STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145958	A. Building B. Wing	10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany Rehab & Hcc	3298 Resource Parkway Dekalb, IL 60115

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. 35541 Based on interview and record review the facility failed to ensure a physician documented, in a resident's medical record, the basis or need for a facility-initiated transfer of a resident. The facility failed to communicate with, verbally or in writing, a local hospital prior to transferring a resident to ensure an effective and safe transition in care. These failures apply to 1 of 3 residents (R1) reviewed for resident transfer/discharge in the sample of 7. The findings include: R1's progress note dated 9/30/24 showed R1 was transferred to a local hospital for an evaluation due to R1's skin tuberculosis (TB) skin test being read as positive/reactive and a recent abnormal chest X-ray result. R1's chest X-ray report dated 9/30/24 showed R1's chest X-ray results as, There are opacities in the right lung base. This may be due to atelectasis or pneumonia. These findings are worse compared with prior. Although these findings are nonspecific, active pulmonary tuberculosis cannot be excluded. R1's electronic medical records dated 9/29/24-10/2/24 showed no physician documentation, notes, or reports detailing why R1's facility-initiated transfer was necessary on 9/30/24. The records showed no documentation of the facility verbally giving report to staff at a local hospital prior to transferring R1 on 9/30/24. The records showed no documentation of facility staff emailing or faxing copies of R1's advanced directives, current care precautions or needs, and/or medication list to the hospital prior to transferring R1 on 9/30/24. R1's medical records showed no documentation that these documents were sent with R1 when she was transferred. On 10/2/24 at 11:07 AM, V2 Director of Nursing (DON) stated, We sent her to the hospital after her TB skin test that we did on 9/25/24, showed positive on 9/27/24 and she also had an abnormal chest X-ray. I spoke with (V4 Medical Director) and he gave me the order to send her to the hospital. We do not have the ability to isolate a resident that potentially has TB. We don't have a reverse-flow isolation room for airborne isolation precautions which is what (R1) needed. We also did not want to risk infecting other residents or staff. V2 stated she did not call report to anyone at the hospital on R1. V2 stated she was unaware if any paperwork was sent with R1 to the hospital when transferred. (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0622 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/2/4 at 1:15 PM, V3 Assistant Director of Nursing (ADON) stated she was involved in R1's transfer on 9/30/24 but she did not call report to anyone at the hospital on R1. V3 stated she did not know if any documents or paperwork were sent with R1 when she was transferred. On 10/2/24 at 1:30 PM, V7 Licensed Practical Nurse (LPN) stated she too was involved with R1's transfer on 9/30/24. V7 stated, When a resident is transferred, a copy of their advanced directives, emergency contact information, bed hold notification, order summary reports, and change in condition report are to be sent with the resident when transferred. As far as I know, nothing was sent with (R1) when she was transferred. I did not call report on her. On 10/2/24 at 12:48 PM, V5 LPN stated, I was (R1's) nurse the day we sent her out but I didn't call report on her. I didn't send any records with her when she was transferred. I thought (V2 DON, V3 ADON, and V7 LPN) had taken care of that. On 10/2/24, V4 Medical Director stated he gave the order to send R1 to the hospital on 9/30/24 for an evaluation due to her abnormal chest X-ray and positive TB skin test. V4 stated, We don't have the proper isolation rooms to sufficiently isolate a resident with TB in the facility. If positive for TB, we wouldn't have been able to provide (R1) the care she needed, and we couldn't risk possibly exposing other residents . V4 stated he had yet to document a note or report on R1's facility-initiated discharge. On 10/2/24, V1 Administrator stated the facility did not have a policy on the facility-initiated discharge of a resident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. 35541 Based on interview and record review the facility failed to provide a resident or their representative with a bed hold notice prior to transferring a resident to the hospital for 1 of 3 residents (R1) reviewed for bed hold notifications/transfers in the sample of 7. The findings include: R1's progress note dated 9/30/24 showed R1 was transferred to a local hospital for an evaluation due to R1's skin tuberculosis (TB) skin test being read as positive/reactive and a recent abnormal chest X-ray result. R1's electronic medical records dated 9/29/24-10/2/24 showed no documentation R1 or V6 (R1's POA/power of attorney) received a bed hold notice prior to R1 being transferred on 9/30/24. On 10/2/24 at 1:30 PM, V7 Licensed Practical Nurse (LPN) stated she was involved with R1's transfer on 9/30/24. V7 stated, When a resident is transferred, a copy of their advanced directives, emergency contact information, bed hold notification, order summary reports, and change in condition report are to be sent with the resident when transferred. As far as I know, nothing was sent with (R1) when she was transferred. V7 stated she did not give R1 a bed hold notice on 9/30/24. On 10/2/24 at 11:07 AM, V2 Director of Nursing (DON) stated she was unaware if any paperwork was sent with R1 to the hospital when transferred. V2 stated she did not issue R1 a bed hold notice on 9/30/24. On 10/2/4 at 1:15 PM, V3 Assistant Director of Nursing (ADON) stated she did not know if any documents or paperwork were sent with R1 when she was transferred. V3 stated she did not give R1 a bed hold notice on 9/30/24 On 10/2/24 at 12:48 PM, V5 LPN stated, I was (R1's) nurse the day we sent her out, but I didn't call report on her. I didn't send any records with her when she was transferred. I thought (V2 DON, V3 ADON, and V7 LPN) had taken care of that. V5 stated she did not give R1 a bed hold notice on 9/30/24. On 10/2/24 at 3:15 PM, V1 Administrator stated neither R1 nor V6 had not been issued a bed hold notice since R1's transfer on 9/30/24. The facility's Bed Hold Policy and Agreement Form dated 2/2014 showed, It is the policy of the Management Company that the facility will establish a system to notify the resident/responsible party/resident representative of the facility bed hold policy. The daily rate required holding a Resident's bed is specific to the room and payment program criteria of the resident . The Bed Hold Agreement is to be obtained for each occurrence- hospital or therapeutic home leave .