

Illinois State Department of Health

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0057364</b> |                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                                                     |  | (X3) DATE SURVEY COMPLETED<br><b>11/06/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>IMBODEN CREEK SENIOR LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>180 WEST IMBODEN , DECATUR, Illinois, 62521</b>                              |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                         | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S0000                                                              | Initial Comments<br><br>Facility Reported Incident of October 16, 2025 2651083                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                         | S0000               |                                                                                                                          |  | 11/16/2025                                      |  |
| S9999                                                              | Final Observations<br><br>Statement of Licensure Violations:<br><br>300.610a)<br>300.1035e)<br>300.1210b)<br>300.1210c)<br>300.1210d)2)<br>300.3240a)<br><br>Section 300.610 Resident Care Policies<br><br>a) The facility shall have written policies and<br>procedures governing all services provided by the<br>facility. The written policies and procedures shall be<br>formulated by a Resident Care Policy Committee<br>consisting of at least the administrator, the advisory<br>physician or the medical advisory committee, and<br>representatives of nursing and other services in the<br>facility. The policies shall comply with the Act and<br>this Part. The written policies shall be followed in<br>operating the facility and shall be reviewed at least<br>annually by this committee, documented by written,<br>signed and dated minutes of the meeting.<br><br>Section 300.1035 Life-Sustaining Treatments<br><br>e) The facility shall honor all decisions made by a<br>resident, an agent, or a surrogate pursuant to<br>subsection (c) of this Section and may not discriminate<br>in the provision of health care on the basis of such<br>decision or will transfer care in accordance with the<br>Living Will Act, the Powers of Attorney for Health Care<br>Law, the Health Care Surrogate Act or the Right of |                                                                         | S9999               |                                                                                                                          |  | 11/16/2025                                      |  |

Office of Primary Care and Health Systems Management

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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Illinois State Department of Health

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| S9999                                                              | <p>Continued from page 1<br/>Conscience Act (Ill. Rev. Stat. 1991, ch. 111½, pars.<br/>5301 et seq.) [745 ILCS 70]</p> <p>Section 300.1210 General Requirements for Nursing and<br/>Personal Care</p> <p>b) The facility shall provide the necessary care and<br/>services to attain or maintain the highest practicable<br/>physical, mental, and psychological well-being of the<br/>resident, in accordance with each resident's<br/>comprehensive resident care plan. Adequate and properly<br/>supervised nursing care and personal care shall be<br/>provided to each resident to meet the total nursing and<br/>personal care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be<br/>knowledgeable about his or her residents' respective<br/>resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care<br/>shall include, at a minimum, the following and shall be<br/>practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered<br/>as ordered by the physician.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent<br/>of a facility shall not abuse or neglect a resident.<br/>(Section 2-107 of the Act)</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility<br/>failed to provide emergency response resuscitative<br/>efforts timely, resulting in a ten-minute delay in life<br/>saving services for one (R1) resident out of six<br/>residents reviewed for Death in a sample list of eleven<br/>residents. On 10/16/25, R1 was confirmed to be without<br/>signs of life ten minutes prior to the initiation of<br/>Cardiopulmonary Resuscitation (CPR). R1 subsequently<br/>expired at the facility on 10/16/25 at 9:45 am.