

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bensenville, IL 60106	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39537</p> <p>Based on interview and record review the facility failed to identify a change in a resident condition, failed to provide frequent monitoring, failed to provide accurate information to the physician, and failed to transfer R2 to the hospital in a timely manner. This failure resulted in R2 experiencing a slow deterioration from the morning of [DATE], until she was transferred to the hospital at 12:30 PM on [DATE], in critical condition. R2 died at the hospital on [DATE] from septic shock. This applies to 1 of 3 residents (R2) reviewed for quality of care in the sample of 11.</p> <p>The Immediate Jeopardy began on [DATE] at 1:18 AM when V28 (LPN - Licensed Practical Nurse) failed to identify R2's change in condition, complete an assessment, obtain vital signs, and notify R2's physician. This failure continued when V19 (LPN) failed to provide frequent monitoring, provide accurate information to the physician, and transfer R2 to the hospital in a timely manner. V3 (DON - Director of Nursing) was notified of Immediate Jeopardy on [DATE] at 9:00 AM. The surveyor confirmed by interview and record review that the Immediate Jeopardy was removed on [DATE], but noncompliance remains at Level Two because additional time is needed to evaluate the implementation and effectiveness of the in-service training.</p> <p>The findings include:</p> <p>On [DATE] at 9:19 AM, V16 and V17 (R2's family members) said they had attempted to call R2 the evening of [DATE] and the morning of [DATE]. They said it was a routine for them to speak to R2 twice a day and it wasn't normal that she wasn't answering her phone. They said they contacted V19 (LPN) and asked her to check on R2. They said on [DATE] at 10:30 AM, V19 reported, that something was off and [R2] would probably be sent to the hospital. They said V19 reported that R2 screamed whenever she tried to touch her. V16 said she asked V19 if she was calling 911 and V19 replied, No I don't think so. V16 said she didn't understand why R2 was not picked up by the ambulance until 12:30 PM. V16 said she arrived at the emergency room to find R2 with an IV, indwelling catheter, and oxygen already on. V16 said R2 looked grey and was screaming in pain. V16 said R2 was admitted to the ICU (Intensive Care Unit) and was receiving IV blood pressure medications but was not doing well. V16 said R2 expired at the hospital on [DATE] due to septic shock.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bensenville, IL 60106	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 1:40 PM, V19 (LPN) said R2's wing was her regular assignment. V19 said she was familiar with R2 and was the nurse that sent her out on [DATE]. V19 said R2 was alert and preferred to use the bedpan and perform her own peri-care. V19 said R2 would usually turn on her call light when she needed us to grab her something or empty the bedpan, but otherwise she didn't want us bothering her. V29 said the night shift nurse did not report any issues with R2. V29 said on [DATE] R2 was a little confused, was having diarrhea, looked tired, and couldn't clean herself up, like she usually did. V19 said she had to send the CNA in to help R2 at least 2 times on [DATE]. V19 said that R2 wasn't acting like herself and was very weak. V19 said she called her family, the physician, and sent her to the hospital via non-emergent ambulance.</p> <p>R2's Face sheet printed [DATE] showed R2 had diagnoses to include, but not limited to: COPD (chronic obstructive pulmonary disease), heart failure, peripheral vascular disease, insomnia, atrial fibrillations, major depressive disorder, anemia, non-pressure chronic ulcer to left foot, dementia, and osteoarthritis.</p> <p>R2's facility assessment dated [DATE] showed R2 had moderate cognitive impairment; required partial to moderate assistance for personal hygiene and rolling in bed; required substantial to maximal assistance for toilet hygiene; and was always continent of stool.</p> <p>R2's Vital Signs showed on [DATE] at 9:35 AM her blood pressure (BP) was ,d+[DATE], heart rate (HR) was 62, respirations were 18, and her oxygen saturation (SpO2) was 95% on room air. There were no vital signs charted after [DATE] at 9:35 AM.</p> <p>R2's [DATE] MAR showed R2 received Tylenol at 1:18 AM on [DATE] and R2's ,d+[DATE] vital signs were not taken on [DATE].