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S 000	Initial Comments Complaint #1843669/IL103175 Statement of Licensure violations	S 000		
S9999	Final Observations 300.610a) 300.1010h) 300.1210b) 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 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. (B) Section 300.1210 General Requirements for	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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: These requirements were not met as evidenced by: Based on observation, interview and records review, the Facility failed to identify/assess and monitor for condition changes and ensure residents were given correct medications to treat chronic conditions for 2 of 3 residents (R2, R7) reviewed for change of condition in the sample of 20. This failure resulted in the hospitalization of R2 and the amputation of his right leg above his knee and R7 being admitted to the hospital for congestive heart failure. Findings include: 1. R2's Physician Order Sheet (POS) dated May, 2018 documents partial diagnoses of atherosclerotic heart disease of native coronary artery without angina pectoris, presence of aortocoronary bypass graft, chronic kidney disease, stage 2, nonrheumatic mitral valve insufficiency, muscle weakness, difficulty in walking, chronic embolism, and thrombosis of other specified veins, hypertension and acute kidney failure.	S9999		

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On 6/6/18 at 5:10 PM, R2 was in the dining room in a wheelchair. R2's right leg was amputated above the knee.

On 06/07/2018 at 4:40 PM, R2 stated "I got my leg cut off. I was having problems because my leg was hurting me, cramping all the time. I thought my leg was getting better so it was a big shock to me when I lost my leg. I was having some breathing issues about a month before and then I started having pain in my legs. I am not sure if they did everything they could for me because I really did not want to lose my leg. I used to be able to walk before they took my leg. I miss my leg! It was a shock!"

R2's Progress Notes dated 04/08/2018 at 6:05 PM, documents in part, R2 was sent out to the local hospital.

R2's Local Hospital Records dated 04/08/2018 document R2 had a "DVT (Deep Vein Thrombosis) noted to his right leg." The Physician Order Sheet (POS) dated 04/08/2018 documents in part, Rivaroxaban (Xarelto) tablet 15 milligram twice a day. The Group Note documented "DVT noted right leg." Turn and Position Every 2 hours, DVT noted to right leg." The Record documented Discharge Status, "DVT noted right leg."

R2's Right Lower Extremity venous duplex examination dated 04/16/2018 documents, in part, " Impression: Extensive right lower extremity deep vein thrombosis extending from the common femoral vein to the posterior tibial vein."

R2's Local Hospital Discharge Summary dated 04/17/2018 documents, in part, "Date of

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S9999	Continued From page 3 Discharge 04/17/2018. Admitting Diagnosis: Acute Kidney Failure. Discharge Diagnosis: Acute Kidney Failure, Hypamatremia, hypokalemia, DVT (deep vein thrombosis) right leg, old CVA (stroke) and HTN (hypertension)." R2's Physician's Order, dated 4/17/18 documented R2 was to receive Xarelto "15 mg, give 1 tablet by mouth two times a day related to chronic embolism and thrombosis of other specified veins" and Xarelto "20 mg, give one table by mouth one time a day." R2' Care Plan with a Review Start Date of 04/17/2018 documents "Edema: (R2) is at risk for complications with swelling, skin issues and discomfort related to BLE (Bilateral Lower Extremity) swelling 03/12/2017. New orders for compression hose. The intervention is documented as "Will demonstrate stabile fluid balance without edema through next review." The Care Plan does not document how staff are to monitor R2 for DVT or complications related to DVT. https://www.nursingtimes.net/clinical-archive/haematology/the-prevention-and-treatment-of-deep-vein-thrombosis/204197.article documents, "There should be regular physical assessment of the patient's leg and advice given to patients on reporting new symptoms." It continues under Signs and symptoms, "Although often asymptomatic, a number of signs and symptoms are associated with DVT (Gorman et al, 2000):- Calf pain and/or tenderness; - Swelling with pitting edema; - Swelling below the knee in distal DVT and up to the groin in proximal DVT; - Increased skin temperature; - Superficial venous dilation; - Cyanosis can occur with severe obstruction. Even patients with extensive venous	S9999		

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thrombosis may have minimal leg symptoms, while pain, tenderness, and swelling of the leg may be caused by other disorders such as hematoma or Baker's cyst (Verstraete, 1997). This emphasizes the importance of risk-factor assessment and prophylactic measures."

