

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006175	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/11/2021
NAME OF PROVIDER OR SUPPLIER ARISTA HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1136 NORTH MILL STREET NAPERVILLE, IL 60563		
(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: 2171468/IL131496	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1210d)2) 300.1210d)3) Section 300.610 Resident Care Policies 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. 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	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	Continued From page 1 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. 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. These requirements were not met as evidenced by: Based on interview and record review, the facility failed to ensure a resident received physician ordered ventilation therapy. This failure resulted in R1 requiring hospitalization for worsening cough and dyspnea (shortness of breath). This applies to 1 of 3 residents (R1) reviewed for improper nursing care in the sample of 5. The findings include: The EMR (Electronic Medical Record) shows R1 was admitted to the facility in April 2020. R1 has	S9999			

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ARISTA HEALTHCARE

**1136 NORTH MILL STREET
NAPERVILLE, IL 60563**

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S9999	Continued From page 2 multiple diagnoses including, chronic respiratory failure, ALS (Amyotrophic Lateral Sclerosis), DVT (Deep Vein Thrombosis), hypertension, neurogenic bladder, pneumonia, quadriplegia, depression, history of COVID-19, gastrostomy tube, dysphagia, cognitive communication deficit, lack of coordination, artificial opening of urinary tract, and history of falling. R1's MDS (Minimum Data Set) dated February 10, 2021 shows R1 is cognitively intact, requires supervision for eating and locomotion on and off the unit, extensive assistance with personal hygiene, dressing, and bed mobility, and is totally dependent on facility staff for transfers between surfaces, toilet use, and bathing. R1 has an indwelling urinary catheter and is always incontinent of stool. On March 5, 2021, V3 (NP-Nurse Practitioner) documented he assessed R1 for shortness of breath due to nursing staff concerns. V3 assessed the resident, ensured inhalers and breathing treatments were administered and documented to monitor R1. On March 5, 2021 at 9:35 PM, V5 (RN-Registered Nurse) documented R1's room mate notified V5 that R1 was complaining of experiencing shortness of breath. R1 was assessed by V5. V5 documented R1 had no signs and symptoms of shortness of breath, however, V10 (Spouse of R1) insisted R1 be sent to the local hospital. V5 documented R1 was taken to the local hospital by private ambulance at 10:35 PM. Hospital documentation shows R1 was admitted to the local hospital on March 5, 2021 for dyspnea (shortness of breath).	S9999		

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S9999	Continued From page 3 V11's (Physician/Pulmonologist) assessment of R1 dated March 6, 2021 at 2:13 PM shows, multiple concerns, including: "Worsening cough, dyspnea suspect related to mucous plugging given nonadherence to [R1's] home regimen of nocturnal VPAP (Variable Positive Airway Pressure), chest PT (Physiotherapy) and cough assist. Chronic respiratory failure supposed to be managed on nocturnal VPAP, however, per [V10] (Spouse) not performed at the facility, ALS with multiple complications including chronic respiratory failure, dysphagia (difficulty swallowing), neurogenic bladder, aspiration risk and history of DVT. Plan: Continue close monitoring of respiratory status... Resume home respiratory regimen including nocturnal VPAP, chest PT and cough assist - will need to ensure these are arranged and functional at facility prior to discharge." The EMR shows an order for R1 dated February 5, 2021 for IVAPS (Intelligent Volume-Assured Pressure Support) at bedtime related to disorder of central nervous system. Nursing documentation on the TAR (Treatment Administration Record) and nursing progress notes for February and March 2021 shows R1 did not receive the physician-ordered ventilation therapy on multiple dates. The facility did not have nursing documentation to show R1 received any alternative treatment or equipment to provide the ventilation therapy when equipment was malfunctioning. Nursing documentation shows the following: March 5, 2021 by V5 (RN) - IVAPS "not working." March 4, 2021 by V5 - IVAPS "not working."	S9999			

