

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		
F 224 SS=G	<p>Complaints Investigations 0992169/IL41472 - F224, F225 and F328 cited. 0992278/IL41585 - No deficiency cited.</p> <p>An extended survey was conducted. 483.13(c) STAFF TREATMENT OF RESIDENTS</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of the facility policy, the facility failed to ensure that 1 resident (R7) was free from neglect as evidenced by the facility failure to ensure a tracheostomy tube was properly placed, failed to reassess the placement of the tracheostomy or notify the MD of the problem placement.</p> <p>This failure resulted in the resident not receiving adequate oxygenation during a respiratory arrest. This failure resulted in the resident (R7) being hospitalized and expiring with respiratory failure.</p> <p>Finding Includes:</p> <p>The face sheet denoted R7 was admitted on 10/17/08 with diagnosis Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Diabetes Mellitus, Calcium Channel Blocker, Depression and Pneumonia. R7 was alert and oriented X 3.</p>	F 224		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 224	<p>Continued From page 1</p> <p>The Aerosol Flow Sheet dated 10/18/08 at 0840 denoted: "patient found with trach out. Reinserted. Suction for small amount of bloody suction". 1140 Oxygen saturation 96%. 1600 Oxygen saturation 94%. 2100 Oxygen saturation 90%. 2200: "patient stated that he wanted to go to bed. Certified Nurse Aide (CNA) placed resident in bed at this time. Oxygen saturation was checked and residents fingers were cold. 2300: Re-attempted to get oxygen saturation; read 79 - 80% at this time. patient is unresponsive. Tried to suction trach and met resistance. 2nd therapist was called and I informed Respiratory Therapist (E5) and I started another Nebulizer treatment as respiratory therapist began to bag resident, resident 's right cheek began to puff up. Respiratory therapist tried to suction trach and only got a lot of blood. Respiratory continue to try and bag resident and resident finally awaked. Residents cheeks began to swell up while he was being bagged. Resident passed out and code blue was called. Respiratory therapist stopped trach bagging as we both concluded that the resident had Subcutaneous Emphysema and Respiratory Therapist began to mask bag the resident . Resident was coded. Noted paramedic on the scene and took residents to the hospital".</p> <p>The hospital emergency Notes dated 10/18/08 stated, " Patient arrived to Emergency room in "Full Arrest with Cardiac Pulmonary Resuscitate in progresses per Paramedics. The patient is a 61 year old male who presents with a complaint of major medical problem, per paramedics at the nursing home this evening patient become short of breath and had an arrest where he stopped breathing. Cardia Pulmonary Resuscitated was started. Down time for approximately 30 minutes</p>	F 224			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 224	<p>Continued From page 2</p> <p>prior to arrival to the emergency room. Paramedics state that the nursing home staff was bagging him through his tracheostomy but his cheeks was ballooning up so they ventilation him with an Ambu bag. Upon arrival the patient was unresponsive, pulseless and pupil dilated and asystolic arrest. "Initial priority was evaluating his airway". He had a tracheostomy in place and I immediately removed. Exam was due to marked saphenous crepitus to the neck and face. Digital exam with finger revealed multiple subcutaneous tracks in the neck through his tracheostomy site one which I was eventually able to locate as his trachea. Within two minutes of arrival placed and 6.0 Et tube into the trachea and was able to ventilate him at that time but he had gone at least 30 minutes without ventilation. Impression: fatal respiratory arrest. Critical Care X 30 minutes."</p> <p>E3, Respiratory Therapist Supervisor, on 05/27/09 at 2:00 pm stated, " We checked residents every four hour with tracheostomy and vent. According to documentation of E8 did not check resident (R7) every four hour."</p> <p>E4, Respiratory Therapist, on 05/27/09 at 2:20 pm in the conference room stated, " I found R7 tracheostomy (trach) was out. I reinserted the trach. The trach went in real easy and quick. There was a some resistance on suctioning after inserting catheter. I called E6 and E7 (Respiratory Therapist) to check the trach. E6 and E7 said trach was O.K. Later I told E7 to assess the respirator and trach of R7 again." Surveyor ask did you tell E8 had problem with R7 trach? E4 stated, " Yes, I told her there was a problem with the trach. I told her everything that happened on the day shift."