FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED C IL6000353 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON **BRIDGEWAY SENIOR LIVING** BENSENVILLE, IL 60106 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 **Initial Comments** S 000 Investigation of Complaints: 2274628/IL147953 - F602 cited 2274804/lL148152 - F684 cited S9999 Final Observations S9999 Statement of Licensure Violations: 1/2 300.610a) 300.3210t) Section 300.610 Resident Care Policies 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. Section 300.3210 General t)The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property. These regulations were not met as evidenced by: Attachment A Based on interview and record review, the facility Statement of Licensure Violations failed to ensure a facility staff member did not

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30RATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6000353 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON **BRIDGEWAY SENIOR LIVING** BENSENVILLE, IL 60106 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 accept monetary assistance from a resident after the staff member shared personal financial difficulties with the resident. This failure resulted in V4 (CNA-Certified Nyrsing Assistant) accepting \$300.00 from R1 to assist with V4's personal financial predicament. This applies to 1 of 3 residents (R1) reviewed for inappropriate staff behavior in the sample of 4. The findings include: The EMR (Electronic Medical Record) shows R1 was admitted to the facility in June 2012. R1 has multiple diagnoses including, COPD (Chronic Obstructive Pulmonary Disease), left foot injury, diabetes, atrial fibrillation, major depressive disorder, morbid obesity, metabolic syndrome, gout, shortness of breath, dependence on supplemental oxygen, muscle weakness. cognitive communication deficit, open wound of the left toes, and history of healed traumatic fracture. R1's MDS (Minimum Data Set) dated March 22, 2022 shows R1 is cognitively intact. R1 is independent with eating, requires extensive assistance with bed mobility, personal hygiene, and bathing, and is totally dependent on facility staff for transfers between surfaces, and toilet use. On June 21, 2022 at 10:12 AM, and on June 22, 2022 at 11:10 AM, R1 was lying in bed in his room. R1 said he has lived at the facility for 15 years. R1 said, "[V4] (CNA) is the best CNA I have ever had" since living at the facility because she is very attentive to his needs, even coming to

the facility on her day off with breakfast for him on

PRINTED: 08/12/2022

Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6000353 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON **BRIDGEWAY SENIOR LIVING** BENSENVILLE, IL 60106 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID. PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 2 S9999 his birthday. R1 discussed at great length V4's financial problems. R1 said they discuss their families while V4 is caring for him which is how he became aware of V4's many financial problems. R1 continued to say V4 needed rotator cuff surgery due to an injury she sustained while playing with her grandchildren, and he helped V4 find an orthopedic surgeon to do her surgery. R1 said he was worried about the financial hardship V4 would experience being off of work for three months following her shoulder surgery, in February 2022. R1 said, "[V4] only makes \$16.85 per hour. She told me she lives paycheck to paycheck. She has three grown children and helps support them as well as her grandchildren. I sent flowers to her home after her shoulder surgery. I had her personal information because she gave it to me for a different reason. She said she had a medical problem and needed \$500.00 for a prescription. I helped her find a coupon for \$90.00 off of the medication by contacting the manufacturer for her and obtaining the discount. The company would not give her the discount coupon without her personal information. I told her that, and she gave me her personal information, including address and email to submit to the company, which I did for her. She had car issues and had to take a [ride share] to and from work for a while. She told me that cost her \$30.00 each way. That was a big part of her paycheck. I wanted to help her out with a car situation, so I gave her \$300.00 cash from the safe in my room. [V4] promised to pay me back. She gave me \$150.00 after she got paid, and

then gave me another \$150.00 after the next paycheck." R1 showed a locked safe in his dresser drawer and said he keeps cash in the safe. R1 continued to say he did not tell his family or anyone else about loaning the money to V4, because it "was between me and [V4]" and

