STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	TIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
			A. BUILDI	NG	C	
145899		B. WING		07/11/2008		
NAME OF P	ROVIDER OR SUPPLIER			TREET ADDRESS, CITY, STATE, ZIP CODE		
LEXING	ON OF ORLAND PAR	RK		14601 SOUTH JOHN HUMPHREY DR ORLAND PARK, IL 60462		
(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 SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 490 F9999		nic Obstructive Pulmonary Artery Disease, and	F 490			
	LICENSURE VIOLA 300.1210a) 300.1210b)1)2) 300.1620a)	ATIONS				
	Section 300.1210 C Nursing and Person	General Requirements for hal Care				
	and services to atta practicable physica well-being of the re each resident's con plan of care. Adequ nursing care and pe	provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with aprehensive assessment and late and properly supervised ersonal care shall be provided meet the total nursing and its of the resident.				
	minimum the follow a 24-hour, seven do					
		including oral, rectal, enous and intramuscular shall stered.				
		s and procedures shall be dered by the physician.				
	Section 300.1620 C Prescriber's Orders	Compliance with Licensed				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		145899	B. WIN	NG _			C 1 <b>/2008</b>
NAME OF PROVIDER OR SUPPLIER  LEXINGTON OF ORLAND PARK			•	1	REET ADDRESS, CITY, STATE, ZIP CODE 4601 SOUTH JOHN HUMPHREY DR DRLAND PARK, IL 60462		
(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	written, facsimile or prescriber. The facs licensed prescriber accordance with Se orders shall have the unique identifier) of (Rubber stamp sign These medications ordered-by the licendesignated time.  These REGULATION Based on record refacility failed to enshad a physician ordered	shall be given only upon the electronic order of a licensed simile or electronic order of a shall be authenticated by the within 10 calendar days, in ection 300.1810. All such he handwritten signature (or the licensed prescriber. Inatures are not acceptable.) shall be administered as insed prescriber and at the DNS are not met as evidenced view and interviews, the ure that one resident (R2) who der for continuous Oxygen to out of the facility without of Chronic Obstructive expectages, Congestive Heart Failure, mality, Hypertension, Coronary fail Fibrillation, Pneumonia, oxygen while at an oxygen while at an oxygen to his admission at the facility Oxygen 2 liters continuous oxygen 2 liters continuous oxygen 2 liters continuous oxygen appointment at the hospital spite a physician order in R2's L/NC starting 3/6/08.	F99	999			

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		145899	B. WI	NG _			C <b>1/2008</b>
NAME OF PROVIDER OR SUPPLIER  LEXINGTON OF ORLAND PARK			•	1	REET ADDRESS, CITY, STATE, ZIP CODE 4601 SOUTH JOHN HUMPHREY DR DRLAND PARK, IL 60462		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES (ERCY)	ULD BE	(X5) COMPLETION DATE
F9999	only to expire the nof death including Consease, Coronary Bacteremia.  Findings include:  Per record review, on 1/10/08. Per hos was on Oxygen at 2 diminished Lung Schysical dated 1/9/finding of "Dyspneatheart Failure."  When Z2 was intered R2 used to live in a using Oxygen 24 hos live in a using Oxygen 24 hos live in a using Oxygen 24 hos lives.  Review of R2's nursultanes.  According to B2's Nordering it to be charactering it to be charactering to R2's Nordering to R2's No	R2 was admitted to the facility spital record dated 1/10/08, R2 L/Nasal Cannula and had bund. R2's History and 08 also showed a medical a likely due to Congestive viewed on 7/3/08, Z2 said that retirement place and was burs/day.  CNA) on 7/3/08 at 10:44 AM as seen R2 with Oxygen at all sees notes also showed that on 12 was charted as "with er N.C. hooked at all times." es notes skipped several as using continuous Oxygen wen prior to his physician anged from a prn to a therapy on 3/6/08.  Nurses notes dated 3/14/08 at admitted at Hines Hospital	F99	999	·		
	(Nurse) was intervious 3/14/08, E3 was	espiratory distress. When E3 ewed on 7/2/08, E3 said that the nurse assigned to R2 continued that she sent R2					