</p>	F 224			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 224	<p>Continued From page 3</p> <p>E5, Respiratory Therapist, on 05/27/09 at 2:40 pm per telephone stated," The Therapist (E8) approach me said she was having a problem with R7 trach. She was having trouble bagging. I tried to bag R7. I tried to suction him. I could only insert the catheter approximately 3 to 4 inches and did not received any secretion return and oxygen saturation reading was approximately 75%. The inner cannula was not in place. The resistance was very high. So, I tried to bag through mouth and nose with a little resulted."</p> <p>E8, Respiratory Therapist, on 05/28/09 at 11:45 am per telephone stated," The trach was already occluded when I got to work, The supervisor and all staff member knew it was occluded because they were on the floor. They were discussing it when I got off the elevator. It was about 7:00pm. I was left on the floor with a resident (R7) non functional trach in which you could not pass a suctioning tube down. E4 was therapist reported the trach was not function. She was getting a little resistance on suctioning. The resident trach was not functioning. The trach was full occluded with dry up blood. They could not passed a suction tubing because of the dry up blood in the trach tube. I told the nurse the resident trach was occluded and I did not reassessed the trach. It was approximately 8:45pm R7 was still sitting in the chair. He was nodding in the chair. I asked him if want to go back to bed. I checked R7 oxygen saturation. I don't remember saturation number. His fingers were cold. When fingers are cold can not get accurate/corrected oxygen saturation reading. I told him will be back to checked his oxygen saturation. I got the certified nurse aide to put him back into the bed. Ask R7 can I suction him. he said "Yes." I suction a thin amount of blood. I could not put the trach tubing</p>	F 224			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 224	Continued From page 4 always down it was a full occlusion. At 10:00 pm I hear a loud snoring sound ( Snoring sound - A lot of secretion or stroke). He was snoring lying flat in bed. I tried to suction. This time I felt the occlusion in the trach. I was unable to pass the trach tubing. It was a full occlusion in the trach tubing. I started pouring saline down the trach. To see if the saline would dissolved the clot. He was very restlessness. As I pushed more of the tubing down R7 became more restlessness and unresponsive. I was also getting some pieces of blood clot coming out of the tubing. The airway was obstructed and occluded. Saline was not dissolving the clot. So, I tried to Ambu bag him. The Ambu bag could not be sneeze. The trach was occluded. He was not responsive. E5 came up. He started to Ambu R7. He said it was hard to bag him. He said it was occluded. The resident was unresponsive. He was wake for a few minute and started to fight. He said "Raise my head up and I can not breath." I raised head of bed up. E5 continue to bag him with Ambu bag. His cheeks began to swell up. R7 said "I don't feel good." He passed out. I knew it was Subcutaneous Emphysema ( Air was going into the fatty tissue of the neck). The trach tubing was not in place. It was lodged in the fat pocket in the patient neck. When Ambu air was going into the fatty tissue around the neck. It was lodged between the trach and fatty tissue in the neck. When we were bagging him the air was going into space in the neck which cause his cheek, face and neck to swell. The trach was closed off because of all swelling around the area and trach was not in place. We were unable to get air in the trach at all. E5 stopped bagging in the trach. He started bagging with a mask on the nose and mouth. We got air way with the mask. We call 911. When the paramedic came R7 pass out again. Paramedic	F 224			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 224	Continued From page 5 started cardio pulmonary resuscitation. Paramedic said his pulse was thready. He was taken to the hospital.  Surveyor ask how long did E5 and E8 work on the resident? E8 stated, " It was approximately 30 minutes we work on the resident."  Surveyor ask did you reassessed the resident trach for patency after respiratory problem. E8 stated," No, I was trying to dissolved the blood clot and open the airway up."  The Respiratory Therapy Appropriate Documentation stated," (2). All Ventilator and Trach patients, CPAP and BI-PAP patients will be assessed and documented on every four hours."  The faculty did not present any documentation that resident was reassessed patency of the tracheostomy tube.	F 224			