</p> <p>R2 did not have progress notes from [DATE] until [DATE] at 11:58 AM. (R2's progress notes did not contain an assessment or entry on [DATE] by V28 (LPN) regarding R2's increased weakness, change in behavior, and complaints of vaginal pain. There were no vital signs taken on ,d+[DATE] shift and the physician was not notified of R2's change in condition.) R2's Progress Note dated [DATE] at 11:58 AM, by V19 (LPN) showed, Noticed resident weak and not doing her own peri-care as usual, said that she is weak and cannot do it and kept on removing her diaper. Also, c/o (complained of) vaginal pain. Called [V34 - R2's Physician], order given and carried out to - send resident to ER (emergency room to (local hospital) for eval and treat via regular ambulance. Called (non-emergent ambulance service), said ETA (estimated time of arrival) 30 minutes . Vital signs stable. Resident left with 2 Paramedics around 12:35 PM. Resident was alert, verbally responsive at the time of leaving. (This note does not contain any detail on the times the family or physician were notified, nor does it contain ongoing assessments and vital signs of R2 between 9:35 AM (identification of R2's change in condition) and 11:47 AM when the ambulance was notified.)</p> <p>R2's Physician Order Sheet printed [DATE] showed an order on [DATE] to send R2 to the emergency room via regular ambulance and an order to obtain vital signs every shift.</p> <p>R2's SNF/NF to Hospital Transfer Form dated [DATE] showed vital signs obtained at 9:35 AM. This form showed the date of transfer was [DATE] at 12:35 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bensenville, IL 60106	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R2's Ambulance Patient Care Report dated [DATE] showed the time of injury was 9:30 AM, dispatch was notified at 11:47 AM, and the ambulanced arrive to the patient at 12:23 PM. This report showed, Upon arrival patient was alert and oriented x 1, on room air, laying in bed in a lethargic sate. Patient is currently complaining of vaginal region pain and generalized weakness. (Nurse) on scene states they noticed patient lethargic this morning at 9:30 AM. (Nurse) on scene states patient's normal mental status is alert and oriented x ,d+[DATE]. (Nurse) states (R2's) last known normal is [DATE] . Patient pale, cold, and dry . This report showed initially R2's oxygen saturation was 86% on room air and she required hot packs on her hands and 100% oxygen, via a non-rebreather mask, to bring her oxygen level up. This report showed that R2's first BP was ,d+[DATE] (critically low). R2 had low blood pressure readings, unsuccessful IV attempts and the crew decided to divert to the closest hospital for critical care.</p> <p>R2's Death Certificate dated [DATE] showed the cause of death was Septic Shock due to a UTI (Urinary Tract Infection).</p> <p>On [DATE] at 1:48 PM, V35 (Restorative Aide) said they worked R2's wing the weekend of Memorial Day. V35 said on Saturday R2 complained of constipation and the nurse gave her a laxative. (R2's May MAR showed MiraLAX was administered on [DATE] at 8:34 AM). V35 said R2 was going poop all day on Sunday, she just kept going. V35 said R2 normally would clean herself up and rarely asked for help. V35 said on Sunday ([DATE]) R2 had poop everywhere and was actually letting me help her. V35 said that wasn't like R2, she was normally very independent with peri-care.</p> <p>On [DATE] at 12:47 PM, V30 (CNA - Certified Nursing Assistant) said she was working the overnight shift on [DATE]. V30 said R2 wasn't on her assignment, but she heard her screaming and went into her room. V30 said V29 (CNA) was R2's assigned CNA, but she was busy on another hall. V30 said R2 was screaming, so she went in to check on her. V30 said there was poop everywhere. V30 said R2 had spilled the bedpan on the floor and poop was smeared on the mattress, linens, and R2. V30 said R2 was grabbing at her vaginal area and yelling, It hurts! It burns! It itches! V30 said before she completed a full bed bath, she notified V28 that R2 wasn't acting right and was complaining of vaginal pain. V30 said V28 went in the room and gave R2 a Tylenol (R2's [DATE] MAR showed Tylenol was administered at 1:18 AM on [DATE]). V30 said V28 (LPN) never directed her to take R2's vital signs. V30 said she reported to V29 (R2's assigned CNA) that R2 wasn't acting like herself, and she would need to round on her. V30 said R2 can normally change and toilet herself, but not that night.