STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6002729	A. BUILDING _____ B. WING _____	C 09/06/2023

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EDWARDSVILLE NSG & REHAB CTR	401 ST MARY DRIVE EDWARDSVILLE, IL 62025

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S 000	Initial Comments Complaint Investigation: #2346991/IL163509:	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 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 300.1210 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	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 resident to meet the total nursing and personal care needs of the resident. Section 300.1210 General Requirements for Nursing and Personal Care 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. (Section 2-107 of the Act) These regulations were not met as evidenced by: A)Based on interview and record review the facility failed to monitor, assess, and notify the physician of an acute change in condition to ensure timely medical treatment for 1 of 3 residents (R3) reviewed for quality of care in the sample of 5. This failure resulted when R3 began having ongoing respiratory distress with no medical monitoring resulting in death from pneumonia and acute respiratory failure. B)Based on interview and record review, the facility failed to protect the resident's right to be free from neglect for 1 of 3 residents (R3) reviewed for neglect in the sample of 5. This failure resulted in R3 having ongoing respiratory	S9999		

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S9999	Continued From page 2 distress from 8:00 AM until 7:10 PM without physician consultation and medical treatment. R3 expired from pneumonia and acute respiratory failure. Findings include: R3's Face Sheet, undated, documented R3's was admitted on 6/04/2019 with primary diagnosis as acute respiratory failure with hypoxia. R3's Care Plan, dated 06/01/2023, documents "PROBLEM: (R2) is at risk for SOB (shortness of breath) r/t (related to) DX (Diagnosis) of COPD (Chronic obstructive pulmonary disease)." R3's Care Plan goal documents "I will have no c/o (complaint of) SOB thru next review." R3's Care Plan approaches documented "Document any difficulty breathing (Dyspnea) on exertion. Document S&S (signs & symptoms) of Acute respiratory insufficiency: Anxiety, Confusion, Restlessness, SOB at rest, Cyanosis, Somnolence; Document S&S of Respiratory infection: Fever, Chills, increase in sputum (document the amount, color and consistency), chest pain, increased difficulty breathing (Dyspnea), increased coughing and wheezing; Head of bed to be elevated r/t SOB when lying flat; Inhaler as ordered-see MAR (Medication Administration Record) and; O2 (oxygen) at 2 liters (L) and O2 SAT's (saturation levels) as ordered." R3's Progress Note, dated 8/14/23, documented "CXR (Chest Xray) results received, showing linear opacities in the right mid and lower lung	S9999		

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S9999	Continued From page 3 field likely reflecting scar atelectasis on [sic] likely pneumonia. Call placed to (V9, R3's physician) results reported, N.O. (new order) for Augmentin (antibiotic) 875-125 mg (milligrams) po (by mouth) bid (twice daily) x 7 days plus probiotic entered as ordered." R3's Progress Note, dated 08/16/2023 at 9:51 AM, written by V3, Licensed Practical Nurse/LPN, [Recorded as Late Entry on 08/17/2023 09:51 AM], documents "Charge Nurse came to Nursing station, informed this writer was having difficulty administering meds to resident and asked this writer to assist. Entered room, resident noted in bed with HOB (head of bed) elevated to facilitate breathing, O2 continuous @ (at) 2L via nasal cannula. Resident not easily aroused by verbal stimuli, sternal rub administered, resident aroused, with meds given without difficulty. Resident stated she was hot, ac (air conditioner) turned on for comfort. Upon further assessment resident noted diaphoretic. VS (vital signs) 98 (temperature)-106 (pulse) -22 (respirations) 121/64 (blood pressure) O2 sats 89% on 2L oxygen increased to 3-4L sats remained at 89% BS 189. Occasional audible wheezing with lung assessment completed with wheezing heard bilaterally. On ABT (antibiotic) for Pneumonia, no rash or anaphylaxis noted. Appetite poor, assist x 1 for consumption. Standing order entered for DuoNeb q (every) 6 hours prn (as needed), administered x1 with assist of Charge Nurse. O2 sats rechecked after completion stats 83% on 4L. DON made aware with further assessment completed, O2 sats increased to 92%." On 8/29/2023 at 1:30 PM V3, stated that on 8/16/23 she was working when R3 had her change in condition. V3 stated that she was assigned to the hall. V3 stated that V6, LPN,	S9999		