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S9999	Continued From page 4 message sent to Respiratory Therapist to come check machine." February 24, 2021 by V7 (RT-Respiratory Therapist) - "IVAPS from home missing power cord. The cord has still not been found. I set him up on BiPAP (Bilevel Positive Airway Pressure) in the meantime for nocturnal support until the power cord is located or replaced. I have instructed him to use it. He understands and agrees to. Plan: Locate or replace power cord for home unit." February 23, 2021 by V5 - IVAPS "not working. Respiratory Therapy notified. Will be here in the morning to check. Nursing documentation also shows R1 did not receive the physician-ordered ventilation at bedtime due to missing machine parts and waiting for respiratory therapy to set up R1's IVAPS machine on February 5, 7, 9, and 14, 2021. Nursing documentation shows R1 refused the ventilation therapy at bedtime on February 17, 18, 19, 21, 22, 23, 24, 28, 2021, and March 1, and 3, 2021. The facility did not have documentation to show R1 received education by nursing staff regarding possible outcomes of not using the ventilation therapy, nor did the facility have documentation to show R1's physician was notified each time R1 refused the treatment. On March 9, 2021 at 12:39 PM, R1 was sitting in motorized wheelchair in room. R1 said, "As for the breathing machines, sometimes they are missing a cord, sometimes a mask, other times the water chamber. I will refuse to wear the machine at night if it is not functioning correctly.	S9999			

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S9999	Continued From page 5 Who wants to wear a mask on their face if it is constantly beeping and the nurses don't know how to fix it? I've only refused to wear it when the machine is broken." On March 9, 2021 at 12:56 PM, V2 (DON-Director of Nursing) said, "[R1] needs a new machine. The chamber is broken so he doesn't get a tight fit. The company has been called to see if he qualifies for a new machine. We haven't gotten a response from them yet. The nurses didn't know how to call the breathing machine company for trouble shooting when a red light comes on. It is lack of knowledge and follow through and a critical thinking component. I told them if there is a red light on, you pick up the phone and call the 1-800 number. The nursing staff did not provide the respiratory therapy because the machine wasn't working right. The nurses need better training. The refusing hasn't been frequent. If we are not able to resolve the situation with the staff we have here, then we can call his wife and involve her. The whole facility needs to get better on involving social work, and others, to document and work on educating the resident. I don't see that we have anyone involved here with [R1] resisting care." On March 9, 2021 at 3:26 PM, V5 (RN) said, "The BIPAP at night was not working right. The charting said it was not working so that means the physician's order wasn't administered and the progress notes show that also. The plan of care was to put it in the progress notes. There was no other plan of care for him refusing care. When I called the respiratory therapist to come in, it took time for him to come fix it. Respiratory never comes the same night we call." On March 9, 2021 at 4:47 PM, V7 (RT) said, "I	S9999			

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S9999	Continued From page 6 am a consultant for the facility for respiratory therapy. I am not there every day. Only when they call me to come. I set up different devices for [R1]. He currently has a temporary device because his own device had a water chamber that no longer sits inside the machine. The seal is worn. When the cord was missing from his equipment, the facility should have seen that the cord was missing and put him on a temporary unit until they could order the new cord. I never guarantee when I can get there. I can't always get there the next day. His current IVAP machine is worn out. At one point I got a call for malfunctioning equipment, and I went there and the equipment was working fine. I trained a bunch of staff back when he was admitted in April 2020, but I would say that if they have new staff since that training, they have not been trained by me." On March 9, 2021 at 3:06 PM, V3 (NP-Nurse Practitioner) said, "The breathing machine is absolutely necessary for [R1] at night. I know there is a machine in his room right now that turns on and appears to work, though I did not check to see if the settings were correct or if the mask fits [R1] correctly. I do have concerns about the resident going to bed without the breathing machine. It is important that he has the machine on during bedtime because he has ALS. I agree that his recent hospitalization for shortness of breath and mucous plug were caused by not using the IVAPS at night. These failures escalated to the point where [R1] needed hospitalization, especially due to his ALS diagnosis." The facility's policy entitled "BIPAP/CPAP (Continuous Positive Airway Pressure)" dated "4/14" shows: "Policy: BIPAP/CPAP therapy will	S9999		

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S9999	Continued From page 7 be administered by a Respiratory Therapist or Nurse upon order of a physician. Procedure: 1. The Respiratory Therapist or Nurse will fit the patient for the proper headgear and mask. 2. The Respiratory Therapist will give the initial in-service to the nursing staff, and demonstrate how to set IPAP (Inspiratory Positive Airway Pressure), EPAP (Exhalation Positive Airway Pressure), MODE settings and operate the unit. 3. If the nursing staff has been previously trained and is knowledgeable on the equipment, they will be responsible to set IPAP, EPAP, and MODE setting per the physician's orders. 4. The RN or LPN (Licensed Practical Nurse) is responsible for placing the resident on the BIPAP/CPAP unit daily per the physician's orders." (B)	S9999			