R2's Daily Skilled Note dated 04/17/2018 at 3:57 PM, documents R2 had "1 + (slight pitting, no visible distortion, disappears rapidly)" edema. The Note did not document where R2's edema was located.

R2's Daily Skilled Note dated 04/18/2018 at 8:57 PM, documents R2 had no edema and no wounds.

R2's had no Daily Skilled Notes in medical record for 4/19 and 4/20/18.

R2's Daily Skilled Note dated 04/21/2018 at 3:24 PM, Daily Skilled Note dated 4/22/2018 at 5:57 PM and Daily Skilled Note dated 4/23/18 at 10:50 AM documented he had no edema and no wounds.

R2's Daily Skilled Note dated 04/24/2018 at 10:18 AM, documented he had 3+ edema in his bilateral lower extremities. The Note documented "The pit is noticeable deep and may last more than a minute; the dependent extremity looks fuller and swollen." The Note documented there was no wound that required treatment. However, the Note continued to document "Bilateral lower extremities swollen and noted fluid filled blisters with some open, wound nurse evaluating."

R2's Nurse's Note dated 4/24/18 at 12:42 PM, documents "(V24, Physician) notified of edema to bilateral lower extremity (BLE) and fluid filled

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blisters, new orders to start Lasix 20 milligrams (mg) daily and to draw Basic Metabolic Panel (BMP) in one week. Resident aware of new orders."

R2's Physician's Order Sheet documents a treatment order of 04/24/2018 "Cleanse lower right leg with normal saline, cover with ABD (sterile Absorbent Abdominal) pads, wrap with Ace bandage, every day shift for to Promote Wound Healing." In addition, the POS documented "Lasix, give 20 mg by mouth one time a day for edema related to Acute Diastolic Congestive Heart Failure."

R2's Daily Skilled Note dated 04/25/2018 at 10:36 AM, documented he had 3+ pitting edema to his bilateral lower extremities and no wounds. The Note continued "Up in w/c (wheelchair) this shift, participating with skilled therapy. Bilateral lower extremities swollen and noted fluid filled blisters. No complaints of pain or discomfort noted. Med (medication) compliant without complications. Will continue to monitor."

R2's Daily Skilled Note dated 04/26/2018 at 11:13 AM, documents he had 3+ pitting edema in his bilateral lower extremities. The Note documented he had no wounds. The Note documented "Up in w/c this shift, participating with skilled therapy. Bilateral lower extremities swollen. No complaints of pain or discomfort noted. Med compliant without complications. Will continue to monitor." There was no documentation regarding the status of blisters on R2's right leg or description of the right leg.

R2's Daily Skilled Note dated 04/26/2018 at 8:45 PM, documents R2 had 3+ pitting edema in his bilateral lower extremities. The Note documented

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he had a wound that was being treated. The Note documented "(R2) is up in wheelchair at this time. Respirations even and unlabored. Ate dinner in dining room without difficulty. Denies any pain/distress." There was no documentation regarding fluid filled blisters or the description of R2's legs.

R2's Daily Skilled Note dated 04/27/2018 at 10:25 AM, documented R2 had 2+ pitting edema to his bilateral lower extremities. The Note documented "Tx (Treatment) to LRE (Lower Right Extremity) changed per this nurse. Updated wound nurse of condition of LRE." There was no documentation of fluid blisters on this Note.

R2's Daily Skilled Note dated 04/27/2018 at 11:08 PM documented R2 had no swelling or edema. The Note did not address any wounds.

R2's Daily Skilled Note dated 04/28/2018 at 5:58 PM, documented had 2+ pitting edema to his bilateral lower extremities. The Note documented he had no wound. The Note documented "Resident alert & oriented. Propelled self to dinner in wheelchair. No respiratory distress noted. Denied pain. Safety & comfort monitoring ongoing." There was no documentation of fluid filled blisters of description of R2's leg on this Note.

R2's Daily Skilled Note dated 4/29/18 at 2:26 PM documented he had 2+ pitting edema and was receiving a treatment to a wound. Under the additional comment section documented "Dressing to right leg dry and intact."

R2's Nurse's Note, dated 04/29/2018 at 6:40 PM, "Upon removing dry dressing to right lower leg and foot noted: leg dark brown with blackening

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tissues to toes and heel area. Toes cool and leg with some warmth to touch. Res (Resident) denies pain, but reports he can feel nurse is touching his limb. Unable to palpitate pedal pulses. Called (V25, Advanced Practical Nurse) and made aware. Res. is to go to hospital to be followed up by (V38, Physician)." The Nurse's Note documented at 7:30 PM, ambulance arrived and R2 left facility via stretcher to go Hospital for evaluation.

