

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0049866</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>07/22/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>Generations at Rock Island</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2545 24TH STREET , ROCK ISLAND, Illinois, 61201</b>                          |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                          | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S0000                                                             | Initial Comments<br><br>Complaint Investigation 1003008<br><br>Complaint Investigation 1003027<br><br>Facility Reported Incident of 6/18/25 /1003033<br><br>A Partial Extended Survey was conducted.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                         | S0000               |                                                                                                                          |  | 07/31/2025                                      |  |
| S9999                                                             | Final Observations<br><br>1 of 2<br><br>Statement of Licensure Violations:<br><br>300.610a)<br><br>300.1210b)<br><br>Section 300.3210t)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and<br>procedures governing all services provided by the<br>facility. The written policies and procedures shall be<br>formulated by a Resident Care Policy Committee<br>consisting of at least the administrator, the advisory<br>physician or the medical advisory committee, and<br>representatives of nursing and other services in the<br>facility. The policies shall comply with the Act and<br>this Part. The written policies shall be followed in<br>operating the facility and shall be reviewed at least<br>annually by this committee, documented by written,<br>signed and dated minutes of the meeting.<br><br>Section 300.1210 General Requirements for Nursing and<br>Personal Care<br><br>b) The facility shall provide the necessary care and<br>services to attain or maintain the highest practicable<br>physical, mental, and psychological well-being of the<br>resident, in accordance with each resident's |                                                                         | S9999               |                                                                                                                          |  | 07/31/2025                                      |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| S9999                                                             | <p>Continued from page 1<br/>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>Section 300.3210 General</p> <p>t) The facility shall ensure that residents are not subjected to physical, verbal, sexual or psychological abuse, neglect, exploitation, or misappropriation of property.</p> <p>These requirements were not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to implement interventions to ensure a resident was free from physical abuse resulting in potential injury for 2 of 3 residents (R2, R11) reviewed for abuse in the sample of 12.</p> <p>The deficient practice corrected, on 6/18/25, prior to the start of the survey and was therefore Past Noncompliance.</p> <p>The findings include:</p> <p>R1's face sheet showed she was admitted to the facility 7/2/23 with diagnoses to include severe dementia with agitation, Alzheimer's Disease, Type 2 Diabetes, generalized anxiety disorder, psychotic disorder not due to a substance or known physiological condition, insomnia, and depression. R1's facility assessment dated 5/15/25 showed she had been experiencing physical and verbal behavioral symptoms directed toward others 4-6 days of the 7-day review period. This same assessment indicated these behaviors had become worse since compared to R1's prior assessment.</p> <p>R1's Care Plan initiated 2/6/25 showed, "Coping</p> |                                                                         |  | S9999                                                                                           |                                                                                                                          |                                                 |                            |

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| S9999                                                             | <p>Continued from page 2</p> <p>Psychotic Disorder. Resident has dementia and confusion. Can get angry and lash out at other residents and staff, both verbally and physically. Most times, there is no obvious trigger... Interventions: 6/11/25: 1 on 1 until at baseline for mood and behavior..."</p> <p>R2's face sheet showed she was admitted to the facility 7/2/20 with diagnoses to include dementia with other behavioral disturbance, vascular dementia, heart failure, cerebrovascular disease, chronic kidney disease, peripheral vascular disease difficulty in walking, lack of coordination, and a history of falling. R2's facility assessment dated 5/19/25 showed she has severe cognitive impairment.</p> <p>R11's face sheet showed she was admitted to the facility on 3/8/24 with diagnoses to include Alzheimer's Disease with late onset, cerebral infarction, vascular dementia with agitation, hypertension, psychophysiologic insomnia, nontraumatic subdural hemorrhage, anxiety disorder, and major depressive disorder. R11's facility assessment showed she has severe cognitive impairment.