F 225 SS=D	483.13(c)(1)(ii)-(iii), (c)(2) - (4) STAFF TREATMENT OF RESIDENTS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and	F 225			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 225	<p>Continued From page 6</p> <p>misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview, and accident and incident investigation guidelines, the facility failed to thoroughly investigate an unknown occurrence for 1 of 8 resident (R7) in which a tracheostomy was not properly placed. This failure resulted in the resident (R7) not receiving adequate oxygenation during a respiratory arrest which resulted in the resident (R7) being hospitalized. R7 expired from respiratory failure. The facility also failed to follow there abuse, accident and incident investigation guidelines and to notify the state reporting agency of the occurrence.</p>	F 225			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 225	<p>Continued From page 7</p> <p>Finding Include:</p> <p>The face sheet denoted R7 was admitted on 10/17/08 with diagnosis Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Diabetes Mellitus, Calcium Channel Blocker, Depression and Pneumonia. R7 was alert and oriented X 3.</p> <p>The Aerosol Flow Sheet dated 10/18/08 at 0840 denoted: "patient found with trach out. Reinserted. Suction for small amount of bloody suction". 1140 Oxygen saturation 96%. 1600 Oxygen saturation 94%. 2100 Oxygen saturation 90%. 2200: "patient stated that he wanted to go to bed. Certified Nurse Aide (CNA) placed resident in bed at this time. Oxygen saturation was checked and residents fingers were cold. 2300: Re-attempted to get oxygen saturation; read 79 - 80% at this time time. patient is unresponsive. Tried to suction trach and met resistance. 2nd therapist was called and I informed Respiratory Therapist (E5) and I started another Nebulizer treatment as respiratory therapist began to bag resident, resident 's right cheek began to puff up. Respiratory therapist tried to suction trach and only got a lot of blood. Respiratory continue to try and bag resident and resident finally awaked. Residents cheeks began to swell up while he was being bagged. Resident passed out and code blue was called. Respiratory therapist stopped trach bagging as we both concluded that the resident had Subcutaneous Emphysema and Respiratory Therapist began to mask bag the resident . Resident was coded. Noted paramedic on the scene and took residents to the hospital".</p> <p>The hospital emergency Notes dated 10/18/08</p>	F 225			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 225	<p>Continued From page 8</p> <p>stated, " Patient arrived to Emergency room in "Full Arrest with Cardiac Pulmonary Resuscitate in progresses per Paramedics. The patient is a 61 year old male who presents with a complaint of major medical problem, per paramedics at the nursing home this evening patient become short of breath and had an arrest where he stopped breathing. Cardia Pulmonary Resuscitated was started. Down time for approximately 30 minutes prior to arrival to the emergency room.</p> <p>Paramedics state that the nursing home staff was bagging him through his tracheostomy but his cheeks was ballooning up so they ventilation him with an Ambu bag. Upon arrival the patient was unresponsive, pulseless and pupil dilated and asystolic arrest. "Initial priority was evaluating his airway". He had a tracheostomy in place and I immediately removed. Exam was due to marked saphenous crepitus to the neck and face. Digital exam with finger revealed multiple subcutaneous tracks in the neck through his tracheostomy site one which I was eventually able to locate as his trachea. Within two minutes of arrival placed and 6.0 Et tube into the trachea and was able to ventilate him at that time but he had gone at least 30 minutes without ventilation. Impression: fatal respiratory arrest. Critical Care X 30 minutes."</p> <p>Th hospital record dated 10/18/09 denoted R7's expired in the emergency room.</p> <p>E2, Administrator, on 05/28/09 stated," I did not investigate the incident with R7. There was no investigation. There was no preliminary nor finished results sent to the state agency."</p> <p>The facility presented interview from the Respiratory Therapist (E8) regarding the investigation. E8 was terminated for</p>	F 225			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 225	Continued From page 9 "Unsatisfactory work performance" on 10/27/08. No other evidence of an investigation was presented; no incident report was found.  The abuse incident investigation guidelines dated 05/99 state: (1). All incidents, whether occurring at the present time or discovered to have occurred recently are do be written's an incident. (2). The completed report is to be given to the Director of Nursing (DON) at the end of the shift or no later than the next shift if Medical Doctor notification has not been made. (3). The DON will receive the report. The investigation of the report is usually assigned to the shift supervisor. (4). The investigation is returned to the DON within 48 hours of serious incidents or accident involving a resident. (7). Nursing supervisor will ensure accurate completion incident report and submit to the nursing office where DON will assign an investigation follow up. (8). IDPH will be notified with 24 hours of any serious injury requiring services of emergency room, police fire and coroner.  The facility did not present any documentation that a incident was investigated nor reported to the state agency.	F 225			
