DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		145334	R WING		C 06/16/2009	
NAME OF PROVIDER OR SUPPLIER BALLARD NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 9300 BALLARD ROAD DES PLAINES, IL 60016	1 00/10	3/200 9
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 328	setting and suctionial assessment of emerging and code blue processive and competency assessive continue compliance. 8. All rooms where located have in wall capability at each be equipment is connected event of a power disruption in service. 9. The director of redo rounds on a dail Any variance in corrected and report and code blue processive	ang. Always there is an ergency airway management edures. He will also include at and how to assess for distress. In addition, the deo competency assessed by apy director. Annually during iod, there will be another sment performed to determine the. It can be a suctioning edside all suction and oxygen acted to the main generator in the failure there will be not entered to the patient. It is privately basis to ensure compliance. In a spiratory or her designee will by basis to ensure compliance.	F 3.	28		
F9999	FINAL OBSERVAT		F99	99		
	300.1210a) 300.1210b)3) 300.3240a)					
	Section 300.1210 0 Nursing and Persor	General Requirements for hal Care				
		provide the necessary care in or maintain the highest				

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		145334	B. WI			C 06/16/2009		
	PROVIDER OR SUPPLIER D NURSING CENTER		•	9:	REET ADDRESS, CITY, STATE, ZIP CODE 1300 BALLARD ROAD DES PLAINES, IL 60016			
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORI PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE A DEFICIENCY)		ULD BE	(X5) COMPLETION DATE	
F9999	practicable physical well-being of the releach resident's complan of care. Adequation and resident to personal care need b) General nursing minimum the follow a 24-hour, seven do observations of chaincluding mental and means for analyzing required and the need and	al, mental, and psychological sident, in accordance with apprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and its of the resident. I care shall include at a gring and shall be practiced on any a week basis: 3) Objective anges in a resident's condition, and emotional changes, as a grand determining care are deed for further medical attent shall be made by accorded in the resident's Abuse and Neglect The ee, administrator, employee of shall not abuse or neglect a condition of the facility failed to ensure a was properly placed for a facility failed to reassess the acceptance of the facility failed to reassess the failed to reassess the failed to reassess the failed to reassess t	F9:	999				

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		145334	B. WIN	1G _			C 6/2009	
	NAME OF PROVIDER OR SUPPLIER BALLARD NURSING CENTER			9	REET ADDRESS, CITY, STATE, ZIP CODE 0300 BALLARD ROAD DES PLAINES, IL 60016			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F9999	order for the size of type for 1 of 8 resident tracheostomy. Finding Includes: The face sheet den 10/17/08 with diagrical Heart Failure, Chrodisease, Atrial Fibricalcium Channel Beneumonia. R7 was the Aerosol Flow Sidenoted: "patient for Reinserted. Suction suction." 1140 Oxyo Oxygen saturation 90%. 2200: "patient to bed. Certified Nuresident in bed at the was checked and reconsidered and the control of th	ed to provide a physician of the tracheostomy size and lents (R5) in the sampled with lents (R5) in the sampled little, lents (R5	F99	999				
	to swell up while he passed out and coo Respiratory therapi we both concluded	e was being bagged. Resident de blue was called.						

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	145334		B. WI			C 06/16/2009		
NAME OF PROVIDER OR SUPPLIER BALLARD NURSING CENTER				93	EET ADDRESS, CITY, STATE, ZIP CODE 300 BALLARD ROAD ES PLAINES, IL 60016	,	<u>, </u>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRE PREFIX (EACH CORRECTIVE ACTION SH TAG CROSS-REFERENCED TO THE API DEFICIENCY)			(X5) COMPLETION DATE	
F9999	Therapist began to Resident was code scene and took res The hospital emerg stated, "Patient arri Full Arrest with Car progresses per Par year old male who major medical probnursing home this cof breath and had a breathing. Cardia Pstarted. Down time prior to arrival to the Paramedics state the bagging him throug cheeks was balloor with an Ambu bag. unresponsive, pulse asystolic arrest. 'Iniairway.' He had a trimmediately removisaphenous crepitus exam with finger retracks in the neck thone which I was eventrachea. Within two 6.0 Et tube into the ventilate him at that 30 minutes without respiratory arrest. CE3, Respiratory The 05/27/09 at 2:00 phresidents every four	mask bag the resident. d. Noted paramedic on the idents to the hospital." ency Notes dated 10/18/08 ved to Emergency room in diac Pulmonary Resuscitate in amedics. The patient is a 61 presents with a complaint of lem, per paramedics at the evening patient become short in arrest where he stopped fulmonary Resuscitated was for approximately 30 minutes are emergency room. In at the nursing home staff was his tracheostomy but his hing up so they ventilation him Upon arrival the patient was eless and pupil dilated and tial priority was evaluating his racheostomy in place and I led. Exam was due to marked at the neck and face. Digital vealed multiple subcutaneous brough his tracheostomy site entually able to locate as his minutes of arrival placed and at trachea and was able to time but he had gone at least ventilation. Impression: fatal Critical Care X 30 minutes." Perapist Supervisor, on the stated, "We checked or hour with tracheostomy and documentation of E8 did not	F99	999				