</p> <p>Findings include:</p> <p>R1's Electronic Medical Record (EMR) documents R1<br/>admitted to the facility on 6/16/25, with medical<br/>diagnoses of Sepsis, Chronic Obstructive Pulmonary<br/>Disease (COPD), Atrial Fibrillation, Acute on Chronic</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                              | <p>Continued from page 2</p> <p>Diastolic Heart Failure, Chronic Respiratory Failure, Muscle Weakness, Unsteady on Feet, Hepatic Encephalopathy, Morbid Obesity, Cirrhosis of Liver, Diabetes Mellitus Type II, Depression, Gastroesophageal Reflux Disease (GERD), Chronic Fatigue, Lymphedema, Acute Kidney Failure, Hypertension and Acute Respiratory Failure with Hypoxia. This same EMR documents R1 chose to have full resuscitative efforts performed in case of emergency (Full Code) upon admission on 6/16/25.</p> <p>R1's Brief Interview for Mental Status, dated 6/17/25, documents R1 as cognitively intact.</p> <p>R1's Minimum Data Set (MDS), dated 9/1/25, documents R1 requires maximum assistance from staff for personal hygiene, and R1 is dependent on staff for eating, oral hygiene, dressing, bathing, toileting, transfers, and bed mobility.</p> <p>R1's Care Plan, initiated 6/18/25, documents R1 chose to be resuscitated in case of emergency (Full Code).</p> <p>R1's Physician Order Sheet (POS), dated October 2025, documents a physician order starting 6/19/25, with no end date, for R1 to be a Full Code (be resuscitated in case of emergency).</p> <p>R1's POS, dated October 2025, documents an order, dated 7/14/25 with no end date, to obtain blood glucose levels before meals and at bedtime.</p> <p>R1's October Medication Administration Record (MAR) documents R1's blood glucose and sliding scale Insulin is scheduled at 7:00 AM, 11:00 AM, 4:00 PM and 9:00 PM. This same MAR documents R1's 10/16/25 7:00 AM blood glucose result was '0'.</p> <p>R1's POS, dated October 2025, documents and order, dated 8/20/25 with no end date, to administer Humalog (Insulin) subcutaneously per sliding scale for blood glucose of 150 - 199 = 2 units; 200 - 249 = 4 units; 250 - 299 = 6 units; 300 - 349 = 8 units; 350 - 400 = 0 units Above 350 CALL PCP; 401 - 450 = 0 Above 400 call PCP, subcutaneously before meals and at bedtime for diabetes. R1's October 2025 MAR documents R1's 10/16/25 7:00 AM sliding scale insulin administration was 'Not Applicable (NA).'</p> <p>R1's POS, dated October 2025, documents an order, dated 10/1/25 with no end date, to administer Tramadol 50 milligrams (mg) every six hours for pain. R1's October 2025 MAR documents R1's 10/16/25 12:00 AM and 6:00 AM scheduled Tramadol was marked as refused.</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| S9999                                                              | <p>Continued from page 3</p> <p>R1's Nurse Progress Notes, dated 10/16/25, documents at 9:05 AM, "Upon entering (R1's) room to administer scheduled medications and check blood glucose, (R1) was found unresponsive. Staff (V8, V10, Certified Nursing Assistants (CNA)) were attempting to provide care on (R1). Immediate assessment revealed no pulse, no oxygen saturation, no blood sugar and no measurable blood pressure. According to (R1's) Electronic Health Record (EHR), (R1) is a full code. (V2) Director of Nurses (DON) and V4, Licensed Practical Nurse (LPN), were notified without delay. (V14) alerted Emergency Medical Service (EMS). CPR was initiated promptly by (V2) DON. EMS arrived and took over resuscitative efforts at approximately 9:20 AM. Despite continued efforts, EMS was unable to revive (R1). Time of death was confirmed by EMS at 9:45 AM."</p> <p>R1's Progress Note, dated 10/16/25 at 10:00 AM, documents Coroner's office notified of (R1's) death. V6, Coroner, stated V6 will call back or come out to the facility.</p> <p>R1's Progress Note, dated 10/16/25 at 10:29 AM, documents V6, Coroner, was at the facility and profile paperwork given to V6, Coroner.</p> <p>R1's Progress Note dated 10/16/25 at 12:23 PM, documents, "(R1's) Funeral home here and (R1's) body was released to them."