</p> <p>R1's Incident Report dated 6/11/25 at 2:50 PM showed, "Resident to Resident Altercation... Statement from the CNA (Certified Nursing Assistant) was that this resident became agitated by another resident [R11] when [R11] banged her walker on the floor, which made [R1] stand up and grab the resident [R11] by the neck..."</p> <p>R11's Incident Report dated 6/11/25 at 2:50 PM showed, "This nurse was told by the CNA that this resident was banging her walker against the floor when another resident stood up and grabbed this resident by the neck..."</p> <p>R1's Nursing Note dated 6/11/25 at 6:50 AM showed, "Resident returned to the facility with no changes to her medication. Information packet on managing stress was attached to discharge orders..."</p> <p>R1's Incident Report dated 6/18/25 at 4:01 AM showed, "Resident to Resident Altercation... Nursing Description: At 3:45 AM, this nurse was called by CNA at doors to locked area while nurse was a nurse's station to come help because [R1] was agitated in her room. While quickly walking the 20 or so feet to the door to assist CNA this nurse and CNA witnessed resident quickly charge out of her room and self-ambulate across the lounge. CNA and myself hurried to [R1] and before we reached [R1] she reached another resident who was walking with a cane in the hallway next to the lounge</p> |                                                                      | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                             | <p>Continued from page 3<br/>and shoved her over causing her to fall back. CNA and myself separated [R1] and the other resident. [R1] continued to be aggressive swinging at and pinching staff while screaming nonsensical words... This nurse attempted to talk with [R1] and to calm her and to redirect her with no progress. Resident continued to be agitated...[physician] notified of resident status and situation and order to send to ER (emergency room) for evaluation was obtained..."</p> <p>R1's care plan initiated 2/6/25 showed, "... Psychotic Disorder. Resident has dementia and confusion. Can get angry and lash out at other residents and staff, both verbally and physically. Most times, there is no obvious trigger... Interventions: 6/11/25: 1:1 until at baseline for mood and behavior...." R1's complete medical record was reviewed including her abuse investigations dated 6/11/25 and 6/18/25 with no evidence of 1:1 being conducted for R1 between 6/11/25 and 6/18/25.</p> <p>R1'S Care Plan initiated 2/6/25 showed, "Behavior Management. Resident can be triggered by nothing and start to act angry and hard to calm down. It can lead to her hitting and getting belligerent toward other residents and staff. Has been known to shove tables when agitated... 1:1 Supervision initiated 6/18/25..."</p> <p>R1's "One on One Direct Care Log" dated 6/18/25 showed she returned from the hospital at 7:15 AM and 1:1 supervision started.</p> <p>The facility's staffing scheduled showed they started scheduling staff to do 1:1 supervision starting 6/19/25.</p> <p>R1's Behavior Monitoring and Interventions Report showed, "... 6/15/25: cursing at others, screaming at others, agitated, neglecting self care, refusing care..."</p> <p>On 7/16/25 at 1:07 PM, V8 CNA said, "With [R1] it is all about how you approach her when it comes to her behaviors. If you explain to her what you are doing, she complies pretty well. If she is agitated, she gets very aggressive. She hits and kicks, scratches. I was here when [R1] and [R11] had the incident (6/11/25). [R11] had been fine throughout the whole morning. It was in the afternoon when she gets agitated, she gets to shaking, I asked her what is wrong, that didn't help. [R11] proceeded to grab her walker and bang her walker on the floor. [R1] was sitting in [R1's] designated area and was resting her eyes and when [R11] banged the walker on the floor, it woke [R1] up. [R1] was confused and scared. [R11] was walking toward me aggressively so [R1] got up and walked toward [R11] and</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                             | <p>Continued from page 4<br/>proceeded to try and hit [R11]. I separated them but she grabbed her by the neck. [R11] screamed. I separated them really quickly. She had no injuries from that. [R11] didn't know why [R1] did that. [R11] is very aggressive as well."</p> <p>On 7/16/25 at 12:01 PM, V9 CNA (Certified Nursing Assistant) said, "[R1] has behaviors, she gets combative with cares, and she is attention seeking. If she sees you 1:1 providing care with another resident that irritates her. She comes at the patient you are caring for. She starts to yell but it depends on what kind of day she is having. She will try to hit them. Redirection is hard for [R1]. If she is going after another resident, she does not handle redirection at all, she gets locked in on them, you just have to try to intervene and keep the patient safe. The incident with [R1] and [R2] on 6/18/25, [R1 pushed [R2]. [R1] was getting irate, and I peeked out to the outside of the closed unit doors to let the nurse know [R1] had charged at [R2]. [R2] was pushed to the ground that day, she said she was hurting so the nurse sent her out and nothing was wrong with her. [R1] has been a 1:1 here lately."