

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145419	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/03/2025
NAME OF PROVIDER OR SUPPLIER  Bria of Elmwood Park		STREET ADDRESS, CITY, STATE, ZIP CODE  7733 West Grand Avenue Elmwood Park, IL 60707	

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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to organize and participate in resident/family groups in the facility.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51084</b></p> <p>Based on observation, interview, and record review the facility failed to implement a grievance council that addresses residents' complaints to voice and resolve concerns of food quality. This failure affected four residents (R71, R81, R99 and R107) out of a total sample size of 30 and has the potential to affect 128 of 150 residents residing in the facility.</p> <p>Findings include:</p> <p>R71 is a [AGE] year-old male resident with diagnoses including but not limited to major depressive disorder, recurrent, mild; other sequelae of cerebral infarct and memory deficit following cerebral infarction.</p> <p>Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 15 which indicates R71's cognition is intact.</p> <p>R81 is a [AGE] year-old female resident with diagnoses including but not limited to chronic respiratory failure, unspecified whether with hypoxia or hypercapnia; schizoaffective disorder, unspecified; anxiety disorder, unspecified; tracheostomy status.</p> <p>Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 15 which indicates R81's cognition is intact.</p> <p>R99 is a [AGE] year-old female resident diagnoses including but not limited to morbid (severe) obesity due to excess calories; obstructive sleep apnea; adjustment disorder with depressed mood.</p> <p>Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 15 which indicates R99's cognition is intact.</p> <p>R107 is a [AGE] year-old male resident with diagnoses including but not limited to generalized anxiety disorder; chronic pain syndrome; chronic respiratory failure, unspecified whether with hypoxia or hypercapnia.</p> <p>Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 14, which indicates that R107's cognition is intact.</p> <p>Per facility census of 150, 22 residents receive tube feeds. 128 of residents receive meal trays.</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 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/28/25 at 01:19 PM surveyor attended resident council meeting with 11 members present and verbal. R71, R81, R99 and R107 stated, the food is horrible. Some food comes in uncooked, some food cold. The food is garbage. When we ask for alternatives, we get told it's not in the budget.</p> <p>On 01/28/25 at 01:25PM PM R71, R81, R99 and R107 stated that the grievance committee does not address their concerns.</p> <p>On 01/29/25 at 10:42 AM R81 stated, we have complained to V14 (Dietary Manager). We tell her that our food is cold, not properly cooked and it doesn't taste right. It tastes bland. V14 says she will try to do better, and she has been trying to do better. Somethings have been better. The tacos are tasting better. We go down to the kitchen to tell her.</p> <p>On 01/29/25 at 10:49 AM R107 stated, I complain to V14 that the food is no good. I go down to the kitchen to tell her. She says it is what is ordered. Sometimes the food is alright. For breakfast they only send eggs and oatmeal.</p> <p>On 01/29/25 at 10:51 AM R71 stated, I complain to V14 in the kitchen. I tell her that the food is not like it used to be. I think her hands are basically tied. I don't think there's anything she can do.</p> <p>On 01/29/25 at 10:57 AM R99 stated, that I complain to V14 in the kitchen. I tell her the food is cold and food is not properly cooked, not all the time. The food used to be good when I first came here. They used to have hot plates. She usually says I'll see what I can do.</p> <p>On 01/29/25 at 11:02 AM V14 (Dietary Manager), stated I have worked here for [AGE] years, (1 1/2 years with [NAME]). My response is when they complain about the food, I always offer them a substitute or a new plate. Most of the time they accept the offer. The majority always asks for a substitute. If they complain that the food is cold, we offer them a new plate or we warm it up. I have never seen the food not properly cooked. Sometimes it is properly cooked to their liking like hamburgers. I have notified social service, administration and the floor managers.</p> <p>On 01/28/25 at 02:50 PM V9 (Medical Director) stated, resident's concerns must be addressed. Food concerns must be brought to the food manager.</p> <p>V9 stated, he had not been made aware of resident council with complaints of grievance committee not addressing their complaints. I don't know of any specific concerns. However, any resident concerns must be addressed. For food related concerns they must talk to the food manager to address the specific food related issues. For linens not being cleaned properly it should be addressed by the laundry department; every facility must provide clean linens. If staff is being rude, they must do in-service. The patient is always right. Sometimes when we have QAPI, we do discuss the concerns that are brought up in Resident councils. For example, residents' concerns about being allowed to go out. We do get social service involved.</p> <p>On 01/29/25 at 02:09 PM V18 (Social Service Director) stated, I have been here for 2 years, have been SSD for less than a year. Grievances and concerns are addressed by social service. The residents and social service completes a form. I haven't gotten any complaints of food not being well prepared. Depending on what the complaint or grievance is, social service brings it directly to the department and have the director of the department address the complaint directly.</p> <p>(continued on next page)</p>		

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<p>F 0565</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/29/25 at 12:43 PM surveyors proceeded to the kitchen to do a test tray. Observations upon entering the kitchen was that the last cart in kitchen with door wide open while waiting for the rest of food trays and test tray to be prepared. Portions of meat appeared to be less than 2 oz. Facility ran out of meat and subbed with burgers which were still cooking. V14 stated, I portioned and weighed the meat slices myself and they were 2 oz.</p> <p>On 01/29/2025 at 1:05 PM Test tray was started. Burgers' temperature was 105 degrees Fahrenheit, mashed potatoes were 150 degrees Fahrenheit, carrots were 130 degrees Fahrenheit. Final test end temperature for burgers was 105 degrees Fahrenheit, mashed potatoes 105 degrees Fahrenheit, carrots 98 degrees Fahrenheit. V14 did not know the proper serving temp for food safety, said its what's palatable for the resident. Asked if there was a certain temperature for the food to be served, V14, again, repeated same response.</p> <p>Review of the Grievance Policy and Procedure (1/22/2018) revealed in part the following:</p> <p>483.10(j)(2) The resident has the right to and the facility must make prompt efforts by the facility to resolve grievances the resident may have, in accordance with this paragraph.</p> <p>483.10(j)(3) The facility must make information on how to file a grievance or complaint available to the resident.</p> <p>483.10(j)(4) The facility must establish a grievance policy to ensure the prompt resolution of all grievances regarding the residents' rights contained in this paragraph. Upon request, the provider must give a copy of the grievance policy to the resident.</p> <p>Procedure</p> <p>2. The appropriate staff will meet with the complainant to discuss the nature of the complaint and will act promptly to resolve the matter to the resident or representative's satisfaction. If the person voicing the grievance is not satisfied with the facility's response, the issue will be reviewed by administration and may be considered at the next Department Head or Quality Assurance/Quality Improvement Meeting. Administration may revisit the issue to resolve the matter to a satisfactory conclusion.</p> <p>This failure has the potential to affect all 128 residents who receive meal trays from the facility's kitchen.</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46066</b></p> <p>Based on interviews and record review, the facility failed to ensure care and services were provided in accordance with professional standards of practice for a resident who was experiencing a change in condition for 4 of 4 (R61, R67, R79, R149) of residents reviewed for services provided to meet professional standards in the sample of 58. This failure resulted in R61's unnecessarily prolonged physical distress and anxiety lasting until the resident made arrangements to be taken to the hospital, where she was diagnosed with pneumonia and influenza A</p> <p>Findings include:</p> <p>1. R61 is a [AGE] year-old female with medical diagnoses listed in part, but not limited to chronic obstructive pulmonary disease (COPD); acute respiratory failure with hypoxia; asthma; influenza due to identified novel influenza A virus with other respiratory manifestations; narcolepsy; morbid obesity; and adjustment disorder with anxiety.</p> <p>On 01/29/2025 at 11:30 AM, R61 said that on 01/12/2025, sometime during the night, she began feeling bad, physically. R61 said she felt very drowsy and was coughing a lot of phlegm, making it hard for her to breath. R61 said she, then, decided she needed to go to the emergency room of the local hospital; so, she asked the nurse on duty to call 911 on her behalf. R61 said she did not remember the name of the nurse she spoke to, but the nurse told her she was not going to call 911 for her because there was nothing wrong with her, and she could get treated at the facility. R61 also said that the following morning, she did not feel any better; so, she asked the same nurse to call 911, and, again, she told her, No. R61 added that the nurse told her she had no coughing medicine prescribed, so, she would have to wait until the doctor ordered it for her. R61 said she, then, fell asleep, and when she woke up, she let V24 (Family Member) know that she wanted to go to the hospital because she felt bad; so, she, eventually, called 911, herself, on 01/13/2025 and was taken to the local hospital. Lastly, R61 said V24 called the facility, and spoke with V2 (Director of Nursing), adding that V24 told her V2 didn't know what to say, and that V2 told V24 V2 would speak to the nurses at the facility but the nurses did what they wanted to do.</p> <p>On 01/29/2025 at 1:01 PM, V2 said R61 was complaining of knee pain on 01/13/2025 and requested to go out. V2 said R61 was given pain medication. V2 said that R61 called 911 all the time, and that the facility was warned R61, and the facility would be cited and fined for line abuse in the future. V2 said that when R61 called 911 on 01/13/2025, there was no reason for her to be sent out. V2 said she did not know how long R61 stayed at the hospital but that she tested positive for the flu while there. V2 said there were no new medications prescribed for R61 while at the hospital. V2 said she was unaware of any other medical concerns for R61, other than having the flu. Lastly, V2 said the facility staff did not share with her any concerns R61 had on 01/13/2025 about her health.</p> <p>On 01/29/2025 at 3:18 PM, V2 said R61 called 911 because she preferred having therapy at the hospital.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Per a progress note found in R61's electronic health record and dated 01/13/2025 at 7:37 PM, by V19 (LPN), R61 complained of body pain; V19 gave R61 Acetaminophen 650 mg at 6:30 PM; at approximately 6:40 PM, staff notified V19 that R61 was in her bedroom on the phone with 911; the fire department arrived at 6:50 PM; proper paperwork was given to the team lead; R61 was alert times four; R61 was being transferred to the local hospital via a stretcher; and V19 informed the nurse supervisor on duty.</p> <p>Per progress note found in R61's electronic health record and dated 01/14/2025 at 7:16 AM, by V25 (LPN), V25 noted to have spoken with a staff member at the local hospital where R61 was taken to the hospital, and was told R61 had been admitted with pneumonia due to infectious organisms and had tested positive for the flu.