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED B. WING IL6000353 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON BRIDGEWAY SENIOR LIVING BENSENVILLE, IL 60106 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 3 S9999 he felt his family would be upset about it. On July 5, 2022 at 12:27 PM, R1 was lying in bed. R1 again stated he provided \$300.00 to V4 for car repairs. R1 said, "[V4] lives paycheck to paycheck. She only gets to go out to dinner three times a year. She goes out on her birthday, her husband's birthday, and her anniversary. I thought it would help her out if I loaned her the money." On June 21, 2022 at 12:21 PM, V4 (CNA) said, she had shoulder surgery in February 2022 and R1 helped her find the surgeon who performed her shoulder surgery. V4 said, "I received flowers at my home after my shoulder surgery in February. I don't remember if the card was signed by [R1]. [R1] and I take the same inhaler. He found a coupon for my inhaler to help with the cost. I did have to give him my personal information for the coupon. We do text back and forth and talk on the phone. I thought all this stuff was innocent." V4 denied receiving money from R1. On June 21, 2022 at 3:08 PM, V10 (Daughter of R1) said, "This all started a few days ago. My sister inadvertently received an email sent by my father (R1), addressed to [V4]. He accidentally sent it to my sister (V31-Daughter of R1) instead of [V4]. It said, "I love you and I can't wait to see you, and I'm counting the days." We looked into it a little bit. We found a lot of calls on [R1's] cell phone between the two of them (R1 and V4). We felt like professional boundaries had been crossed. I felt the emails, text messages, videos. and phone calls back and forth were unethical. One message shows how she can't wait to see

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him the next day. She sent him videos of herself saying I love you. He has sent flowers to her

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	: 10	text messages and on June 16, 2022.	spicion that [R1] paid for car e sent all of the phone logs, videos to [V1] (Administrator) We sent an additional email to nancial concerns on June 20,	*			
		received from V31 ( 2022 at 9:42 AM. The call log history between also shows V31 noting regarding financial at V4's car repairs. V3 Facebook message	rovided a copy of an email he Daughter of R1) on June 20, he email shows a telephone een R1 and V4. The email fying V1 of her concerns ssistance R1 provided for 1's email shows, "Notice the (with white background) was at 5:05 PM). It appears my or car repairs."			70 70 80 90 (40)	
		not have documenta (Administrator) starte	at 12:00 PM, the facility did tion to show V1 ed an investigation into V31's R1 paying for car repairs for				
	20-	from a resident if the oriented." V1 continuseveral emails from femail regarding the n	Red to say he received R1's family and missed the noney concerns dated June investigated it as of June			- 12 	
	fa Foreign a	in Training) showed a policy with V1 (Admin "It was okay for the stance it does money because it does misappropriation of re	1:14 PM, V7 (Administrator copy of the facility's abuse istrator) present. V7 said, aff member to take the so not fit the esident property definition in ideal situation, but it is not	11 A1 12 13 13 13 13 13 13 13 13 13 13 13 13 13		Control of the contro	

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6000353 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON **BRIDGEWAY SENIOR LIVING** BENSENVILLE, IL 60106 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 a problem." V1 and V7 opened a computer screen and showed multiple text messages, videos and call logs between R1 and V4 from the call log and phone records provided by R1's family (V10 and V31). V1 and V7 confirmed the call logs, text messages and videos were between R1 and V4. The email from R1's family members reviewed with V1 and V7 shows the following messages, call logs and video: A message dated June 1, (no year) at 5:05 PM from V4 to R1: "Everything is going well thank you for everything I can't thank you enough right now I'm waiting for [car dealer] to come pick up the jeep until it there and fix it unbelievable you know she's (V4's daughter per R1) been two wrecks well this is sore like a rock to me because the tire fell off she could've died I'm glad she's such a good driver and then someone told (totaled) her car like three months ago so I just a lot emotionally but I thank you for everything I need a big hug when I see you love you good night." Call logs reviewed with V1 and V7 show the following telephone calls received on R1's telephone from V4's telephone number: April 28, 2022 at 3:14 PM - 28 minutes, 16 seconds April 29, 2022 at 3:13 PM - 40 minutes, 11 seconds May 2, 2022 at 3:49 PM - 15 minutes, 38 seconds May 10, 2022 at 5:04 PM - 29 minutes, 33

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May 11, 2022 at 10:46 AM - 14 minutes, 26

