

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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 Investigation 2496334/IL176590	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1810c)3)  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 300.1010 Medical Care Policies  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	S9999		

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
Electronically Signed

TITLE

(X6) DATE  
09/25/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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>of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for 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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.1810 Resident Record Requirements</p> <p>c) Record entries shall meet the following requirements:</p> <p>3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports.</p> <p>These requirements were not as evidence by:</p> <p>Based on interview and record review, the facility failed to conduct a comprehensive assessment of a resident after experiencing a decrease in blood pressure and oxygen level, failed to reassess the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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>vital signs later in the shift and failed to notify the physician of a further decline in condition. This affected one of three residents (R1) reviewed for comprehensive nursing assessments. This failure resulted in R1 being sent to the hospital in respiratory distress, going into cardiac arrest in the emergency room, and expiring.</p> <p>Findings include:</p> <p>R1 is a 27 year old with the following diagnosis: quadriplegia, encounter for gastrostomy, and acute respiratory failure.</p> <p>A Nursing note dated 8/11/24 at 11:32AM documents in the morning, R1 was noted resting in bed and left eye opened to name being called. At 11:20AM, V3 (Former Nurse) found R1 diaphoretic with cool/clammy skin, respiratory rate of 60 breaths per minute, and a heart rate of 96 beats per minute. A blood pressure was unable to be detected and the oxygen level was 85%. Lung sounds were coarse to the upper airway. 911 was called and on scene at 11:25AM. R1 was transferred to the hospital.</p> <p>A Nursing note that is struck out, dated 8/11/24 at 5:17PM, documents R1 was awake and looks around but is not verbal. R1's vital signs were 97.8 temperature, 92/59 blood pressure, 90 heart rate, respiratory rate 18, and oxygen level 90%. Monitor R1 for change of condition. This note was documented by V7 (Nurse) who was the nurse taking care of R1 on 8/10/24 when R1 first had a change in vital signs. This note is dated 8/11/24, but R1 was no longer at the facility on 8/11/24 at this time.</p> <p>The Fire Department Sheet dated 8/11/24 documents the fire department was called at</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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>11:17AM, and they were on scene at 11:25 AM. The facility called 911 for R1 having breathing problems. Upon entering the room, R1 was unresponsive lying in the fetal position and was tachypneic at approximately 40 breaths per minute. Staff on scene stated they came to check on R1 and found R1 with an oxygen level of 84% on 5L of oxygen via nasal cannula. The crew noted R1 had shallow, rapid respirations. Staff did not provide any information regarding R1 feeling unwell or having any abnormal complaints or vital signs until just prior to contacting 911. The first set of vital signs were taken at 11:25 AM. The pulse was 164 bpm, the respirations were 60 breaths per minute, and the oxygen level was 94% after R1 was put on a nonrebreather mask at 15L. A blood pressure was unable to be obtained. During transport to the hospital, a manual blood pressure was able to be measured at 80/P. The diastolic number was unable to be obtained.</p> <p>The Hospital Records dated 8/11/24 document R1 presented to the emergency room for respiratory distress. Per the paramedics, the facility noted that R1 was unresponsive and tachypneic that morning. R1 was in acute distress, ill-appearing, and diaphoretic upon arrival. R1's carotid pulse was thready and the radial/dorsalis pedis pulses were not able to be felt. R1 is in respiratory distress, exhibits retractions with agonal breathing, and has diminished breath sounds throughout the lungs. The one set of vital signs upon R1's arrival were a pulse of 109 bpm, respirations of 45 breaths per minute, blood pressure at 50/36, and temperature of 109°F. All of the vital signs are abnormal. R1 arrived to the emergency room at 11:50AM and a code blue was called at 11:54AM. R1 became apneic and pulseless. R1 underwent multiple</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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>rounds of CPR in addition to an attempt to rapidly reduce R1's temperature with ice. R1 did not have return of spontaneous circulation and was pronounced dead at 12:42 PM. R1 did have laboratory bloodwork drawn during the code blue. The complete blood count showed that the white blood count was elevated to 13.73 K/uL (Kilo per microliter) (normal is 4.0-10.0 K/uL). This indicates R1 had an infection somewhere in the body.