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came to her and told her that she was having a difficult time giving R3 her medications approximately 8:15 AM. V3 stated that when she went down to the room R3 was lying in bed. V3 stated that R3's oxygen was on, and her head of bed was up. V3 stated that when she called R3's name or tried to arouse R3 she would not respond. V3 stated that she then performed the sternal rub and R3 was able to arouse. V3 stated that this was not normal for R3. V3 stated that R3 was diaphoretic. V3 stated that she performed an assessment and found that R3's vitals were abnormal, and her oxygen level was low. V3 stated that they increased her oxygen to 4 liters and there was no change. V3 stated that R3 had wheezing bilateral in her lungs. V3 stated that all of this was new for R3. V3 stated that R3 was newly diagnosed with pneumonia. V3 stated that R3 did wear oxygen but that her oxygen levels had remained in the high 90s until this event. V3 stated that at approximately 8:30 AM they got an order for a breathing treatment and gave it to her. V3 stated that her oxygen levels did not improve in fact they got worse. V3 stated that V2, Director of Nursing/DON, was notified. V3 stated that unsure of time but per V2, R3's oxygen level did increase. V3 stated that this was the only time she cared for R3. V3 stated that she was not assigned to that hall. V3 stated that V9, Medical Director, was in the facility doing rounds and was not notified of R3's condition. V3 stated that a resident with an acute change in condition can be sent out to the hospital regardless of their code status. V3 stated that they send residents with DNRs to the hospital. V3 stated that just because you have a DNR does not mean you can't go to the hospital.

There was no documentation in R3's medical record that V3 contacted R3's physician regarding

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S9999	Continued From page 5 R3's respiratory distress. On 8/29/2023 at 5:52 PM V6, LPN, stated that she is new to the facility and on 8/16/23 she worked from 6AM to 6PM. V6 stated that she worked with R3 before. V6 stated that on 8/16/23, she went into R3's room to give her meds at approximately 8 AM. V6 stated that she couldn't wake R3. V6 stated that R3 was in a deep sleep with snoring respirations. V6 stated that she had never had this much trouble waking R3. V6 stated that she went and got V3. V6 stated that V3 had been there for years. V6 stated that V3 was able to get R3 awake enough to take her pills. V6 stated that R3 was awake but not really. V6 stated that V3 checked R3's O2 sats and it was 83. V6 stated that she knew something was not right. V6 stated that V2 was at the facility. V6 stated that she told V2 that R3 had a change in condition and that her O2 sats was 83 and not coming up. V6 stated that she was told by V2 that if there is something that can be done in the building then the resident stays in the building. V6 stated that V2 told her to get the fan out of the breakroom and put it on R3. V6 stated that V3 gave R3 a breathing treatment and after the treatment V6 rechecked R3's O2 sat, and it had dropped to 80. V6 stated that she again told V2 that R3 needed to go to the hospital because R3's O2 sats kept dropping. V6 stated that she was told "no" that V2 would go down to R3's room. V6 stated that shortly after V2 notified her that R3's O2 sat was up to 92%. V6 stated that R3's O2 continued to drop. V6 stated that she continued to talk with V2 and was told that R3 would stay at the facility. V6 stated that she knew that R3's change of condition was serious and that R3 needed to go to the emergency room. V6 stated that she notified the V2 and was told to	S9999		

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keep R3 in the building. V6 stated that she did not notify the physician. V6 stated that she notified her DON and followed the instructions given. V6 stated that she notified the oncoming nurse in report of R3's change of condition, oxygen levels in the low 80's, and being given the direction of keeping R3 in the facility.