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6000353 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON BRIDGEWAY SENIOR LIVING BENSENVILLE, IL 60106 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE PREFIX : REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 May 19, 2022 at 12:11 PM - 13 minutes, 35 seconds May 23, 2022 at 3:11 PM - 46 minutes, 55 seconds Text messages between V4 and R1 show the following: May 12, 5:46 PM - V4 to R1: " ... I will see you tomorrow. I will wake you up at 6 AM with a big hug. ... I've been so busy today, but I love you look forward to seeing you tomorrow." Avideo message from V4 to R1 dated "Friday, March 25 was reviewed with V1 and V7. V1 confirmed V4 was the person speaking on the video and the video was between V4 and R1, V1 and V7 denied concerns regarding V4 saying "I love you to R1. The video showed V4 saying the following to R1: "Hey, I was just calling to say goodnight. You can call me back within the next 30 minutes, that would be fine. I love you, bye." On June 22, 2022 at 2:25 PM, V35 (Agency RN) said. "I started working agency here at the end of January February 2022. I would not borrow money from a resident. I think that is our own responsibility, not the resident's." On June 22, 2022 at 2:31 PM, V34 (CNA) said, "I never talk to any of the residents from my personalithone. If a resident offered a gift or money, Iwould not take it. Even candy I don't take it. We can go out and get our own stuff. I tell residents to please keep it for themselves. It is a known thing that V4's (CNA) car was smashedup. She didn't hide that." On June 22, 2022 at 2:42 PM, V32 (CNA) said,

"I've worked here a long time. We cannot borrow

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(Administrator) said, "We talked to [R1] vesterday afternoon. He says that he loaned [V4] the money and she paid him back in two installments. [V4] denied it, got angry and said last year she made over \$70,000. She denied it. She also

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**FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6000353 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON **BRIDGEWAY SENIOR LIVING** BENSENVILLE, IL 60106 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X5) COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG **TAG** DATE **DEFICIENCY**) S9999 Continued From page 10 S9999 300.1210b) 300.1210d)3)6) 300.3240a) 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 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. Section 300.1210 General Requirements for Nursing and Personal Care 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: 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. 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. 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)

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	These regulations v	were not met as evidenced by:		23#					
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	Based on interview failed to assess ide	and record review the facility entify, and intervene for a							
	change in a resider	nt's condition following a fall	1.00			22	457		-
e.	resulting in a family member identifying resident's leg feeling cool to the touch and appearing swollen and insisting 911 be called.		84 A		-				=
a .a=	This failure resulted R2's hip fracture foll surgical repair of the	in a delayed diagnosis of lowing a fall, and R2 requiring e fracture.		-					
	This applies to 1 of falls in the sample of	3 residents (R2) reviewed for f 4.	_					i2.	
	The findings include	<b>:</b>						c &	
e Hii Y	The EMR (Electronic was admitted to the	c Medical Record) shows R2 facility on May 1, 2022 and			20			40.00	1220
	was discharged to the 2022. R2 did not ref	ne local hospital on June 13, lunn to the facility. R2 has	14-	S	4.6.4				
	multiple diagnoses is	ncluding gastrostomy, low walking, dysphagia, breast							* 4
	cancer, esophagitis, tract infection.	repeated falls, and urinary				121			4
Ver.	R2's MDS (Minimum 2022 shows R2 had	Data Set) dated May 7,			10 E				
	impairment, was tota	ally dependent on facility staff extensive assistance with			£.				
	personal hygiene and	d bathing, limited assistance	656				-		V
	(Activities of Daily Liv	upervision with all other ADLs ving), including, bed mobility,	< 8	100	W W	F11			
	transfers between su room and corridor. F bowel and bladder.	urfaces and walking in the R2 was always continent of				V V 0			
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V - 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	the text of the Section 19	14 (14)				
	On May 23, 2022 at 11:00 AM, V26 (LPN-Licensed Practical Nurse) documented, "Notified by CNA (Certified Nursing Assistant), resident was on the floor. NOD (Nurse On Duty) immediately assessed. Resident was laying right						
	out of myroom."	ted, "I was just trying to get		W		2 (5 ty) 2 //	
	documented R2 con	9:50 PM, V15 (LPN) nplained of pain in her left leg an X-ray at the facility.					
	X-ray of her sacrum	on shows R2 received an , coccyx, and left hip on May ent fracture or dislocation			COMPLETED  C 07/07/2022  CORRECTION (X5) COMPLETE THE APPROPRIATE  COMPLETE DATE		
	documented R2 was her room near her be self-ambulate. No in to move both upper	7:10 AM, V13 (LPN) so found lying on the floor in ed after attempting to night was noted, R2 was able and lower extremities without I complaints of pain at the	348 0 80				
	2022, V28 (PTA-Phy documented on May "continues to ambula	May 23, 2022 and May 28, sical Therapy Assistant) 23, 2022 at 10:48 AM, R2 ate with RW (Rolling Walker), 0 ft. with CGA (Contact ance and safety."			2 A		
	On May 25, 2022 at documented, R2 was gentle active range o extremity pain.	1:11 PM, V28 (PTA) s only able to complete f motion due to left lower					
STALL STALL	On May 30, 2022 at 8 documented, "[R2] co	3:51 AM, V28 (PTA) ompleted sitting and standing		A not be the more			

