

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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	S 000		
S9999	<p>Complaint Investigation: 2491508/IL170133</p> <p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)3)</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</p>	S9999		

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

TITLE

(X6) DATE  
04/09/24

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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>comprehensive care plan for each resident that 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>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.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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>These Requirements were not met evidenced by:</p> <p>Based on interview and record review, the facility nursing staff failed to respond to a resident requiring respiratory care and the nursing staff failed to provide needed suctioning for a resident in potential hypoxia (lack of oxygen). The Facility failed to provide documentation of monitoring for an agitated resident for an hour after suctioning, for one (R2) of three residents reviewed for respiratory care in the sample of four. This failure resulted in R2 in respiratory distress not getting immediate respiratory care from the nurse, and R2 left being agitated with no follow up for one hour after trach care from RT, found with this trach out and in respiratory arrest.</p> <p>Findings include:</p> <p>R2 is a 54 year old male admitted to the facility on 01/03/2024 with diagnosis including but not limited to Acute and Chronic Respiratory Failure with Hypoxia or Hypercapnia; Dysphagia; Chronic Obstructive Pulmonary Disease; Systolic (Congestive) Heart Failure; Hypertension; and Gastrostomy and Tracheostomy Status.</p> <p>According to R2's face sheet, R2's code status: Full Code.</p> <p>According to R2's MDS (Minimum Data Set) assessment dated 01/10/2024 and 02/10/2024 under section E, R2 had no behaviors that impacted care.</p> <p>R2's care plan dated 01/05/2024 (revised on 02/19/2024) reads in part, "(R2) is Ventilator dependent related to Respiratory Failure. Patient</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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>is refusing to turn to ventilator at night. Goal: Will actively participate in the weaning process. Resident will have appropriate ventilator alarm settings. Disconnect Alarm: High Pressure Alarm: Date Initiated: 01/05/2024 Revision on: 02/19/2024. Resident will maintain a patent airway. 01/05/2024 Revision on: 02/19/2024. Trach type: Trach size: Will be maintained on the lowest FiO2/PEEP/PS to support an adequate oxygenation level of: (Specify) through the review date. 01/05/2024 Revision on: 02/19/2024. Interventions: Assess for s/sx of hypoxia: altered level of consciousness, irritability, listlessness, educate resident/family/caregivers purpose/mode/and all treatments; encourage resident to relax and breath with the ventilator; explain alarms; teach importance of deep breathing; Keep call bell within reach. Keep head of bed elevated above 30 degrees unless providing care or resident request. Patient and family educated on the importance of return to ventilator during night. All parties all aware of this behavior."</p> <p>A review of R2's plan showed revisions made on 02/19/2024 to goals and interventions for R2 on the same day of the resident's death with no explanation.</p> <p>R2's Call Light Ability Screen dated 02/13/2024 reads in part, "(R2) is unable to use a call light due to cognitive status."</p> <p>R2's order dated 02/13/2024 reads in part, "Ventilator Settings: Mode: AC, Rate: 12, Tidal Volume: 400, PEEP: 5, FiO2: 40%; Ventilator: noc. Every night shift."</p> <p>R2's order dated 02/13/2024 reads in part, "Weaning orders: TC 40% dayshift".</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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>No "oxygen saturation level monitoring" nor "acceptable oxygen saturation level" order noticed among R2's orders.</p> <p>On 03/04/2024 at 12:31 PM, Surveyor interviewed V4 (Respiratory Therapist) who stated in summary: My respiratory therapy duties are to: check vital signs for residents with tracheostomies, make sure all residents with tracheostomy status are connected to ventilators, make sure there is water present for humidity, make sure tracheostomy site is clean and secured, and give breathing treatments. Additionally, majority of alarms sounding in this unit, are for suctioning, so I need to respond to those. On Mondays, Wednesdays, and Fridays, we have to assist with transport to dialysis and check on residents while they're in the dialysis. I was here on 02/19/2024. I started at 7:00 AM, I provided R2 with routine morning tracheostomy care, which included suctioning, around 9:25 AM - 9:30 AM. Then code blue was called, and when I came in to R2's room, I noticed his tracheostomy tube was dislodged. R2's tracheostomy would not initiate unit alarms because he was not connected to the ventilator at the time of the incident, and only ventilators trigger unit alarm.