

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
---	--

(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) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2098984/IL128668	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1035a)2)3)5) 300.1035d) 300.1035h) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1035 Life-Sustaining Treatments a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>implementation of such rights. Included within this policy shall be:</p> <p>2) the implementation of physician orders limiting resuscitation such as those commonly referred to as "do-not-resuscitate" orders. This policy may only prescribe the format, method of documentation and duration of any physician orders limiting resuscitation. Any orders under this policy shall be honored by the facility. (Section 2-104.2 of the Act);</p> <p>3) procedures for providing life-sustaining treatments available to residents at the facility;</p> <p>5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible.</p> <p>d) Any decision made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section must be recorded in the resident's medical record. Any subsequent changes or modifications must also be recorded in the medical record.</p> <p>h) If no choice is made pursuant to subsection (c) of this Section, and in the absence of any physician's order to the contrary, then the facility's policy with respect to the provision of life-sustaining treatment shall control until and if such a decision is made by the resident, agent, or surrogate in accordance with the requirements of the Health Care Surrogate Act.</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>There regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to correctly identify whether or not a resident had a do not resuscitate (DNR) status and failed to have a system in place that allows nursing staff to identify if a resident has a DNR status during a medical emergency. These failures affected one resident (R4) when cardiopulmonary resuscitation (CPR) was delayed when he was found unresponsive in the bathroom, but has the potential to affect all 138 residents residing at the facility.</p> <p>Findings include:</p> <p>1. R4 was a 60-year-old male that resided at the facility since 11/07/2017. His medical record did not include a Code Status.</p> <p>R4's death certificate lists date of death on 11/11/20 at 2:34am with cause of death as Ischemic Heart Disease. 11/11/20 ambulance sheet and V34's (paramedic) narrative states Emergency Medical Personnel (EMS) dispatched to facility and V34 arrived on unit at 1:34am. R4 was nonresponsive. Staff was seen doing compressions. Crew asked staff to discontinue CPR for the moment. Patient is very warm to the touch, crew then asked facility nurse if patient was a full code or DNR. Crew was originally told he was an active DNR. Nursing home staff could not find the DNR, therefore patient resuscitation was delayed. Crew was then told patient does not have a DNR. Patient has</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>been down for 15 minutes but nurse states it was unwitnessed and found on the floor. Crew then initiated CPR at 1:43am and was discontinued at 1:57am with no results. R4 was pronounced dead.</p> <p>2. The following interviews were conducted with staff members present 11/10/2020 right before R4's death.</p> <p>On 11/18/20 at 11:50am, V19 (Evening Nurse) stated that R4 was stable and all vitals within normal range for him on 11/10/20.</p> <p>On 11/18/20 at 10:45am, V17, (Certified Nursing Assistant) CNA originally stated that I arrived at work about 10:30pm on 11/10/20. R4 asked right when I arrived if he could take a bath. I gave him a towel and body wash. He went into the bathroom and 15 minutes later, I knocked on the door and told R4 that he needs to come out. He didn't answer so I went in and saw him in the tub that was filled with water. His head and his feet were above the water and his mouth was open. I called his name and he didn't respond. I called V23 (social service) on the phone and he was in his office on the 2nd floor. I also called V18 (nurse) on the third unit since there was not a nurse on the 2nd floor. When V18 (3rd floor nurse) came up to me, V18 and V30 (CNA) got R4 out of tub and put him on the floor. I was told to call code blue and call 911. I overhead paged a code blue and stayed in the hallway until the paramedics came. Later, on 11/19/20 at 5:10 pm, V17 went on to state that R4 asked me for towels to take a bath after 12:30am (not 10:30pm). I gave him the towels; he went back to his room to get his clothes then I saw him go into the shower room about 12:40am. I went to check on him about 1:00am.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
---	--