F 328 SS=J	483.25(k) SPECIAL NEEDS  The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and	F 328			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	<p>Continued From page 10 Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, interview, and review of the facility policy, the facility failed to ensure a tracheostomy tube was properly placed for a resident (R7). The facility failed to reassess the placement of the tracheostomy or notify the MD of the problem placement, this failure resulted in the resident not receiving adequate oxygenation during a respiratory arrest. This failure resulted in the resident (R7) being hospitalized and expiring with respiratory failure.</p> <p>The facility also failed to provide a physician order for the size of the tracheostomy size and type for 1 of 8 residents (R5) in the sampled with tracheostomy.</p> <p>E2 (Administrator) was notified of the Immediate Jeopardy on 6/08/09 at 10:15 am.</p> <p>While the Immediate Jeopardy was abated on 06/08/09 at 3:15 pm, the facility remained out of compliance at severity level 2 because the facility has yet to in-service all shifts, has yet to assess all possible affected residents, new assessment tool and plan of care has yet to fully implemented and the facility's evaluation of the effectively of the new plan of care has yet to be conducted.</p> <p>Finding Includes:</p> <p>The face sheet denoted R7 was admitted on 10/17/08 with diagnosis Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Diabetes Mellitus, Calcium</p>	F 328			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	<p>Continued From page 11</p> <p>Channel Blocker, Depression and Pneumonia. R7 was alert and oriented X 3.</p> <p>The Aerosol Flow Sheet dated 10/18/08 at 0840 denoted: "patient found with trach out. Reinserted. Suction for small amount of bloody suction". 1140 Oxygen saturation 96%. 1600 Oxygen saturation 94%. 2100 Oxygen saturation 90%. 2200: "patient stated that he wanted to go to bed. Certified Nurse Aide (CNA) placed resident in bed at this time. Oxygen saturation was checked and residents fingers were cold. 2300: Reattempted to get oxygen saturation; read 79 - 80% at this time. patient is unresponsive. Tried to suction trach and met resistance. 2nd therapist was called and I informed Respiratory Therapist (E5) and I started another Nebulizer treatment as respiratory therapist began to bag resident, resident 's right cheek began to puff up. Respiratory therapist tried to suction trach and only got a lot of blood. Respiratory continue to try and bag resident and resident finally awaked. Residents cheeks began to swell up while he was being bagged. Resident passed out and code blue was called. Respiratory therapist stopped trach bagging as we both concluded that the resident had Subcutaneous Emphysema and Respiratory Therapist began to mask bag the resident . Resident was coded. Noted paramedic on the scene and took residents to the hospital".</p> <p>The hospital emergency Notes dated 10/18/08 stated, " Patient arrived to Emergency room in "Full Arrest with Cardiac Pulmonary Resuscitate in progresses per Paramedics. The patient is a 61 year old male who presents with a complaint of major medical problem, per paramedics at the nursing home this evening patient become short</p>	F 328			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	<p>Continued From page 12</p> <p>of breath and had an arrest where he stopped breathing. Cardia Pulmonary Resuscitated was started. Down time for approximately 30 minutes prior to arrival to the emergency room. Paramedics state that the nursing home staff was bagging him through his tracheostomy but his cheeks was ballooning up so they ventilation him with an Ambu bag. Upon arrival the patient was unresponsive, pulseless and pupil dilated and asystolic arrest. "Initial priority was evaluating his airway". He had a tracheostomy in place and I immediately removed. Exam was due to marked saphenous crepitus to the neck and face. Digital exam with finger revealed multiple subcutaneous tracks in the neck through his tracheostomy site one which I was eventually able to locate as his trachea. Within two minutes of arrival placed and 6.0 Et tube into the trachea and was able to ventilate him at that time but he had gone at least 30 minutes without ventilation. Impression: fatal respiratory arrest. Critical Care X 30 minutes."</p> <p>E3, Respiratory Therapist Supervisor, on 05/27/09 at 2:00 pm stated, " We checked residents every four hour with tracheostomy and vent. According to documentation of E8 did not check resident (R7) every four hour."</p> <p>E4, Respiratory Therapist, on 05/27/09 at 2:20 pm in the conference room stated, " I found R7 tracheostomy (trach) was out. I reinserted the trach. The trach went in real easy and quick. There was a some resistance on suctioning after inserting catheter. I called E6 and E7 (Respiratory Therapist) to check the trach. E6 and E7 said trach was O.K. Later I told E7 to assess the respirator and trach of R7 again." Surveyor ask did you tell E8 had problem with R7 trach? E4 stated, " Yes, I told her there was a</p>	F 328			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	<p>Continued From page 13</p> <p>problem with the trach. I told her everything that happened on the day shift."