Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007512	A. BUILDING: ______ B. WING ______	C 10/30/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT VIEW LUTHER HOME	505 COLLEGE AVENUE OTTAWA, IL 61350

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S 000	Initial Comments	S 000		
	Original investigation of complaint #1726365/IL97777			
S9999	Final Observations	S9999		

Statement of Licensure Finding

300.610a)
300.1010h)
300.1210b)
300.1210d)3)
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 300.1010 Medical Care Policies

h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The

Attachment A

Statement of Licensure Violations

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facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.

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. Restorative measures shall include, at a minimum, the following procedures:

d) Pursuant to subsection (a), 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.

These regulations were not met as evidence by:

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Based on interview and record review, the facility failed to notify the physician of a change in condition for one of one resident (R1) reviewed for physician notification, in a sample of three.The facility also failed to recognize, assess and address a continuing decline in a resident's condition after a fall, for one of one residents (R1) reviewed for falls, in a sample of three. These failures resulted in R1 developing a life-threatening condition and experiencing a delay in treatment which ultimately led to R1's death.

FINDINGS INCLUDE:

The facility policy, Change of Condition and Emergency Evaluation of Resident, dated (revised) 5/15/14 directs staff, "Change in Condition: Immediate Notification, Any symptom, sign or apparent discomfort that is acute or sudden in onset and a marked change in relation to usual symptoms and signs or unrelieved by measures already prescribed.
It is the policy of the community to seek immediate evaluation for residents with a change in condition."

R1's Physician Order Sheet dated September 2017 documents that R1 was admitted to the facility on 9/21/17 with the following diagnoses: Urinary Tract Infection, Neurogenic Bladder, Hypertension and Atrial Fibrillation. This same document includes the following medications: Warfarin (anticoagulant) 3 MG (milligrams) one tablet daily on odd (numbered) days to alternate with Warfarin 5 MG one tablet daily on even (numbered) days.

R1's facility Admission Nursing Evaluation, dated

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9/19/17 documents R1's skin on admission as, "Redness to bottom and scattered bruising on arms."

R1's Fall Risk Evaluation, dated 9/19/17 documents R1's fall risk as a "22. A resident who scores a 10 or higher is at risk (for falls)."

R1's Incident Report, dated 9/21/17 at 11:30 P.M. documents, "Bed alarm sounding. (R1) sitting on the floor next to bed with back against the wall and walker in front of (R1). Able to move all extremities WNL (within normal limits). Denies pain. Red mark noted to right upper back below shoulder."

R1's Nurse's Notes, dated 9/22/17 (no time stamp) document, "(R1) having c/o (complaints of) pain to lower back from falling on 9/21/17. SNF (Physician) notified via fax asking for order for PRN (as needed) Tylenol."

R1's Nurse's Notes, dated 9/22/17 (no time stamp) document, "(R1) having c/o (complaints of) pain to lower back from falling on 9/21/17. SNF (Physician) notified via fax asking for order for PRN (as needed) Tylenol."

R1's Nurse's Notes, dated 9/23/17 (no time stamp) document, "(R1) continues to c/o (complain of) right flank pain from fall recently. V/S (vital signs) WNL (within normal limits) on room air. Assisted in repositioning to improve breathing."

R1's Skilled Daily Nursing Note, dated 9/24/17 documents, "Pain, Origin: Fall, Location: Right Lateral Back, Intensity: 6:10. SaO2 (arterial oxygen saturation) 90% (normal 100%)."

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R1's Nurse's Notes, dated 9/25/17 at 0350 (3:50 A.M.) documents, "(R1)'s temperature (is) 99.6. SPO2 on room air 92%. (R1's spouse) came to the nurse's station and said she could hear (R1) breathe. Audible wheezing noted. Auscultation reveals upper and lower expiratory wheezes."

R1's Nurse's Notes, dated 9/25/17 (no time stamp) documents, "N/O (new order) chest X-RAY today (due to) SOB (shortness of breath), low O2 (oxygen) sats (saturations) and right rib pain." On this same date at 8:00 P.M., R1's Nurse's Notes document, "Color pale, T (temperature) 99.4 (degrees fahrenheit), Resp (respirations) 32 (normal 16-20/minute). O2 (oxygen) at 4 liters/nasal cannula, SPO2 (pulse oximetry) 88%."

R1's Nurse's Notes, dated 9/25/17 at 8:00 P.M. document, "Color pale, T (temperature) 99.4, Resp (respirations) 32 (normal 16-20/minute). O2 (oxygen) at 4 liters/nasal cannula, SPO2 (pulse oximetry) 88%."

R1's Chest X-RAY report, dated 9/25/17 and time stamped as 9:11 P.M. as being faxed to the facility, documents, "Impression: Infiltrate and/or atelectasis (a complete or partial collapse of a lung or a lobe of a lung) is noted in right lower lobe in addition to a moderate sized right pleural effusion (excess fluid that accumulates in the pleural cavity)."

R1's Nurse's Notes, dated 9/26/17 at 12:00 A.M. document, "(R1) short of breath. Restless. SPO2 74% on O2 at 4 liters/ nasal cannula, respirations 38. Send to ER (emergency room) for evaluation and report."

On 10/26/17 at 1:25 P.M., E3/Registered Nurse

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stated, "On 9/23/17, I worked day shift. (R1) was complaining of pain in the right rib cage/side when (R1) would breath. I listened to (R1)'s lungs, they were diminished in the bases. I didn't think this was an emergency."