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C IL6000353 B. WING 07/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 111 EAST WASHINGTON BRIDGEWAY SENIOR LIVING BENSENVILLE, IL 60106 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Continued From page 13 S9999 S9999 weight shifts to encourage WB (Weight Bearing) on LLE (Left Lower Extremity) and improve trunk control and balance recovery strategies. [R2] is perseverating on LLE pain, asking for morphine from nursing staff and hard to direct. [R2] attempted multiple times to perform SPT (Stand Pivot Transfer) with use of RW, however unable to gain WB stability on LLE or sequencing to pivot. Spoke with CNA [V4] regarding patient's transfer status." On May 31, 2022 at 9:57 AM, V28 documented, "Patient completed supine RLE (Right Lower Extremity) exercises x 10 reps and seated BLE (Bilateral Lower Extremity) exercises x 10 reps with modification to LLE due pain from recent fall." V28 continued to document R2 had "self-limiting WB on LLE due to pain and positioning LLE as toe touch instead of foot flat for WB due to pain." On June 2, 2022 at 9:47 AM, V28 documented, "[R2] continues to c/o L hip pain with movement. modifications provided as needed." On June 28, 2022 at 1:34 PM, V28 (PTA) said, "Prior to [R2's] first fall on May 23, 2022, the resident was able to ambulate approximately 150 to 200 feet using a walker and contact-quard assistance. After the first fall, we got the report the X-ray was negative, however, she experienced pain and it inhibited her movement and she leaned to her right side. After the second fall, between the pain and the fear of falling, she declined significantly and could not stand or ambulate anymore. Every day we would ask the nurse for pain medication because the pain was extraordinary. It was a constant thing that really affected her therapy. I spoke with [V4]