</p> <p>A Nursing note dated 8/11/24 documents R1 expired while hospitalized.</p> <p>There are no progress notes documenting the change in R1's vital signs on 8/10/24 or any follow up assessments/ vital signs that were performed to make sure there was no further decline in R1's condition.</p> <p>On 9/5/24 at 1:33PM, V2 (Certified Nursing Assitant/CNA) stated R1 was sleeping when V2 rounded on R1 around 7AM and 9AM. V2 reported R1 is usually awake at 9AM but V2 went and changed R1 at 9AM but R1 went back to sleep. V2 stated the only change noted with R1 the morning R1 went to the hospital was that R1 was more sleepy than usual. V2 reported R1 is nonverbal and unable to communicate R1's needs.</p> <p>On 9/5/24 at 1:47PM, V3 (Former Nurse) stated when V3 first rounded on R1 after getting report around 7:30AM R1 was sleeping. V3 reported rounding in R1 again around 9AM to check R1's Gtube (Gastrostomy tube) feed and R1 looked at V3 and smiled. V3 confirmed this was R1's only way to communicate with staff. V3 stated around 11AM R1 was diaphoretic and in respiratory distress breathing short and fast breaths. V3</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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>denied being notified in report that R1 had a lower blood pressure and oxygen level the night before. V3 reported staff needs to monitor vital signs closely of residents that are not able to communicate their needs so changes can be picked up quickly and addressed. V3 reported if R1's blood pressure was normally in the 100's and hadn't had any medication to decrease it, then 10-15 points lower would be considered a change. V3 stated V3 would have contacted the physician for the blood pressure of 92/59 because it is considered a change and the physician need to give orders or tell staff what to do. V3 stated if something was abnormal then V3 would have talked to the doctor because R1 is nonverbal. V3 reported it is the nurse's responsibility to "pick up little clues" from residents' change in condition when they are unable to verbalize. V3 stated V3 called 911 and R1 was sent to the hospital where R1 expired.</p> <p>On 9/5/24 at 2:55PM, V5 (Nurse) stated R1 did have a couple UTIs so staff would watch out for high temperature, foul smelling urine, and any other unstable vital signs that would indicate an infection. V5 reported if any vitals are abnormal, a physician should be notified to determine the next steps for the resident. V5 stated due to R1 being nonverbal a physician should be notified at even a slight difference in blood pressure such as a 10-15 number difference in blood pressure because the resident cannot tell staff any other ways they are feeling. V5 stated typically R1's baseline blood pressure was 100's or 110's but if R1 is in the 90's or 130's then V5 would definitely call to make the physician aware. V5 reported if the physician is not notified then a recheck of the vitals need to be performed to monitor the resident's condition. V5 said, "As a nurse you need to either be rechecking the vitals or calling</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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>the physician for a resident like this."</p> <p>On 9/5/24 at 3:37PM, V6 (CNA) stated V6 took care of R1 the night before R1 went to the hospital. V6 denied anyone telling V6 R1 was having a low blood pressure or lower oxygen level.</p> <p>On 9/6/24 at 1:36PM, V7 (Nurse) stated R1 appeared healthy on the 8/10/24 overnight shift (11PM-7AM). V7 reported doing vital signs once on R1 and R1's blood pressure was lower than normal. V7 stated R1's blood pressure was normally over 100 and the oxygen level was also in the low 90s. V7 reported a normal oxygen level is 92% and above. V7 stated V7 did not document a recheck of any vital signs. V7 denied knowing why documenting a reassessment was important. V7 denied doing another assessment on R1 in the night and only would round on R1. V7 stated R1 was sleeping during the shift and V7 did not want to wake up R1 because R1 seemed "ok."</p> <p>On 9/6/24 at 1:59PM, V8 (Director of Nursing/DON) stated when there is any change in temperature or blood pressure, if they aren't responding the way they used to, or if they are sweating are things we watch for because R1 is nonverbal. V8 reported anything different from what a resident normally does is considered a change in condition. V8 stated a change in condition is specific for each resident and each resident has their own way of showing a change in condition. V8 stated staff called V8 right before R1 was sent out and notified V8 that R1 had a change in condition. V8 reported if a resident has an abnormal vital sign, then it must be reassessed by staff to make sure the resident is not getting worse. V8 stated the reassessment</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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>should be documented to show the vital sign has improved or stayed the same. V8 reported if the vitals aren't normal or a resident isn't responding how they normally respond then the physician should be called immediately. V8 stated the reason to call the physician is to get and orders or see what has to be done to help the resident. V8 reported staff should have called the doctor immediately when a change in R1's vital sings was noted.</p> <p>On 9/6/24 at 2:29PM, V9 (Nurse Practitioner) stated R1 had a lot of chronic, challenging issues due to being a quadriplegic. V9 reported R1 had a lot of urinary tract infections with the chronic urinary catheter and R1 kept getting infections. V9 stated anything was going on with R1 then staff just sent R1 to the hospital. V9 reported due to R1's communication barrier and having chronic infections staff wouldn't hesitate to send R1 out. V9 reported R1 is at high risk for infection so staff just sends R1 to the hospital to not take any chances. V9 stated staff need to be aware of R1's baseline so they know when something is different. V9 stated staff need to be rounding on residents and if anything is noted to be different then staff need to do a set of recent vitals and call the physician or nurse practitioner immediately. V9 stated R1's normal blood pressures were 100-105 and if R1 had a blood pressure around 90, then the physician/ nurse practitioner would want to be notified. V9 reported the oxygen was at 90% then they also should have been called. V9 stated a resident normally has an oxygen level at 95% it means there is a change in condition and interventions need to be put in place. V9 was asked if a resident has a change to vital signs, what should staff do? V9 reported V9 would expect staff to be monitoring the resident to make sure there is no further change in condition or</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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>decline. V9 stated staff could monitoring the resident by more frequent rounding or additional vital signs to see what condition a resident is in.</p> <p>The Minimum Data Set dated 6/20/24 documents a Brief Interview for Mental Status score cannot be performed due to R1 being nonverbal. Section J of the MDS documents R1 currently does not have a condition or chronic disease that may result in a life expectancy of less than six months.</p> <p>The Medication Administration Record dated 08/2024 documents the last set of vital signs on 8/10/24 on the evening shift were as blood pressure 92/59 (R1's normal blood pressure ranged 100s/60-70's), temperature 98.5 degrees Fahrenheit, pulse 91(R1's normal pulse is documents in the 70's), respirations 18 breaths per minute, and oxygen level 90% on room air (R1's normal oxygen level is 95% or above).</p> <p>R1's vital signs for 08/2024 were reviewed and does not document a blood pressure less than 100/60, a pulse greater than 78 beats per minute, or an oxygen level less than 95% on room air.</p> <p>The Care Plan dated 5/20/24 documents R1 is on enhanced barrier precautions for feeding tubes. An intervention documented is to assess for signs and symptoms of active infection and notify the physician.</p> <p>The policy titled, "Standard Patient Monitoring Policy," dated 3/6/15 documents, "Policy: To provide proactive interventions promoting enhanced physical, mental, and psychosocial well-being of residents. We will be proactive in anticipating needs of resident and aide in identifying issues or concerns. Procedure: ...Any unusual occurrence or change in status of a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6010110</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BERKELEY NURSING &amp; REHAB CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6909 WEST NORTH AVENUE OAK PARK, IL 60302</b>
--	---

(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>resident will be reported to the charge nurse."</p> <p>The policy titled, "Change in Resident's Condition or Status," that is not dated documents, "Purpose: To ensure that the resident's attending physician and representative is notified of changes in the resident's condition and/or status. Policy: 1. The Nurse will notify the resident's attending physician when: ...there is a significant change in the resident's physical, mental, and psychosocial status ...deemed necessary or appropriate by the resident ...3. A significant change of condition is a decline or improvement in the resident's status that: will not normally resolve itself without intervention by staff or by implementing standard disease related clinical interventions ...6. The nurse will record in the resident's medical record any changes in the resident's medical condition or status."</p> <p>The policy titled, "Vital Signs," that is not dated documents, "Frequency of Monitoring: Vital signs (temperature, pulse, respirations, and blood pressure) are usually checked at regular intervals, such as daily or weekly, depending on the resident's condition and physician's orders. These procedure help ensure that any changes in a resident's health are detected early, allowing for timely medical intervention.</p> <p>(AA)</p>	S9999		