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>On 11/18/20 at 6:39 pm, V23 (Social Worker) stated on 11/10/20, I went to the 2nd floor around 11pm and went straight to my office to do some paperwork. I was in my office until around 1:00 am when V17 (CNA) called me and told me that R4 was in the bathroom that would not come out. I went in and saw the resident lying face up on the floor (not in the bathtub) and immediately came out and told the CNA to call a code blue. V17 and I were the only staff on the unit at this time.</p> <p>On 11/18/20 at 4:45 pm, V18 (Nurse) stated at 1:13am, V17 (CNA) called me and told me that R4 was refusing to come out of the bathroom. I told her that is a behavior and to call V23 (social services). A minute later, V23 (social service) called and said he needed me up on the 2nd floor right away. I arrived on the 2nd floor at 1:15am. V17 and V23 ushered me to the bathroom and when I opened the door, I saw R4 on the floor. His body was wet, and he was unresponsive. I told V17 to call a code blue. On 11/23/20 at 3:20pm, V18 went on to say that I could see R4's "full code" status in the computer. I tried two different computers to print it but could not because I knew the paramedics would want it. When the paramedics arrived, they wanted to see the face sheet and code status. It was not on paper but in the computer.</p> <p>On 11/20/20 at 2:14 pm, V30 (CNA) stated that I was called up to R4's floor by V18 and when I heard the overhead page for code blue. I ran upstairs and V18 (nurse) and V17 (CNA) were in the bathroom. V18 asked me to help get R4 out of the bathtub. He was not underwater but was unresponsive, so we put him on the floor. When the other staff came up, V18 asked them to look</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>for the DNR papers. Even when the paramedics came, they were looking for the papers on the computer and everything. When they couldn't find the DNR papers, the paramedics started the CPR again. I went back down to my floor after the paramedics started the CPR again and I am not sure if they ever found the papers.</p> <p>On 11/19/20 at 4:24pm, V25 (Registered Nurse, RN) stated that I was working on the 1st floor on 11/11/20, night shift. I heard a code blue then ran upstairs to the 2nd floor. When I got to the bathroom, R4 was laying on the floor and his skin was dry. V17 (CNA), V18 (Nurse) and V23 (Social Worker) were standing around. I did not know the resident, so I started CPR. V17 then stated that R4 was already gone. V18 stated that R4 was a DNR (Do not Resuscitate). Nobody else was doing CPR. I did CPR until the paramedics came. V18 told the paramedics that R4 was a DNR so they did not start CPR. They told me to stop CPR so they could put the pads on him, and he did not have a shockable heart rhythm. The staff were looking for the papers. After they put the pads on him, I went back downstairs.</p> <p>On 11/24/20 at 2:55pm, V34 (Paramedic) stated that (V25) was the only one doing CPR when we arrived on the unit on 11/11/20. V18 (Nurse) gave me a rundown of what he saw. He said they found R4 unresponsive in the bathroom floor and said he was down for 15 minutes although he reported that it was unwitnessed, so I do not know how he got that timeline. I asked what R4's code status was he stated that he was a DNR and that I have the papers. He sent 2 other people to find the DNR papers. I told V25 to stop CPR and put him on the monitor. He had no rhythm or pulse and was not breathing. After about 5 minutes, I realized they could not find the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/17/2020
NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426		
(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) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>papers, my partner and I started CPR. V18 had still not gotten back to me with the DNR paperwork. V18 ended up giving me the face sheet and he stated that R4 did not have a DNR. There was no water on the ground and the tub was full. R4's skin was dry, but his fingers were wrinkled like he was in the water for a while. We were not able to revive him, so we called the emergency room and he was pronounced dead at the facility.</p> <p>On 11/24/20 at 4:16pm, V18 (Nurse) stated that again, I saw the code status on the face sheet. Surveyor explained to V18, the surveyor and V3 (DON) looked in computer and there was not a code status on the face sheet or a current status in the computer. V18 stated then maybe there was an order. V8 (ADON) looked at record with surveyor and V18. She (V8) stated the code status order was discontinued in June and there was not an active code status order in the computer for R4 at the time he coded.