On 10/26/17 at 2:05 P.M., E4/Certified Nursing Assistant stated, "(After the fall) (R1) complained of right rib pain. (R1) said (R1)'s body hit something when (R1) fell and it didn't feel right. You could tell (R1) was a lot weaker. (R1)'s transfers were a lot more difficult. (R1) had a huge turn around. (R1) was very different. (R1) had been a one assist with supervision (for transfers) and (R1) was becoming a heavy assist of two (staff). (R1) was weak after the fall. (R1)'s (spouse) said (R1) had started yelling and cussing, which was new for (R1). The nurse was aware of (R1)'s condition. We had discussed (R1)."

On 10/26/17 at 2:20 P.M., E5/Certified Nursing Assistant stated, "I was working the night (R1) fell. Me and (E6/Certified Nursing Assistant) went to (R1)' s room due to the alarm sounding. (R1) was sitting on the floor, next to the wall. There was a red spot on (R1)'s back."

On 10/26/17 at 3:00 P.M., E6/Certified Nursing Assistant stated, "I was working the night (R1) fell. We heard (R1)'s alarm sounding and went running to (R1)'s room. We got to (R1)'s room about the same time. (R1) was sitting next to the wall, (R1)'s back was against the wall. (R1)'s walker was next to (R1). (R1) must have fallen from a standing position and hit (R1)'s walker or the bed frame because (R1) had quite a red mark on (R1)'s right shoulder. I didn't work again for a few days, but when I did, there was a huge difference in (R1). Even (R1)'s (spouse) said (R1)

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was different. (R1) was very pale by then, (R1) was not talkative. Infact, (R1)'s (spouse) said (R1) was crabby. (R1) also now required extensive assist of two (staff) for all transfers. (R1) was in pain and kept saying (R1)'s back hurt. I told my Nurse (E7). (R1) went to the hospital around midnight and (R1) never came back. (R1) was having a real hard time breathing by then. I hear (R1) died."

On 10/30/17 at 7:15 A.M., E7/Licensed Practical Nurse stated, " On 9/25/17 at 8:00 P.M., I went into (R1)'s room and (R1) had oxygen on. That was new. (R1)'s color was pale. (R1) had a low grade temperature. (R1)'s respirations were 32, they were elevated. I checked (R1)'s pulse ox (oxygen) level, it was 88%. I did not listen to (R1)'s lungs. I did not notify the doctor at that time. I had been told the doctor was aware." Around midnight, I called the On-Call Practice because (R1) was a lot worse and needed to be sent out (to the hospital). (R1) left around midnight, (R1) looked really bad. I guess (R1) died at the hospital a few hours later."

On 10/30/17 at 10:00 A.M., E8/Registered Nurse stated, "I worked the night of 9/25/17. (R1)'s wife summoned me to (R1)'s room. She said she could hear (R1) breathing. (R1)'s lungs had expiratory wheezes bilaterally. (R1)'s temperature was 99.6 (degrees fahrenheit) and (R1)'s (oxygen) sats (saturations) were 92%. Our policy is to notify the doctor if there is a change in condition. I guess an elevated temperature, audible wheezing and expiratory wheezing on auscultation would constitute a change in condition. No, I did not call (R1)'s doctor."

On 10/30/17 at 12:45 P.M., E9/Medical Director stated, "Nursing Home staff should call me or the

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On-Call doctor if a resident has a change in condition, such as increasing shortness of breath and decreasing blood oxygen levels. The standard treatment for a pneumothorax is a chest tube. If (R1) had received hospital or emergency treatment earlier than (R1) did, (R1) shouldn't have died. By the time (R1) got to the hospital, (R1)'s lung was full of blood. We could have stopped the bleeding with Vitamin K."

On 10/30/17 at 2:05 P.M., Z1/Occupational Therapist stated, "Yes, I was (R1)'s therapist. When I came back to work on that Monday after (R1) fell (9/25/17), there had been a significant change in (R1). (R1) was extremely short of breath and in pain. (R1) was complaining of pain in (R1)'s right ribs. We pulled up (R1)'s shirt and (R1) had bruising about sixteen to eighteen inches covering (R1)'s posterior rib cage. I was so concerned, I recommended that staff use a mechanical lift for (transfers) because (R1) was so weak. Nursing was aware of my findings."

R1's Emergency Room report , dated 9/27/17 documents, ,"(R1) with a past medical history of chronic atrial fibrillation on Coumadin, indwelling (urinary) catheter with frequent UTIs (urinary tract infections) and hypertension who came from nursing home with chief complaint of altered mental status and respiratory distress. Per (R1) family, (R1) has increased confusion and shortness of breath throughout the day yesterday. Nursing home reports (R1) had a chest X-RAY which showed a new pleural effusion. Vital signs in the emergency room showed oxygen saturation of 76% on room air, pulse of 111 and respiratory rate of 36. EKG (electrocardiogram) showed atrial fibrillation. CMP (complete metabolic panel) showed low albumin and elevated total bilirubin, mildly elevated glucose

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and BUN (blood urea nitrogen). Chest X-RAY showed a right hydro pneumothorax. ED (emergency department) was unable to place a chest tube because of low blood pressure. (R1) family decided to go with comfort measures. (R1) was admitted to the floor for comfort measures. Palliative care consultation was called. In the hospital (R1) was kept comfortable . (R1)'s condition deteriorated and (R1) died."Diagnosis: Right Hydropneumothorax Secondary to Trauma, Acute Respiratory Failure with Hypoxia, Metabolic Encepthalopathy, Multiple Rib Fractures on the Right. In the hospital (R1) was kept comfortable . (R1)'s condition deteriorated and (R1) died."

R1's Death Certificate (dated 10/3/17) documents R1's date of death was 9/27/17. This record documents a cause of death was atrial fibrillation with other significant conditions contributing to death as hypertensive cardiovascular disease and hemopneumothorax.