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Illinois Department of Public Health (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C B. WING 08/24/2017 IL6006282 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2530 NORTH MONROE STREET** SYMPHONY OF DECATUR DECATUR, IL 62526 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S 000 S 000 Initial Comments Complaint: #1765032/IL96300 S9999 S9999 Final Observations STATEMENT OF LICENSURE VIOLATIONS: 300.1210b) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care The facility shall 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 resident care plan. 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. Restorative measures shall include, at a minimum, the following procedures: Section 300.3240 Abuse and Neglect Attachment A An owner, licensee, administrator, employee or agent of a facility shall not abuse or **Statement of Licensure Violations** neglect a resident. (Section 2-107 of the Act)

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

TITLE

(X6) DATE 09/12/17

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Illinois Department of Public Health (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C B. WING 08/24/2017 1L6006282 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **2530 NORTH MONROE STREET** SYMPHONY OF DECATUR DECATUR. IL 62526 (X5) COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 S9999 Continued From page 1 These regulation are not met as evidenced by: Based on interview, and record review the facility failed to immediately answer a ventilator machine alarm for one of three residents (R4) reviewed for specialty care on the sample of six. This failure resulted in R4 requiring cardio-pulmonary resuscitation. Findings include: R4's History and Physical dated 7/9/17 documents R4 has diagnoses' of Respiratory Failure with Hypercapnia, Acute and Chronic Respiratory Failure, Tracheostomy, Ventilator Dependant, and Chronic Obstructive Pulmonary Disease. Nursing notes written by E3 Registered Nurse, dated 8/20/17 at 7:30 P.M. documents, "(R4) was in bed sitting with head of bed up at (6:00 AM) when writer administered morning medications. (R4) alert and oriented with (complaints of) back pain. (As needed) analgesic administered per (physician) order. At approximately (7:00 AM) vent alarm heard and call for help almost simultaneously. Upon response respiratory therapist found in room and resident found to be unresponsive and cyanotic. Skin was warm and clammy. Radial pulse present. Writer immediately called for more help and instructed staff to call 911. Abnormal respiration pattern present. Respiratory provided respirations per ambu bag. AED (Automated External Defibrillators) applied to resident. Resident began to cough and open eyes after approximately two minutes of manual respirations. At three minutes resident responsive to sternal rub and was pulling arms up. Resident

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quickly able to follow basic commands. Continued

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Illinois Department of Public Health (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 08/24/2017 IL6006282 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2530 NORTH MONROE STREET SYMPHONY OF DECATUR DECATUR, IL 62526 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) S9999 Continued From page 2 S9999 to provide support until arrival of (emergency services). Before leaving resident was completely responsive and confirmed she tried to go to commode alone and became disconnected. Daughter/POA notified per facility manager. MD notified, pending return, cont to observe". On 8/22/17 at 10:05 AM, R4 stated that on the morning of 8/20/17 (R4) was sitting on the side of the bed. (R4) was putting on shoes and socks. (R4) was wearing (R4's) ventilator. (R4) heard the hose to the ventilator pop off. (R4) couldn't reach it to put it back on. (R4) heard the ventilator alarms sounding. (R4) pushed her call light. No one was coming and then (R4) felt like (R4) was going to black out. The next thing (R4) knew, (R4) woke up in the hospital. (R4) felt like (R4) waited at least five minutes for someone to come into the room before (R4) blacked out. (R4) stated that (R4's) chest is sore from the CPR (cardio-pulmonary resuscitation). (R4) stated that the tubing to the ventilator has popped off before and (R4) has reported it. (R4) stated that the staff are slow to answer the alarms. (R4) stated that (R4's) chest really hurts from the CPR and that (R4) has never been so scared in (R4's) life. On 8/22/17 at 1:24 PM, E3/Registered Nurse stated, "On 8/20/17, I (E3) went into (R4's) room at 6:00 AM to give (R4), (R4's) morning medications. (R4) received some pain medications so I went back and checked on (R4) at 6:30 AM. I asked if (R4's) pain was relieved and (R4) gave me a thumbs up. (R4) was still lying in bed. I went to the desk and I was getting (another resident's) paperwork ready so he could be sent to the hospital. I heard alarms going off, but I am new to the facility and my preceptor (E4, Licensed Practical Nurse) said that it must be

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FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C IL6006282 08/24/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2530 NORTH MONROE STREET SYMPHONY OF DECATUR DECATUR, IL 62526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) S9999 Continued From page 4 \$9999 a room with E6 and E7 taking care of another resident. E5 stated she was giving the other resident tracheostomy care. E5 stated the door to the resident's room was closed. E5 stated that E7 walked out into the hall and returned to the room and told her that an alarm was going off. E5 stated she removed her gloves and walked out of the room and seen R4 lying on the bed sideways. E5 stated that she seen a nurse and a CNA sitting at the desk. E5 stated she yelled for the crash cart. E5 stated R4's hose popped off the ventilator. E5 stated they did CPR on R4 and then sent (R4) to the hospital. E5 stated that they have problems with the staff answering the ventilator alarms. E5 stated that the staff rely on the respiratory therapists to answer the alarms. E5 stated that the staff need retrained. E5 stated that (E5) is unsure why they (the nurses as the nurses station) didn't answer R4's alarms. E5 stated that when (R4's) alarm sounds it needs to be answered immediately. E5 stated that if someone would have answered the alarm immediately the hose to the ventilator could have been reconnected and R4 would have not required CPR. On 8/23/17 at 7:44 AM, E8 Respiratory Therapist stated there are two alarms connected to the ventilators. The ventilator has an alarm on the machine that will sound if a change in pressure occurs. The ventilator also is connected to an alarm outside the door and if pressure to the ventilator is lost it will alarm outside the door. E8 stated the tubing to the ventilator will occasionally come disconnected. E8 stated the respiratory therapists are usually the only staff that answer the alarm. E8 stated R4 requires oxygen to

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maintain her saturation level and if R4 does not have oxygen on R4 quickly desaturates. R4 typically requires between five to eight liters of Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ C B. WING IL6006282 08/24/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2530 NORTH MONROE STREET SYMPHONY OF DECATUR DECATUR, IL 62526 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) S9999 S9999 Continued From page 5 oxygen. E8 stated when the tubing became disconnected from the ventilator machine R4 stopped receiving oxygen which caused R4 to desaturate. E8 stated E8 has worked with R4 since R4's admission. E8 stated E8 has issues with the staff answering R4's alarm since R4's admission. R4's face sheet documents that R4 was admitted on 5/3/17. On 8/23/17 at 8:00 AM, E8 set off the R4's ventilator alarms and pushed R4's call light. At that time, both ventilator alarms could be heard from the nurse's station, and the call light board showed that R4's call light was on. R4's Emergency Room report dated 8/20/17 at 7:40 AM documents, "(R4) arrived to (Emergency Room) for shortness of breath. (R4) has tracheostomy, EMS (Emergency Services) states that (R4) normally wears a ventilator at night and got up this morning and fell off the vent (the tubing fell off). EMS also states that the nursing home staff were doing CPR prior to arrival. EMS states that (R4) had a pulse on arrival so they did not continue CPR. (R4) was being bagged by EMS on arrival. Bagging continued until respiratory placed (R4) on the vent. EMS states that the nursing home staff stated that (R4) only wears the vent at night. (R4) complained of chest tenderness." This report documents R4's clinical impression as Chronic Respiratory Failure and Chest Wall Pain. (A)

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