</p> <p>Per a progress note found in R61's electronic health record and dated 01/15/2025 at 10:36 PM, R61 arrived back to the facility in stable condition via a private ambulance and was placed on isolation precautions for influenza.</p> <p>Per R61's electronic health record, no documentation of a head-to-toe physical assessment performed on R61, either on 01/12/2025 or 01/13/2025 was found. Also, no documentation of R61 complaining of knee pain on 01/13/2025, as stated by V2, was found. The only documentation found of an R61 complaint was the progress note by V19 on 01/13/2025 that stated R61 complained of body pain.</p> <p>Per R61's hospital discharge documents dated 01/15/2025, two new medications were prescribed for R61 at the hospital; the antibiotic Cefuroxime 500 mg tablet, one tablet by mouth two times daily for five days; and Oseltamivir 75 mg capsule, one capsule by mouth every twelve hours for four days. Per R61's January 2025 medication administration record, Cefuroxime 500 mg was given to R61 twice per day from 01/16/2025 to 01/20/2025 and Oseltamivir 75 mg was given to R61 twice per day from 01/16/2025 to 01/19/2025.</p> <p>The facility Registered Nurse/Licensed Practical Nurse job description reads in part, Essential Duties: Recognize significant changes in the condition of residents and take necessary action.</p> <p>2. R67 is a [AGE] year old female admitted to the facility on [DATE] with diagnosis including but not limited to Chronic Respiratory Failure, Nontraumatic Intracranial Hemorrhage, Dysphasia following Nontraumatic Intracerebral Hemorrhage, Neurocognitive Disorder with Lewy Body; Encounter for Attention to Tracheostomy, and Quadriplegia.</p> <p>R67's physician order dated 10/06/2024 reads in part, Tracheostomy tube Portex 6.</p> <p>R67's physician order dated 12/04/2024 reads in part, Oxygen: TP/TC 40% FiO2.</p> <p>R79 is a [AGE] year old female admitted to the facility on [DATE] with diagnosis including but not limited to Chronic Respiratory Failure with Hypoxia, Dysphasia following Cerebral Infarction, Tracheostomy Status, Dementia, Encephalopathy, Generalized Anxiety Disorder, and Anoxic Brain Damage.</p> <p>R79's physician order dated 12/13/2024 reads in part, TRACH: Other: Flex cuffless, SIZE: 6.</p> <p>R79's physician order dated 12/13/2024 reads in part, Oxygen: Trach collar 40%.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R149 is a [AGE] year old male admitted to the facility on [DATE] with diagnosis including but not limited to Respiratory Failure, Chronic Obstructive Respiratory Disease, Heart Failure, Epilepsy, Tracheostomy Status, and Anemia.</p> <p>R149's physician order dated 01/24/2025 reads in part, Trach: Shiley, Size: 6 FLEX.</p> <p>R149's physician order dated 01/24/2025 reads in part, VENTILATOR SETTINGS: Mode: A/C, Rate: 14 Tidal Volume: 450, PEEP: 5, FIO2: 40, Continuous? Yes.</p> <p>On 01/27/25 at 11:43 AM V4 (Respiratory Therapy Director) said, It's me and another staff, she's a student, working today (on the respiratory unit). There are 20 residents, 19 have been assessed as needing respiratory therapist attention. V5 (Respiratory Technician/Student) is not a student, but she is not certified yet. Some of our tasks, respiratory therapist, include suctioning, tracheostomy care, ventilator checks, assessments, responding to respiratory emergencies, and transporting tracheostomy dependent residents to the dialysis.</p> <p>On 01/27/25 at 12:07 PM Surveyor observed V5 (Respiratory Technician/Student) independently providing tracheostomy care to R149. V5 (Respiratory Technician/Student) said upon interview, I have 10 residents assigned to me today, in rooms 310-322. As a respiratory technician, I do assessments, tracheostomy care, I check vital signs, and I also give medications.</p> <p>On 01/27/25 at 01:37 PM Surveyor observed V5 (Respiratory Technician/Student) gathering tracheostomy care supplies and independently going into R79's room. Shortly after, upon leaving R79's room, V5 said, I just finish R79's tracheostomy care and will be giving medications, breathing treatment, to R67 next.</p> <p>On 01/27/25 at 01:40 PM V5 (Respiratory Technician/Student) said in the follow up interview, I've been working in the facility since January of 2022. At first, I was shadowing respiratory therapists to get my clinical experience; however, I have been working independently since January of 2023. I've always been a full-time employee. My assignment changes, essentially, I provide care to all residents on the respiratory unit. When I was initially hired (January of 2022), I wasn't told that I have to finish respiratory program within any time period. The facility administration recently started to push me to finish the program. I am supposed to graduate in June of 2025, and then I can register for the Certified Respiratory Therapist (CRT) test that will allow me to obtain my license. Upon observation, V5's employee badge does not designate V5 as a student.</p> <p>On 01/27/25 at 01:45 PM Surveyor observed V5 (Respiratory Technician/Student) independently administer medications consisted of breathing treatment to R67.</p> <p>On 01/28/2025 10:52 AM V6 (Human Resources Director) said, I facilitate process of new hire orientation, employee relations, and corrective actions in the facility. I also run background checks and check licenses (upon hire only) to make sure to make sure new hired staff gave active licenses but don't check after the initial check. I was not here when V5 (Respiratory Technician/Student) was hired (January of 2022). V5 does not have respiratory therapy license. I've been made aware when I started in October of 2024 of it by V4 (Respiratory Therapy Director). When V4 brought it to my attention, I didn't do anything. Knowing now, that V5 doesn't have a license, I'll have to go through regulations and make sure she's not practicing respiratory therapist duties if she's not a respiratory therapist.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/28/2025 at 11:05 AM V7 (Regional Respiratory Program Director) said, V5 (Respiratory Technician/Student) does not have respiratory therapy license. V5 was originally hired as a student. V5 was allowed to work as she's completing her study. V5 is assigned with a licensed respiratory therapist while she's on the duty, she has not been working independently. There is never a time when she's worked solely. A licensed respiratory therapist should be available to V5 for any reference. The supervising staff should be on the same unit but does not have to have direct eyesight on the individual. V5 only does routine respiratory care. We gave V5 time to obtain her license until June of 2025. V5 has been a student since January of 2022. V5 has been passing medication, completing assessments and monitor respiratory therapy dependent residents under licensed respiratory therapist supervision since then (01/2022). We've been monitoring and supervising V5 for approximately two years now. V5's job responsibility is respiratory therapist job, but she's not allowed to do ventilator set up, testing, and changes to ventilator setting. The respiratory therapist job description doesn't differentiate specific job duties limited to respiratory technician.</p> <p>On 01/28/2025 at 11:24 AM V1 (Administrator) said, Respiratory department is new to me. When I started (October 2024), I was made aware we have a student working and that she should be supervised by a licensed respiratory staff. Licensed respiratory staff has to work with her on the same unit. I don't know the acceptable time frame for unlicensed personnel to complete the school and obtain their license.</p> <p>On 01/28/2025 at 01:56 PM V9 (Medical Director) said, All direct patient care staff have to be licensed in order to provide patient care. Unless they are students. If direct patient care staff consist of students, they should be directly supervised, in the supervisor's presence, when performing their tasks. Students cannot provide direct care by themselves. Students should identify themselves as a student. The resident safety is the number one concerns if care by unlicensed staff. Even licensed staff makes mistake, nonetheless, unlicensed.</p> <p>On 01/28/2025 at 2:00 PM surveyor asked V6 (Human Resources Director) to present active respiratory therapy licenses for all active respiratory therapist working in the facility. Shortly after, V6 (HR Director) brought everyone's but V10 (Respiratory Technician/Student) and said, V10 was hired under the same conditions as V5 and does not have a respiratory therapy license.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 01/29/2025 at 11:42 AM V7 (Regional Respiratory Director), V6 (Human Resource Director) and V4 (Respiratory Therapy Director) should be checking credentials every 2 years when licenses are due to be renewed, and active licenses should be in an employee file. The agreement was to have V5 and V10 obtain their credentials upon graduation, [DATE] for V10 and June 2025 for V5. Their respiratory program is three years I think, normally, the respiratory program is two years. They go to the same school. Surveyor clarified, how are V5 and V10 competent to complete assigned tasks and make acute care decisions in the respiratory setting, V7 (Regional Respiratory Director) said, V5 and V10 had 1 on 1 orientation upon hire, they have competence checks and in-services provided in the facility, and direct observation by V4 (Respiratory Therapy Director). Surveyor asked to define student appropriate respiratory tasks, V7 (Regional Respiratory Director) said, V5 and V10 are both students, are their responsibilities are done under supervision and consist of: oral and tracheal suctioning, general resident assessment that includes vital signs, oxygen levels, responding to alarms, responding emergencies, providing care to tracheal stoma, which consist of cleaning stoma site, and changing the dressing; and reporting any changes to the therapist and/or the nurse who works with them. V5 and V10 cannot do ventilator set up, testing and changes to ventilator setting. When asked why it is inappropriate for V5 and V10 do ventilator set up, testing, and changes to ventilator setting, V7 (Regional Respiratory Director) said, I know the answer to your question; however, refused to answer the question.</p> <p>V5's (Respiratory Technician/Student) healthcare worker registry lists V5 as Technical, Unlicensed Health Care personnel.</p> <p>V10's (Respiratory Technician/Student) healthcare worker registry lists V10 as Technical, Unlicensed Health Care personnel.</p> <p>The facility Respiratory Therapist job description signed by V5 (Respiratory Technician) on 01/17/2022 reads in part, Qualification: 1. Graduate of an accredited Respiratory Therapy program; 2. Respiratory Therapist certification is listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing.</p> <p>The facility Respiratory Therapist job description signed by V10 (Respiratory Technician) on 04/27/2022 reads in part, Qualification: 1. Graduate of an accredited Respiratory Therapy program; 2. Respiratory Therapist certification is listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing.</p> <p>(continued on next page)</p>		