R2's Local Emergency Room Visit Report dated 04/29/2018 documents in part, "81 year old male with extensive medical history present to Emergency Department (ED) via Emergency Medical Services (EMS) from (Facility) for care of right lower extremity pain and discoloration. Patient reports foot has been black for four days. Pain worse with movement and palpation. The General Exam documents under extremities: Limited Range of Motion, Pulse deficit, other (right foot black and cold), Skin sloughing off up to mid-calf. Circumferential line of demarcation to right upper calf. Sensation intact per patient."

R2's Hospital Notes dated 04/29/2018 document R2 was seen in the Emergency Room for the care of right left extremity pain and discoloration; patient reports foot has been black for 4 days. Pain worse with movement and palpation. The Patient Visit Summary documents "You were seen today for gangrene of foot."

R2's Hospital Records also documents on 04/30/2018 at 12:00 AM, "No pulse or doppler, foot cold and black, waiting return call from Vascular Hospital. Consulted vascular, patient accepted and transferred to the Emergency Room for further evaluation." R2's Hospital Records also document a Patient Transfer due to

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vascular care on 04/30/2018 at 12:21 AM to Out of State Hospital Facility.

R2's Out of State Hospital Records dated 04/30/2018 document in part, "Chief complaint: right lower extremity discoloration. History of Present Illness: (R2) is an 82 year old male who is status post condition after (S/P) right femoral popliteal bypass in 2005. He presented to an outside hospital with progressive right lower extremity discoloration over the past 4 weeks. Per his nursing home he was on Plavix until 04/09 and then changed to Xarelto with last dose 04/29/2018. He transferred to (Out of State Hospital) for further evaluation and treatment. At the outside hospital he was found to have a darkened pulseless, cool right lower extremity. Computed axial tomography (CT) angio was obtained that demonstrated right lower extremity. Occlusion of the right femoropopliteal bypass graft and right superficial femoral artery with no runoff to the ankle. Distal 1/3rd of right leg extremity is pulseless, black, avascular with necrosis. 82 year old male with history of vascular surgery to his lower extremity due to Peripheral Vascular Disease (PVD) present with 3 days of right lower leg, pain, swelling. On my exam, the patient has a cold and pulseless right lower extremity (RLE) just below the knee with areas of skin edema and breakdown, significant smells, consistent with wet gangrene. Not septic here. Immediately discussing with vascular surgery."

The Out of State Hospital Records document on 05/02/2018 R2 had an above the knee amputation to his right leg.

On 06/14/2018 at 1:04 PM, V2, Director of Nursing stated "pedal pulses should be

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S9999	Continued From page 9 documented in the Progress Notes and or Daily Skilled Notes." On 6/15/2018 at 11:45 PM, V2, Director of Nursing (DON), stated, "I would expect the Daily Skilled Nursing Assessments to be completed on (R2) after he came back from the hospital. No pedal pulses were completed on (R2) because when he came back from the hospital the DVT was not specified where it occurred. Why would he need pedal pulses? No there is no documentation from the Wound Nurse for (R2) or pedal pulses being taken." On 06/18/2018 at 4:00 PM, V2 stated "I was unaware of the site where the blood clot occurred on (R2). I am not responsible for his direct care. The nurses knew the site and I would expect nurses to access the area for redness, swelling and check the pedal pulses daily, which they were doing." On 06/15/2018 at 10:32 AM, V34, Quality Assurance Wound Nurse stated "I was not treating (R2) until the blister occurred on 04/24/2018. It was not an open area nothing on (R2) was documented in the Wound Rounds. There is no documentation because it was not opened. The bandages for (R2) were more of a prevention versus a treatment. Once the blisters came I started seeing him every day up until he went out to the hospital." There was no documentation in R2's medical record regarding when V34 completed the treatment to R2's leg, what type of assessment and evaluation was completed to determine the status of the blisters and the condition of his right leg.	S9999		

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The Facility was unable to provide any documentation verifying the Wound Care Nurse was monitoring the leg or blisters on the leg. No pedal pulses documentation or dressing changes for (R2) was available for review.