</p> <p>R1's Acute Care Hospital documents showed she arrived at the acute care hospital 6/18/25 at 4:45 AM for aggressive behavior. R1's same hospital documents showed, "... Patient apparently pushed another resident down this morning..."</p> <p>R2's 6/18/25 Nursing Note entered at 5:45 AM showed, "At 3:45 this morning, Resident was witnessed self-ambulating with cane in hallway next to the lounge when another resident who came walking out of their bedroom and appeared to be agitated and quickly self-ambulated across the lounge, charging at this resident. Resident shoved her which caused her to lose her balance and fall to her back... Initially resident stated that she had no pain but quickly stated that she did indeed have pain in her lower back and bilateral hip area, unable to rate and states it is 'bad'... Resident returned at 5:45 AM from emergency room with no new orders. Resident denies pain at this time."</p> <p>R2's care plan initiated 12/13/24 showed, "The resident is at risk for falls related to confusion, gait/balance problems..."</p> <p>On 7/16/25 at 11:15 AM, V6 CNA Scheduler (Certified Nursing Assistant scheduler) said, "I schedule both nurses &amp; CNAs. Only have one 1:1 resident here currently. That is [R1]. She has been 1:1 since mid</p> |                                                                         |  | S9999                                                                                           |                                                                                                                          |                                                 |                            |

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| S9999                                                             | <p>Continued from page 5</p> <p>June, maybe around the 15th, due to really bad behaviors. She needs 1:1 on all shifts, including while she is sleeping. The nursing staff gets an order for it and the Director of Nursing, or the Administrator tell me who needs it and how long they need to be on it." All schedules were requested from V6 for R1's 1:1 supervision. The first time 1:1 was documented on the schedule showed 6/19/25.</p> <p>On 7/16/25 at 12:25 PM, V12 CNA (Certified Nursing Assistant) said [R1] is really combative, she has been combative since she has been there. She has put her hands on damn near all the staff here. [R1] has terrible behavior. We are scared of her. She is like this with both staff and residents. If you aren't familiar to her, she gets really bad. She is not a good resident to have, and she is a lot of care. They have 1:1 now... [R1] gets agitated with redirection, sometimes it gets better, sometimes it doesn't. You got to know how to work with her and that is not an easy task because she will turn on you. You have to get her away from noise, light, and people. We have to keep her separated from the other people. The 1:1 has been going on for maybe a month now... Her behavior has been going on since she has been here."</p> <p>On 7/16/25 at 2:02 PM, V18 (Housekeeper) stated R1 gets irritated if the CNAs rush her during care. R1 yells out, "Slow down" when she is rushed. It is a defense mechanism. I saw R1 attack another resident in the past. It was 6 or 8 months ago. She grabbed another resident's head and shook it. It was [R12], I had to step in between both of them to get R1 to let go. [R12] was upset and crying. It happened really fast and quick. I told the nurse about it but can't remember her name. I haven't seen any behaviors recently. Lately she is just "spaced out".</p> <p>On 7/18/25 at 12:45 PM, V2 (Regional Director of Clinical Operations) said, "R1 has been on 1:1 since 6/18/25..."</p> <p>On 7/18/25 at 1:50 PM, V3 DON (Director of Nursing) said, "... If someone is placed 1:1 supervision, this means there are eyes on the resident. They also need to keep track of what is going on around them, maybe someone else is getting agitated and you know it is going to get this resident agitated as well. If a resident is on 1 on 1 supervision, I would expect a staff member to always be with the resident..."</p> <p>The facility's policy and procedure with revision date 01/2019 showed, "Abuse Prevention Program... Policy: It is the policy of this facility to prohibit and prevent</p> |                                                                      |  | S9999                                                                                           |                                                                                                                          |                                                 |                            |