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F 0658  Level of Harm - Actual harm  Residents Affected - Few	<p>Respiratory Care Practice Act reads in part, The purpose of the Act is to protect and benefit the public by setting standards of qualifications, education, training, and experience for those who seek to obtain a license and hold the title of respiratory care practitioner, to promote high standards of professional performance for those licensed to practice respiratory care in the State of Illinois, and to protect the public from unprofessional conduct by persons licensed to practice respiratory care. Licensed means that which is required to hold oneself out as a respiratory care practitioner as defined in this Act. Proximate supervision means a situation in which an individual is responsible for directing the actions of another individual in the facility and is physically close enough to be readily available, if needed, by the supervised individual. Respiratory care education program means a course of academic study leading to eligibility for registry or certification in respiratory care. The training is to be approved by an accrediting agency recognized by the Board and shall include an evaluation of competence through a standardized testing mechanism that is determined by the Board to be both valid and reliable. Sec. 20. Restrictions and limitations. (a) No person shall, without a valid license as a respiratory care practitioner (i) hold himself or herself out to the public as a respiratory care practitioner; (ii) use the title respiratory care practitioner; or (iii) perform or offer to perform the duties of a respiratory care practitioner. Sec. 50. Qualifications for a license. (a) A person is qualified to be licensed as a licensed respiratory care practitioner, and the Department may issue a license authorizing the practice of respiratory care to an applicant who: (1) has applied in writing on the prescribed form and has paid the required fee; (2) has successfully completed a respiratory care training program approved by the Department; (3) has successfully passed an examination for the practice of respiratory care authorized by the Department, within 5 years of making application; and (4) has paid the fees required by this Act. A person may practice as a respiratory care practitioner if he or she has applied in writing to the Department in form and substance satisfactory to the Department for a license as a licensed respiratory care practitioner and has complied with all the provisions under this Section except for the passing of an examination to be eligible to receive such license, until the Department has made the decision that the applicant has failed to pass the next available examination authorized by the Department or has failed, without an approved excuse, to take the next available examination authorized by the Department or until the withdrawal of the application, but not to exceed 6 months. An applicant practicing professional registered respiratory care under this subsection (c) who passes the examination, however, may continue to practice under this subsection (c) until such time as he or she receives his or her license to practice or until the Department notifies him or her that the license has been denied. No applicant for licensure practicing under the provisions of this subsection (c) shall practice professional respiratory care except under the direct supervision of a licensed health care professional or authorized licensed personnel. In no instance shall any such applicant practice or be employed in any supervisory capacity.</p>		

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<p>F 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49740</b></p> <p>Based on interview and record review, the facility failed to timely assess and respond to a significant change in condition for 1 (R61) of 1 resident reviewed for acute medical changes from the sample of 58. This failure resulted in the delay of care to send the resident to the emergency department, failure to assess the resident's medical condition after pleas for hospitalization , resulting in prolonged physical distress, pain, and anxiety for nineteen hours, after which she was admitted for pneumonia and influenza.</p> <p>Findings include:</p> <p>R61 is a [AGE] year-old female with medical diagnoses listed in part, but not limited to chronic obstructive pulmonary disease (COPD); acute respiratory failure with hypoxia; asthma; and influenza due to identified novel influenza A virus with other respiratory manifestations.</p> <p>On 01/29/2025, during interview, at 11:30 AM: R61 said that on 01/12/2025, at about 11:00 PM, she began feeling bad, physically. R61 said she felt very drowsy and was coughing up a lot of phlegm, making it hard for her to breath. R61 said it was then that she decided she needed to go to the emergency room of the local hospital; so, she asked the nurse on duty to call 911 on her behalf. R61 said she did not remember the name of the nurse she spoke to, but the nurse told her she was not going to call 911 for her because there was nothing wrong with her, and she could get treated at the facility. R61 also said that the following morning, she did not feel any better; so, she asked the same nurse to call 911, and, again, she told her, No. R61 added that the nurse told her she had no cough medicine prescribed, so, she would have to wait until the doctor ordered it for her. R61 said she, fell asleep, and when she woke up, she let V24 (Family Member) know that she wanted to go to the hospital because she did not feel well; so, she, eventually, called 911, herself, on 01/13/2025 and was taken to the local hospital. R61 said that V24 called the facility and spoke to V2 (DON) who told her that the facility nurses always did what they wanted to do.</p> <p>On 01/29/2025 at 1:01 PM, V2 said R61 was given pain medication, and that the resident called 911 all the time; so, the facility was warned by the local emergency services they would be fined for abusing 911 services. V2 added that when R61 called 911 on 01/13/2024, there was no reason for her to be sent out, and that her staff did not inform her of R61's health concerns or need for urgent medical care.</p> <p>Progress note dated 01/13/2025 at 7:37 PM by V19 (LPN), noted R61 complained of body pain; V19 gave R61 Acetaminophen 650 mg at 6:30 PM; at approximately 6:40 PM, staff notified V19 that R61 was in her bedroom on the phone with 911; the fire department arrived at 6:50 PM; proper paperwork was given to the team lead; R61 was alert times four; R61 was being transferred to the local hospital via a stretcher; and V19 informed the nurse supervisor on duty.</p> <p>Surveyor made several calls to a phone number provided by the facility to interview V19, but there was no reply. Message was also left, with no response.</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>Progress note dated 01/14/2025 at 7:16 AM by V25 (LPN) noted V25 spoke with a staff member at the local hospital where R61 was taken and was told R61 had been admitted with pneumonia due to infectious organisms and had tested positive for the flu.</p> <p>Progress note dated 01/15/2025 at 10:36 PM noted R61 arrived back to the facility in stable condition via a private ambulance and was placed on isolation precautions for influenza.</p> <p>R61's electronic health record revealed no documentation of a head-to-toe physical assessment performed on R61, either on 01/12/2025 or 01/13/2025 by the facility staff. Also, no documentation of R61 complaining of knee pain on 01/13/2025, as stated by V2, was found. The only documentation found of an R61 complaint was the progress note by V19 on 01/13/2025 that stated R61 complained of body pain.</p> <p>R61's hospital discharge papers dated 01/15/2025, noted two new medications were prescribed for R61 at the hospital; the antibiotic Cefuroxime 500 mg tablet, one tablet by mouth two times daily for five days; and Oseltamivir 75 mg capsule, one capsule by mouth every twelve hours for four days. R61's January 2025 medication administration record showed Cefuroxime 500 mg was given to R61 twice per day from 01/16/2025 to 01/20/2025 and Oseltamivir 75 mg was given to R61 twice per day from 01/16/2025 to 01/19/2025.</p> <p>R61's care plan, dated 01/09/2025, noted one focus addressed R61's potential risk for difficulty in breathing related to COPD, asthma, and respiratory failure. The care plan goal stated respiratory symptoms would be managed through the next review. The intervention stated among other things, that the nursing staff would monitor R61 for lung sounds and assess respiratory status. No documentation of monitoring for lung sounds or assessment of respiratory status was found for 01/12/2025 or 01/13/2025 in R62's electronic health record.</p> <p>The facility's Change in Resident Condition policy, last reviewed October 2024, stated, Nursing will notify the resident's physician or nurse practitioner when there is a significant change in the resident's physical, mental or emotional status. No documentation was found in R61's electronic health record indicating the nursing staff assessed R61 after she told them she was not feeling well on 01/12/2025 and 01/13/2025, nor was any documentation found indicating the facility notified R61's physician or nurse practitioner of her change in condition.</p> <p>R61's antibiotic therapy evaluation, dated 01/18/2025, stated R61's reason for antibiotic therapy was lower respiratory infection (Pneumonia, Bronchitis), with cough and congestion as the signs and symptoms. This documentation confirmed that R61 had a reasonable expectation for requesting help from the facility staff, prior to calling 911 herself to be evaluated for emergent intervention on 01/13/2025. Prior calls to 911 from R61 should not deter the staff from performing a physical assessment, including monitoring R61 for lung sounds and assessing respiratory status to confirm an emergent situation; and notifying the physician regarding a change of condition as per the facility policy and R61's care plan, which provides for her present diagnosis of chronic obstructive pulmonary disease; acute respiratory failure with hypoxia; and asthma.</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46066</b></p> <p>Based on observations, interviews, and record review, the facility failed to provide a credentialed certified respiratory staff, as required by state law, to perform respiratory assessment, treatment, and monitoring for residents requiring respiratory care for 3 of 19 (R67, R79, R149) residents reviewed for respiratory care in the sample of 58.</p> <p>The Immediate Jeopardy began on 01/27/2025 at 12:07 PM when V5 (Respiratory Technician/Student) was observed independently providing tracheostomy care to R149. V1 (Administrator) was notified on 01/29/2025 at 03:12 PM of the Immediate Jeopardy. The facility presented an acceptable removal plan, and the immediacy was removed on 02/03/2025 The surveyor conducted onsite investigation on 02/03/2025 to confirm the removal plan was implemented. V1 (Administrator) was informed that the Immediate Jeopardy was removed on 02/03/2025.</p> <p>Findings include:</p> <p>R67 is a [AGE] year old female admitted to the facility on [DATE] with diagnosis including but not limited to Chronic Respiratory Failure, Nontraumatic Intracranial Hemorrhage, Dysphasia following Nontraumatic Intracerebral Hemorrhage, Neurocognitive Disorder with Lewy Body; Encounter for Attention to Tracheostomy, and Quadriplegia.</p> <p>R67's physician order dated 10/06/2024 reads in part, Tracheostomy tube Portex 6.</p> <p>R67's physician order dated 12/04/2024 reads in part, Oxygen: TP/TC 40% FIO2.</p> <p>R79 is a [AGE] year old female admitted to the facility on [DATE] with diagnosis including but not limited to Chronic Respiratory Failure with Hypoxia, Dysphasia following Cerebral Infarction, Tracheostomy Status, Dementia, Encephalopathy, Generalized Anxiety Disorder, and Anoxic Brain Damage.</p> <p>R79's physician order dated 12/13/2024 reads in part, TRACH: Other: Flex cuffless, SIZE: 6.</p> <p>R79's physician order dated 12/13/2024 reads in part, Oxygen: Trach collar 40%.</p> <p>R149 is a [AGE] year old male admitted to the facility on [DATE] with diagnosis including but not limited to Respiratory Failure, Chronic Obstructive Respiratory Disease, Heart Failure, Epilepsy, Tracheostomy Status, and Anemia.</p> <p>R149's physician order dated 01/24/2025 reads in part, Trach: Shiley, Size: 6 FLEX.</p> <p>R149's physician order dated 01/24/2025 reads in part, VENTILATOR SETTINGS: Mode: A/C, Rate: 14 Tidal Volume: 450, PEEP: 5, FIO2: 40, Continuous? Yes.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 01/27/25 at 11:43 AM V4 (Respiratory Therapy Director) said, It's me and another staff, she's a student, working today (on the respiratory unit). There are 20 residents, 19 have been assessed as needing respiratory therapist attention. V5 (Respiratory Technician/Student) is not a student, but she is not certified yet. Some of our tasks, respiratory therapist, include suctioning, tracheostomy care, ventilator checks, assessments, responding to respiratory emergencies, and transporting tracheostomy dependent residents to the dialysis.