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S 000	Initial Comments Complaint # 1745000/IL96259	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1030a) 300.1210b)c)d)3 330.3240a) 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 300.1030 Medical Emergencies a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such	S9999	**Attachment A** **Statement of Licensure Violations**	

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things as:

1) Pulmonary emergencies (for example, airway obstruction, foreign body aspiration, and acute respiratory distress, failure, or arrest).

2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest).

3) Traumatic injuries (for example, fractures, burns, and lacerations).

4) Toxicologic emergencies (for example, untoward drug reactions and overdoses).

5) Other medical emergencies (for example, convulsions and shock

Section 300.1210 General Requirements for Nursing and Personal Care

b) 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

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour,

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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.

These Regulations are not met as evidenced by:

Based on interview and record review the facility failed to follow R4's Advanced Directives by not initiating CPR for R4 and failed to. follow facilities policies and procedures and initiate Cardio Pulmonary Resuscitation (CPR) in a timely manner for 1 of 32 residents (R4) reviewed for Advanced Directives/CPR in the sample of 35. This failure resulted in R4 having no opportunity for resususcitation after experiencing cardiac and respiratory arrest and expired. In addition this failure has the potential to affect 30 of 34 residents (R2, R6, R7, R8, R10, R11, R13-R37) whose Advanced Directives indicate Full Code Status.

Findings include:

The facility's undated Emergency Procedure-Cardiopulmonary Resuscitation policy documents, in part, "1) If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. Check code status, initiate

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CPR if appropriate:
a) Instruct a staff member to call 911. b) Initiate the CPR. i. Chest compressions ii. Airway iii. Breathing 2) All rescuers, trained or not, should provide chest compressions to victims of cardiac arrest. Trained rescuers should also provide ventilations. 3) Continue with CPR until emergency medical personnel arrive."

The undated Electronic Medical Record for R4 under Medical Diagnosis documents Osteomyelitis, Chronic Respiratory Failure, Heart Failure, Chronic Kidney Disease Stage 4 (Severe), COPD (Chronic Obstructive Pulmonary Disease), HTN (Hypertension), Diabetes Mellitus Type 2, Hemiplegia following Cerebralvascular Disease, Dependence on Renal Dialysis, Anxiety and GERD (Gastroesophageal Reflux).

R4's Minimum Data Set (MDS), dated 6/14/17, documents R4's Brief Interview for Mental Status (BIMS) score as 13, indicating R4 was cognitively intact.

R4's post hospital Physician Order Sheet (POS), dated 8/10/17, documents order for Full Resuscitation.

R4's Practitioner Order for Life Sustaining Treatment (POLST) form, dated 6/7/17, documents, "Full Treatment: Primary goal of sustaining life by medically indicated means. In addition to treatment described in Selective Treatment and Comfort Focused Treatment, use intubation, mechanical ventilation and cardioversion as indicated. Transfer to hospital and/or intensive care unit if indicated."

R4's Social Service Admission Progress Note, dated 6/16/17 at 11:24 AM, documents, "Resident

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has a POLST where resident has chosen to be full code status."

R4's Care Plan, dated 6/16/17, documents, "(R4)'s Advanced Directives are in effect, and her wishes and directions will be carried out in accordance with her Advanced Directives on an ongoing basis."

R4's Nurse's Notes, dated 8/13/17, document, "6:32 (AM) Resident reported to be unresponsive other nurse assessing pt (patient). 6:37 (AM) Ambulance service here. 7:10 AM Coroner called gave okay to release body. 10:50 AM Funeral home staff here to pick up body."

The Local police department Incident Report, dated 8/17/17, regarding 911 call from facility on 8/13/17 documents the police received 911 call at 6:44 AM on 8/13/17. Incident report documents E6, Certified Nurse Aide (CNA), was the first staff to find R4 unresponsive. E6 then went to find E5, CNA, to have her come to R4's room to confirm R4 was deceased before E6 reported this to Z2, Agency Licensed Practical Nurse (LPN). Per incident report, Z2 informed E6 that this was Z2's first day and told E6 to get E4, LPN. E6 went outside of building to get E4, and then E4 went to R4's room and confirmed she thought R4 was deceased and that she could not get a pulse on R4. E6 mentioned getting R4's chart to determine if R4 was to be resuscitated, and it stated R4 was a full code. 911 was contacted at that time. Per this police incident report, no one ever attempted CPR or life saving efforts.

The Local fire department Incident Report, dated 8/13/17, documents, 911 call received at 6:44 AM and fire department arrived on scene at 6:47 AM. Per report, post patient evaluation it was

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determined no CPR was performed by facility staff at any time during this incident, and could not explain why. Per report, it did not appear this was related to patient assessment by employees.

On 9/11/17 at 1:25 PM, E4, LPN, stated that on 8/13/17, E6, CNA, came to tell her R4 was unresponsive and Z2, Agency Nurse, had instructed E6 to come get E4. E4 stated she went and looked at R4 and asked what her code status was. E4 stated she then got R4's chart and determined R4 was a full code. E4 said she instructed E6 to call 911. E4 stated by the time she headed back to R4's room, the Fire Department personnel were headed down the hall. E4 stated no CPR was initiated by staff prior to arrival of the fire department staff. E4 stated she is able to tell in R4's chart if R4 was a full code by looking at color of paper the POLST is printed on, green paper indicated that R4 was a full code. E4 said if paper was red or orange, it would have indicated a do not resuscitate status.

