

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006506	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/11/2022
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NAME OF PROVIDER OR SUPPLIER ASCENSION NAZARETHVILLE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH RIVER ROAD DES PLAINES, IL 60016
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S 000	Initial Comments FRI of 04.02.22/IL145486	S 000		
S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1210b) 300.1210c)3) 300.1210d)6) 300.1220b)2) 300.3240a)</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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	

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

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Regulations were not met as evidenced by:</p> <p>Based on interviews and record reviews, this facility failed to adequately monitor a resident</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>receiving an anticoagulation (blood thinner) medication, recognize signs exhibited when laboratory value is critically high, implement interventions immediately to reduce risk of further bleeding, and evaluate the effectiveness of interventions. This failure affected one resident (R3) reviewed for anticoagulation therapy. This failure resulted in R3 experiencing an acute change in condition and transported to the local hospital where R3 was assessed and treated for extensive bruising, acute blood loss and low hemoglobin of 4.1 dl (11.6 dl - 15 dl) with 3 units of blood.</p> <p>Findings include:</p> <p>Review of the medical record notes R3 was admitted to this facility from another long term care facility on 3/25/22. R3's diagnoses include: nonrheumatic mitral valve disorder, atrial fibrillation, stroke, and pulmonary blood clot. Diagnoses updated on 4/5 include: fracture of manubrium, right rib fracture, scapula fracture, and acute blood loss.</p> <p>On 5/5/22 at 1:40pm, V2 DON (director of nursing) stated that V2 received report on 3/28 from R3's nurse of elevated INR (international normalized ratio). V2 stated that V2 requested the laboratory result to review because R3 was receiving warfarin (anticoagulation medication). V2 stated that R3's INR was greater than 11 (normal range 2.5-3.5). V2 stated that V2 notified the physician. V2 stated that physician believed there was something wrong with laboratory results; orders received to hold R3 warfarin until next laboratory test redrawn on 3/31. V2 stated that R3's INR on 3/31 was greater than 11. V2 stated that on 3/31, R3's physician ordered</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>vitamin K oral x 1 dose. On 4/1, R3 was lethargic, weaker, and oxygen saturation level was 85% on room air and R3 was transported to the hospital. V2 denied performing a head to toe assessment on R3 to assess for signs of bleeding and increase in skin discoloration. V2 stated that V2 contacted previous facility for recent laboratory results. V2 denied requested R3 anticoagulant flowsheet noting R3 INR levels and warfarin dosages.</p> <p>On 5/5/22 at 2:15pm, V7 (nurse) stated that V7 was assigned to provide care for R3 on 3/28. V7 stated that V7 observed skin discolorations on both of R3's forearms as this was the only skin exposed when V7 administered R3's medications. V7 stated that V7 did not perform a head to toe assessment to monitor for any increase in skin discolorations. V7 stated that V7 received R3's critical high INR result from the laboratory. V7 stated that V7 did not notify R3's physician; V7 endorsed the result to the oncoming nurse.</p> <p>On 5/6/22 at 12:10pm, V4 ADON (assistant director of nursing) stated that V4 completed the initial assessment of R3 when R3 was admitted on 3/25/22. V4 stated that R3 skin was pale, R3 had dark purple bruising to left posterior shoulder the size of her hand, and smaller dark purple bruising all over body. V4 stated that R3 denied any fall recently V4 denied performing any further skin assessment to monitor for any increase in skin discolorations. V4 stated that V4 did not receive any reports from nurses of any changes to R3's skin discolorations.</p> <p>On 5/6/22 at 12:25pm, V9 CNA (certified nurse aide) stated that V9 is familiar with R3. V9 stated that V9 is the regular CNA for R3 on the day shift.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>V9 stated that V9 observed the skin discolorations on R3's skin. V9 stated that V9 notified the nurse and was informed this may be side effect of R3's medication. V9 stated that V9 did not pursue R3's skin discolorations any further after the first time V9 questioned bruising, because the nurse had already said bruising was side effect of medication. V9 stated that R3 had large skin discoloration on right side of upper body extending to thigh.