</p> <p>On 01/27/25 at 12:07 PM Surveyor observed V5 (Respiratory Technician/Student) independently providing tracheostomy care to R149. V5 (Respiratory Technician/Student) said upon interview, I have 10 residents assigned to me today, in rooms 310-322. As a respiratory technician, I do assessments, tracheostomy care, I check vital signs, and I also give medications.</p> <p>On 01/27/25 at 01:37 PM Surveyor observed V5 (Respiratory Technician/Student) gathering tracheostomy care supplies and independently going into R79's room. Shortly after, upon leaving R79's room, V5 said, I just finish R79's tracheostomy care and will be giving medications, breathing treatment, to R67 next.</p> <p>On 01/27/25 at 01:40 PM V5 (Respiratory Technician/Student) said in the follow up interview, I've been working in the facility since January of 2022. At first, I was shadowing respiratory therapists to get my clinical experience; however, I have been working independently since January of 2023. I've always been a full-time employee. My assignment changes, essentially, I provide care to all residents on the respiratory unit. When I was initially hired (January of 2022), I wasn't told that I have to finish respiratory program within any time period. The facility administration recently started to push me to finish the program. I am supposed to graduate in June of 2025, and then I can register for the Certified Respiratory Therapist (CRT) test that will allow me to obtain my license. Upon observation, V5's employee badge does not designate V5 as a student.</p> <p>On 01/27/25 at 01:45 PM Surveyor observed V5 (Respiratory Technician/Student) independently administer medications consisted of breathing treatment to R67.</p> <p>R67's physician order dated 12/04/2024 reads in part, IPRATR/ALBUT 0.5MG-3MG/3ML NEB 3 ml via trach every 8 hours related to CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA.</p> <p>On 01/27/25 at 02:09 PM V4 (Respiratory Therapy Director) said in the follow up interview, The condition given to V5 (Respiratory Technician/Student) was 6 to 12 months to obtain the credentials to get respiratory certification, but it is not documented. The requirement to work in the facility as a respiratory therapist, is to have an active license. V5 hasn't obtained her license yet. I think she finished the respiratory program in December of 2024 but won't graduate until May of 2025, so there is no documentation to confirm that. There are no limitations as to what tasks V5 can perform as a respiratory staff at this point, V5 can do everything that's listed under respiratory therapist job description, such as assessments, tracheostomy care, and medication administration. V5 works independently and does not require supervision while completing her tasks.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 01/28/2025 10:52 AM V6 (Human Resources Director) said, I facilitate process of new hire orientation, employee relations, and corrective actions in the facility. I also run background checks and check licenses (upon hire only) to make sure to make sure new hired staff gave active licenses but don't check after the initial check. I was not here when V5 (Respiratory Technician/Student) was hired (January of 2022). V5 does not have respiratory therapy license. I've been made aware when I started in October of 2024 of it by V4 (Respiratory Therapy Director). When V4 brought it to my attention, I didn't do anything. Knowing now, that V5 doesn't have a license, I'll have to go through regulations and make sure she's not practicing respiratory therapist duties if she's not a respiratory therapist.</p> <p>On 01/28/2025 at 11:05 AM V7 (Regional Respiratory Program Director) said, V5 (Respiratory Technician/Student) does not have respiratory therapy license. V5 was originally hired as a student. V5 was allowed to work as she's completing her study. V5 is assigned with a licensed respiratory therapist while she's on the duty, she has not been working independently. There is never a time when she's worked solely. A licensed respiratory therapist should be available to V5 for any reference. The supervising staff should be on the same unit but does not have to have direct eyesight on the individual. V5 only does routine respiratory care. We gave V5 time to obtain her license until June of 2025. V5 has been a student since January of 2022. V5 has been passing medication, completing assessments and monitor respiratory therapy dependent residents under licensed respiratory therapist supervision since then (01/2022). We've been monitoring and supervising V5 for approximately two years now. V5's job responsibility is respiratory therapist job, but she's not allowed to do ventilator set up, testing, and changes to ventilator setting. The respiratory therapist job description doesn't differentiate specific job duties limited to respiratory technician.</p> <p>On 01/28/2025 at 11:24 AM V1 (Administrator) said, Respiratory department is new to me. When I started (October 2024), I was made aware we have a student working and that she should be supervised by a licensed respiratory staff. Licensed respiratory staff has to work with her on the same unit. I don't know the acceptable time frame for unlicensed personnel to complete the school and obtain their license.</p> <p>On 01/28/2025 at 1:27 PM In the follow up interview V1 (Administration) said, I was told that we need two respiratory therapists for each 12 hour shift. V5 is counted as one of the two respiratory therapists needed on the shift.</p> <p>On 01/28/2025 at 1:55 PM V7 (Regional Respiratory Program Director) said in the follow up interview, There is no particular calculation to come up with respiratory therapist to resident ratio, but we keep it under 1:14, so 1 respiratory therapist to 14 residents. The ratio was created by the company, but there is no federal or state standard for that. It seems reasonable.</p> <p>On 01/28/2025 at 01:56 PM V9 (Medical Director) said, All direct patient care staff have to be licensed in order to provide patient care. Unless they are students. If direct patient care staff consist of students, they should be directly supervised, in the supervisor's presence, when performing their tasks. Students cannot provide direct care by themselves. Students should identify themselves as a student. The resident safety is the number one concerns if care by unlicensed staff. Even licensed staff makes mistake, nonetheless, unlicensed.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 01/28/2025 at 2:00 PM surveyor asked V6 (Human Resources Director) to present active respiratory therapy licenses for all active respiratory therapist working in the facility. Shortly after, V6 (HR Director) brought everyone's but V10 (Respiratory Technician/Student) and said, V10 was hired under the same conditions as V5 and does not have a respiratory therapy license.</p> <p>On 01/29/2025 at 11:42 AM V7 (Regional Respiratory Director), V6 (Human Resource Director) and V4 (Respiratory Therapy Director) should be checking credentials every 2 years when licenses are due to be renewed, and active licenses should be in an employee file. The agreement was to have V5 and V10 obtain their credentials upon graduation, [DATE] for V10 and June 2025 for V5. Their respiratory program is three years I think, normally, the respiratory program is two years. They go to the same school. Surveyor clarified, how are V5 and V10 competent to complete assigned tasks and make acute care decisions in the respiratory setting, V7 (Regional Respiratory Director) said, V5 and V10 had 1 on 1 orientation upon hire, they have competence checks and in-services provided in the facility, and direct observation by V4 (Respiratory Therapy Director). Surveyor asked to define student appropriate respiratory tasks, V7 (Regional Respiratory Director) said, V5 and V10 are both students, are their responsibilities are done under supervision and consist of: oral and tracheal suctioning, general resident assessment that includes vital signs, oxygen levels, responding to alarms, responding emergencies, providing care to tracheal stoma, which consist of cleaning stoma site, and changing the dressing; and reporting any changes to the therapist and/or the nurse who works with them. V5 and V10 cannot do ventilator set up, testing and changes to ventilator setting. When asked why it is inappropriate for V5 and V10 do ventilator set up, testing, and changes to ventilator setting, V7 (Regional Respiratory Director) said, I know the answer to your question; however, refused to answer the question.</p> <p>V5's (Respiratory Technician/Student) most recent competency check done 09/23/2022 and most recent in-service done 03/16/2024. Neither training differentiates V5 as a student.</p> <p>V10's (Respiratory Technician/Student) most recent competency check done 01/25/2024 and most recent in-service done 03/08/2024. Neither training differentiates V10 as a student.</p> <p>R67's ventilator administration record dated 01/01/2025 to 01/27/2025 shows V5 (Respiratory Technician/Student) and V10 (Respiratory Technician/Student) completing respiratory assessment, treatment, and monitoring multiple times within the above time interval.</p> <p>R79's ventilator administration record dated 01/01/2025 to 01/30/2025 shows V5 (Respiratory Technician/Student) and V10 (Respiratory Technician/Student) completing respiratory assessment, treatment, and monitoring multiple times within the above time interval.</p> <p>R149's ventilator administration record dated 01/01/2025 to 01/30/2025 does not show observed tracheostomy care performed on 01/27/25 at 12:07 PM by V5 (Respiratory Technician/Student).</p> <p>Per electronic medical record legend, V5's initials are vc99, V10's initials are it13.</p> <p>R67's ventilator/aerosol flowsheets dated 01/01/2025, 01/07/2025, 01/10/2025, 01/13/2025, 01/16/2025, 01/19/2025, 01/21/2025, 01/24/2025, and 01/27/2025 show V5 (Respiratory Technician/Student) performing ventilator setting checks, providing tracheostomy care, completing respiratory assessment, and suctioning.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R67's ventilator/aerosol flowsheets dated 01/10/2025, 01/11/2025, 01/18/2025, and 01/24/2025 show V10 (Respiratory Technician/Student) performing ventilator setting checks, providing tracheostomy care, completing respiratory assessment, and suctioning.</p> <p>R79's ventilator/aerosol flowsheets dated 01/01/2025, 01/05/2025, 01/13/2025, 01/16/2025, 01/18/2025, 01/19/2025, 01/21/2025, 01/24/2025, 01/26/2025, and 01/27/2025 show V5 (Respiratory Technician/Student) performing ventilator setting checks, providing tracheostomy care, completing respiratory assessment, and suctioning.</p> <p>R79's ventilator/aerosol flowsheets dated 01/10/2025, 01/11/2025, 01/18/2025, and 01/24/2025 show V10 (Respiratory Technician/Student) performing ventilator setting checks, providing tracheostomy care, completing respiratory assessment, and suctioning.</p> <p>R149's ventilator/aerosol flowsheets dated 01/01/2025, 01/04/2025, 01/05/2025, 01/07/2025, 01/10/2025, 01/13/2025, 01/16/2025, 01/25/2025, 01/26/2025, and 01/27/2025 show V5 (Respiratory Technician/Student) performing ventilator setting checks, providing tracheostomy care, completing respiratory assessment, and suctioning.</p> <p>R79's ventilator/aerosol flowsheets dated 01/11/2025, 01/18/2025, and 01/24/2025 show V10 (Respiratory Technician/Student) performing ventilator setting checks, providing tracheostomy care, completing respiratory assessment, and suctioning.</p> <p>August 2024 - January 2025 respiratory therapy schedule lists V5 (Respiratory Technician/Student) and V10 (Respiratory Technician/Student) as respiratory therapists with no assigned preceptor and no indication of student designation.</p> <p>The facility assessment Overall Staffing Needs shows, Respiratory Therapist Director 7a-7p - 1, Respiratory Therapist 7a-7p - 1, and Respiratory Therapist 7p-7a - 2.</p> <p>Staff list provided by the facility misrepresents, both V5 (Respiratory Technician/Student) and V10 (Respiratory Technician/Student) as Respiratory Therapists.