</p> <p>E5, Respiratory Therapist, on 05/27/09 at 2:40 pm per telephone stated," The Therapist (E8) approach me said she was having a problem with R7 trach. She was having trouble bagging. I tried to bag R7. I tried to suction him. I could only insert the catheter approximately 3 to 4 inches and did not received any secretion return and oxygen saturation reading was approximately 75%. The inner cannula was not in place. The resistance was very high. So, I tried to bag through mouth and nose with a little resulted."</p> <p>E8, Respiratory Therapist, on 05/28/09 at 11:45 am per telephone stated," The trach was already occluded when I got to work, The supervisor and all staff member knew it was occluded because they were on the floor. They were discussing it when I got off the elevator. It was about 7:00pm. I was left on the floor with a resident (R7) non functional trach in which you could not pass a suctioning tube down. E4 was therapist reported the trach was not function. She was getting a little resistance on suctioning. The resident trach was not functioning. The trach was full occluded with dry up blood. They could not passed a suction tubing because of the dry up blood in the trach tube. I told the nurse the resident trach was occluded and I did not reassessed the trach. It was approximately 8:45pm R7 was still sitting in the chair. He was nodding in the chair. I asked him if want to go back to bed. I checked R7 oxygen saturation. I don't remember saturation number. His fingers were cold. When fingers are cold can not get accurate/corrected oxygen saturation reading. I told him will be back to checked his oxygen saturation. I got the certified</p>	F 328			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	Continued From page 14 nurse aide to put him back into the bed. Ask R7 can I suction him. he said "Yes." I suction a thin amount of blood. I could not put the trach tubing always down it was a full occlusion. At 10:00 pm I hear a loud snoring sound ( Snoring sound - A lot of secretion or stroke). He was snoring lying flat in bed. I tried to suction. This time I felt the occlusion in the trach. I was unable to pass the trach tubing. It was a full occlusion in the trach tubing. I started pouring saline down the trach. To see if the saline would dissolved the clot. He was very restlessness. As I pushed more of the tubing down R7 became more restlessness and unresponsive. I was also getting some pieces of blood clot coming out of the tubing. The airway was obstructed and occluded. Saline was not dissolving the clot. So, I tried to Ambu bag him. The Ambu bag could not be sneeze. The trach was occluded. He was not responsive. E5 came up. He started to Ambu R7. He said it was hard to bag him. He said it was occluded. The resident was unresponsive. He was wake for a few minute and started to fight. He said "Raise my head up and I can not breath." I raised head of bed up. E5 continue to bag him with Ambu bag. His cheeks began to swell up. R7 said "I don't feel good." He passed out. I knew it was Subcutaneous Emphysema ( Air was going into the fatty tissue of the neck). The trach tubing was not in place. It was lodged in the fat pocket in the patient neck. When Ambu air was going into the fatty tissue around the neck. It was lodged between the trach and fatty tissue in the neck. When we were bagging him the air was going into space in the neck which cause his cheek, face and neck to swell. The trach was closed off because of all swelling around the area and trach was not in place. We were unable to get air in the trach at all. E5 stopped bagging in the trach. He started	F 328			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	<p>Continued From page 15</p> <p>bagging with a mask on the nose and mouth. We got air way with the mask. We call 911. When the paramedic came R7 pass out again. Paramedic started cardio pulmonary resuscitation. Paramedic said his pulse was thready. He was taken to the hospital."</p> <p>Surveyor ask how long did E5 and E8 work on the resident? E8 stated, " It was approximately 30 minutes we work on the resident."</p> <p>Surveyor ask did you reassessed the resident trach for patency after respiratory problem. E8 stated," No, I was trying to dissolved the blood clot and open the airway up."</p> <p>The Respiratory Therapy Appropriate Documentation stated," (2). All Ventilator and Trach patients, CPAP and BI-PAP patients will be assessed and documented on every four."</p> <p>The faculty did not present any documentation that resident was reassessed patency of the tracheostomy tube.