should have been supervised and a staff should have been with her during meals to keep an eye on R1.</p> <p>On November 13, 2017 at 8:51 AM, Z6 (Coroner's office) said an autopsy was performed on R1's death due to "witnessed choking" and EMS reports removing lots of food in her trachea.</p> <p>The National Institutes of Health Medline plus shows CPR is an emergency life-saving procedure that is done when someone breathing and heartbeat has stopped. CPR combines rescue breathing and chest compression. Chest compression keeps oxygen heart-rich blood flowing until the heartbeat and breathing can be restored. Permanent brain damage begins after only 4 minutes or death can occur 4-6 minutes if blood flow stops. Therefore it is important that blood flow continues until trained medical help arrives.</p> <p>The facility policy on resident care dated July 2006 shows 3. During mealtimes, staff should observe for difficulty swallowing, chewing, coughing, choking, and changes in intake.</p> <p>(A)</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
--	--

(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>Licensure 2 of 2</p> <p>300.690b) 300.690c)</p> <p>Section 330.690 Incidents and Accidents</p> <p>b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident.</p> <p>c) The facility shall by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only " means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional, it shall notify the Department's toll- free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview and record review the facility failed to report a serious incident to the state agency.</p> <p>This applies to 1 of 18 residents (R1) reviewed for incidents in the sample of 18.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
--	--

(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 10</p> <p>The findings include:</p> <p>A facility incident report dated October 20, 2017 shows that on October 19, 2017 at 7:10 PM, R1 became unresponsive and code blue was initiated. EMS was called and R1 was transferred to the hospital. R1 later expired in the local hospital.</p> <p>On November 13, 2017 at 3:11 PM, E15 (Certified Nursing Assistant- CNA) said she was walking in the hallway on 3rd floor right across from where R1 was sitting. R1 waved and pointed to her throat. R1 was unable to speak. E15 said she told the nurse, (E14) who checked R1's mouth. R1 turned gray. E15 did Heimlich maneuver. E15 had R1 in her arms when R1 became unresponsive. E15 lowered R1 to the floor and E14 started CPR. 911 was called.</p> <p>On November 13, 2017 at 11:16 AM, E14 (Nurse supervisor) said she was alerted by E15 (CNA) that R1 was choking. "I ran over to R1, and asked her if she was choking she shook her head no. R1 was unable to speak. I visually checked her mouth, CNA (E15) proceeded to perform Heimlich maneuver to be sure but nothing came out in her mouth. A few seconds later, R1 slumped over, became unresponsive and a code blue was initiated. Paramedics arrived and (R1) was transported to the hospital where she expired."</p> <p>On November 13, 2017 at 10:09 AM, E2 (Director of Nursing) said that on October 19, 2017 she was informed by the nurses that R1 passed away. The next day (October 20, 2017) the coroner's office called the facility and asked if there was an incident of choking. Per coroner's office R1's case was being looked into for possible choking</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006647	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER GLENLAKE TERRACE NURSING & REH	STREET ADDRESS, CITY, STATE, ZIP CODE 2222 WEST 14TH STREET WAUKEGAN, IL 60085
--	--

(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 Continued From page 11

episode. The facility investigated the incident but it was not reported to the department of public health.

On November 13, 2017 at 11:31 AM, E1 (Administrator) said this incident was not reported to the state agency (IDPH) because it was just a code blue. R1 expired in the ER the same night.

An undated facility policy on Accident and Incident Reporting shows: The administrator or designee will notify the Illinois Department of Public health any serious incident or accident. a. A serious Incident or accident that causes physical harm or injury to a resident. cemergency room treatment that involves more than just diagnostic evaluation.

(C)

S9999