</p> <p>Per record review, facility does not ensure accurate credentialed certified respiratory therapist to patient ratio by including students in the respiratory therapy schedule.</p> <p>V5's (Respiratory Technician/Student) healthcare worker registry lists V5 as Technical, Unlicensed Health Care personnel.</p> <p>V10's (Respiratory Technician/Student) healthcare worker registry lists V10 as Technical, Unlicensed Health Care personnel.</p> <p>The facility Respiratory Therapist job description signed by V5 (Respiratory Technician) on 01/17/2022 reads in part, Qualification: 1. Graduate of an accredited Respiratory Therapy program; 2. Respiratory Therapist certification is listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The facility Respiratory Therapist job description signed by V10 (Respiratory Technician) on 04/27/2022 reads in part, Qualification: 1. Graduate of an accredited Respiratory Therapy program; 2. Respiratory Therapist certification is listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing.</p> <p>Respiratory Care Practice Act reads in part, The purpose of the Act is to protect and benefit the public by setting standards of qualifications, education, training, and experience for those who seek to obtain a license and hold the title of respiratory care practitioner, to promote high standards of professional performance for those licensed to practice respiratory care in the State of Illinois, and to protect the public from unprofessional conduct by persons licensed to practice respiratory care. Licensed means that which is required to hold oneself out as a respiratory care practitioner as defined in this Act. Proximate supervision means a situation in which an individual is responsible for directing the actions of another individual in the facility and is physically close enough to be readily available, if needed, by the supervised individual. Respiratory care education program means a course of academic study leading to eligibility for registry or certification in respiratory care. The training is to be approved by an accrediting agency recognized by the Board and shall include an evaluation of competence through a standardized testing mechanism that is determined by the Board to be both valid and reliable. Sec. 20. Restrictions and limitations. (a) No person shall, without a valid license as a respiratory care practitioner (i) hold himself or herself out to the public as a respiratory care practitioner; (ii) use the title respiratory care practitioner; or (iii) perform or offer to perform the duties of a respiratory care practitioner. Sec. 50. Qualifications for a license. (a) A person is qualified to be licensed as a licensed respiratory care practitioner, and the Department may issue a license authorizing the practice of respiratory care to an applicant who: (1) has applied in writing on the prescribed form and has paid the required fee; (2) has successfully completed a respiratory care training program approved by the Department; (3) has successfully passed an examination for the practice of respiratory care authorized by the Department, within 5 years of making application; and (4) has paid the fees required by this Act. A person may practice as a respiratory care practitioner if he or she has applied in writing to the Department in form and substance satisfactory to the Department for a license as a licensed respiratory care practitioner and has complied with all the provisions under this Section except for the passing of an examination to be eligible to receive such license, until the Department has made the decision that the applicant has failed to pass the next available examination authorized by the Department or has failed, without an approved excuse, to take the next available examination authorized by the Department or until the withdrawal of the application, but not to exceed 6months. An applicant practicing professional registered respiratory care under this subsection (c) who passes the examination, however, may continue to practice under this subsection (c) until such time as he or she receives his or her license to practice or until the Department notifies him or her that the license has been denied. No applicant for licensure practicing under the provisions of this subsection (c) shall practice professional respiratory care except under the direct supervision of a licensed health care professional or authorized licensed personnel. In no instance shall any such applicant practice or be employed in any supervisory capacity.</p> <p>The Immediate Jeopardy that began on 01/27/2025 was removed and the deficient practice corrected on 02/03/2025 when the facility took the following actions to remove the Immediacy and correct the noncompliance.</p> <p>Corrective Action Taken:</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Bria of Elmwood Park		STREET ADDRESS, CITY, STATE, ZIP CODE  7733 West Grand Avenue Elmwood Park, IL 60707	

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>1. Affected resident corrective actions.</p> <p>. R67, R79 and R149 were provided with respiratory care and assessment. There are no negative effects noted resulting from the alleged deficiency. The assessment and respiratory care were completed by a licensed RT (respiratory therapist) on 1/29/25.</p> <p>. Currently, there is a total of 18 residents identified who receive respiratory care: 12 are on ventilators and 6 residents have tracheostomy. Respiratory assessments on all current 18 residents were completed by a licensed RT. There are no concerns identified. This was completed on 1/29/2025.</p> <p>. The Medical Director who is also the physician of R67, R79 and R149 was notified of the alleged deficiency by the DON (director of nursing) on 1/29/25. No new order was obtained. Additionally, each ventilator residents responsible party was notified of the alleged deficiency on 1/30/25.</p> <p>1. Immediate Actions and Actions to prevent recurrence. (Initiated on 1/29/2025 and will continue until all credentialed staff licenses are verified and confirmed active and current.)</p> <p>The facility took the following immediate actions to address the citation and prevent any residents from suffering an adverse outcome.</p> <p>. The two (2) unlicensed respiratory staff (Staff A and Staff B) were immediately removed from schedule and will be terminated from their role as a respiratory aide effective immediately.</p> <p>. Staff A's last day of schedule was 1/27/2025</p> <p>. Staff B'S last day of schedule was 1/25/2025</p> <p>.2. The Respiratory Program Director, The Director of Human Resources and the Administrator were provided with education by the Regional Director of to ensure that each newly hired credentialed staff meets the facility's requirements for hiring: Have a valid and active license related to their job description and responsibilities.</p> <p>This immediate action was initiated and completed on January 29, 2025.</p> <p>. The Regional Director of Operations and the [NAME] President of Clinical services checked and verified that all respiratory therapists have a valid and active license. This immediate action was initiated and completed on January 29, 2025.</p> <p>. Quarterly, the Human Resources Director will also review the licenses of all RT to ensure compliance.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>. To ensure qualified certified respiratory staff are available to complete respiratory assessment, treatment, and monitoring for residents requiring respiratory care, the Director of RT and/or Regional RT will continue to develop a biweekly schedule. In addition, an on-call schedule will also be created to ensure a licensed RT is available. Additionally, the facility has two current contracts with staffing agencies to provide supplemental licensed Respiratory Therapists to cover call in, vacations or vacancies. The RT schedule will also be reviewed with the facility Administrator. Any concern related to staffing will be reported to Director of RT and/or Regional RT and will be addressed immediately.</p> <p>. To ensure that the Respiratory Therapist to Patient ratio is always a sufficient ratio, the facility Administrator and Director of Nursing will review the Respiratory Therapist ratio on a daily basis at the facility's morning meeting.</p> <p>. The Administrator provided education to the Director of Nursing and Director of Staffing to ensure that any Nurses, CNAs, and Respiratory Therapist allowed to work in the facility from any outside agency have the appropriate valid and active license before working on the floor. (This immediate action was initiated on January 29, 2025)</p> <p>To ensure compliance, the Administrator will review newly hired licensed professional staff employee files to ensure that they: Have a valid and active license and credentials related to their job description.</p> <p>This will be completed prior to the first day of work of the employee.</p> <p>3 Any identified concern will be addressed immediately and will also be discussed during the weekly Ad-hoc QAPI.</p> <p>. To ensure that the Respiratory Therapist licenses do not lapse, the Human Resource Director will send out communication on renewing their licenses 3 months prior to their licenses expiring. Any Respiratory Therapist that does not renew their license one (1) week prior to their expiration date will be removed from the schedule. The Administrator will monitor for overall compliance.</p> <p>1. The facility will reinforce the following process.</p> <p>. The Director of Human Resources will conduct audits on newly hired licensed professionals to identify non-compliance. Their licenses will be reviewed and verified during the audit. (This will be initiated on 1/30/2025 and will be done for the next four weeks.)</p> <p>. All results of the audits will be reported to the QAPI committee. An Ad-hoc QAPI meeting will be held weekly to review results of the audits to determine if additional interventions are necessary to ensure compliance.</p> <p>. The Administrator and Director of Human resources will monitor the completion of this plan of removal.</p> <p>Date Facility Asserts Likelihood for Serious Harm No Longer Exists</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>40987</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy by 1. Failing to ensure staff properly document medication administration of medication on the controlled substance record for three (R14, R17, and R256) residents, and 2. Failed to follow their policy by failing to ensure a newly admitted resident's Oxycodone controlled medication was initially documented on an individual controlled substance form for one (R257) resident. These failures affected four (R14, R17, R256, and R257) residents reviewed for pharmacy services.</p> <p>Findings include:</p> <p>On 1/28/25 at 11:39 AM, the controlled substances were reviewed with V12 LPN. Findings include: 1. Review of the individual controlled substance record for R256's Oxycodone HCl (Hydrochloride) Oral Tablet 5 mg (milligram) *Controlled Drug*, give 1 tablet via G-Tube (gastrostomy/stomach tube) two times a day related to Fractures is blank. The scheduled dose for 8:00 AM has not been documented as administered to R256. The medication administration record documents V12 LPN administered the Oxycodone at 8:00 AM. V12 LPN was inquired of the medication administration. V12 LPN said, The sheet should have one left, I haven't signed it out yet. It's supposed to be signed off when it's given.</p> <p>On 1/28/25 at 11:42 AM, review of the individual controlled substance record for R14's Clobazam Oral Suspension 2.5 mg/ml (milligram/milliliter) *Controlled Drug*, give 4 ml via G-Tube two times a day for Anxiety is blank. The scheduled dose for 8:00 AM has not been documented as administered to R14. The medication administration record documents V12 LPN administered the Clobazam at 8:00 AM. V12 LPN was inquired of the medication administration. V12 LPN said, I gave it at 10:30 this morning, the record should be 55.5 ml. I haven't signed it out yet. It's supposed to be signed off when it's given.