</p> <p>On 11/20/20 at 3:15pm, V3 (DON) stated that when a resident has an arrest, the nurses will look at the code status in the computer, it should be on the face sheet. All residents should have a code status even if they are a full code. If they are a DNR, we keep the DNR form in a binder at the nurses' station. V3 confirmed there was not a code status on R4's face sheet in the computer and stated, there should have been one there.</p> <p>3. The surveyor did a random search in resident's record to determine what system was in place for a resident's code status. R3, R11 and R20 did not have code status noted on the face sheet or orders in the computer.</p> <p>On 11/24/20 at 3:55pm, R20's face sheet and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 7</p> <p>orders did not mention code status. V29 (Nurse) stated that when there is an emergency, we look in the computer on the face sheet to determine the code status. V29 confirmed that R20 did not have this stated in computer. V29 called V3 (DON) and stated I was told there is a DNR book and if she is a DNR, it would be in there. V29 looked at all the binders on the 1st floor and there was not a DNR binder. V29 stated that if a resident was having an emergency and I did not see a Code status on the face sheet, then I may look at the last hospital paperwork, or call the family. I would not take their word for it alone though; I would also call the Doctor. V29 then stated the DNR book is in the front office and produced it. It contained a DNR for one resident.</p> <p>On 11/24/20 at 3:58pm, V36 (Licensed Practical Nurse, LPN) stated that the Code status is usually always in the computer on the face sheet. If it is not, then we can look at the hospital records if they were recently readmitted.</p> <p>On 11/24/20 at 4:05pm, V37 (Nurse) stated that there should be a binder with DNR forms for residents who are DNR's. V37 found a binder that is labeled DNR but it was empty. V37 then stated that I find out the code status of my residents during report and it should be on the face sheet in the computer. We need to know the code status in case there is an emergency.</p> <p>On 11/24/20 at 4:30pm, surveyor informed V3 (Director of Nursing, DON) that the process she stated on 11/20/20, of having a binder on the unit with DNR forms was not in practice on 1st, 2nd or 3rd unit. She stated that she was going to put the active DNR's at the nurses' station but has not done it yet.</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 8</p> <p>On 11/24/20 at 5:00pm, V1 (Administrator) stated that I spoke to V25 the morning after the incident on 11/11/20 when R4 was unresponsive. I know that she responded to the code blue on the 2nd floor and was the only one who initiated and performed CPR. I also know that R4 was found in the bathtub, with his head back against the tub, out of the water and his hand over his chest and was non-responsive. I am not aware of the process at the facility regarding code status, how it is communicated to staff or who is responsible for reviewing that.</p> <p>On 11/24/20 at 5:00pm, the facility is unable to produce policy that addresses resident Code Status while at the facility.</p> <p>On 11/25/20 at 12:53pm, V3 stated that we did a chart audit and there were 20 residents that did not have a code status in the computer or an order for a code status. There are 4 residents who have orders for Do Not Resuscitate (DNR). The admitting nurses are responsible for obtaining the code status and notifying the physician to get the order. They should enter it on the face sheet. There are several new staff.</p> <p>Facility CPR policy states that the American Heart Association guidelines will be followed, and CPR will be initiated on all residents as indicated.</p> <p>Facility Code Blue/Medical Emergencies guidelines notes the purpose is to ensure that residents with medical emergencies will be assessed and appropriately handled. Basic Life Support will be administered.</p> <p>Facility DNR policy notes that staff are permitted to withhold or withdraw medical care pursuant to a valid DNR order. If there is any doubt as to the validity of the DNR order, treat the resident as</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
--	--	---	---

NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
---	--

(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) COMPLETE DATE
S9999	<p>Continued From page 9</p> <p>soon as possible. Facility personnel will be oriented to the provisions of this policy upon hire and at least annually.</p> <p>Facility census on 11/16/20 is 138 residents.</p> <p style="text-align: center;">"A"</p>	S9999		