</p> <p>On [DATE] at 3:06 PM, V29 (CNA) said normally R2 didn't want to be bothered at night. V29 said R2 wanted to do everything herself and usually used the bedpan and cleaned herself up. V29 said she didn't recall providing any care to R2 on the ,d+[DATE] shift on [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bensenville, IL 60106	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 2:45 PM, V28 (LPN) said she worked ,d+[DATE] and ,d+[DATE] on [DATE]. V28 said she was familiar with R2. V28 said R2 was alert and oriented and able to make her needs known. V28 said R2 was very private related to peri-care and was normally independent with use of the bedpan and cleaning herself up. V28 said she didn't know anything about R2 having diarrhea, requiring assistance with cleaning up, and complaining of vaginal pain that night. The surveyor asked V28 why she gave Tylenol at 1:18 AM. V28 replied, Just to help her sleep or something. V28 said if R2 had weakness, required assistance with bedpan/peri-care, and was complaining of vaginal pain, then that would be a change in condition for her. V28 said with a change in condition she would complete an assessment, obtain vital signs, notify the physician, and complete any orders given. V28 said she did not do any of that for R2 because she wasn't aware there was an issue. V28 said frequent diarrhea causes dehydration and loss of electrolytes.</p> <p>On [DATE] at 10:58 AM, V19 said she found R2 like that in the morning, after breakfast. V19 said it was during morning medication pass when she did the assessment and took the vital signs. (Vital signs charted at 9:35 AM, morning medications due at 9:00 AM). V19 said during that time R2 was talking to her, but continued to have diarrhea, was complaining of vaginal pain, and kept removing her incontinence brief. The surveyor asked V19 what time she called the family, physician, and ambulance. V19 said she couldn't recall the exact times. The surveyor asked V19 if she took another set of vital signs before she called the physician. V19 stated, I don't remember if I took another BP after 9:35 AM. She was weak when I did her BP. The surveyor asked V19 to check her documentation in EMR and V19 replied, I don't see any more vital signs charted. The surveyor asked V19 if there was any documentation to show continued assessments between 9:35 AM (when she noted R2's condition change) and 11:47 AM (when the ambulance was notified, per Ambulance Patient Care Report). V19 said she didn't see anything specific in R2's progress notes. V19 said they don't complete a SBAR form when notifying the physician. V19 said the only form completed when she transfers a resident to the hospital is the Transfer Form. V19 was unable to explain why she used the 9:35 AM vital signs for the Transfer form completed dated [DATE] at 12:35 PM.</p> <p>On [DATE] at 12:01 PM, V25 (Agency CNA) said she was working ,d+[DATE] shift on [DATE]. V25 said she didn't recall the exact time, but she remembered R2 having diarrhea and not being able to clean herself up. V25 said she and the nurse thought something was up, and that she wasn't acting herself. V25 said R2 couldn't use the bedpan and clean herself up like normal. V25 said R2 declined quick and had to be sent to the hospital.</p> <p>On [DATE] at 2:06 PM, V34 (R2's physician) said she didn't recall what time the facility called her about R2 on [DATE]. V34 stated, Most of the residents at the facility are old and frail, so I usually just send them out 911. I remember they called and said she (R2) was a little confused. I usually ask for vital signs and what is going on. If the vital signs were stable, then I would follow the resident's wishes for transport. [R2's family member] preferred to send her to a specific hospital. V34 said she would expect the nurses to provide all pertinent information, regarding a resident's change in condition and a recent set of vital signs. V34 said this information is pertinent in determining the appropriate mode of transportation (911 vs. non-emergent transport). V34 said the vital signs were not stable, then she would have sent R2 out 911.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bensenville, IL 60106	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 2:04 PM, V3 (DON) said if a resident had frequent diarrhea, change in normal behavior/mentation, and complaints of vaginal pain that would be considered a change in condition. V3 said when the nurse identifies a change in condition then they should do an assessment, check vital signs, and discuss any concerns with the physician. The surveyor explained that R2 had frequent diarrhea, change in behavior, increased weakness, and complaints of vaginal pain on ,d+[DATE] shift on [DATE]. V3 said she would expect the nurse to notify the physician and document R2's vital signs, complaints, and pertinent assessments. V3 said when the nurse calls the physician, she should provide recent vital signs and accurate assessment information. V3 said it's important to provide the physician with an accurate picture of the resident's condition, so they can determine proper mode of transportation.