(CNA) on May 30, because she was the CNA

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	NT OF DEFICIENCIES IN OF CORRECTION	Health  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	СОМ	SURVEY PLETED
h .	2.7 10.00	IL6000353	B. WING			C
NAME OF	PROVIDER ORSUPPLIER	STREET	DDRESS, CITY, ST	ATE ZID CODE	1 077	07/2022
			T WASHINGTO			
BRIDGE	WAY SENIOR LIVING	.7:	VILLE, IL 6010			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
S9999	Continued From pa	ge 14	S9999			
•	could no longer bear now required two fa	day. I told her the resident ar weight on her left leg and cility staff members to			n = (3000)	
	we had meetings w let him know what is communicated by n	t. After we talk to the CNAs, ith [V23] (Rehab Director) to s going on. It was clearly ne that this resident had y since her second fall."				
14	Director) said, "We change in status and Thursday to discuss	t 1:19 PM, V23 (Rehab inform the nurse if there is a d we have a meeting every every patient with the Social Work, and MDS		<b>Ø</b> 1 / / / / / / / / / / / / / / / / / /	· · · · · · · · · · · · · · · · · · ·	
	R2's decline during addressed with nurs have documentation	have documentation to show physical therapy was ling. The facility does not to show R2's physician was ne or increased pain.			KU M W KE E-D	
	facility stall assesse condition or decline	have documentation to show d R2 for a change in following R2's fall on May 28, 2022 when V27 (Daughter of i.				
	was [R2's] nurse on daughter came in an resident's left foot. T Two weeks prior to the	d wanted me to see the here was 2+ pitting edema. hat day, she had a fall.	-		5 T	
	sent the resident to the daughter was up swelling or coolness her to the hospital. I about the edema in the second second in the	he hospital the same day.  set we hadn't noticed the in the resident's leg or sent did not call the physician he resident's leg or the contact the hospice nurse."				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVE COMPLETED	ΈΥ D
		IL6000353	B. WING	Tes.	C 07/07/202	20
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS CITY	STATE, ZIP CODE	1 07/07/202	<u> </u>
BDINGE	WAY SENIOR LIVING	NY	T WASHINGT			
DICIDOL	WAI SEMOR LIVING		IVILLE, IL 60			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	PECTION	_
PREFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE COM	(X5) APLE DATE
S9999	Continued From pa	ge 15	S9999			_
3.5	10 A 10 10 10 10 10 10 10 10 10 10 10 10 10		0	- 2	in S 20	
22.0	Documentation by	V29 (Hospice Nurse) dated	G 4 79		(5000)	
A Secretary	June 14, 2022 show	vs, "PRN (As Needed) visit	(36)	D 1990 100 100 100 100 100 100 100 100 10		
	provided by this RN	D/T (Due To)	1 1		d = 7/4	
	increased/unmanag	ged pain and swelling to left				
1.60%	toot. Upon arrival,	patient lying in hospital bed				
	with [VZ/] (Daughte	r) present at bedside. [V27]	(64			
- 1354	to transport has made	lance service has been called	700			
1188	evaluation/treatmen	ther to [local hospital] for it. [V27] is visibly upset with				
	her mother's conditi	on. She states that her foot	6 A		= 7 8 8 2 1	
24	has been swollen for	r a week and nothing has				
84 Til	been done about it	She also states that her		3 W	200	-20,500
0 8	mother's pain has n	ot been appropriately	2.00		2	
union.	addressedShe	states that her mother has	1			
3-86+	declined significantly	y since being at [the facility],				
	that her mother is no	longer able to walk due to			= 3	
St. Francis	pain to left leg[F	R2] states pain is in left upper	0	3 dy		
i.	and lower leg. Whe	n attempting to reposition		· · · · · · · · · · · · · · · · · · ·		
- 1	patient, patient moa	ns in pain with facial	1			
- 1	grimacing noted. W	hile patient is being	974.5			
200	repositioned, pain as	ssessed at 6/10 (0 to 10 pain	[ [	v k Sile	· N	
36	scale)+3 pitting	edema noted to left foot. Left	7		1	
50	can swollen, cool to	touch, pedal pulse faint on	2	The second of th		
W v	feet/eelf pedal sules	or edema noted to right	Te = 1	e <u>1</u> mg 7 7	a tr	
2 82	noceihility of DVT (D	normal. Discussed eep Vein Thrombosis)"	22 2			
- I'	possibility of DVT (D	eep vein miromposis)"	-		. * * 3	
=	On June 14, 2022 at	7:28 AM, V30 (Orthopedic			MA	133
	Surgeon) documente	ed, R2 was brought into the	20			
	emergency room of t	he local hospital. "Imaging			85	
11	performed at that tim	e showing evidence of a left	264	I Bara	55	15
	intertrochanteric hip i	fracture of unknown		金 数 。 一 w	FB 00 <sup>17</sup> 0, 8	
- 1 C	chronicity, but likely a	at least 1 to 2 weeks." V30	7,22		틷	
(	continued to docume	nt R2 received surgical	23611		41	
i	ntervention on June	14, 2022 to repair the hip	***		411	10
f	racture.	9 " 0	85 0			
and Hear	W=		22 2	94 E 950 EE	20 68	
11	lospital documentati	on shows R2 was	35.0	Page 30 Test See		
0	discharged from the linent of Public Health	ocal hospital on June 18,		1 2	S*	

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