

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6014682	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 09/29/2023	
NAME OF PROVIDER OR SUPPLIER  WARREN BARR ORLAND PARK		STREET ADDRESS, CITY, STATE, ZIP CODE 14601 SOUTH JOHN HUMPHREY DR ORLAND PARK, IL 60462		
(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 2377776/IL164522	S 000		
S9999	Final Observations  Statement of Licensure Violations:  300.1210 b) 300.1210 d)2)  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. 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: 2) All treatments and procedures shall be administered as ordered by the physician.  Based on observation, interview, and record review, the facility failed to provide R1 adequate hydration resulting in R1 being admitted to the hospital for hypernatremia (high sodium). This applies to 1 of 6 residents (R1) reviewed for hydration.  These requirements are not met as evidenced by:  Findings Include:	S9999	Attachment A Statement of Licensure Violations	

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>R1's September Physician's Order Sheet list the following diagnoses including: cerebral infarction, dementia, diabetes, hyperlipidemia, sleep apnea, atrial fibrillation, hyperlipidemia, dysphagia, and aphasia. Physician, order dated 9/26/23, documents "enteral feeding Glucerna 1.2 at 65 ML/HR (Milliliters per hour) continuous to 1040 ML water flush 350 ML six times per day total volume 2100 ML in 24hour period."</p> <p>R1's MDS (Minimum Data Set), dated 9/17/23, show resident is completely dependent upon staff for (Activities of Daily Living). R1 was hospitalized for hypernatremia due to dehydration from 9/17/23 to 9/26/23 per progress notes.</p> <p>R1's shows critical lab results indicating severe dehydration was reported to the facility on 9/16/23 at 3:55 PM. Blood Urea Nitrogen elevated at 102 MG/DL (Milligram per Deciliter) (Normal 7-28). Creatine elevated at 1.96 MG/DL (Normal 0.44-1.32), Sodium elevated at 177 mEq/L (Normal 138-147).</p> <p>Hospital progress note, dated 9/20/23 at 3:11 PM, physician assessment and plan identified sodium lab value related water deficit nearly 10L probably due to limited intake of water through the feeding tube. Dehydration and high sodium probably associated with worsening mental status and brain damage (encephalopathy).</p> <p>On 9/28/23 at 9:20 AM, R1 was gowned and in bed with feeding tube running. R1's feeding tube solution, Glucerna 1.2, was being delivered by pump at 65 ML/HR (milliliter per hour) with water flushes preset at 350 ML every four hours. The feeding pump showed 926 ML of feeding delivered and 350 ML of water flushes delivered. The volume of feeding that remained in the bag</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>was approximately 300 ML. The amount of water flush that remained in the bag was approximately 800 ML. R1 lips appeared dry. The urine in R1's collection chamber was amber and cloudy.</p> <p>On 9/28/23 at 9:58 AM, V17 (Licensed Practical Nurse) observed R1 tube feeding, flush, and pump. Tube feeding total volume delivered at that time was 961 ML. Total water volume delivered 350 ML. V17, LPN, stated 350 ML of water should have automatically been delivered by the feeding pump since she last saw R1. V17, LPN, manually pushed a button to deliver 350 ML of water to R1.</p> <p>On 9/28/23 at 10:27 AM, V16, DON (Director of Nursing), stated by looking at the reading on R1's feeding pump and the amount of feeding and flush remaining in the bag, R1's water flush had not been delivered.</p> <p>On 9/27/23 at 2:08 PM, V15, MD (Medical Doctor), stated R1 does not have any medical condition that would cause her to become dehydrated. V15 stated was R1 was rehydrated in the hospital within 48 hours, and her IV (Intravenous) fluids had been stopped 2 to 3 days before she was discharged, and her labs stayed stable.</p> <p>On 9/27/23 at 2:30 PM, V14, Dietician, stated, "The total amount of fluid (R1) receives in a 24-hour period is 3,072 ML. R1 should not have become dehydrated if she was receiving that amount of fluid." V14 did not know of any medical condition that would cause R1 to become so severely dehydrated.</p> <p>(B)</p>	S9999		