STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 03/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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; 1871170/IL100485 1871114/IL100427 1871331/IL100666	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c)2) 300.3220f) 300.3220a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. Section 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	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 03/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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 1 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. Restorative measures shall include, at a minimum, the following procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced by: Based on interview and record review, the facility failed to follow physician orders for the removal of	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 03/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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 2	S9999		

one resident's peripherally inserted central catheter (PICC). The facility also failed to consistently monitor/assess a PICC-line site, perform dressing changes and document flushes. These failures resulted in R2 being sent to the hospital with a swollen arm 4 days after removal of the PICC line was ordered. R2 was diagnosed with a DVT (Deep Vein Thrombosis) of that arm.

These failures affected 1 resident (R2) reviewed for PICC/Midline catheters.

Findings include:

Nursing note of 2/5/18 timed at 9:40 PM states that R2 was readmitted to the facility from a local hospital, and she was on IV (intravenous) antibiotics and was in isolation for a stool infection. R2 had no complaints of pain. There is no mention of a PICC line catheter. On 2/6/18 nursing note timed at 11:46 PM indicates that R2 received her IV antibiotics, but does not indicate the presence of a PICC line. This note was authored by V12 (RN). On 3/2/18 at 1:40pm, V12 stated that she recalled giving R2 her antibiotic through her PICC line. R2's admission note of 2/5/18 was authored by V5 (LPN). On 3/2/18 at 2:55 PM, V5 stated via telephone that there is no specific place on the nursing admission form to note a PICC line, and so she would normally note it in her narrative nursing note. V5 stated that she believed that R2 did return from the hospital with the PICC line in place, but she must have overlooked documenting it. She was not aware of any problem with R2's PICC line until the day she transferred R2 to the hospital with a swollen arm (2/18/18).

On 2/27/18 at 3:05 PM, V5 stated that on 2/18/18, a CNA (certified nursing aide) reported that R2's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 03/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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 3	S9999		

arm was swollen and painful. Upon assessment, R2's arm was swollen from the PICC site down to her fingers, and her arm was red. Her arm was swollen twice the size of normal. It was red and warm to touch. V5 stated the PICC line site had also drained some yellowish/brown material which she could see through the transparent dressing. V5 stated that she had not seen R2 since the morning of 2/14/18 and was not aware of the 2/14/18 order for the PICC line to be removed. According to V5, LPNs can do dressing changes, but RNs must do the flushes and removal of the line. Dressing changes can be documented in the TAR (treatment administration record) or in nursing notes. She never did a dressing change on R2. PICC line dressings are to be changed every 7 days after the initial change or as needed.

Review of Physician orders reflects an order dated 2/14/18 to remove R2's PICC. There is no documentation in nursing progress notes from her 2/5/18 admission that R2's PICC line was removed. Nursing progress note of 2/18/18 timed at 1:38 PM documents that R2 was sent to the hospital via ambulance. R2 had complained of a swollen hand and upon assessment, her arm was swollen from the elbow down, and was warm to touch. The PICC line was also noted to be draining. R2's physician was notified of the symptoms and ordered R2 sent to the hospital.

Hospital records dated 2/18/18 provides a diagnosis of Acute DVT of left upper extremety, which could be secondary to R2's PICC line and they planned on removing the PICC line. Emergency Room notes of 2/18/18 timed at 11:40 AM note that R2 presented for evaluation of her PICC line. Staff reported R2's left upper arm had been swollen and warm to touch since the day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 03/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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 4	S9999		

prior. R2 was noted to have a single lumen PICC line present to her left upper arm. Her left hand and forearm were swollen, but she had a good radial pulse. Discharge summary of 2/19/18 states that R2 had recently been hospitalized for sepsis secondary to a UTI (urinary tract infection) on 1/27/18 and had been discharged with a PICC line for IV antibiotics. It was noted that R2 had completed her course of antibiotics and the PICC line was ordered to be removed, but this had not been done. The PICC line was removed in the hospital. She was given a dose of Warfarin (blood thinning medication) and was to continue on Lovenox and Warfarin for 3 months. R2 returned to the facility on 2/19/18.

On 3/1/18 at 1:20 PM, V9 (MD for R2) stated that R2 was sent back to the facility from an office appointment on 2/14/18 with a written order for her PICC line to be removed, as she had completed her course of IV antibiotics. It was not done and she was sent to the hospital 4 days later with a swollen hand and arm. It should have been removed. He expected his order to be carried out as soon as possible, but definitely within 24 hours. Waiting 4 days was a long time to wait for it to be removed. Without the PICC line catheter, she would not have gotten the DVT. A DVT is a known complication of a PICC line and that is one reason timely removal is important.

On 2/27/18 at 3:40 PM, V24 (LPN) stated that she recalled R2 returning from a doctor's appointment on 2/14/18. R2 came back with a written order for the rmoval of the PICC line. She entered the order into the electronic medical record system, but she could not remove it herself because only a Registered Nurse (RN) can remove a PICC line. She can't recall if she passed on the information during report that R2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 03/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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 5	S9999		

needed her PICC line removed. She does not recall asking anyone else to remove the PICC line.According to V24, her role as an LPN in the care of a PICC line is to monitor the site for any sign of infection. Only RNs can do the dressing changes and flushes. Monitoring of the site should be documented in the nursing notes.