</p> <p>On 10/24/25 at 9:00 AM, V2, Director of Nurses (DON), stated R1 had not been 'feeling well' for two days prior to 10/16/25. V2, DON, stated R1 was sent to the hospital on 10/14/25, and returned to the facility the same day with no new orders. R1 had previously chosen to be resuscitated in case of emergency. V2, DON, stated the evening of 10/15/25, R1 was asking staff to crawl on the floor to "check on the kids." This was abnormal behavior for R1. The morning of 10/16/25, V5, Licensed Practical Nurse (LPN), asked V2, DON, to "check on" R1. V2, DON, stated she walked in R1's room at 9:10 AM to see that V8 and V9, Certified Nurse Aides (CNAs), were providing incontinence care for R1, who was laying in her bed. R1 was unresponsive with a "limp" body. V2, DON, stated she knew R1 was not on Hospice care or Palliative care, and was "fairly certain" R1 was a Full code, but asked the staff to verify R1's code status prior to initiating CPR. V2, DON, stated she performed a Sternal rub on R1 with no response. V2, DON, stated after verifying R1's code status as Full Code, V2, DON, V8, and V9, CNAs, used R1's fitted sheet to transfer R1 to the floor next to R1's bed and V2, DON, initiated CPR by doing chest</p> |                                                                      |  | S9999                                                                                       |                                                                                                                          |                                                 |                            |

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| S9999                                                              | <p>Continued from page 4</p> <p>compressions at 9:12 AM. V2, DON, stated V1, Administrator, had entered R1's room at this point and administered mouth to mouth rescue breaths for R1. V2, DON, stated she yelled out for V5, LPN, to call 911. V2, DON, stated V1, Administrator, and V2, DON, continued CPR at a 30:2 ratio until EMS arrived and took over R1's care at 9:21 AM. V2, DON, stated the facility did not use a backboard nor an Ambu bag to administer rescue breaths for R1. V2, DON, stated EMS placed an Intraosseous (IO) line in R1's left shoulder and continued CPR using a compression device until EMS called the time of R1's death as 9:45 AM.</p> <p>On 10/24/25 at 9:35 AM, V5, Licensed Practical Nurse (LPN), stated on 10/16/25 at 9:00 AM, V5, LPN, was standing at her medication cart outside R1's room. V5, LPN, stated she was preparing R1's glucometer to check R1's blood glucose. V5, LPN, knew V8 and V10, Certified Nurse Aides (CNAs), were inside R1's room providing morning incontinence cares. V5, LPN, stated she was not aware at that time that R1 was in distress. V5, LPN, stated no one told her R1 was in any distress, but V5 realized there was something wrong with R1 as V5, LPN, walked into R1's room. V5, LPN, stated she had not been in R1's room prior to 9 AM. V5 assessed R1, and R1 was found to have no pulse, no readable blood pressure, R1's blood glucose registered at 'low', and R1 had no signs of life. V5, LPN, stated she administered a sternal rub on R1 with no response. V5, LPN, stated her stethoscope has a digital read out of electrocardiogram (EKG). R1's EKG showed "a flat line. You can't get any flatter." V5, LPN, stated, "I knew (R1) was gone but I had to get another nurse to verify (R1's) death." V5, LPN, stated she left R1's room at the time to find another nurse to verify R1's death. V5, LPN, stated V8 and V10 remained in R1's room. V5, LPN, stated she found V4, LPN, on V4's hallway, so V4 and V5 then returned to R1's room. V5, LPN, stated to V4, LPN, "I need help with (R1). I think (R1) coded." V5, LPN, stated V4, LPN, also assessed R1 and R1 was found to have no signs of life. V5 stated V4, V5, V8, and V10, were all present in R1's room, and no one provided any type of resuscitative efforts for R1. V5, LPN, stated she then left R1's room to find V2, Director of Nurses (DON). V5, LPN, stated when V2, DON, and V5, LPN, arrived back at R1's room, V2, DON, asked V5, LPN, to confirm R1's code status. V5, LPN, stated V5 went back out to the nurse's station to find that R1 was a Full Code. V5, LPN, stated she reported that to V2, DON, who then started chest compressions in R1's room. V5, LPN, stated R1 was sent to the emergency room on 10/14/25. V5, LPN, stated, "I knew (R1) hadn't been right since she got back from the emergency room (ER) on 10/14/25. I should have checked on her when I first started my</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| <b>STATEMENT OF DEFICIENCIES<br/>AND PLAN OF CORRECTIONS</b>       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><b>0057364</b> |                                                                                                                          | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING<br>B. WING                                        |  | (X3) DATE SURVEY COMPLETED<br><b>11/06/2025</b> |  |
| NAME OF PROVIDER OR SUPPLIER<br><b>IMBODEN CREEK SENIOR LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                         |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>180 WEST IMBODEN , DECATUR, Illinois, 62521</b> |  |                                                 |  |