</p> <p>On 1/28/25 at 11:45 AM, review of the individual controlled substance record for R14's Lacosamide Oral Solution 10 mg/ml (milligram/milliliter) *Controlled Drug*, give 20 ml via G-Tube two times a day related to Seizures is blank. The scheduled dose for 9:00 AM has not been documented as administered to R14. The medication administration record documents V12 LPN administered the Lacosamide at 9:00 AM. V12 LPN was inquired of the medication administration. V12 LPN said, I haven't given it to her yet, it's BID (twice a day). It's for seizures. V12 LPN and this surveyor reviewed R14's MAR medication administration record in the electronic medical record which indicates the physician order is to be given at 9:00 AM and 1700 (5:00 PM).</p> <p>On 1/28/25 at 12:29 PM, the fourth floor medication cart was reviewed with V17 LPN. Findings include:</p> <p>1. Review of the individual controlled substance record for R99's Pregabalin cap 50 mg (milligrams) *Controlled Drug*, give 1 capsule orally three times a day for Epilepsy is blank. The scheduled dose for 9:00 AM has not been documented as administered to R99. The medication administration record documents V17 LPN administered the Pregabalin at 9:00 AM. V17 LPN was inquired of the medication administration. V17 said, I gave it at 9:45 this morning, I haven't signed it out yet.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. R257's Oxycodone-Acetaminophen Oral Tablet 5-325 mg (milligrams) *Controlled Drug*, give 2 tablet by mouth every 12 hours as needed for moderate to severe pain is handwritten on a piece of paper. There is no individual controlled substance record for R257's controlled medication. V17 LPN was inquired of the record. V17 LPN said, We don't have any sheets up here, maybe in the nursing office. R257's medication administration record documents V17 LPN administered his 9:00 AM dose of Oxycodone-Acetaminophen Oral Tablet 5-325 mg (milligrams). V2 DON is present in the facility at this time and V17 LPN did not make V2 aware that R257 needed the controlled substance form.</p> <p>The revised 5/2017 facility Medication Administration policy states in part: General: All medications are administered safely and appropriately to aid residents to overcome illness, relieve and prevent symptoms, and help in diagnosis. Level of Responsibility: RN Registered Nurse, LPN Licensed Practical Nurse.</p> <p>Guideline: 13. Verify that the medication is being administered at the proper time, in the prescribed dose, and by the correct route.</p> <p>The 12/2024 Pharmacy Preparation and General Guidelines IIA2: Medication Administration Policy states in part: Policy: Medications are administered as prescribed in accordance with good nursing principles and practices and only by persons legally authorized to do so. Personnel authorized to administer medications do so only after they have been properly oriented to the facility's medication distribution system (procurement, storage, handling, and administration). The facility has sufficient staff and a medication distribution system to ensure safe administration of medications without unnecessary interruptions.</p> <p>Procedures: B. Administration 2. Medications are administered in accordance with written orders of the prescriber. D. Documentation (including electronic) 1. The individual who administers the medication dose records the administration of the resident's MAR/eMAR (electronic medication administration record) to ensure necessary doses were administered and documented.</p> <p>The 12/2024 reviewed facility Controlled Substance policy states in part: General: Medications classified by the FDA (Food and Drug Administration) as controlled substances have high abuse potential and may be subject to special handling, storage, and record keeping. Responsible party: Nursing</p> <p>Policy: 3. All controlled substance orders will be delivered to a licensed nurse. It is the nurse's responsibility to promptly: 5. Sign the manifest sheet verifying receipt of medication and quantity of medication. 8. Record each dose at the time of administration of the following: 10. Controlled substances count sheet a. Date b. Time c. Signature (which includes a minimum of first initial, last name and title) of nurse who administered dose. d. Number of doses remaining.</p> <p>The 12/2024 Medication Ordering and Receiving from Pharmacy IC4: Receiving Controlled Substances Policy states in part: Policy: Medications included in the Drug Enforcement Administration (DEA) classification as controlled substances and medications classified as controlled substances by state law are subject to special ordering, receipt, and recordkeeping requirements by the facility in accordance with federal and state laws and regulations.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procedures: E. An individual resident's controlled substance record is prepared by the pharmacy or the facility for each controlled substance prescribed for a resident. The following information is completed upon dispensing or upon receipt of the controlled substance: 1. Name of resident 2. Prescription number 3. Drug name, strength (if designated), and dosage form of medication 4. Date received 5. Quantity received 6. Name of person receiving the medication supply.</p> <p>Resident #14</p> <p>FTag Initiation</p> <p>Resident #99</p> <p>FTag Initiation</p> <p>Resident #257</p> <p>FTag Initiation</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46066</b></p> <p>Based on observations, interviews, and record review the facility failed to ensure licensed staff administered medicated breathing treatment for 1 of 6 (R67) residents reviewed for medication administration in the final sample of 58.</p> <p>Findings include:</p> <p>R67 is a [AGE] year old female admitted to the facility on [DATE] with diagnosis including but not limited to Chronic Respiratory Failure, Nontraumatic Intracranial Hemorrhage, Dysphasia following Nontraumatic Intracerebral Hemorrhage, Neurocognitive Disorder with Lewy Body; Encounter for Attention to Tracheostomy, and Quadriplegia.</p> <p>On 01/27/25 at 01:37 PM Surveyor observed V5 (Respiratory Technician/Student) gathering tracheostomy care supplies and independently going into resident's room. Shortly after, upon leaving resident's room, V5 said, I just finish the resident's tracheostomy care and will be giving medications, breathing treatment, to R67 next.</p> <p>On 01/27/25 at 01:40 PM V5 (Respiratory Technician/Student) said in the follow up interview, I've been working in the facility since January of 2022. At first, I was shadowing respiratory therapists to get my clinical experience; however, I have been working independently since January of 2023. I've always been a full-time employee. My assignment changes, essentially, I provide care to all residents on the respiratory unit. When I was initially hired (January of 2022), I wasn't told that I have to finish respiratory program within any time period. The facility administration recently started to push me to finish the program. I am supposed to graduate in June of 2025, and then I can register for the Certified Respiratory Therapist (CRT) test that will allow me to obtain my license. Upon observation, V5's employee badge does not designate V5 as a student.</p> <p>On 01/27/25 at 01:45 PM Surveyor observed V5 (Respiratory Technician/Student) independently administer medications consisted of breathing treatment to R67.</p> <p>R67's physician order dated 12/04/2024 reads in part, IPRATR/ALBUT 0.5MG-3MG/3ML NEB 3 ml via trach every 8 hours related to CHRONIC RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA.</p> <p>On 01/28/2025 10:52 AM V6 (Human Resources Director) said, I facilitate process of new hire orientation, employee relations, and corrective actions in the facility. I also run background checks and check licenses (upon hire only) to make sure to make sure new hired staff gave active licenses but don't check after the initial check. I was not here when V5 (Respiratory Technician/Student) was hired (January of 2022). V5 does not have respiratory therapy license. I've been made aware when I started in October of 2024 of it by V4 (Respiratory Therapy Director). When V4 brought it to my attention, I didn't do anything. Knowing now, that V5 doesn't have a license, I'll have to go through regulations and make sure she's not practicing respiratory therapist duties if she's not a respiratory therapist.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>V5's (Respiratory Technician/Student) healthcare worker registry lists V5 as Technical, Unlicensed Health Care personnel.</p> <p>The facility Medication Administration policy last revised on 04/2024 reads in part, Medications are administered by licensed personnel only.</p> <p>The facility's pharmacy Medication Administration - General Guidelines policy dated 12/2024 reads in part, Medications are prepared only by licensed nursing, medical, pharmacy, or other personal authorized by state law and regulations to prepare and administer medications.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40987</b></p> <p>Based on observation, interview, and record review, the facility failed to follow their policy by 1. Failing to ensure medication without a resident name and medication discontinued by the physician was removed from the active medications in the medication cart for one (R15) resident, 2. Failed to follow their policy by failing to ensure expired insulin and insulin without a resident's name was removed from the active medications in the medication cart for one (R75) resident, 3. Failed to follow their policy by failing to ensure new unopened insulin was refrigerated per the facility policy to retain purity and potency for one (R256) resident. These failures affected three (R15, R75, and R256) residents reviewed during medication storage and labeling. The facility failed to follow their policy by failing to remove two vials of expired Tuberculin testing solution from the medication refrigerator in the medication storage room. This failure has the potential to affect all newly admitted residents to the first floor.</p> <p>Findings include:</p> <p>On 01/28/25 at 10:49 AM, the first floor side one medication care was reviewed with V15 LPN Licensed Practical Nurse.</p> <p>Findings include:</p> <p>1. Simbrinza 8 ml (milliliter) open bottle of eye drops with resident no label is in the top of the medication cart with multiple bottles of eye drops.</p> <p>2. Gentamycin Sulfate Ophthalmic Solution 0.3% open bottle of eye drops with resident no label is in the top of the medication cart with multiple bottles of eye drops.</p> <p>On 1/28/25 at 11:01 PM, V15 LPN was inquired of the two open unlabeled bottles of eye drops in the medication cart. V15 LPN said, The Simbrinza, this is R116's, he's the only one down here with this medicine. They must have thrown the box out. V15 LPN was inquired how can you confirm this medication belongs to R116. V15 LPN said, I don't know, his name's not on the bottle. V15 LPN was inquired of the Gentamycin bottle. V15 LPN said, I don't know who's it is, there's no label on it. Review of R116's discontinued medication in the electronic medical record indicates the Simbrinza was discontinued by the physician on 11/7/2024. The Gentamycin was discontinued by the physician on 1/17/25. Both medications remained inside the medication cart without R116's name on either bottle of eye drops.</p> <p>On 1/28/25 at 11:11 AM, the second floor side two medication care was reviewed with V16 LPN. Findings include: 1. R75's open vial of Novolog (insulin aspart) 100 U/ml (units/milliliter) multiple dose vial of insulin with an expiration date of 12/17/24 is in the top of the medication cart.</p> <p>2. One open vial of Novolog (insulin aspart) 100 U/ml (units/milliliter) multiple dose vial of insulin with an expiration date of 11/14/24 and no resident label is in the top of the medication cart.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/28/25 at 11:25 AM, V16 LPN was inquired of R75's vial of insulin. V16 said, It's expired. V16 LPN was inquired of the unlabeled vial of insulin. V16 said, There's no name on it and it's expired. I missed those; they should've been taken off the cart. Review of R75's medication administration record documents V16 LPN administered two doses of the expired insulin at 8:00 AM and 12:00 PM.