On 3/2/18 at 10:45 AM, V2 (ADON) stated that the presence of a PICC or mid-line catheter should be indicated on admission, either in the skin assessment or in an admission note. She reviewed the admission assessment for R2 of 2/5/18 and did not see any mention of R2's PICC line. V2 also read R2's admission note of the same date and did not see any mention or assessment of R2's PICC line. On 2/27/18 at 2:05 PM, V2 stated that she expects the nursing staff to monitor the site of the PICC for infection every shift and to flush the PICC every shift. This can be documented in the progress notes, or if an order is in the system, it can be documented on the TAR (treatment administration record) but you don't need an order for these things. You would monitor for infection and ensure dressing changes are done as ordered and as needed. Flushes should be documented in the MAR (medication administration record)/TAR. V2 stated she was aware that the PICC line was to be removed and cautioned her nurse to be sure they had an order for the removal. She was not aware that it hadn't been removed until the day R2 was sent to the hospital with a swollen arm. V2 stated she had not looked into the delay in the removal and was not asked to investigate this issue.

On 2/27/18 at 2:30 PM, V12 (RN) stated that care of a PICC or mid-line catheter includes a dressing change every 7 days after the initial dressing

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 03/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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 6	S9999		

change, or as needed and flushing the catheter every shift with either normal saline or Heparin if that is ordered. Documentation of dressing change is done in the progress notes. The site is to be monitored every shift and she would document that the site was dry and intact and any abnormal findings. As nurses, they are to document care and monitoring when it is done.

On 2/27/18 at 2:25 PM, V3 (Clinical Operations Nurse) stated that she was not aware of the order for the removal of R2's PICC line and that it was not removed until R2 went to the hospital 4 days later. V3 stated that she expects the nursing staff to monitor the site every shift and to follow their policy. The standard for monitoring the PICC line is to monitor it every shift. Staff should document monitoring and orders should be followed timely.

From the time of R2's admission on 2/5/18 the following documentation is the only documentation/nursing note about R2's PICC line until 2/18/18 when she went to the hospital: 2/8/18 at 9:06 AM-remains on IV antibiotics-no redness or edema to site; 2/11/18 at 10:39 PM-IV mid-line secure and IV given without difficulty; 2/12/18 at 8:00 PM-IV antibiotics adminstered to PICC line to left upper arm, excellent blood return presnt. Dressing to PICC line dry and intact; 2/13/18 at 6:44 AM-PICC line in place, need orders to remove; 2/16/18 at 11;08 PM-Midline catheter remains in place. The next mention of R2's PICC line is the 2/18/18 nursing note when her arm was discovered red and swollen.The only actual assessments were the notes of 2/12/18 and 2/8/18; the other notes merely mention that it is in place or that medication was given without difficulty. This documentation does not reflect monitoring every shift.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING _____ B. WING _____	C 03/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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 7	S9999		

Policy entitled Central Venous and Midline Catheter flushing states that no physician's order is required for flushing. The purpose of flushing is to maintain the patency of the catheter, in part, and to ensure medication administration. It states that insertion site assessment should be done as part of the flushing process. It states to flush catheters at regular intervals to maintain patency as well as before and after medication administration. Policy entitled Central Venous Catheter Dressing Changes states that a physician's order is not needed for the procedure. Under the section titled Assessment, it states to observe the insertion site and surrounding area for compliactions. Under general guidelines, it states that catheter site care allows for the observation and evaluation of the catheter-skin junction and surrounding tissue. The initial dressing change is to be done within 24 hours of the insertion, and after that, is to be done at least every 7 days, and as needed, such as if contaminated or wet. The Documentation requirement for both of these policies states that the following information is to be documented in the resident's medical record: date and time medication administered and flush done and dressing was changed; amount of flush administered; condition of IV site before and after administration (for flush); signature of person either doing the flush or the dressing change; condition of sutures if present, type of dressing placed, any complications.

R2's MAR from her February 2018 admission contains no documentation of any flushes or dressing changes; R2's nursing notes also contain no documentation of flushes or dressing changes to the PICC dressing. On 2/28/18 at 1:35 V2 stated that there was no TAR for R2 for

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001085	A. BUILDING: _____ B. WING _____	C 03/09/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER NORTH OF BRADLEY H & R	650 NORTH KINZIE BRADLEY, IL 60915

(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 8 February 2018. On 3/7/18 at 12:00 PM, V2 stated that typically the admitting nurse would obtain any orders needed for care of the PICC line if one was in place on admission. If the resident did not come in with orders from the hospital, they should obtain orders from the attending physician. If hospital orders for the care of thr PICC line are included in the discharge paperwork, the admission nurse should confirm these orders with the attending physician. Review of physician orders from R2's 2/5/18 admission reflects no orders for the care and maitenance of R2's PICC line. On 2/28/18 at 11:48 AM, R2 stated that the day prior to her going out to the hospital with her swollen arm, the therapist had noted some swelling of her arm. The following day, the nurse checked it and sent her to the hospital where a DVT was diagnosed. The PICC line was removed in the hospital. R2 did not recall staff ever changing the dressing on the PICC line but recalls the nursing staff cleaning the port of the tubing before giving her IV medication. R2 stated that the clear dressing was never removed in the facility. (B)	S9999		