

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6012827	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/14/2024
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NAME OF PROVIDER OR SUPPLIER AVANTARA OF ELGIN	STREET ADDRESS, CITY, STATE, ZIP CODE 1950 LARKIN AVENUE ELGIN, IL 60123
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(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 Survey #2471259/ IL169821	S 000		
S9999	Final Observations Statement of Licensure Violations 300.690b) 300.690c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This requirement was not met as evidenced by: Based on interview and record review the facility	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 02/15/24
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S9999	<p>Continued From page 1</p> <p>failed to notify the State Department of a resident choking incident.</p> <p>This applies to 1 of 1 resident (R1) reviewed for choking in the sample of 3.</p> <p>The findings include:</p> <p>R1's Incident Report dated 2/7/24 states, "Resident was served lunch by assigned CNA and provided set up and was placed in Fowler's (upright) position. Tray was placed on the bedside table to the right side of the resident. Resident was eating lunch when he verbalized to is CNA (V4) that he could not breathe and he felt like her was choking." This same document states, "Resident was taken to (Local) hospital ED (Emergency Department) for further management and left the facility at 12:58 PM. Resident was still unconscious, observed with normal skin color when he left via stretcher accompanied by paramedics."</p> <p>On 2/14/24 at 8:45 AM, V2 (Direction of Nursing) stated, "We did not report this incident to public health." V1 (Administrator) stated, "I was not here that day." V2 continued, "I reached out for guidance from the corporate office and I was told we do not have to report it. He was ROSC (return of spontaneous circulation) when he left."</p> <p>On 2/14/24 at 3:30 PM, V1 stated, "He was okay when he left. He died on 2/10/24 in the hospital."</p> <p>On 2/14/23 at 3:32 PM, V12 (Corporate Nurse), "We were more concerned about making sure that everything was done correctly than we were about sending the report to public health. We did the investigation and got the statements but didn't know we had to send it in."</p>	S9999		

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