

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>145420</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/22/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BRIDGEWAY SENIOR LIVING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>111 EAST WASHINGTON BENSENVILLE, IL 60106</b>	
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 0697  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Provide safe, appropriate pain management for a resident who requires such services.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and record review the facility failed to follow their pain assessment policy and protocol and assess one resident for pain prior to performing wound care. This applies to 1 resident (R5) out of 3 residents reviewed for wound care. Findings include: On 9/17/20 at 9:00 AM, V8 (wound care nurse) was observed providing wound care to R5 without assessing for pain. R5 was observed in pain during the wound care and was noted to be moaning during the dressing change. Record review on medication administration record indicates that no pain medication was documented as given. 9/18/20 at 10:00 AM, V9 (Floor Nurse) stated, I gave him Tylenol and forgot to document. That's my bad. On 9/18/20 at 9:00 AM, V2 (Director of Nursing) stated, Nurses should have document medication administration on MAR and wound care nurse should have assessed patient for pain before wound care began. I will in-service them. Facility presented policy on Pain-Clinical Protocol revised on 08/2008 document: 2. Identify the nature and severity of pain, including characteristics while being repositioned or having a wound dressing changed. Pain assessment policy dated on 08/2008 document: 4. Pain will be assessed and documented at regular intervals. Evaluation of the effectiveness of [MEDICATION NAME] medication in relieving pain should be performed consistent with facility protocol.		

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.