

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/26/2024
NAME OF PROVIDER OR SUPPLIER Alden Park Strathmoor		STREET ADDRESS, CITY, STATE, ZIP CODE 5668 Strathmoor Drive Rockford, IL 61107	

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)
<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>20042</p> <p>Based on interview and record review, the facility failed to ensure a complete assessment was completed with R2's initial change in condition and immediately notify the physician of the change in condition. The facility failed to obtain physician orders for an increase in oxygen per nasal cannula. This failure resulted in R2 being transported to the local emergency department on 3/25/24, 4.5 hours after her initial change in condition. R2 was in respiratory distress and failure upon arrival to the emergency department. This applies to 1 of 4 residents (R2) reviewed for quality of care in the sample of 12.</p> <p>The findings include:</p> <p>The Face Sheet, dated 4/29/24, for R2 showed medical diagnoses including acute respiratory failure, pneumonia, neuromuscular dysfunction of bladder, muscle weakness, unspecified abnormalities of gait, cognitive communication deficit, chronic obstructive pulmonary disease, low back pain, cardiomegaly, gastroesophageal reflux disease, obstructive sleep apnea, transient ischemic attack, dependence on supplemental oxygen, edema, hypertension, nicotine dependence, osteoporosis, allergic rhinitis, muscle spasm, intervertebral disc displacement, spondylosis, neuralgia and neuritis, fibromyalgia, heart failure, disease of pancreas, solitary pulmonary nodule, opioid dependence, non-rheumatic aortic valve insufficiency, disorders of kidney and ureter, history of Covid 19, congestive heart failure, moderate protein calorie malnutrition, cervicalgia, and chronic pain syndrome.</p> <p>The Pulmonary Consult, dated 3/4/24 for R2 showed, (R2) seen today for in-house pulmonary consultation. Resting comfortable in bed and in no acute distress. (R2) denies any shortness of breath, chest pain, fever or chills, cough. Does report chronic oxygen use. Pulse 72 beats per minute; oxygen saturation 93% on 3 liters per nasal cannula; respiratory rate 18 breaths per minute. Lungs: diminished to auscultation bilaterally, no wheeze, crackles, or rhonchi. Nonlabored respirations. Plan: severe COPD (chronic obstructive pulmonary disease). On supplemental oxygen by nasal cannula. Albuterol, 2 puffs every 4 hours as needed. Breztri, 2 puffs twice daily. Plan/Recommendations: continue current management. Please call pulmonary for any changes to patient respiratory status.</p> <p>The Physician Orders, dated 3/1/24 for R2 showed, Oxygen per nasal cannula @ 2-4 liters per minute continuous every shift.</p> <p>(continued on next page)</p>