On 9/11/17 at 1:38 PM, E5, CNA, stated that on 8/13/16, E6 came and told her to come to R4's room. E5 said R4 was unresponsive, E6 yelled for Z2 that she was needed in R4's room, and then E6 ran to get E4. E5 stated she then went back to her hall and did not see anyone initiate CPR.

On 9/11/17 at 1:43 PM, E3, CNA, stated she was working down the 400/500 Hall on 8/13/17 when E6 was doing her rounds on her hall and found R4 unresponsive. E3 stated E6 got Z2 and Z2 went to R4's room, then E4 went to R4's room while Z2 was looking at R4's chart to check R4's code status.

On 9/12/17 at 9:25 AM, E6, CNA, stated that on

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8/13/17 at 6:30 AM, she found R4 unresponsive in her room. E6 stated R4 looked pale and E6 could not tell if R4 was breathing, but E6 felt a faint pulse in R4's neck. E6 stated she went to Z2 to let her know about R4's condition, and Z2 told her to go get E4. E6 stated she went and got E5, and E5 agreed that R4 was "gone." E6 stated she went outside of building at 6:40 AM to get E4 to come check R4. E6 stated E4 came to R4's room and directed E6 to call 911. E6 stated she did not know when they determined R4 was a full code because E6 was down the hall to let fire department in. E6 stated that she knew R4 was a full code because E6 works as social service staff and had completed R4's paperwork just a couple days before this incident of unresponsiveness. E6 stated she had completed an audit regarding residents code status. E6 stated she is aware if a resident is a full code and becomes unresponsive, CPR should be initiated immediately, but E6 thought a nurse needed to evaluate the situation before E6 took over. E6 stated after E4 went in to evaluate R4, E6 let E4 know that R4 was a full code.

On 9/11/17 at 2:30 PM, E1, Administrator, stated if staff found a resident unresponsive, she would expect staff to grab the chart and the crash cart, and determine resident's code status, and if resident is a full code, immediately initiate CPR. E1 stated this should occur within one to three minutes. E1 stated the facility does not have a specific policy regarding Advanced Directives, but she would expect staff to follow what the resident's POLST states and follow the resident's wishes.

On 9/12/17 at 2:40 PM, Z1, R4's physician, stated if a resident has a full code status, he would expect CPR to be initiated immediately. In the

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case of R4, he would have expected E6 to yell for help and initiate CPR. Z1 also stated that initiating CPR would probably not have changed the outcome for R4, but if resident was a full code, it should have been initiated.

On 9/12/17 at 10:15 AM, E2, Director of Nursing (DON), provided a document titled "Midnight Census Report," dated 9/11/17, which had R2's, R3's, R6's, R7's, R8's, R10's, and R12's through R35's names highlighted in green to indicate their code status as "Full Code."

On 8/13/17, the following was initiated/completed:
1. The Social Service Designee, Minimum Data Set Coordinator, and Restorative Licensed Practical Nurse completed a facility wide audit on all Advanced Directives assuring documentation was in all medical records with full code records identified for quick reference, care plans reviewed and revised accordingly.
2. The Vice President of Clinical Operations and Administrator reviewed and revised the Emergency Procedure- Cardiopulmonary Resuscitation procedure and internal processes.
3. The Administrator, Minimum Data Set Coordinator, and Restorative Licensed Practical Nurse completed inservicing for all staff on Emergency Procedures- Cardiopulmonary Resuscitation including code status during an emergency, pulling the medical record simultaneously with the crash cart, checking POLST, initiating CPR, calling 911, continuing to follow the instructions of the nurse in charge until EMS personnel arrive.
4. The Administrator initiated Emergency Procedure education for all new hires and this remains ongoing.

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On 9/13/17, the following was initiated/completed:
1. The Administrator completed additional education with nursing staff on Advanced Directives, Do Not Resuscitate Orders, Emergency Procedures- Cardiopulmonary Resuscitation.
2. The Administrator, Minimum Data Set Coordinator, Restorative Licensed Practical Nurse, and Social Service Designee verified again all residents that have a full code order.
3. The Administrator, Minimum Data Set Coordinator, Restorative Licensed Practical Nurse, and Social Service Designee verified again all residents that have a full code order.
4. The Administrator, Director of Nursing, Assistant Director of Nursing, Minimum Data Set Coordinator, Restorative Licensed Practical Nurse, and Social Service Designee repeated inservicing for all staff on Emergency Procedures- Cardiopulmonary Resuscitation including code status during an emergency, pulling the medical record simultaneously with the crash cart, checking POLST, initiating CPR, calling 911, continuing to follow the instructions of the nurse in charge until EMS personnel arrive. All agency staff will be inserviced before they work regarding the policy.
5. The Administrator, Senior Regional Clinical Director, Regional Director of Operations, and Chief Operating Officer reviewed and adapted accordingly the Advanced Directives and Do Not Resuscitate orders and policies.

On 8/13/17 and 9/13/17, the following was initiated/completed:
1. All residents will have Advanced Directives choices clearly identified at the front of each medical record- ongoing.
2. The Administrator/Designee or DON/Designee will perform random procedure observation and

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S9999	Continued From page 9 record reviews 2 times a week for 8 weeks, then weekly times 4 weeks to ensure appropriate emergency procedures and Advance Directives are being followed. 3. Resident's Advanced Directives will be reviewed with the resident and/or responsible party upon Admission, Readmission, as needed, Quarterly and Significant Change. 4. Results of all reviews will be discussed in the Quarterly QA Meeting time 3 Quarters with educational needs discussed as needed. (A)	S9999		