There was no documentation in R3's medical record that V6 notified V9.

V5 works day shift 6AM to 2 PM. On 8/29/2023 at 1:44 PM V5, Certified Nursing Aide (CNA), stated that she worked with R3 when she got sick. V5 stated that R3 was responding and that she needed total care. V5 stated that R3 needed help with care but she would help some like hold the rail when turning over. V5 stated that R3 would yell out and liked being in her wheelchair and wanted you to push her around. V5 stated that on this day R3 was lethargic and did not help at all. V5 stated that they kept R3 in the bed. V5 stated that R3 did not eat and remain lethargic. V5 stated that her shift ends at 2:00 PM. V5 stated that R3 was lethargic when she left.

On 8/30/2023 at 3:48 PM V7, CNA Coordinator, stated that she worked the day that R3 had the change in condition. V7 stated that she came in at 2:00 PM. V7 stated that she went down and did a walkthrough of her hall. V7 stated that during that time she noticed that R3 did not look like herself. V7 stated that R3 was different than she was yesterday. V7 stated that the day before R3 was up and moving around in her wheelchair. V7 stated that when she went in the room R3 was lying in bed with a fan and a mask on. V7 stated that R3 was cold and R3's breathing wasn't right. V7 stated that she notified V6 and told V6 that R3

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was not right. V7 stated that she told V6 that R3 needed to go to the hospital. V7 stated that V2 was in the facility as well. V7 stated that she was concerned about R3. V7 stated that at around 6:00 PM V10, LPN, came in. V7 stated that she told V10 about R3 and shortly after V10 sent R3 out.

R3's Electronic Health Record (EHR) documents an abnormal O2 sat on 8/16/2023 at 9:51 AM. There was no documentation in R3's Progress Notes or medical record regarding if the facility was assessing R3's respiration from 9:51 AM through 7:10 PM.

As of September 5, 2023, at 3:00 PM the facility failed to provide any additional documentation of vitals and or oxygen levels obtained on 8/16/2023.

R3's August 2023 Medication Administration Record (MAR), documented "O2 sat. q shift R/T COPD" to be completed every shift. On 8/16/23, R3's O2 sat was documented as 87% on the day shift. There were no other documented O2 saturation levels in R3's medical record.

R3's Progress Note, dated 08/16/2023 07:10 PM, written by V10, LPN, documents "Resident found unresponsive. Not responding to verbal or painful stimuli. No response to sternal rub. Resident cold to touch. Nailbeds cyanotic, mottling noted to BLE (Bilateral lower extremities) Gurgling noted. Right pupil dilated. RESP (Respirations) 8 AND PULSE 38-42. Unable to obtain SAO2 or B/P (blood pressure) at this time. 911 called. 1925 Ambulance here to transport resident to ED (Emergency Department) and request POA (Power of Attorney) be notified to meet or call (local ED) resident probably is not going to make

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S9999	Continued From page 8 it. (V4), (R3's) POA notified, report called to (Local ED) and (V2) DON notified.": R3's Progress Note, dated 08/16/2023 10:16 PM, documents "Call placed to (Local) ed for update on resident. ED nurse states she is 'still holding on' condition remains guarded. Resident being admitted with DX (diagnosis) of PNE (pneumonia) and Acute UTI (urinary tract infection)." R3's Progress Notes, dated 08/17/2023 at 12:30 AM, documents "Call received from (local hospital). They Report that resident has expired." R3's History and Physical from (Local Hospital), dated 8/16/23 at 11:09 PM, documents "This a 70-year-old female who is presenting from local nursing home with worsening altered mental status. She is a DNR (Do Not Resuscitate), DNI (Do not Intubate), no Bipap (bilevel positive airway pressure). She was bagged for hypoxia in the ambulance en route. She was found minimally responsive by the nursing home staff. Her DNR comfort measures state that she does not want any intervention beyond basic comfort measures, per ER. The pt.'s (patient's) recent history includes recent pneumonia, found to be hypoxic, treated with assisted ventilation with bag valve mask until she arrived in the ER. In the ER the patient was noted to have a WBC (white blood cell count) 25.5 with 10 bands. Her CO2 (Carbon Dioxide) is high to > (greater than) 40, her cl (chloride) is low, and her bun (blood urea nitrogen)/cr (creatinine) are elevated 24/1.40. BNP (Brain Natriuretic Peptide) 1830, trop pending, UA (urinalysis) + UTI (urinary tract infection). She looks very poor in the ER. Her SPO2 is < 50% on nonrebreather at 15L/min. Her RR (respiration rate) is <10. Just now her B/P	S9999		