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
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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The Care Plan, dated 3/14/24, for R2 showed R2 in on antibiotic Cefdinir and doxycycline related to pneumonia. Monitor/document/report to MD (medical doctor) signs/symptoms of delirium: changes in behavior, altered mental status, wide variation in cognitive function throughout the day, communication decline, disorientation, periods of lethargy, restlessness, and agitation, and altered sleep cycle. R2 is noted with potential for respiratory difficulty secondary to sleep apnea. Administer oxygen as ordered. Monitor for any changes in respiratory status and notify MD as needed. R2 is noted with potential for respiratory difficulty secondary to diagnosis of chronic obstructive pulmonary disease. Unable to lie flat due to shortness of breath. Administer oxygen per MD orders. Monitor for signs of acute respiratory insufficiency: anxiety, confusion, restlessness, shortness of breath at rest, cyanosis, somnolence. R2 requires oxygen therapy secondary to respiratory failure and chronic obstructive pulmonary disease. Adjust oxygen to maintain saturation within adequate parameters (no parameters given). Administer oxygen per MD orders. Monitor for changes in respiratory status. Report any acute changes to MD. Monitor for signs and symptoms of respiratory distress and report to MD as needed. Respirations, pulse oximetry, increased heart rate, restlessness, diaphoresis, headaches, lethargy, confusion, atelectasis, hemoptysis, cough, pleuritic pain, accessory muscle usage, and skin color.</p> <p>The Nurse's Notes, dated 3/15/24 for R2 showed, at 12:55 AM, receiving oxygen at 3 liters per nasal cannula; head of bed elevated to prevent shortness of breath. At 6:34 AM resident was diagnosed with pneumonia on 3/14/24 by chest x-ray. Resident was started on levofloxacin 500 mg per day and received the first dose last night. Resident on 3 liters oxygen continuously by nasal cannula. Resident oxygen saturations monitored at 2:30 AM and (oxygen) saturation was 93% on 3 liters; upon next round at 4:00 AM resident saturation was 88% and resident was given breathing treatment. Resident's head was lowered to change her adult brief and resident's saturation dropped to 77%. Resident oxygen temporarily increased to 5 liters and oxygen saturation increased back up to 88%. There was not a complete assessment documented or notification to the doctor of a change in condition when R2's oxygen saturations started to drop, continued to stay lower than normal, and oxygen was increased to 5 liters.</p> <p>The Resident's Vitals Record for R2, dated 3/15/24, showed at 2:29 AM, her oxygen saturation was 93% (no liters of oxygen documented). At 6:05 AM, R2 was 88 % on 5 liters of oxygen per nasal cannula. At 8:34 AM, R2's oxygen saturation was 84% (no liters of oxygen documented).</p> <p>The Change in Condition Evaluation form completed and dated 3/15/24 at 8:32 AM (4.5 hours after her initial change in condition) showed, Respiratory evaluation - other respiratory changes. Specify other: pneumonia. The assessment did not include if there was shortness of breath present or lung sounds.</p> <p>The Transfer Form completed by V12, RN (Registered Nurse), and dated 3/15/24 at 8:38 AM for R2 showed R2 was sent to the hospital on 3/15/24 at 8:25 AM for respiratory arrest. Pulse 102, respirations 20, oxygen saturation 84% via nasal cannula. Devices/treatments: oxygen at 6 liters per minute by nasal cannula/mask.</p> <p>The Nurse's Note written by V12, RN, and dated 3/15/24 at 1:53 PM for R2 showed resident oxygen saturation dropped to the low 80's while on 6 liters of oxygen with a continuous pulse oximeter on. R2 was sent to the emergency room .</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>The Emergency Department Provider Note, dated 3/15/24 for R2 showed, (R2) .presents with altered mental status. The patient currently resides at a nursing home. The paramedics state the patient was noted to be altered over the past two days. The patient was noted to be hypoxic on room air today. As such, she has been transferred to the ED (emergency department) for evaluation. On arrival to the ED, the patient was in severe respiratory distress, with altered mental status, and unable to provide a medical history. Physical exam: blood pressure 143/46; pulse 124; temperature 102.7 degrees Fahrenheit; respiratory rate 38. Pulmonary: tachypnea, accessory muscle usage and respiratory distress present. Decreased breath sounds present. Neurological: she is unresponsive. Medical decision-making: On arrival the patient was unresponsive, hypoxic and in respiratory failure. As such, the patient was emergently intubated.</p> <p>On 4/26/24 at 11:57 AM, V13, RN, stated shortly before R2 went to the hospital, her oxygen saturation dropped some, so he bumped her up while he tried to contact the doctor. V13 stated R2 was maintaining her oxygen saturation in range, his shift ended, and another nurse came in. V13 stated if R2's baseline oxygen saturation was in the mid 90's on 3-4 liters and she dropped to 88%, that would be a change in condition for the resident. V13 stated he would have called the doctor. V13 stated he normally documents he contacted the doctor or that the doctor was contacted. V13 stated R2 was alert and talking to him.</p> <p>On 4/26/24 at 11:37 AM, V12, RN, stated she received report at 6:00 AM on 3/15/24 from V13, RN, who told her R2 had been diagnosed with pneumonia and was maintaining her oxygen saturation. V12 stated V13 told her he bumped up R2's oxygen to maintain her oxygen saturation at 88%. V12 stated V13 said he had put a continuous pulse oximeter on R2 because she had been de-satting (oxygen saturation level was dropping). V12 stated R2 de-satted quickly later. V12 stated after she spoke to the doctor, she put R2 on 6 liters. V12 stated she was told by the physician to send R2 out. V12 stated they have to follow the phsycians orders for oxygen. V12 was not sure if having an oxygen saturation of 88%-92% for someone with chronic obstructive pulmonary disease was in the policy or not. V12 stated she did not remember if she wrote the order from the doctor to increase R2's oxygen to 6 liters or not.</p> <p>On 4/26/24 at 12:20 PM, V11, NP (Pulmonology Nurse Practitioner), stated R2's baseline oxygen saturation was 93% - 96% on 3 liters of oxygen. V11 stated R2 's oxygen saturation of 88% on 5 liters of oxygen would be a change in condition for her, and the provider should be updated. V11 stated if the nurse could not titrate the oxygen back down and go to R2's basline oxygen saturation, that should be relayed to the provider. If R2 needed more oxygen and was at 6 liters then R2 needed to be sent out; she was unstable. V11 stated if they knew R2 had severe chronic obstructive pulmonary disease, had pneumonia, and needed an increase in oxygen, then the provider should have been notified right away</p> <p>On 4/26/24 at 1:54 PM, V15, CNA (Certified Nursing Assistant), stated R2 was not her resident on the day she was sent out, but she helped the other CNA with her. R2 was breathing heavily, had her oxygen on, and a full oxygen tank next to her that was working. V15 stated they reported it to the nurse.</p> <p>(continued on next page)</p>		

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