On 06/15/2018 at 1:24 PM, V9, Licensed Practical Nurse (LPN) stated, "Yes, those are my initials on the Hospital Discharge Sheet. The check marks are there so I do not miss any medication. As I put the medications in the computer I check them off the list. A box will pop up on the computer and you select the diagnosis to go with the drug in a box. I am responsible for transferring the information to the computer." Next to the box the following is documented "DVT to right leg."

On 06/20/2018 at 12:00 PM, V36, Vascular Surgeon stated "If (R2) had a diagnosis of a DVT to the right leg and was taking Xarelto I would expect the facility to be looking at the leg at least daily, monitoring and looking at the appearance of the leg, color, edema and taking pedal pulses. I would expect it would take days to weeks for a foot to turn black depending on the circulation and how severe the circulation was or was not getting to the foot. As far as detecting it earlier if there was no pedal pulse I would expect (R2) to be sent out immediately for evaluation."

2. R7's current Electronic Medical Record documents a medical diagnosis of Chronic Combined Systolic (Congestive) and diastolic (Congestive) Heart Failure.

R7's March 2018 Medication Administration Record (MAR), documents, in part, "Furosemide Tablet 20 mg (milligram). Give 20 mg by mouth one time a day related to Chronic Combined

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Systolic (Congestive) and diastolic (Congestive) Heart Failure. Order date 06/08/2017. D/C (discontinue) date 02/23/2018."

R7's Progress Note, dated 2/23/2018, documents, in part, "Res (resident) voices concerns of lower legs swelling. Resident has bilateral lower pitting edema +2. Call placed to on call voice mail. Awaiting call back at the time."

R7's Phone Order, dated 02/23/2018, documents, "Lasix Tablet 40 mg (Furosemide) Give 1 tablet by mouth one time a day related to Edema, Unspecific until 03/01/2018."

R7's March 2018 MAR, documents, in part, "Lasix Tablet 40 mg (Furosemide) Give 1 tablet by mouth one time a day related to Edema, Unspecified until 03/01/2018. Order date 02/23/2018 D/C date 02/26/2018."

R7's Note, written by V4, Nurse Practitioner (NP) dated 02/26/2018, documents "Extremities: 2+ Edema to BLE (bilateral lower extremities)."

R7's New Order Form, dated 2/26/2018, documents, "Continue Lasix 40 mg daily through 3/5/2018."

R7's February 2018 MAR documents, in part, "Lasix Tablet 40 mg (Furosemide) Give 1 tablet by mouth one time a day related to Edema, Unspecified until 03/05/2018. Order date 02/26/2018."

R7's March 2018 MAR documents, in part, "Lasix (Furosemide) Tablet 40 mg Give 1 tablet by mouth one time a day related to EDEMA, UNSPECIFIED until 03/05/2018 09:00. Order date 02/26/2018."

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R7's Chest x-ray, dated 03/06/2018, documents, in part, "Impression: CHF (Congestive Heart Failure) with mild pneumonia right lower lobe when compared with 1/6/2018."

R7's Note, written by V4, dated 03/07/2018, documents, "Respiratory: faint rhonchi detected in lower lobes. Extremities: 2+ edema to BLE (bilateral lower extremities). Prescribe: Lasix 40 mg tablet - 1 daily for 7 days, Levaquin 500 mg - 1 tablet for 7 days Repeat CXR (chest x-ray) next week on 3/14/2018."

R7's Nurse's Note, dated 03/07/2018 at 3:07 PM, documents, in part, "Resident received N. O. (new order) for Levaquin 500 mg x 7 days r/t (related to) chest X-ray mild pneumonia noted. N.O. to continue Lasix 40 mg for 7 days and a repeat CXR on the 14th."

R7's March 2018 MAR documents, in part, "Lasix Tablet 40 mg (Furosemide) Give one tablet by mouth one time a day related to edema, unspecified until 03/15/2018 09:00. Ordered 03/07/2018."

R7's repeat chest x-ray ordered for 3/14/2018 was not available for review.

R7's Nurse's Note, dated 03/18/2018, documents, "Resident approached this writer c/o pain and swelling to both legs. Upon inspection, bilateral +2 edema noted. Pedal pulses present. No c/o (complaint of) shortness of breath noted. Call placed to physician exchange. Monitoring ongoing."

R7's New Order Form, dated 3/19/2018, documents, "Increase Lasix to 60 mg daily x 10

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007983	A. BUILDING: _____ B. WING _____	C 06/20/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIA OF CAHOKIA	3354 JEROME LANE CAHOKIA, IL 62206

(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	Continued From page 13	S9999		

days then decrease to 40 mg daily thereafter."