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| S9999                                                             | <p>Continued from page 6<br/>resident abuse... Residents who allegedly mistreated another resident will be immediately removed from contact with that resident during the course of the investigation. The accused resident's condition shall be immediately evaluated to determine the most suitable therapy, care approaches and placement, considering his or her safety, as well as the safety of the other residents and employees of the facility... Physical Abuse: Hitting, slapping, pinching, kicking, etc... "</p> <p>The deficiency that began on 6/11/25 was removed on 6/18/25 when the facility completed the following actions: Investigation of abuse completed and reported to IDPH, alleged perpetrator and alleged victim's physician notified of alleged abuse. Both R11 &amp; R2 were immediately separated and assessed for any signs of injury or trauma. R1 placed on 1 on 1 supervision effective 6/18/2025. The whole house audit for residents with aggressive behaviors completed and ensured care plan interventions are in place on 7.18.2025 by the MDS Nurse and Regional Reimbursement Specialist. All staff in-servicing by LNHA and Designee initiated on 6/18/2025 on Abuse reporting policy and repeated on 7/18/2025 Abuse Prevention Policy, one on one supervision and dementia care including behavior emergencies. In-servicing training by QAT members on the Abuse Prevention Policy, supervision and dementia care including behavior emergencies. and one on one supervision with all staff will continue, and any remaining employees must be trained prior to reporting for work for their next shift scheduled.</p> <p>Quality Assurance Activities to ensure the alleged deficient practice will not recur include:</p> <ul style="list-style-type: none"> <li>· QAT will Audit 3 Resident Behavior Tracking and Behavior care plans weekly x 4 to monitor for continuous compliance.</li> <li>· The facility will follow state and federal guidelines regarding Abuse Reporting by requiring reporting of all reports of abuse to be reported to the Regional Consultants and facility QA Committee for follow up and review. In-service training by DON/LNHA on Abuse Prevention Policy, supervision and dementia care including behavior emergencies with all staff will continue monthly for the next 3 months, then quarterly x 3 by the LNHA/Designee. LNHA will enforce the interventions of plan of removal of immediacy and assurance of continued compliance. The Removal Plan is executed as required in response to a Statement of Deficiencies against the facility known as Generations at Rock Island. This Removal Plan is not an admission</li> </ul> |                                                                         |  | S9999                                                                                           |                                                                                                                          |                                                 |                            |

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| S9999                                                             | <p>Continued from page 7<br/>of an agreement with, the validity of any facts or<br/>violations cited in the summary statements of<br/>deficiencies. This Removal Plan is not a waiver of any<br/>rights of defense, which may be available under<br/>Illinois Statutes, Illinois Administrative Code, or<br/>Federal Law of Regulations.</p> <p>The facility believes that the immediacy was removed as<br/>of 6/18/2025 with the establishment of residents<br/>initiated 1 on 1 &amp; Staff training of facility Abuse<br/>Prevention and one on one supervision policies. Staff<br/>have been re-educated on facility policies and<br/>procedures and in-servicing will be ongoing.</p> <p>completion date: 7.18.2025</p> <p>(B)</p> <p>2 of 2</p> <p>Statement of Licensure Violations:</p> <p>300.610a)</p> <p>300.1210b)</p> <p>300.1210c)</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and<br/>procedures governing all services provided by the facility.<br/>The written policies and procedures shall be formulated<br/>by a Resident Care Policy Committee consisting of at<br/>least the administrator, the advisory physician or the<br/>medical advisory committee, and representatives of<br/>nursing and other services in the facility. The policies shall<br/>comply with the Act and<br/>this Part. The written policies shall be followed in<br/>operating the facility and shall be reviewed at least<br/>annually by this committee, documented by written,<br/>signed and dated minutes of the meeting.</p> <p>Section 300.1210 General Requirements for Nursing and<br/>Personal Care</p> <p>b) The facility shall provide the necessary care and<br/>services to attain or maintain the highest practicable<br/>physical, mental, and psychological well-being of the</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                             | <p>Continued from page 8</p> <p>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>These Requirements were not met evidenced by:</p> <p>Based on interview and record review the facility failed to assess respiratory status for one resident (R3) who displayed respiratory changes of three residents reviewed for change of condition in the sample of five.</p> <p>This deficient practice resulted in a delay in the assessment of the resident's respiratory status and subsequent need for additional medical intervention.</p> <p>The findings include:</p> <p>Physician Order Summary Report indicates R3 was admitted to the facility on 10/11/24 with diagnoses that include, Dysphagia, Cerebral infarction, Generalized Anxiety Disorder, Gastrostomy, Acute Respiratory Failure with Hypoxia.