</p> <p>03/04/2024 at 2:19 PM, Surveyor interviewed V5 (Licensed Practical Nurse) who stated in summary: Earlier in the day (02/19/2024), around 9:00 AM, I checked on R2's roommate and noticed R2 gesturing and pointing to his tracheostomy, which meant, that he needed to be suctioned. I told V4 (RT) right away. I'm not sure when or whether she went back to provide suctioning for R2. When I was finishing medication pass, around 10:30 AM, a CNA came</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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>out of R2's room and said that R2 doesn't look right and asked me to check on him. I went in right away, checked for pulse, didn't feel it, and yelled out to the CNA to call code blue. Code blue protocol was initiated, staff rushed in with emergency cart, and started chest compressions. I could not tell if R2's tracheostomy tube was dislodged at that time, but when V6 (Respiratory Therapy Director) attempted to bag (deliver oxygen) R2, she realized, that R2's tracheostomy tube was dislodged.</p> <p>On 03/06/2024 at 1:20 PM, Surveyor re-interviewed V5 (LPN). Surveyor asked who is qualified to suction resident's air way, V5 (LPN) responded, "Respiratory therapy will always suction resident's air way, as it is their primary job. The only event when nurses would be required to suction resident's air way is, if a resident was in any sort of distress."</p> <p>On 03/05/2024 at 10:23 AM, Surveyor interviewed V6 (Respiratory Therapy Director) who stated in summary: On 02/19/2024, during the incident, I was in the morning meeting. The code blue was called, and everyone left the morning meeting immediately and headed out to R2's room. When I got to the room, staff was doing chest compressions. When I looked, I noticed staff bagging (oxygenating) R2 without noticing that his tracheostomy tube was dislodged. I immediately placed a spare tracheostomy tube and continued oxygenating R2. A little later, EMS arrived and took over resuscitation. R2 was under V4's (RT) care that day. Based on R2's orders, he was supposed to be on ventilator at night, and tracheostomy collar throughout the day. We don't have alarm system on residents who are connected to tracheostomy collars, we are supposed to do physical rounds</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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>and look at the resident, between nurses, CNAs, and respiratory therapists. Frequency of monitoring is based on secretion load and resident's comfort. R2 fluctuated, there were times when he was calm, but he was combative and aggressive other times. Surveyor clarified who is allowed to suction residents' air way, V6 (RT Director) stated, "Nurses and respiratory therapists can suction the residents' air way, whether the nurse is a Licensed Practical Nurse or a Registered Nurse.</p> <p>On 03/05/2024 at 11:29 AM, Surveyor interviewed V2 (Director of Nursing) who stated in summary: Based on nurse's assessment, they can suction any resident in need of suctioning. My expectation for nurses and respiratory therapist is to suction all residents in need for suction. V5 (Licensed Practical Nurse) assessed R2 on the morning of 02/19/2024 and concluded that there was no immediate need for suctioning, so she left the room, saw V4 (RT) and asked her to go in and suction R2. V4 (Respiratory Therapist) who was making morning rounds on 02/19/2024, said that she suctioned R2, but there was not much secretions, and R2's agitation was more so anxiety driven. Surveyor clarified, if a resident remains agitated regardless of suctioning needs, what should the nurse do, V2 (DON) said, "If a resident remains agitated, they should be assessed, maybe checked for repositioning or pain needs, and go forward from there. I rounded on R2 that morning, around 9:20 AM, but he looked like he was at his baseline, did not appear to be in distress."</p> <p>On 03/05/2024 at 12:20 PM, Surveyor interviewed V3 (Licensed Practical Nurse) who stated in summary: Since I've been working here (5 months), respiratory therapists are ones who</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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>suction residents; however, nurses should be able to suction if they have skills and training to do so. In a critical moment, nurse should suction the resident. Seeing an agitated resident who is pointing to his tracheotomy, nurse should stay and attend resident's needs until, at least, when respiratory therapist arrives." There is no documentation that the facility monitored or provided any follow-up assessment to R2 for an hour after suctioning even though he showed signs of agitation, which is outside of his baseline per his MDS Section E:Behavioral assessment.</p> <p>On 03/05/024 at 1:55 PM, Surveyor interviewed V7 (Medical Director) who stated in summary: On 02/19/2024, R2 requested suctioning around 9:15 AM from V5 (LPN), V5 (LPN) asked V4 (RT) to suction R2, who suctioned R2 at 9:30 AM. R2 had minimal secretions. At 10:30 AM, CNA found him unresponsive, and CPR was started. If R2 was in respiratory failure related to mucus plug, they would be cyanotic, their oxygen saturation would drop, they would be unable to talk, and their respiratory rate would be elevated. Surveyor clarified that R2 was unable to talk, was agitated, and was pointing to his tracheostomy site, communicating that his tracheostomy needs to be addressed, V7 (MD) said, "Respiratory distress and agitation are completely different." Surveyor further clarified if dislodged tracheostomy could cause respiratory distress, V7 (MD) stated, "Tracheostomy dislodgement would not have impact on R2's respiratory status. Based on his vital signs at the time (last known vital signs documented at 09:30 AM), it is very unlikely R2 was in respiratory distress. If resident is in respiratory distress, the nurse has to make a clinical judgment, to see if it's appropriate to suction or call for respiratory therapist. I think the nurse did the right thing by looking at the timeline</p>	S9999		
-------	--	-------	--	--