R7's March 2018 MAR documents, "Lasix (Furosemide) Tablet 20 mg, Give 1 tablet by mouth one time a day related to Edema, Unspecified. Order date 03/19/2018 D/C date 3/19/2018." R7's MAR documents the 20 mg of Lasix was given on 3/19/2018. R7's March 2018 MAR does not reflect the order for the 60 mg of Lasix or that 60 mg was given on 3/19/2018.

R7's 3/20/2018 MAR documents, "Furosemide 20 mg Give 3 tablet by mouth one time a day related to EDEMA, UNSPECIFIED until 3/30/2018. Order date 03/19/2018 D/C date 03/21/2018." R7's MAR documents the 60 mg of Furosemide was given 3/20/2018.

R7's Nurse's Note, dated 03/20/2018, documents, in part, "NP (Nurse Practitioner) wrote N.O. for Lasix 60 mg x 10 & then 40 mg daily. Resident still c/o bilateral legs edema +2 pitting. Observed resident labored breathing Resident states he just came back from therapy. Lung sounds crackles heard on expiration. Called placed to MD (medical doctor) resident will be sent out to local hospital for further evaluation."

R7's Nurse's Note, dated 3/20/2018, documents, "Resident admitted to local hospital with CHF (congestive heart failure) & Pericardium Effusion."

R7's Hospital Face sheet, dated 3/21/2018, documents, in part, "Reason for visit: CHF exacerbation; pericardial effusion."

R7's March 2018 MAR documents the original 20 mg Lasix maintenance dose was not restarted by nursing after 3/5/2018. This MAR also documents

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S9999	Continued From page 14	S9999		

R7 did not receive any dose of Lasix from 03/5/2018 - 03/07/2018 and 03/15/2018 - 03/18/2018.

On 06/14/2018 at 2:55 PM, V24, Physician, stated, "When I increase Lasix, I will write resume original order, then order a BMP (Basic Metabolic Panel). It really depends on how the order is written. Common practice is after an increase you go back to original order. The nurses should have clarified the order." V24 further stated the fact that (R7) did not go back on his maintenance dose of Lasix after the increases contributed to him being sent to the hospital.

On 06/18/2018 at 1:37 PM, V4, stated, "I expect staff to return to the maintenance dose after an increase of Lasix or clarify the order. (R7) not receiving any Lasix could have contributed to (R7) being hospitalized."

On 06/18/2018 at 2:13 PM, V33, Licensed Practical Nurse, (LPN), stated, "I did not enter the order to resume (R7) 20 mg of Lasix after the increase of Lasix because the order was not written that way. I have no idea where the order for 20 mg of Lasix came from on 3/19/2018 it was on the MAR so I gave it."

On 06/18/2018 at 3:15 PM, V33 stated she did not clarify that the original order for Lasix should be resumed after the increase because the order was for a week and the NP would be back in house in a week.

On 06/18/2018, V8, LPN, stated, "If a medication dose was increased for a few days and it does not say resume the original dose, I would clarify the order."

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S9999	Continued From page 15 On 06/18/2018, V21, LPN, stated, "When I receive an order for a different dose, I will clarify with the doctor to see if they want to resume the original dose after the increase." On 06/19/2018 at 2:30 PM, V2, Director of Nurse's/Acting Administrator stated, "(V33) put the order in for Lasix on 3/19/2018 as 20 mg instead of 60 mg. When (V33) realized it was put in wrong she reentered the Lasix order for 60 mg to start on 3/20/2018. (R7) did not get 40 mg more of Lasix on 3/19/2018." On 06/19/2018 at 3:40 PM, V2 stated, "I expect staff to enter the order correctly and administer the order as prescribed." On 06/18/2018 at 2:50 PM, V4 stated, "The missing 40 mg of Lasix on 3/19/2018 was definitely a medication error. It is hard to say if that would have kept him out of the hospital." The facility policy and procedure Medication Ordering Requirements, dated 09/2017, documents, in part, "1. Verbal, hand-written, COC (change of condition), and telephone orders received by nursing staff must be recorded in the Electronic Medical Record." It continues, "10. After the medication order has been reviewed, all concerns, issues or questions are clarified with the prescriber before dispensing." (B)	S9999		