</p> <p>On 1/28/25 at 11:30 AM, the third floor side one medication cart was reviewed with V12 LPN. Findings include: 1. R256's Insulin NPH (neutral Protamine [NAME]) (Human) (Isophane) Subcutaneous Suspension 100 unit/milliliter, inject 34 unit subcutaneously two times a day related to Type 2 Diabetes Mellitus is in the pharmacy plastic bag with a sticker with directions to store in the refrigerator. The insulin is unopened in the top drawer of the medication cart.</p> <p>On 1/28/25 at 11:37 AM, V12 LPN was inquired of the insulin. V12 LPN said, It should be in the fridge because it's insulin and it's not opened. It's for preservation.</p> <p>On 1/29/25 at 12:01 PM, the first floor medication storage room was reviewed with V23 LPN. Findings include: 1. One open vial of house stock Tuberculin Purified Protein Derivative (Mantoux) Tubersol. Test dose 5TU/0.1 ml intradermally. Bio-equivalent to 5 US units (TU) of PPD. 10 tests/vial. The vial is marked date opened 11/25/24 and is in the medication refrigerator.</p> <p>2. One open vial of house stock Tuberculin Purified Protein Derivative (Mantoux) Tubersol. Test dose 5TU/0.1 ml intradermally. Bio-equivalent to 5 US units (TU) of PPD. 10 tests/vial. The vial is marked date opened 12/2/24 and is in the medication refrigerator. On 1/29/25 at 12:05 PM, V23 LPN was inquired of the open Tuberculin vials. V23 LPN said, It's good for thirty days.</p> <p>On 1/29/25 at 1:39 PM, V2 DON Director of Nursing was inquired of medication being labeled with a resident's name. V2 said, It's a part of the five rights of medication administration and to make sure it goes to the right person. For safety.</p> <p>How long is opened insulin to be used and when should it be discarded? V2 DON said, It should be used for 28 days. It could go bad and not be as effective.</p> <p>When insulin is delivered to the unit from pharmacy how should it be stored and why? V2 DON said, It's put into the refrigerator until opened to keep it fresh. There's usually a label on it to be put in the refrigerator. It can go bad if it's in the medication cart, so we follow what the pharmacy puts on the label.</p> <p>The 12/2024 revised facility Storage of Medications policy states in part: General: To provide the staff with guidance on the proper storage of medications. Responsible Party: RN Registered Nurse, LPN Licensed Practical Nurse. Protocol: Storage of Medications 1. Medications and biologicals must be stored safely, securely, and properly, following manufacture's recommendations or those of the supplier. 9. Medications requiring refrigeration or temperature between 36 degrees Fahrenheit, and 46 degrees Fahrenheit are kept in a refrigerator with a thermometer to allow temperature monitoring. 11. Outdated, contaminated, or deteriorated medications, and those in containers that are cracked, soiled or without secure closures should be immediately removed from stock and disposed of according to medication disposal procedure. 12. Outdated, contaminated, or deteriorated medications will be moved from the medication carts and placed in the pharmacy return bin within the medication room.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 12/2024 Medication Ordering and Receiving from Pharmacy IC10: Medication Labels policy states in part: Medications are labeled in accordance with facility requirements and state and federal laws. Only the dispensing pharmacy/registered pharmacist can modify, change, or attach prescription labels.</p> <p>Procedures B. Each prescription medication label includes: 1. Resident's name. G. Medication labels are not altered, modified, or marked in any way by nursing personnel.</p> <p>H. Medication containers having soiled, damaged, incomplete, illegible confusing, or makeshift labels are returned to the dispensing pharmacy for relabeling or destroyed in accordance with the medication destruction policy.</p> <p>The 12/2024 Pharmacy Medication Storage in the Facility ID1L Storage of medications policy states in part: Medications and biologicals are stored safely, securely, and properly, following manufacturer's recommendations or those of the supplier. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. Procedures: H. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal.</p> <p>Temperature A. Medications and biologicals are stored at their appropriate temperatures and humidity according to the United States Pharmacopeia guidelines for temperature ranges. C. Medications requiring refrigeration are kept in a refrigerator at temperatures between 36 degrees Fahrenheit (2 degrees Celsius) and 46 degrees Fahrenheit (8 degrees Celsius) with a thermometer to allow temperature monitoring.</p> <p>Expiration Dating (Beyond-use dating) C. Certain medications or package types, such as IV intravenous solutions, multiple dose injectable vials, ophthalmics, nitroglycerin tablets, blood sugar testing solutions and strips, once opened, require an expiration date shorter than the manufacturer's expiration date to ensure medication purity and potency. 1 c. Drugs dispensed in the manufacturer's original container will carry the manufacturer's expiration date. Once opened, these will be good to use until the manufacturer's expiration date is reached unless the medication is :1. In a multi-dose injectable vial D. When the original seal of the manufacturer's container or vial is initially broken, the container or vial will be dated. 1) The expiration date of the vial or container will be 30 days unless the manufacturer recommends another date or regulations/guidelines require different dating. E. The nurse will check the expiration date of each medication before administering it. F. No expired medication will be administered to a resident. G. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining. The medication will be destroyed in the usual manner.</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46066</p> <p>Based on observations, interviews, and record review, the facility failed to provide a credentialed certified respiratory staff, as required by state law, to perform respiratory assessment, treatment, and monitoring for residents requiring respiratory care. This failure has a potential to affect all residents requiring respiratory care.</p> <p>Findings include:</p> <p>On 01/27/25 at 11:43 AM V4 (Respiratory Therapy Director) said, It's me and another staff, she's a student, working today (on the respiratory unit). There are 20 residents, 19 have been assessed as needing respiratory therapist attention. V5 (Respiratory Technician/Student) is not a student, but she is not certified yet. Some of our tasks, respiratory therapist, include suctioning, tracheostomy care, ventilator checks, assessments, responding to respiratory emergencies, and transporting tracheostomy dependent residents to the dialysis.</p> <p>On 01/27/25 at 12:07 PM Surveyor observed V5 (Respiratory Technician/Student) independently providing tracheostomy care to R149. V5 (Respiratory Technician/Student) said upon interview, I have 10 residents assigned to me today, in rooms 310-322. As a respiratory technician, I do assessments, tracheostomy care, I check vital signs, and I also give medications.</p> <p>On 01/27/25 at 01:37 PM Surveyor observed V5 (Respiratory Technician/Student) gathering tracheostomy care supplies and independently going into R79's room. Shortly after, upon leaving R79's room, V5 said, I just finish R79's tracheostomy care and will be giving medications, breathing treatment, to R67 next.</p> <p>On 01/27/25 at 01:40 PM V5 (Respiratory Technician/Student) said in the follow up interview, I've been working in the facility since January of 2022. At first, I was shadowing respiratory therapists to get my clinical experience; however, I have been working independently since January of 2023. I've always been a full-time employee. My assignment changes, essentially, I provide care to all residents on the respiratory unit. When I was initially hired (January of 2022), I wasn't told that I have to finish respiratory program within any time period. The facility administration recently started to push me to finish the program. I am supposed to graduate in June of 2025, and then I can register for the Certified Respiratory Therapist (CRT) test that will allow me to obtain my license. Upon observation, V5's employee badge does not designate V5 as a student.</p> <p>On 01/27/25 at 01:45 PM Surveyor observed V5 (Respiratory Technician/Student) independently administer medications consisted of breathing treatment to R67.</p> <p>(continued on next page)</p>

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/28/2025 10:52 AM V6 (Human Resources Director) said, I facilitate process of new hire orientation, employee relations, and corrective actions in the facility. I also run background checks and check licenses (upon hire only) to make sure new hired staff gave active licenses but don't check after the initial check. I was not here when V5 (Respiratory Technician/Student) was hired (January of 2022). V5 does not have respiratory therapy license. I've been made aware when I started in October of 2024 of it by V4 (Respiratory Therapy Director). When V4 brought it to my attention, I didn't do anything. Knowing now, that V5 doesn't have a license, I'll have to go through regulations and make sure she's not practicing respiratory therapist duties if she's not a respiratory therapist.</p> <p>On 01/28/2025 at 11:05 AM V7 (Regional Respiratory Program Director) said, V5 (Respiratory Technician/Student) does not have respiratory therapy license. V5 was originally hired as a student. V5 was allowed to work as she's completing her study. V5 is assigned with a licensed respiratory therapist while she's on the duty, she has not been working independently. There is never a time when she's worked solely. A licensed respiratory therapist should be available to V5 for any reference. The supervising staff should be on the same unit but does not have to have direct eyesight on the individual. V5 only does routine respiratory care. We gave V5 time to obtain her license until June of 2025. V5 has been a student since January of 2022. V5 has been passing medication, completing assessments and monitor respiratory therapy dependent residents under licensed respiratory therapist supervision since then (01/2022). We've been monitoring and supervising V5 for approximately two years now. V5's job responsibility is respiratory therapist job, but she's not allowed to do ventilator set up, testing, and changes to ventilator setting. The respiratory therapist job description doesn't differentiate specific job duties limited to respiratory technician.</p> <p>On 01/28/2025 at 11:24 AM V1 (Administrator) said, Respiratory department is new to me. When I started (October 2024), I was made aware we have a student working and that she should be supervised by a licensed respiratory staff. Licensed respiratory staff has to work with her on the same unit. I don't know the acceptable time frame for unlicensed personnel to complete the school and obtain their license.</p> <p>On 01/28/2025 at 01:56 PM V9 (Medical Director) said, All direct patient care staff have to be licensed in order to provide patient care. Unless they are students. If direct patient care staff consist of students, they should be directly supervised, in the supervisor's presence, when performing their tasks. Students cannot provide direct care by themselves. Students should identify themselves as a student. The resident safety is the number one concerns if care by unlicensed staff. Even licensed staff makes mistake, nonetheless, unlicensed.</p> <p>On 01/28/2025 at 2:00 PM surveyor asked V6 (Human Resources Director) to present active respiratory therapy licenses for all active respiratory therapist working in the facility. Shortly after, V6 (HR Director) brought everyone's but V10 (Respiratory Technician/Student) and said, V10 was hired under the same conditions as V5 and does not have a respiratory therapy license.