STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145070	A. Building B. Wing	03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Zahav of Berwyn	3601 South Harlem Avenue Berwyn, IL 60402

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 41925 Based on observation, interview and record review, the facility failed to maintain an available manual resuscitator and failed to provide timely suctioning care for two (R1 and R6) out of three residents with a tracheostomy. Findings include: According to the electronic health record, R1 has diagnosis including s/p tracheostomy, g-tube placement, hypertension, hyponatremia, anemia, sacral decubitus ulcer, chronic respiratory failure, and gastroparesis. R1 is nonverbal. On 3/21/2025 at 9:40 AM, R1 was observed asleep, tracheostomy attached to oxygen concentrator; tracheostomy collar appears clean and dry, no secretions present at the entrance of the tracheostomy tube observed. Manual resuscitator was not available at the bedside. V2, Director of Nursing (DON) confirmed that a manual resuscitator (a handheld medical device used to manually ventilate a patient who is not breathing or is breathing inadequately, often used in emergency situations like cardiac arrest or respiratory failure) was not available at the bedside. V2 further stated that there should be a manual resuscitator always at the bedside of residents with tracheostomies because in an event of an emergency the manual resuscitator is used to manually provide oxygenation to the resident. V2 stated that the facility also has a respiratory treatment cart that has a manual resuscitator and that she is not sure why R1's manual resuscitator is not at the bedside but that she will place a manual resuscitator in R1's room right away. On 3/21/2025 at 9:58 AM, V3, Licensed Practical Nurse, stated that lately she has noted that R1 has been having a lot of secretions so V3 has been suctioning R1 more frequently. V3 stated she had cleaned and changed R1's inner cannula, and that V3 had suctioned R1 once already today. V3 stated that she suctions R1 4 to 6 times during her shift at least. V3 stated that there should always be always a manual resuscitator available in R1's room because in an emergency, the manual resuscitator is used to provide oxygen to R1 for respiratory distress. According to the electronic health record, R6 has diagnosis including cerebrovascular accident, traumatic brain disorder s/p evacuation of subdural hematoma and left occipital lobe epidural hematoma, paraplegia, nonverbal, tracheostomy and gastrostomy tube in place. R6 is non interviewable and is nonverbal. (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145070	A. Building B. Wing	03/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Zahav of Berwyn	3601 South Harlem Avenue Berwyn, IL 60402

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R6's Physician Order Sheet includes a physician order dated 2/8/2025 that documents: Suction as needed. On 3/21/2025 at 2:50 PM, R6 was observed coughing and was noted with obvious thick secretions at the entrance of R6's trach(tracheostomy) tube. V6, Licensed Practical Nurse (LPN) was also at R6's bedside, cleaned the secretions around R6's trach tube but did not suction R6. On 3/21/2025 at 3:00 PM R6 was observed coughing again and additional thick secretions were noted at the entrance of R6's trach tube. V6 stated that she had just suctioned R6 around 11:00 AM and that she would have to check R6's suction orders but that she is pretty sure it is every 3 hours and as needed but not any sooner than every 3 hours. On 3/21/2025 at 3:11 PM, R6 was observed with thick secretions at the entrance of his trach tube. V6 was at the nurses' station and stated that she had not checked R6's orders for suctioning the tracheostomy. V6 stated she would go to the bathroom first and then check the order for R6. On 3/21/2025 at 3:18 PM, while waiting inside R6's room, R6 was observed coughing again and more thick secretions can now be observed at the entrance of R6's trach tube. On 3/21/2025 at 3:28 PM, V6, Licensed Practical Nurse, was observed walking in the hallway past R6's room. V6 did not check R6, nor did she suction R6. On 3/21/2025 at 3:30 PM, surveyor summoned V7, Nursing Supervisor to R6's room to check R6's SPO2 level. V7 stated R6's SPO2 (Saturation of peripheral oxygen which indicates how much oxygen your blood is carrying compared to its maximum capacity. A healthy SPO2 level is typically between 95% and 100%) is 89%. V7 affirmed that R6 needed to be suctioned. V7 affirmed that R6 had thick secretions at the entrance of R6's trach tube and needed to be suctioned. V7 stated that if there are secretions around and at the entrance of R6's trach tube, it is her expectation that the nurse would suction R6 right away since aside from the order for scheduled suctioning, R6 also has an order for PRN (as needed) suctioning. V2, Director of Nursing, also stated that it is her expectation that the nurse will suction the resident right away. V2 stated that she will suction R2 right now. Informed V2 that I have been observing R6 with thick secretions at the entrance of his trach tube since 2:50 PM and that V7 stated that R6's SPO2 level is now only 89%. V2 stated that the nurse should have suctioned R6 right away. Facility Tracheostomy Care policy dated 4/2019 documents in part: It is the policy of this facility that residents with tracheostomies receive routine care to maintain a patent airway, that aseptic technique is used during the dressing changes until the tracheostomy is healed, and a physician order is obtained for tracheostomy care.