</p> <p>The facility's Guidelines for Notifying Physicians of Clinical Problems (revised ,d+[DATE]) showed, These guidelines are to help ensure that 1) medical care problems are communicated to the medical staff in a timely, efficient and effective manner and 2) all significant changes in resident status are assessed and documented in the medial record . When contacting the practitioner, especially at night and on weekends (when physician's not familiar with the residents may be on call), the nurse should have the following information available: 1. Detailed description of current issue or problem, including vital signs, symptoms, and results of physical assessment .</p> <p>The Immediate Jeopardy that began on [DATE] was removed on [DATE] when the facility took the following actions to remove the immediacy.</p> <p>1. The corrective action(s) taken for the resident(s) found to have been affected by the deficient practice:</p> <p>-V19 and V28 were in-serviced and educated on identification of a change in condition and continued monitoring. In-service/Education included: to ensure that assessments, monitoring and documentation is completed on residents with a change in condition, providing MD with accurate information regarding change of condition and transferring to emergency department in a timely manner.</p> <p>-Initiated in-service and education to nurses including agency nurses on identification of a change in condition and continued monitoring, documentation of assessments, and monitoring is completed on residents with a change in condition, providing MD with accurate information regarding change of condition and transferring to emergency department in a timely manner. In-service will be completed by [DATE].</p> <p>2. The corrective action(s) for other resident(s) having the potential to be affected by the same deficient practice:</p> <p>-All residents have the potential to be affected. None were identified.</p> <p>3. The measures put into place and a systemic change made to ensure the deficient practice does not reoccur:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bensenville, IL 60106	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>-The Director of Nursing and MDS Coordinator in-serviced nurses on Identifying a Change of Condition in a Resident - in particular, to ensure that assessments, monitoring and documentation is completed on residents with a change of condition. In-servicing was [DATE]. V19 and V28 were already in-serviced and educated. Anyone who had not been in-serviced will be in-serviced in person or over the phone prior to their next shift by DON or designee prior to their next shift in this facility. This in-servicing includes nurses on FMLA & PRN and agency nurses. All new hires will be in-serviced during their orientation on the Identifying a Change of Condition in a Resident - in particular, to ensure that assessments, monitoring and documentation is completed on residents with a change of condition.</p> <p>4. To ensure the deficient practice does not reoccur, the corrective actions(s) will be monitored by:</p> <p>-DON or designee will audit all residents with a change of condition daily x 6 weeks to ensure that all residents with a change of condition were properly assessed, monitored, and documented on, MD was notified with accurate information and transferred in a timely manner.</p> <p>-QAPI Committee have met and discussed the measures that were put in place to ensure that deficient practice does not occur. Medical Director is in agreement of the measures that were put in place and has approved it.</p> <p>5. Completion date systemic changes will be completed: [DATE]</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bensenville, IL 60106	
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 0868</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have the Quality Assessment and Assurance group have the required members and meet at least quarterly</p> <p>39537</p> <p>Based on interview and record review the facility failed to ensure the Quality Assessment and Assurance committee met quarterly with the required members. This failure has effects all the residents in the facility.</p> <p>The findings include:</p> <p>The Facility Data Sheet dated 6/20/24 showed there were 163 residents residing in the facility.</p> <p>On 7/1/24 at 10:00 AM, V3 (DON - Director of Nursing) provided a monthly QA (Quality Assurance) Committee sign-in sheet dated 4/23/24. This form showed the meeting was attended by Restorative, MDS Coordinator, Infection Control Preventionist, Business Office Manager, Admissions, Laundry/Housekeeping, Human Resources, ADON, and DON. The Administrator and Medical Director were not in attendance. (There were no monthly sign-in sheets for May or June 2024). The last QAPI (Quality Assurance and Performance Improvement) sign-in sheet was 12/23/23. The Administrator, Medical Director, and other required staff were present for this meeting. (There was no QAPI sign in sheet since 12/23/23 provided).</p> <p>On 7/1/24 at 2:11 PM, V13 (Social Services Director) said she attends both the monthly QA meetings and the quarterly QAPI meetings. V13 she was not sure when the last QAPI meeting was, but she would ask V3 (DON). V13 left the conference room and returned stating, The last monthly meeting was in April and the last quarterly was in December (2023).</p> <p>On 7/1/24 at 2:24 PM, V3 (DON) said the facility normally does monthly QA meetings and quarterly QAPI meetings, but they were running behind. V3 said V1 (Administrator) was not in attendance at the April QA meeting due to a religious holiday. V3 said the last QAPI meeting was held in December 2023. V3 said the next meeting should have been in March/April 2024 and a second meeting should be June/July 2024. V3 said the facility was behind on those meetings. V3 said during the time the Quarter 4 QAPI would have been done it was crazy. V3 said the facility just had their annual towards the end of January and everyone was working on their POC (Plan of Correction). V3 said that's not an excuse, a meeting should have been held. V3 said the facility discusses quality measures, quality improvement processes, and survey findings during these meetings.</p> <p>The facility's undated Quality Assurance Committee Policy showed, It is the policy of this facility to systematically improve its performance by having an organized Quality Assurance Committee that assures a quality assessment and improvement program is planned, systematic, ongoing and focused on those important processes or outcomes related to resident care and organizational functions. The Committee functions and programs shall be in accordance with the Quality Assessment and Improvement Standards of the Joint Commission on Accreditation of Healthcare Organizations for Long Term Care and federal state regulations and in coordination with the overall Quality Assurance Plan of this facility . Responsibility: Administrator and all Committee Members. Membership: Administrator, Director of Nursing, Medical Director, Pharmacist, Activity Director, Social Service Director, Food Service Supervisor, Maintenance Director, and consultants as requested Standards: .2. The Administrator shall serve as the Chairperson. 3. Committee shall meet monthly to assure activities are performed and identified problems promptly corrected .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bensenville, IL 60106	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>39537</p> <p>Based on observations, interview, and record review the facility failed to ensure the resident hallway was safe, sanitary and comfortable for 7 residents (R12, R13, R14, R15, R16, R17, R18) reviewed for safe, sanitary, comfortable environment in the sample of 18.</p> <p>The findings include:</p> <p>The facility census report dated 6/19/24 showed R12, R13, R14, R15, R16, R17, and R18 resident in the rooms affected.</p> <p>On 6/20/24 at 10:25 AM, near the B-wing nurses' station and the beginning of the 2401-2408 hallway there were ceiling tiles missing and water steadily dripping. The carpet in a 5 foot radius of this area was saturated and caused a sloshing sound when the surveyor attempted to walk past the area. There was a large, gray, round, wheeled trash can under the missing tiles, but water was still dripping onto the carpet and surrounding area. There were 4 pink, personal care basins at the base of the trash can and two towels, with a light brown discoloration, spread out on the floor. The missing tiles exposed plumbing and the air ducts. The water appeared to be steadily dripping from the duct work. There was an adjacent tile, containing a light fixture, that was saturated with water and bowing down. The round light, inside the saturated tile, was on. A female visitor walked by this area and said, Welcome to the swamp. She said the area had looked like this since Monday (6/17/24). There were no fans on the area in an attempt to dry the carpet and the water was continuously dripping onto the floor.</p> <p>On 6/20/24 at 10:37 AM, V3 (Director of Nursing - DON) said the water on B-wing had something to do with an RTU (Air Conditioning Unit) that needed to be replaced. V3 said she would send Maintenance down to explain the situation. V3 said the residents on that hall still have water, electricity, and air conditioning, but they would have to pass through that area to go anywhere else in the facility. The surveyor requested to speak with the Maintenance Director.</p> <p>On 6/20/24 at 10:59 AM, V7 (Maintenance Assistant) said the B-wing air conditioning needs to be replaced. V7 said there were complaints of warmer temperatures on Friday (6/14/24) and a local contractor was called. V7 said they couldn't fix the unit that day but told us to run a slow trickle of water on the condenser until the unit could be fixed or replaced. V7 said they found out there was a hole in the base of the air conditioning unit on Monday (6/17/24) or Tuesday (6/18/24) when water started leaking through the ceiling. V7 said that is what you are seeing, the water dripping in from the temporary fix. V7 said he wasn't sure when the air conditioning would be fixed or replaced. V7 said V6 (Maintenance Director) was working on a proposal to get the unit replaced. V7 said the facility had to replace two other air conditioning units in the last two years. V7 said there are still residents residing on that hallway. V7 said the only way the residents were affected was by the inconvenience of the water dripping onto the floor. The surveyor asked V7 if he was aware that there was an adjacent ceiling tile, containing a light fixture, that was saturated in water. The surveyor asked if water dripping onto an electrical source was a safety concern. V7 replied, No it's an LED light.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145420	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2024
NAME OF PROVIDER OR SUPPLIER Bridgeway Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 111 East Washington Bensenville, IL 60106	
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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/20/24 at 12:57 PM, V5 (Maintenance Director) said there was an issue with the B-wing air conditioning unit. V5 said the contractor instructed them to sprinkle water on the condenser to keep it working, but then on Tuesday or Wednesday they noticed the leak in the ceiling tiles. V5 said the contractor would be out tomorrow to repair the unit. The surveyor asked V5 if there was an issue with water dripping onto a light fixture. V5 replied, Of course, we all know water and electricity don't mix. You should never have water dripping over the light like that. I just had my guy (V7) fix that issue. He used a tarp to create a drip edge. V5 said that was done for the residents' safety and the water will be contained better now.</p> <p>On 6/20/24 at 1:30 PM, on the B-wing, the adjacent tile and light fixture had been removed. There was a black tarp, near missing tiles that was protruding slightly downward. There was a drainage spout at the lowest portion and the water was dripping in a controlled fashion, into the gray, wheeled trash can.</p> <p>On 6/20/24 at 1:32 PM, V8 (Agency LPN - Licensed Practical Nurse) said she didn't work yesterday and wasn't sure when the leaking started. V8 said Maintenance was just over here working on it.</p> <p>On 6/20/24 at 1:34 PM, V18 (CNA-Certified Nursing Assistant) said the floor was so soaked that her feet were getting wet. V18 stated, That floor is going to stink once it dries. It's not safe for the residents to walk through all that water. V18 said Maintenance was just over here putting that tarp up and it seems like that might work better. The water was just everywhere before.</p> <p>The facility provided a service ticket from the air conditioning contractor dated 6/14/24. This ticket showed that there were issues with the air conditioning unit, parts were ordered, but some were delayed. The ticket showed the unit was operational.</p> <p>The surveyor requested a policy for Building Maintenance and Repair, but none was provided by the facility.</p>		