</p> <p>On 5/6/22 at 1:30pm, R3 stated that R3 looked like she was beaten up with a sledgehammer. R3 stated that R3's body was covered in skin discolorations when R3 went to the hospital in April. R3 denied any falls recently. R3 does not recall rough handling that would have resulted in fractures. R3 stated skin discolorations related to warfarin therapy.</p> <p>On 5/11/22 at 1:00pm, V16 (attending physician) stated that it would be reasonable to hold R3's warfarin from 3/28-3/30 for INR greater than 11 and repeat INR on 3/31 as long as no active bleeding. V16 stated that V16 was informed of R3's bruising on 3/31. V16 stated that increased bruising is subjective unless there was a hematoma present.</p> <p>Review of R3's laboratory results notes the following: On 3/28/22 hemoglobin 10.8 (normal range 12-15.3). INR greater than 11 (critical high; normal range when on warfarin is 2-3). On 3/31, INR greater than 11.</p> <p>Review of prior to admission laboratory results: On 2/28, R3's INR was 2.8.</p> <p>Review of R3's medical record notes:</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>On 3/25/22 at 12:52pm, V4 ADON noted R3's skin intact. Observed with multiple dark purple discolorations on right and left arms and on the back of the left shoulder. Dark discoloration noted on left lower lip.</p> <p>On 3/31 at 2:00pm, nurse received report of increased PT/INR - greater than 11. V2 DON notified. Received order to administer vitamin K (warfarin reversing medication). R3 alert, appears weaker today in morning after being transferred from bed to wheelchair, R3 became verbally non-responsive with shallow breathing. After about 10 seconds, R3 became more responsive, was able to follow instructions, had weak verbal response. R3 placed back in bed, encouraged to take fluids.</p> <p>On 3/31 at 7:06pm, R3 observed with increase dark purple skin discoloration on left mid back.</p> <p>On 4/1 at 10:18am, speech therapist noted R3 difficult to arouse. Maximum assistance for response to noxious stimuli. Later more easily arousable with maximum assistance to maintain wakefulness. Presented with diminished attention, orientation.</p> <p>On 4/1 at 12:13pm, oxygen saturation 85% on room air. Oxygen at 2 liters via nasal cannula immediately administered. Oxygen saturation level increased to 95% with oxygen. R3 encouraged oral fluids.</p> <p>On 4/1 at 2:12pm, R3 alert and oriented 1-2, very weak, noted with increase lethargy. Physician notified, order received to send R3 to hospital. Outside ambulance service transported R3 to hospital.</p> <p>Review of R3's hospital record, dated 4/1/22, notes R3 presented to the emergency room from this facility for evaluation of altered mental status since yesterday. R3 is normally alert and oriented x 4. R3 was noted to be somewhat</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>confused yesterday. Progressively worsened today and is now somnolent and slightly lethargic. Per paramedics, R3 also with low oxygen level, oxygen applied with improvement of oxygen saturation level. R3 occasionally mumbles nonsensically. Physical assessment noted: extensive bruising noted to right flank extending to the right chest wall. Bruising throughout right upper extremity at proximal humerus and proximal forearm. Significant bruising extending from axilla to right flank. Hemoglobin 4.1. CT (computerized tomography) of chest and abdomen noted, in part: large intramuscular hematoma within the right subscapularis muscle, measuring 9.4cm (centimeters) x 6.4cm, with extensive soft tissue stranding and contusions along the right upper back. This extensive soft tissue stranding and contusions with intramuscular hematomas extend along the right abdominal wall to the right inguinal soft tissues. Nondisplaced right scapular fracture, nondisplaced fracture of lateral right 7th rib, nondisplaced fracture of the manubrium (top portion of sternum). Mild to moderate left flank subcutaneous stranding. Left gluteal soft tissue hematoma, measuring 4.5cm (centimeters) x 1.7cm. Drop in hemoglobin related to bleeding. R3's hemoglobin improved to 7.2 after R3 received three units of blood. Findings concerning for trauma.</p> <p>Per the FDA (food and drug administration), warfarin can cause major bleeding in tissues and organs. A person's INR should be monitored closely.</p> <p>(A)</p>	S9999		