</p> <p>2. R5 was observed on 05/27/09 at 9:40 am lying on a low bed with mattress on both side of the bed. R5 was observed with tracheostomy collar inplace. R5's diagnosis Respiratory Failure, Hypertension, Hypothyroid, C. Difficile in Stool, Chronic Colon Fistula and Sigmoid Colon Resection.</p> <p>The Physician order and care plan dated 02/17/09 through 05/27/09 denoted that R5 did not have a trach size or type on the physician order.</p> <p>Upon prompting to checked the physician order</p>	F 328			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	<p>Continued From page 16 and care plan for the size and type of the tracheostomy.</p> <p>E3 stated," There is no size or type on the physician order. I called physician to get the size and type on the trach. There should be physician order with the size and type on the trach."</p> <p>The Respiratory Care Services and Trach Tube Change dated 05/15/96 stated," 1. * Confirm physician order for trach change with size and type identified."</p> <p>The abatement plan regarding this issues is as follows:</p> <ol style="list-style-type: none"> <li>1. the facility identified that there are currently 37 patients with tracheostomy in house. Each resident's airway was assessed by the respiratory therapy director and the respirator supervisor for correct placement. All were found to be placed correctly and the patients were with oxygen at appropriate levels.</li> <li>2. Each patient's chart was reviewed that the correct type and size of the tracheostomy tube was documented in the physician order sheets. It will be checked monthly for compliance or whenever there is a change whichever come first. All charts in the facility have been reviewed and found in compliance.</li> <li>3. A log of each patient's type of tracheostomy tube and size was completed and it will be maintained by the director of respiratory at all time and/or her designee for compliance rounds when they see the tracheostomy patient's daily.</li> <li>4. A list of patients per each unit with the type of tracheostomy tube and size will maintained at the corresponding nurse station for ease access in the event of an emergency.</li> <li>5. An emergency tracheostomy tube with the</li> </ol>	F 328			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	Continued From page 17 correct type ans size is in place next to each patient's bed currently receiving tracheostomy care. 6. A review of all current respiratory therapist files demonstrating that they have update competency assessments. Th assessments will include proper tracheostomy tube insertion and airway management. 7. An in-service by the Medical Director Z4 ENT will be conducted 06/09/09 for all respiratory therapists on proper tracheostomy insertion and airway management. All therapist will be checked competency upon completion of the inservice. Competency must be demonstrated upon hire and annually to determine proper technique and safe practice. The competency assessment includes the insertion of a tracheostomy tube and its proper care and handling. It assesses them on breath sounds and airway management. In addition it assesses arterial blood from obtaining them through interpreting the results. Also, it assesses ventilator management and proper setting and suctioning. Always there is an assessment of emergency airway management and code blue procedures. He will also include airway management and how to assess for impending signs of distress. In addition, the in-service will be video competency assessed by the respiratory therapy director. Annually during their evaluation period, there will be another competency assessment performed to determine continue compliance. 8. All rooms where tracheostomy patients are located have in wall oxygen and suctioning capability at each bedside all suction and oxygen equipment is connected to the main generator in the event of a power failure there will be no disruption in service to the patient. 9. The director of respiratory or her designee will	F 328			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 328	Continued From page 18 do rounds on a daily basis to ensure compliance. Any variance in compliance will be immediately corrected and reported to the clinical administrator to take appropriate disciplinary action.	F 328			
F9999	FINAL OBSERVATIONS  LICENSURE FINDINGS Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.  b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.  Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)	F9999			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 19</p> <p>These requirements are not met as evidenced by: Based on record review, interview, and review of the facility policy, the facility failed to ensure a tracheostomy tube was properly placed for a resident (R7). The facility failed to reassess the placement of the tracheostomy or notify the MD of the problem placement, this failure resulted in the resident not receiving adequate oxygenation during a respiratory arrest. This failure resulted in the resident (R7) being hospitalized and expiring with respiratory failure.