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F9999	E4, Respiratory The pm in the conference tracheostomy (track trach. The trach we There was some reinserting catheter. (Respiratory Thera and E7 said trach wassess the respirat Surveyor asked did problem with R7's ther there was a proeverything that hap E5, Respiratory The pm per telephone sapproach me and swith R7's trach. She I tried to bag R7. It only insert the cath inches and did not and oxygen saturat approximately 75% place. The resistant bag through mouth E8, Respiratory The am per telephone soccluded when I go all staff members ke they were on the flow was left on the floor functional trach in vasuctioning tube down the trach was not fur resistance on suction to functioning. The	cerapist, on 05/27/09 at 2:20 ce room stated, "I found R7's on) was out. I reinserted the ent in real easy and quick. I called E6 and E7 pist) to check the trach. E6 was O.K. Later I told E7 to or and trach of R7 again." I you tell E8 you had a rach? E4 stated, "Yes, I told oblem with the trach. I told her pened on the day shift." Lerapist, on 05/27/09 at 2:40 stated, "The Therapist (E8) said she was having a problem to suction him. I could eter approximately 3 to 4 received any secretion return	F99	999			

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AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145334	B. WING			C 06/16/2009	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	tubing because of tube. I told the nurs occluded and I did was approximately the chair. He was rhim if wanted to go oxygen saturation. number. His fingers cold cannot get acc saturation reading. check his oxygen s nurse aide to put his R7 can I suction his thin amount of blood tubing always down 10:00 pm I hear a lisound - A lot of se snoring lying flat in time I felt the occlusto pass the trach tubing. The trach tubing down and unresponsive. pieces of blood clorairway was obstruct was not dissolving bag him. The Amboth The trach was occl E5 came up. He stawas hard to bag him The resident was ufor a few minute and "Raise my head up head of bed up. E5 Ambu bag. His che said "I don't feel go	the dried up blood in the trach the the resident's trach was not reassessed the trach. It 8:45pm. R7 was still sitting in todding in the chair. I asked back to bed. I checked R7's I don't remember saturation is were cold. When fingers are curate/correct oxygen I told him will be back to aturation. I got the certified in back into the bed. Asked in. He said "Yes." I suctioned a d. I could not put the trach it was a full occlusion. At oud snoring sound (Snoring cretion or stroke). He was bed. I tried to suction. This is sion in the trach. I was unable bing. It was a full occulusion I started pouring saline down the saline would dissolved the estlessness. As I pushed more R7 became more restlessness I was also getting some a coming out of the tubing. The sted and occluded. Saline the clot, so I tried to Ambu a bag could not be sneeze. Unded. He was not responsive. Barted to Ambu R7. He said it m. He said it was occluded. I responsive. He was awake distarted to fight. He said and I cannot breath." I raised continue to bag him with leks began to swell up. R7 od." He passed out. I knew it Emphysema (Air was going	F99	999			

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NAME OF PROVIDER OR SUPPLIER BALLARD NURSING CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL				9:	REET ADDRESS, CITY, STATE, ZIP CODE 300 BALLARD ROAD DES PLAINES, IL 60016	00/10	0/2003
	(EACH DEFICIENC)		ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOUNDS OF CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	was not in place. It in the patient neck. into the fatty tissue lodged between the neck. When we we going into space in cheek, face and ne closed off because and trach was not i get air in the trach. He starte nose and mouth. We called 911. Wh passed out again. I pulmonary resuscit pulse was thready. Surveyor asked ho the resident? E8 siminutes we worked Surveyor asked did trach for patency at stated, "No, I was to clot and open the attrach patients, CP assessed and documentation startach patients, CP assessed and documentation tube. 2. R5 was observed lying on a low bed to the resident was retacheostomy tube.	of the neck). The trach tubing was lodged in the fat pocket When Ambu air was going around the neck. It was a trach and fatty tissue in the re bagging him the air was the neck which caused his ck to swell. The trach was of all swelling around the area in place. We were unable to at all. E5 stopped bagging in a bagging with a mask on the Ve got airway with the mask. In the paramedic came, R7 Paramedic started cardio ation. Paramedic said his He was taken to the hospital." We long did E5 and E8 work on tated, "It was approximately 30 if on the resident." If you reassessed the resident fiter respiratory problem. E8 rying to dissolved the blood airway up." The reapy Appropriate ted, "(2). All Ventilator and AP and BI-PAP patients will be amented on every four."	F99	999			

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Respiratory Failure C. Difficile in Stool, Sigmoid Colon Res The Physician orde 02/17/09 through 0 not have a trach siz order. Upon prompting to care plan for the siz tracheostomy, E3 s type on the physicia get the size and typ be physician order trach." The Respiratory Ca Change dated 05/1	s diagnosis included , Hypertension, Hypothyroid, Chronic Colon Fistula and section. er and care plan dated 5/27/09 denoted that R5 did ze or type on the physician check the physician order and	F99	999			