</p> <p>On 7/22/25 V7, LPN (Licensed Practical Nurse) stated that she was R3's assigned nurse on 7/3/25. V7 stated that R3 was more anxious than usual, had a persistent dry non-productive cough and was obsessed with wiping his tongue with toilet paper. V7 stated R3 appeared to be trying to clear his throat or cough something up. V7 stated R3's mouth was dry, and she gave R3 mouth swabs. V7 stated she did not assess R3's lungs or obtain an oxygen saturation level but did obtain vitals and "they were ok."</p> <p>There are no vital signs or oxygen saturation levels documented for 7/3/25.</p> <p>Progress Note dated 7/4/25 at 8:08pm indicates V34 (LPN) went to assess resident due to increased lethargy and pale color; found oxygen saturation at 78% on room air; unable to obtain blood pressure; administered oxygen via nasal cannula and R3 became unresponsive. Note indicates Code Blue was called at 8:10pm and chest compressions initiated by staff; "911" dispatched at 8:12pm and EMS (Emergency Medical Services) arrived at 8:20pm and took over compressions. Note indicates R3</p> |                                                                         |  | S9999                                                                                           |                                                                                                                          |                                                 |                            |

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| S9999                                                             | <p>Continued from page 9<br/>was then transferred to the hospital.</p> <p>On 7/18/25 at 9:50am V34 stated she was R3's assigned nurse on 7/4/25. V34 stated she gave R3 his 3pm bolus tube feeding and noticed R3 was "phlegmy, throaty." V34 stated at that time R3 was talking and asked for a pain pill. V34 stated when she went in to give R3 his 8pm tube feeding, R3's color was off "pale" and R3's oxygen saturation was 78%. V34 stated she went to get the portable oxygen and when she returned R3 was "going unresponsive." V34 stated she did a "sternal rub" and yelled for the CNA to call a "Code Blue." Staff immediately arrived assisted R3 to the floor and started CPR (Cardiopulmonary Resuscitation). V34 stated she did not know if there was a protocol for listening to a resident's lungs. V34 stated she did not listen to R3's lungs as R3 was "not spitting anything up."</p> <p>On 7/22/25 at 9:25am V36, RT (Respiratory Therapist) stated that she was asked by V2, RDCO (Regional Director of Clinical Operations) to see R3. V36 stated there was no reason given "(R3) was just on my list. I only saw him one time." V36 stated R3 was not "gurgly" at that time. and did not need any further respiratory support. V36 stated if R3 became "gurgly" she would think she would be contacted to reassess.</p> <p>R3's Care Plan indicated R3 received enteral nutrition via gravity or bolus with interventions that included to monitor/document/report as needed any signs/symptoms of dysphagia, choking, coughing, drooling.</p> <p>On 7/22/25 at 9:50am V4, ADON (Assistant Director of Nursing) stated e performed a respiratory assessment on R3 once per V2, RDCO request. V4 confirmed that assessment was completed on 6/27/25. V4 stated there were no abnormal findings. V4 stated he had heard R3 had been congested before and thought that's why V2 wanted R3 assessed. V2 also stated that he had heard "in passing" that R3 frequently spit phlegm up into napkins. V4 stated if R3 were to become more "gurgly" or "phlegmy" or any other respiratory changes from baseline or just seemed different a respiratory assessment should be done, and physician should be notified.</p> <p>Facility Policy/ Guidelines for Enteral Feeding Adult dated 7/3/23 documents: The nurse will assess the following prior to initiating the tube feeding, each time the tube is accessed, every eight hours or as needed: Respiratory status, observe for signs of aspiration (i.e. sudden intense cough, increased amount of secretions, cyanosis or decreased breath sounds).</p> | S9999                                                                |                                                                                                                          |                                                                                                 |  |                                                 |  |

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| S9999                                                             | <p>Continued from page 10</p> <p>Facility Policy/Change in Condition Guidelines 5/2025 documents: Change in Condition: Any deviation from a resident's baseline status, including physical, mental, or psychosocial changes. Immediate Response: Perform a nursing assessment; Notify the Charge Nurse and/or attending physician immediately if warranted; Initiate appropriate clinical interventions.</p> <p>Facility Policy/Respiratory assessment Guidelines dated 6/2025 documents: Purpose: To ensure best practices and (Federal) expectations for ongoing monitoring, early identification of deterioration and documentation for residents' respiratory status. Frequency of Assessment Guidelines: As needed for any change in condition (this may include increased cough, fever, confusion, shortness of breath, decreased oxygen saturation levels. All respiratory assessments and interventions/outcomes should be documented in the resident's health record.</p> <p>(A)</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |