

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/26/2024
NAME OF PROVIDER OR SUPPLIER  Avantara Lincoln Park		STREET ADDRESS, CITY, STATE, ZIP CODE  1366 West Fullerton Avenue Chicago, IL 60614	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</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** 47303</b></p> <p>Based on observation, interviews and record review, the facility failed to ensure that one resident (R3) had the proper equipment for a daily CPAP (Continuous Positive Airway Pressure) machine as ordered by a Medical Doctor. This failure has affected one of four residents reviewed for improper nursing care.</p> <p>Findings include:</p> <p>R3 is [AGE] year old with diagnoses including but not limited to: obstructive sleep apnea, chronic systolic heart failure, history of sudden cardiac arrest, presence of automatic cardiac defibrillator and essential hypertension.</p> <p>On 06/24/2024 during investigation R3 was observed lying in bed.</p> <p>On 06/24/2024 at 12:15 PM R3 stated, I am ok. I get help when I need it. No one here mistreats me. I just need help with my CPAP. I haven't had my CPAP for two nights and it is hard to breath at night. I really need my CPAP. They say that a piece is missing from my CPAP. Can you help me?</p> <p>Surveyor observed R3's CPAP machine sitting on her night stand. The CPAP was without a face mask.</p> <p>On 06/24/2024 at 12:17 PM, V16 (RN/Registered Nurse) stated, I worked days on Saturday and was told that R3's mask was missing from her CPAP machine. The person that orders supplies has been off and I'm not sure who orders supplies in her absence.</p> <p>On 06/25/2024 at 12:02 PM, V10 (Respiratory Therapist) stated, I am a contractor here. I don't order respiratory supplies, the facility does. I believe the nursing department or central supplies orders all of the respiratory equipment and supplies such as CPAP machines, masks, tubing, etc. I follow residents who have unstable respiratory conditions and prevent them from being hospitalized . I am familiar with R3. I was off on Monday, but I was going to go and visit her because I was told that she was missing a mask for her CPAP machine.</p> <p>Surveyor inquired about the purpose of a CPAP machine.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/25/2024 at 12:02 PM, V10 stated, The CPAP machine is used to help residents breathe easier during sleep. This is usually prescribed for residents with sleep apnea. Without the CPAP machine, the resident's CO2 may increase, O2 saturation may decrease and heart rate increases. Overtime, increased CO2 in the blood and altered mental status can occur.</p> <p>Surveyor inquired about V2's knowledge of R3's missing CPAP mask.</p> <p>On 06/26/2024 at 1:40 PM, V2 (DON/ Director of Nursing) stated, I was made aware of R3's missing mask on Monday. I asked V3 (Assistant Administrator) to order the mask because the person that does central supplies was off.</p> <p>Surveyor inquired about the importance of a resident using the CPAP at night time as ordered?</p> <p>On 06/26/2024 at 1:40 PM, V2 (DON) stated, The CPAP machine is prescribed for a reason. We must follow that order so that the resident is safe while sleeping.</p> <p>R3's Order Summary Report documents, CPAP at 5 bedtime.</p> <p>R3's Care Plan documents, R3 is at risk for altered respiratory status/ difficulty breathing related to sleep apnea. Interventions: CPAP settings are titrated pressure, 5 cmH20 via full face mask at bedtime.</p> <p>R3's Medication Administration note dated 6/23/2024 documents, mask missing.</p> <p>R3's Medication Administration note dated 6/22/2024 documents, mask not available.</p> <p>Facility policy titled CPAP/BiPAP support documents, Purpose: to improve arterial oxygenation in residents with respiratory insufficiency, obstructive insufficiency, obstructive sleep apnea or restrictive/ obstructive lung disease; to promote resident comfort and safety.</p> <p>Facility policy titled Respiratory Therapy Equipment Use documents, It is the facility policy to ensure that oxygen and nebulizer equipment use is compliant with the acceptable standards of practice.</p>