</p> <p>(continued on next page)</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/29/2025 at 11:42 AM V7 (Regional Respiratory Director), V6 (Human Resource Director) and V4 (Respiratory Therapy Director) should be checking credentials every 2 years when licenses are due to be renewed, and active licenses should be in an employee file. The agreement was to have V5 and V10 obtain their credentials upon graduation, [DATE] for V10 and June 2025 for V5. Their respiratory program is three years I think, normally, the respiratory program is two years. They go to the same school. Surveyor clarified, how are V5 and V10 competent to complete assigned tasks and make acute care decisions in the respiratory setting, V7 (Regional Respiratory Director) said, V5 and V10 had 1 on 1 orientation upon hire, they have competence checks and in-services provided in the facility, and direct observation by V4 (Respiratory Therapy Director). Surveyor asked to define student appropriate respiratory tasks, V7 (Regional Respiratory Director) said, V5 and V10 are both students, are their responsibilities are done under supervision and consist of: oral and tracheal suctioning, general resident assessment that includes vital signs, oxygen levels, responding to alarms, responding emergencies, providing care to tracheal stoma, which consist of cleaning stoma site, and changing the dressing; and reporting any changes to the therapist and/or the nurse who works with them. V5 and V10 cannot do ventilator set up, testing and changes to ventilator setting. When asked why it is inappropriate for V5 and V10 do ventilator set up, testing, and changes to ventilator setting, V7 (Regional Respiratory Director) said, I know the answer to your question; however, refused to answer the question.</p> <p>V5's (Respiratory Technician/Student) healthcare worker registry lists V5 as Technical, Unlicensed Health Care personnel.</p> <p>V10's (Respiratory Technician/Student) healthcare worker registry lists V10 as Technical, Unlicensed Health Care personnel.</p> <p>The facility Respiratory Therapist job description signed by V5 (Respiratory Technician) on 01/17/2022 reads in part, Qualification: 1. Graduate of an accredited Respiratory Therapy program; 2. Respiratory Therapist certification is listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing.</p> <p>The facility Respiratory Therapist job description signed by V10 (Respiratory Technician) on 04/27/2022 reads in part, Qualification: 1. Graduate of an accredited Respiratory Therapy program; 2. Respiratory Therapist certification is listed as Respiratory Care Practitioner in the State of Illinois; 3. Current License in good standing.</p> <p>(continued on next page)</p>		

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<p>F 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Respiratory Care Practice Act reads in part, The purpose of the Act is to protect and benefit the public by setting standards of qualifications, education, training, and experience for those who seek to obtain a license and hold the title of respiratory care practitioner, to promote high standards of professional performance for those licensed to practice respiratory care in the State of Illinois, and to protect the public from unprofessional conduct by persons licensed to practice respiratory care. Licensed means that which is required to hold oneself out as a respiratory care practitioner as defined in this Act. Proximate supervision means a situation in which an individual is responsible for directing the actions of another individual in the facility and is physically close enough to be readily available, if needed, by the supervised individual. Respiratory care education program means a course of academic study leading to eligibility for registry or certification in respiratory care. The training is to be approved by an accrediting agency recognized by the Board and shall include an evaluation of competence through a standardized testing mechanism that is determined by the Board to be both valid and reliable. Sec. 20. Restrictions and limitations. (a) No person shall, without a valid license as a respiratory care practitioner (i) hold himself or herself out to the public as a respiratory care practitioner; (ii) use the title respiratory care practitioner; or (iii) perform or offer to perform the duties of a respiratory care practitioner. Sec. 50. Qualifications for a license. (a) A person is qualified to be licensed as a licensed respiratory care practitioner, and the Department may issue a license authorizing the practice of respiratory care to an applicant who: (1) has applied in writing on the prescribed form and has paid the required fee; (2) has successfully completed a respiratory care training program approved by the Department; (3) has successfully passed an examination for the practice of respiratory care authorized by the Department, within 5 years of making application; and (4) has paid the fees required by this Act. A person may practice as a respiratory care practitioner if he or she has applied in writing to the Department in form and substance satisfactory to the Department for a license as a licensed respiratory care practitioner and has complied with all the provisions under this Section except for the passing of an examination to be eligible to receive such license, until the Department has made the decision that the applicant has failed to pass the next available examination authorized by the Department or has failed, without an approved excuse, to take the next available examination authorized by the Department or until the withdrawal of the application, but not to exceed 6months. An applicant practicing professional registered respiratory care under this subsection (c) who passes the examination, however, may continue to practice under this subsection (c) until such time as he or she receives his or her license to practice or until the Department notifies him or her that the license has been denied. No applicant for licensure practicing under the provisions of this subsection (c) shall practice professional respiratory care except under the direct supervision of a licensed health care professional or authorized licensed personnel. In no instance shall any such applicant practice or be employed in any supervisory capacity.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49740</p> <p>Based on observations, interviews, and record review, the facility failed to adequately protect its residents by failing to supply individuals entering the facility with appropriate masks during an influenza outbreak. This failure had the potential to adversely affect the facility's entire resident population of 150.</p> <p>Findings include:</p> <p>On 01/28/2025 at 1:05 PM, V3 (Infection Preventionist) said presently the facility had implemented contact and droplet precautions due to an influenza outbreak. V3 said she recommended that her staff wear a face-shield and N95 mask for contact and droplet precautions. V3 said that the non-medical masks the facility was providing staff and residents were not appropriate, and acknowledged some of the staff were wearing them. V3 said she had to be repetitive with staff, and remind them not to use the non-medical masks. V3 said she told V2 (DON) about not using the non-medical masks, adding she felt V2 needed to back her up on the issue. V3 said she also alerted V1 (Administrator) a couple of weeks ago about the non-medical masks, and even argued with a nurse about it. V3 added the flu outbreak began at the facility last week. V3 said the best way to fix the problem of staff wearing the non-medical masks that were available on every floor of the facility was to simply not put out non-medical masks on the floors.</p> <p>On 01/28/25 at 1:33 PM, V1 said no one had asked him to replace the facility's non-medical masks.</p> <p>On 01/28/2025 at 1:40 PM, V2 said V11 (Control Supply Director) was the facility's supplier responsible for ordering the non-medical masks at the facility. V2 said she was not sure who would tell V11 what to order but that somebody did. V2 said the influenza outbreak began on the fourth floor around 01/12/2025 with about nine people, and that one resident on the fourth floor, who was short of breath, was sent to the hospital. V2 said the flu then spread from the fourth to the first floor. V2 said nurses and CNA's would sometimes float between floors, and didn't know if it was staff or family that took the flu to the first floor. V2 said the infection preventionist, the managers, and herself were responsible for ensuring that proper masks were available.</p> <p>On 01/28/25 at 3:15 PM, V11 said he ordered all the facility face masks from a healthcare supply website on the internet. V11 said when he received the latest delivery, he realized the masks they had sent him were non-medical masks instead of surgical masks, and that it was the first time he had ever received them. V11 added that, perhaps, the company that he ordered the masks from were out of the surgical ones, so they sent the facility those instead. Lastly, V11 said he could not recall who in the administration ever told him what type of masks to order, and that he would, simply, place the same order every time.</p> <p>On 01/28/2025 at 2:48 PM, V9 (Medical Director) said to completely prevent an influenza outbreak at a facility, all staff and residents needed to wear N95 masks.</p> <p>On 01/28/2025 at 11:08 AM, V13 (Housekeeper) who was wearing a non-medical mask, said the facility was not specific as to what type of masks she needed to wear while at work, adding they just said, here are the masks we have, use the ones you want.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 01/28/2025 at 10:08 AM, Surveyor observed seven non-medical face mask boxes located within the PPE stations throughout the first floor, and one at the reception desk.</p> <p>On 01/28/2025 at 10:18 AM, Surveyor observed four non-medical face mask boxes located within the PPE stations throughout the second floor.</p> <p>On 01/28/2025 at 10:30 AM, Surveyor observed ten non-medical face mask boxes located within the PPE stations throughout the third floor; one staff wearing a visor but no mask; four staff wearing non-medical masks; and one respiratory therapist providing care to a resident in a room wearing a non-medical mask.</p> <p>On 01/28/2025 at 11:00 AM, Surveyor observed thirteen non-medical face mask boxes located within the PPE stations throughout the fourth floor.</p> <p>Surveyor reviewed facility's contact tracing list of residents and counted 34 listed as having tested positive for influenza; two residents positive for pneumonia and influenza; two residents positive for RSV; and two residents hospitalized (R61 and R115), from 01/10/2025 to 01/26/2025.</p> <p>Per a Centers for Disease Control and Prevention (CDC) guidelines and recommendations notification on its website, dated 09/17/2024, Seasonal influenza viruses are believed to be transmitted from person-to-person primarily through virus-laden droplets that are generated when persons speak, cough, or sneeze; these droplets can be deposited onto the mucosal surfaces of the upper-respiratory tract of susceptible persons who are near the droplet source. The notification adds, a combination of infection prevention control strategies is recommended to decrease transmission of influenza viruses in healthcare settings. These include source control (immediately putting a surgical mask on patients being evaluated for respiratory symptoms), and having healthcare personnel wear personal protective equipment (PPE) when caring for patients with suspected influenza.</p> <p>Per the Hospital Respiratory Protection Program Toolkit, updated April 2022 and approved by the U.S. Department of Labor; Occupational Safety and Health Administration (OSHA); and the CDC, an aerosol transmissible disease (ATD) is any disease or pathogen requiring Airborne Precautions and/or Droplet Precautions. This program recommends placing a surgical mask on patients with a suspected or confirmed ATD in order to minimize the amount of infectious aerosol in the air.</p> <p>Per a leading manufacturer of PPE, non-medical masks are not considered surgical masks, and are for the general public or use in non-healthcare related environments. They should be worn when there is low risk of exposure, and/or outside of healthcare facilities. In contrast, medical masks are designed as PPE for use in medical environments. Medical face mask options include surgical masks, N95 masks, and respirators.</p>		