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145899		B. WIN	1G _		C <b>07/11/2008</b>			
NAME OF PROVIDER OR SUPPLIER  LEXINGTON OF ORLAND PARK			'	1	REET ADDRESS, CITY, STATE, ZIP CODE 14601 SOUTH JOHN HUMPHREY DR DRLAND PARK, IL 60462			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F9999	Oxygen as R2 is or However, when R2 reviewed, it was no continuous Oxygen ordered by R2's Ph it. This was verified the telephone order or 3/6/08.  During 7/3/08 interv (Restorative Aide) is medicar on 3/14/08 doctor's appointmentalso mentioned that was on Oxygen who Medicar waiting out that if R2 had an or that the nurse and of it.  When Z3 (Medicar the phone on 7/7/08 transported R2 to HR2 did not have any staff tell him that R2 Medicar can transpif the resident is usinoxygen, as the Medicar can transpif the resident is usinoxygen. Z3 also satisfied that it only facility to the hospit as slumped in his wat the hospital drives.	ge 14 ent at the hospital without ally on Oxygen as needed.  Is Physician Order Sheet was ted that on 3/6/08, a     at 2 L/Nasal Cannula was ysician. E3 was not aware of by E4 (Nurse) who obtained of or R2's continuous Oxygen  View at 10:00 AM, E5 said that he took R2 to the so that R2 could have his not at VA Hines Hospital. E5 to the cannot remember if R2 en he transported R2 to the side the facility, but added der for continuous Oxygen, not E5 would have taken care  Driver) was interviewed over B, Z3 said that when he lines VA hospital on 3/14/08, y Oxygen, nor did the facility a needed it. Z3 added that the ort patients with Oxygen only ng the facility's portable licar does not have its own id that otherwise the facility an ambulance service. Z3 took him one hour from the al, and that R2 was observed wheelchair only when R2 was beway. Z3 continued that he can where Z4 took R2 to the	F99	999				

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SURPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		145899	B. WIN	1G _			C 1 <b>/2008</b>
NAME OF PROVIDER OR SUPPLIER  LEXINGTON OF ORLAND PARK				1	REET ADDRESS, CITY, STATE, ZIP CODE 4601 SOUTH JOHN HUMPHREY DR DRLAND PARK, IL 60462	,	2333
(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)	ULD BE	(X5) COMPLETION DATE
F9999	interview that R2 are over in his wheelch clarified that R2 me added that R2 was and with pulse and obtainable. Z4 said portable oxygen frowas improved after.  Per 7/7/08 phone in physician) said that checked R2's chart continuous Oxygen appointment. Z5 codiagnoses of Congrobstructive Pulmor Disease, and Respincrease activity/str the lack of continuous have contributed to respiratory distress.  Review of R2's record R2 had an Oxygen long R2 could stay Oxygen. R2's facility any evaluation of R0 Oxygen and that if of time without Oxymer. Z6 said that R2 was that R2 was slumped unconscious, and was z6 said that CPR was revived. Z6 added to administered to R2	an) said during phone rived at his clinic slumped air and cyanotic, to which Z4 eds Oxygen. Furthermore, Z4 grunting, barely responsive, blood pressure barely that he was able to get a am one of the clinics, and R2 R2 had Oxygen in ER.  Atterview, Z5 (IDPH resource the nurse should have first if there was an order for before sending R2 out to his antinued that with R2's estive Heart Failure, Chronic hary Disease, Coronary Artery irratory Abnormality, plus the less of being up in a Medicar; bus Oxygen for awhile could R2's being susceptible to and cardiac arrest.  Ord showed no indication that assessment to evaluate how stable without continuous y record has no evidence of 2's status with and without R2 desaturates after a period	F99	999			

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		145899	B. WIN	IG		C <b>07/11/2008</b>	
NAME OF PROVIDER OR SUPPLIER  LEXINGTON OF ORLAND PARK			•	14	EET ADDRESS, CITY, STATE, ZIP CODE 1601 SOUTH JOHN HUMPHREY DR RLAND PARK, IL 60462		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F9999	Continued From pa	age 16	F99	99			
	expired on 3/15/08 R2 died from Chror	dical record showed that R2 . Per R2's Death Certificate, nic Obstructive Pulmonary Artery Disease, and					
		(A)					