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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 of this incident."</p> <p>There was no documentation or report on interviews that any other contact was made with R2 between 9:30 AM and 10:30AM.</p> <p>On 03/05/2024 at 3:18 PM, Surveyor interviewed V8 (Respiratory Program Director) who stated in summary: We have respiratory therapists whose primary duty is to care for residents' air way. Nurses are cross trained to care for an air way, but it's their secondary duty. If there is a resident in respiratory distress, both respiratory therapist and nurse can address the issue. It is not written in the policy but assumed that nurses are expected to address air way issues."</p> <p>On 03/12/2024 at 10:03 AM Surveyor interviewed V9 (Respiratory Therapist) who stated in summary: Residents who are not connected to the ventilator are not connected to the unit alarm, so, if they were in respiratory distress, we would not know. We check resident's oxygen saturation with pulse oximeter twice a shift, on a 12 hour shift. We also do frequent checks, or we are notified by nurses if any resident needs respiratory therapist attention. There is no camera or any kind of alarm for residents with tracheotomies who are not connected to the ventilator. We wouldn't know if anybody's tracheotomy would be dislodged, so you don't always know if they are breathing ok. I'm not aware of any specific expectation as far as resident monitoring.</p> <p>According to "National Library of Medicine" article "Pain, agitation and delirium in acute respiratory failure" dated 01/27/2026, "Since pain, agitation and delirium compromise respiratory function they should also be regarded during noninvasive</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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>ventilation and during ventilator weaning."</p> <p>Progress Noted dated 2/19/24 at 9:15 AM, written by V5 (Licensed Practical Nurse) reads in part, "While caring for (R2) in bed, alert, and gesturing for respiratory. RT (V4, respiratory therapist) informed that (R2) is in need of suctioning. RT (V4) states, she is on her way to (R2's) room."</p> <p>R2's Ventilator/Aerosol Flowsheet assessment dated 02/19/2024 at 09:30 AM by V4 (Respiratory Therapist) reads in part, "(R2) in no respiratory distress. Upon entry, (R2) seemed to be irritated and turned combative while assessing him. Trach care done - trach ties changed, trach secured and intact - (R2) was very aggressive with RT, (R2) was alert and responsive. VS (vital signs): 88 HR (heart rate), 16 RR (respiratory rate), 96% suctioning small amount of thick, yellow secretions from trach, BS rhonchi bilaterally, HOB 35% throughout the entire procedure and after will continue to monitor."</p> <p>Progress note dated 02/19/2024 at 10:30 AM written by V5 (Licensed Practical Nurse) reads in part, "(V5) called to (R2's) room via CNA to check on resident. (R2) vs (vital signs) absent at this time with no pulse present. 10:32 am (V5) called for CNA to call code blue, code blue called and 911 called, all available staff on scene 10:34 am Chest Compressions initiated, trach observed dislodged 10:35 am RT (V6, respiratory therapy director) at bedside, trach immediately replaced via RT without difficulty, O2 applied 10:37am AED applied, no shock advised 10:41am Peripheral IV line placed and 0.9 NACL infusing 10:45 am Paramedics arrived and continue with</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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 10</p> <p>CPR 10:50 am 1 round of epi (epinephrin) given, (R2) remains asystole, CPR continues 10:55 am 2nd round of epi (epinephrin) given, (R2) remains asystole, CPR continues 11:07am Code called to end, (R2) declared deceased at this time."</p> <p>Ambulance run sheet dated 02/19/2024 01:37 PM reads in part, "Dispatched to above location for a reported "cardiac arrest." U/a (upon arrival) found (R2) lying supine in bed, nursing staff doing CPR and ventilating (R2) via BVM (bag valve mask) to trach. Per staff, (R2) was last seen alive "30 minutes ago." AED (automated external defibrillator) was applied (R2) with no shock advised. Crew placed (R2) on monitor and asystole noted, IO (intraosseous) established in right leg. CPR (cardiopulmonary) continued by crew throughout duration of call, only pausing for rhythm checks, asystole noted on all rhythm checks. Pupils noted to be fixed and dilated. (Local hospital) contacted and orders to terminate resuscitation given."</p> <p>From the National Library of Medicine: <a href="https://www.ncbi.nlm.nih.gov/books/NBK593189/">https://www.ncbi.nlm.nih.gov/books/NBK593189/</a> After completing suctioning, the outcomes from the procedure should be evaluated and documented, including the following:</p> <ul style="list-style-type: none"> <li>" Improvement of lung sounds</li> <li>" Removal of secretions</li> <li>" Improvement of pulse oximetry</li> <li>" Decreased work of breathing</li> <li>" Stabilized respiratory rate</li> <li>" Decreased dyspnea</li> </ul> <p>Facility's policy "Oxygen Therapy" dated 09/2022 reads in part, "Oxygen therapy may be provided through various types of supply and delivery</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6008270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/20/2024</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BRIA OF ELMWOOD PARK</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707</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	Continued From page 11  systems. Equipment may include trans-tracheal oxygen catheters. Residents who require O2 therapy will have an ongoing assessment of respiratory status and response to respiratory therapy; Monitoring of SPO2 levels and/vital signs as ordered will be documented in medical record."  <p style="text-align: right;">(A)</p>	S9999		