</p> <p>The facility also failed to provide a physician order for the size of the tracheostomy size and type for 1 of 8 residents (R5) in the sampled with tracheostomy.</p> <p>Finding Includes:</p> <p>The face sheet denoted R7 was admitted on 10/17/08 with diagnosis Congestive Heart Failure, Chronic Obstructive Pulmonary Disease, Atrial Fibrillation, Diabetes Mellitus, Calcium Channel Blocker, Depression and Pneumonia. R7 was alert and oriented X 3.</p> <p>The Aerosol Flow Sheet dated 10/18/08 at 0840 denoted: "patient found with trach out. Reinserted. Suction for small amount of bloody suction". 1140 Oxygen saturation 96%. 1600 Oxygen saturation 94%. 2100 Oxygen saturation 90%. 2200: "patient stated that he wanted to go to bed. Certified Nurse Aide (CNA) placed resident in bed at this time. Oxygen saturation was checked and residents fingers were cold. 2300: Reattempted to get oxygen saturation;</p>	F9999			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 20</p> <p>read 79 - 80% at this time time. patient is unresponsive. Tried to suction trach and met resistance. 2nd therapist was called and I informed Respiratory Therapist (E5) and I started another Nebulizer treatment as respiratory therapist began to bag resident, resident 's right cheek began to puff up. Respiratory therapist tried to suction trach and only got a lot of blood. Respiratory continue to try and bag resident and resident finally awaked. Residents cheeks began to swell up while he was being bagged. Resident passed out and code blue was called. Respiratory therapist stopped trach bagging as we both concluded that the resident had Subcutaneous Emphysema and Respiratory Therapist began to mask bag the resident . Resident was coded. Noted paramedic on the scene and took residents to the hospital".</p> <p>The hospital emergency Notes dated 10/18/08 stated, " Patient arrived to Emergency room in "Full Arrest with Cardiac Pulmonary Resuscitate in progresses per Paramedics. The patient is a 61 year old male who presents with a complaint of major medical problem, per paramedics at the nursing home this evening patient become short of breath and had an arrest where he stopped breathing. Cardia Pulmonary Resuscitated was started. Down time for approximately 30 minutes prior to arrival to the emergency room. Paramedics state that the nursing home staff was bagging him through his tracheostomy but his cheeks was ballooning up so they ventilation him with an Ambu bag. Upon arrival the patient was unresponsive, pulseless and pupil dilated and asystolic arrest. "Initial priority was evaluating his airway". He had a tracheostomy in place and I immediately removed. Exam was due to marked saphenous crepitus to the neck and face. Digital</p>	F9999			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 21</p> <p>exam with finger revealed multiple subcutaneous tracks in the neck through his tracheostomy site one which I was eventually able to locate as his trachea. Within two minutes of arrival placed and 6.0 Et tube into the trachea and was able to ventilate him at that time but he had gone at least 30 minutes without ventilation. Impression: fatal respiratory arrest. Critical Care X 30 minutes."</p> <p>E3, Respiratory Therapist Supervisor, on 05/27/09 at 2:00 pm stated," We checked residents every four hour with tracheostomy and vent. According to documentation of E8 did not check resident (R7) every four hour."</p> <p>E4, Respiratory Therapist, on 05/27/09 at 2:20 pm in the conference room stated," I found R7 tracheostomy (trach) was out. I reinserted the trach. The trach went in real easy and quick. There was a some resistance on suctioning after inserting catheter. I called E6 and E7 (Respiratory Therapist) to check the trach. E6 and E7 said trach was O.K. Later I told E7 to assess the respirator and trach of R7 again." Surveyor ask did you tell E8 had problem with R7 trach? E4 stated," Yes, I told her there was a problem with the trach. I told her everything that happened on the day shift."</p> <p>E5, Respiratory Therapist, on 05/27/09 at 2:40 pm per telephone stated," The Therapist (E8) approach me said she was having a problem with R7 trach. She was having trouble bagging. I tried to bag R7. I tried to suction him. I could only insert the catheter approximately 3 to 4 inches and did not received any secretion return and oxygen saturation reading was approximately 75%. The inner cannula was not in place. The resistance was very high. So, I tried to bag</p>	F9999			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	Continued From page 22 through mouth and nose with a little resulted."  