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dropped to 90's/50's. She looks to be in the process of passing away soon, possibly tonight. She is unresponsive to voice, light touch, and barely responds to noxious stimulus."

R3's Death Certificated, dated 8/17/2023, documents date of death 8/17/2023. It also documents the cause of death Acute Respiratory Failure with Hypoxia and Pneumonia.

On 8/31/2023 at 8:30 AM V2, Director of Nursing, stated that she became aware of R3's change in condition around 4:00 PM. V2 stated that she was told that R3 was having problems breathing and oxygen levels were low. V2 stated that the nurse wanted to send the resident to the hospital. V2 stated that she wanted to make sure that they did everything they could at the facility first. V2 stated that when she went into the room, she noted that R3 was mouth breathing. V2 stated that she put a mask on R3 and monitored R3. V2 stated that R3's oxygen level improved to 92% with the mask and 4 liters of oxygen. V2 stated that R3 was lethargic. V2 stated that R3 was diagnosed with pneumonia a day or so before and thought this was causing the lethargy. V2 stated that she felt that R3 was stable and did not need to go to the hospital or notify the physician up until she left at about 4:30 PM. V2 stated that R3 was sent to the emergency room by the night nurse. V2 stated that she is a firm believer of doing things in the building instead of sending R3 out.

R3's EHR does not document any assessment performed by V2. R3's EHR does not document the application of a nonrebreather mask or physician notification of assessment and treatment performed by V2.

On 8/31/2023 at 10:56 AM V9, Medical Director,

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stated that the facility is usually pretty good about notifying him of change in conditions. V9 stated that his notification would be documented in the resident's chart. V9 stated that he was not aware of R3's ongoing respiratory distress. V9 stated that if he was made aware of R3's condition he would have sent R3 out. V9 stated that he may not have sent R3 out initially but if her condition continued to change or not improve, he would have sent her to the hospital. V9 stated that he expects the facility to monitor changes of condition and notify him of the patient's condition. V9 stated that he did not exam and was not notified of R3's ongoing condition on 8/16/2023.

The facility's Change in Condition policy, dated 9/2022, documents "1. Nursing will notify the resident's physician or nurse practitioner when b. there is a significant change in the resident's physical, mental or emotional status. c. It is deemed necessary or appropriate in the best interest of the resident." The Policy documents "3. The communication with the resident and their responsible part as well as the physician will be documented in the resident's medical record or other appropriate documents."

The facility's Change in a Resident's Condition or Status, dated May 2017, documents 2. A significant change" of condition is a major decline or improvement in the resident's status that: a. Will not normally resolve itself without intervention by staff or implementing standard disease-related clinical interventions. b. impacts more than one area of the resident's health status."

The facility's Abuse and Neglect-Clinical Protocol policy, dated March 2018, documents Neglect as "the failure of the facility, its employees or service providers to provide goods and services to a

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S9999	Continued From page 11 resident that are necessary to avoid physical harm, pain, mental anguish or emotional distress." The Policy documents "The facility management and staff will institute measures to address the needs of residents and minimize the possibility of abuse and neglect." The Policy documents "The medical director will advise facility management and staff about ways to ensure that basic medical, functional, and psychosocial needs are being met and that potentially preventable or treatable conditions affecting function and quality of life are addressed appropriately."	S9999		