E8, Respiratory Therapist, on 05/28/09 at 11:45 am per telephone stated," The trach was already occluded when I got to work, The supervisor and all staff member knew it was occluded because they were on the floor. They were discussing it when I got off the elevator. It was about 7:00pm. I was left on the floor with a resident (R7) non functional trach in which you could not pass a suctioning tube down. E4 was therapist reported the trach was not function. She was getting a little resistance on suctioning. The resident trach was not functioning. The trach was full occluded with dry up blood. They could not passed a suction tubing because of the dry up blood in the trach tube. I told the nurse the resident trach was occluded and I did not reassessed the trach. It was approximately 8:45pm R7 was still sitting in the chair. He was nodding in the chair. I asked him if want to go back to bed. I checked R7 oxygen saturation. I don't remember saturation number. His fingers were cold. When fingers are cold can not get accurate/corrected oxygen saturation reading. I told him will be back to checked his oxygen saturation. I got the certified nurse aide to put him back into the bed. Ask R7 can I suction him. he said "Yes." I suction a thin amount of blood. I could not put the trach tubing always down it was a full occlusion. At 10:00 pm I hear a loud snoring sound ( Snoring sound - A lot of secretion or stroke). He was snoring lying flat in bed. I tried to suction. This time I felt the occlusion in the trach. I was unable to pass the trach tubing. It was a full occlusion in the trach tubing. I started pouring saline down the trach. To see if the saline would dissolved the clot. He was very restlessness. As I pushed more of the tubing down R7 became more restlessness and	F9999			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 23</p> <p>unresponsive. I was also getting some pieces of blood clot coming out of the tubing. The airway was obstructed and occluded. Saline was not dissolving the clot. So, I tried to Ambu bag him. The Ambu bag could not be sneeze. The trach was occluded. He was not responsive. E5 came up. He started to Ambu R7. He said it was hard to bag him. He said it was occluded. The resident was unresponsive. He was wake for a few minute and started to fight. He said "Raise my head up and I can not breath." I raised head of bed up. E5 continue to bag him with Ambu bag. His cheeks began to swell up. R7 said "I don't feel good." He passed out. I knew it was Subcutaneous Emphysema ( Air was going into the fatty tissue of the neck). The trach tubing was not in place. It was lodged in the fat pocket in the patient neck. When Ambu air was going into the fatty tissue around the neck. It was lodged between the trach and fatty tissue in the neck. When we were bagging him the air was going into space in the neck which cause his cheek, face and neck to swell. The trach was closed off because of all swelling around the area and trach was not in place. We were unable to get air in the trach at all. E5 stopped bagging in the trach. He started bagging with a mask on the nose and mouth. We got air way with the mask. We call 911. When the paramedic came R7 pass out again. Paramedic started cardio pulmonary resuscitation. Paramedic said his pulse was thready. He was taken to the hospital."</p> <p>Surveyor ask how long did E5 and E8 work on the resident? E8 stated, " It was approximately 30 minutes we work on the resident."</p> <p>Surveyor ask did you reassessed the resident trach for patency after respiratory problem. E8</p>	F9999			

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

PRINTED: 06/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/16/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALLARD NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9300 BALLARD ROAD</b> <b>DES PLAINES, IL 60016</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	<p>Continued From page 24</p> <p>stated," No, I was trying to dissolved the blood clot and open the airway up."</p> <p>The Respiratory Therapy Appropriate Documentation stated," (2). All Ventilator and Trach patients, CPAP and BI-PAP patients will be assessed and documented on every four."</p> <p>The faculty did not present any documentation that resident was reassessed patency of the tracheostomy tube.</p> <p>2. R5 was observed on 05/27/09 at 9:40 am lying on a low bed with mattress on both side of the bed. R5 was observed with tracheostomy collar inplace. R5's diagnosis Respiratory Failure, Hypertension, Hypothyroid, C. Difficile in Stool, Chronic Colon Fistula and Sigmoid Colon Resection.</p> <p>The Physician order and care plan dated 02/17/09 through 05/27/09 denoted that R5 did not have a trach size or type on the physician order.</p> <p>Upon prompting to checked the physician order and care plan for the size and type of the tracheostomy.</p> <p>E3 stated," There is no size or type on the physician order. I called physician to get the size and type on the trach. There should be physician order with the size and type on the trach."</p> <p>The Respiratory Care Services and Trach Tube Change dated 05/15/96 stated," 1. * Confirm physician order for trach change with size and type identified."</p>	F9999			