| (X4) ID<br>PREFIX<br>TAG                                           | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE<br>APPROPRIATE DEFICIENCY) |                                                                                             |  | (X5)<br>COMPLETION<br>DATE                      |  |
| S9999                                                              | <p>Continued from page 5<br/>shift. I should have been in (R1's) room to see why she<br/>was still in bed and didn't feel good."</p> <p>On 10/24/25 at 10:00 AM, V8, Certified Nurse Aide<br/>(CNA), stated she was told in shift-to-shift report<br/>that R1 was not feeling well. V8, CNA, stated the<br/>facility night shift reported to the facility dayshift<br/>R1 should be "left in bed" for the morning, since R1<br/>did not feel well. V8, CNA, stated she and V10, CNA,<br/>were working R1's hall that morning and did not make it<br/>into R1's room to provide cares until "about 9:00 am."<br/>V8, CNA, stated V8 and V10 entered R1's room to provide<br/>incontinence care for R1 and ask R1 if she felt like<br/>getting out of bed for breakfast. V8, CNA, stated<br/>neither V8 nor V10 spoke with R1 directly because "(R1)<br/>looked like she was sleeping. (R1) was very limp. We<br/>(V8, V10) had to move (R1) around because (R1) was not<br/>moving herself. I didn't see (R1) breathing, and she<br/>didn't make any sounds, and her eyes were closed." V8,<br/>CNA, stated V5, LPN, entered R1's room and assessed R1.<br/>V8, CNA, stated V5, LPN, stated R1 had no blood<br/>pressure, pulse or respirations. V8, CNA, stated V5,<br/>V8, and V10 did not provide any type of resuscitative<br/>efforts.</p> <p>On 10/24/25 at 10:15 AM, V4, Licensed Practical Nurse<br/>(LPN), stated V4, LPN, was asked by V5, LPN, to be the<br/>second nurse to verify R1's death. V4, LPN, stated V4<br/>and V5 both went to R1's room to find V8 and V10,<br/>CNA's, standing by R1's bed. V4, LPN, stated V4<br/>assessed R1 and found no signs of life. V4, LPN, stated<br/>R1 had no blood pressure, pulse, or respirations. V4,<br/>LPN, stated she sent V5, LPN, to get help due to R1 had<br/>passed away. V4, LPN, stated V8, V10, and V4, LPN,<br/>stayed in R1's room but did not provide any<br/>resuscitative efforts at that time. V4, LPN, stated V5,<br/>LPN, and V2, DON, returned to R1's room. V4, LPN,<br/>stated V2, DON, asked V5, LPN, to check R1's code<br/>status and V5, LPN, returned a few minutes later and<br/>stated R1 was a Full Code. V4, LPN, stated V4, LPN, V2<br/>,DON, V8 and V10, CNAs, assisted R1 to the floor. V4,<br/>LPN, stated V2, DON, initiated Cardiopulmonary<br/>Resuscitation (CPR) at that time. V4, LPN, stated this<br/>was "a couple of minutes" after V5, LPN, left R1's room<br/>to check on R1's code status.</p> <p>On 10/24/25 at 12:50 PM, V11, Licensed Practical Nurse<br/>(LPN), stated V11 was R1's night shift nurse on the<br/>evening of 10/15/25 into the morning of 10/16/25. V11,<br/>LPN, stated V11 held R1's scheduled Tramadol at 12:00<br/>AM and 6:00 AM. V11 LPN stated, "I couldn't get (R1)<br/>awake enough to take her pills. (R1) did not respond.<br/>(R1) was breathing and alive but she didn't act right."</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| NAME OF PROVIDER OR SUPPLIER<br><b>IMBODEN CREEK SENIOR LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                         |                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>180 WEST IMBODEN , DECATUR, Illinois, 62521</b>                              |  |                                                 |  |
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| S9999                                                              | <p>Continued from page 6</p> <p>V11, LPN, stated she did not notify facility management, V19, Physician, or talk to other staff about R1's condition. V11, LPN, stated, "I have only worked with (R1) one other time so I don't know what (R1's) normal is." V11, LPN, stated, "I did not know (R1) well enough to determine if (R1) was ill or if that was (R1's) norm. I don't know what (R1's) norm is so how would I know if (R1) weren't acting herself?" V11, LPN, stated she did not notify anyone (V1, Administrator, V2, Director of Nurses, V19, Physician) that R1 was "too out of it" to take her scheduled Tramadol. V11, LPN, stated V11 reported to V5, LPN, during the shift-to-shift report R1 did not feel well, and R1's Tramadol had been held.</p> <p>On 10/24/25 at 1:00 PM, V10, Certified Nurse Aide (CNA), stated V8 and V10 entered R1's room for the first time at about 9:00 AM on 10/16/25. V10, CNA, stated V5, LPN, V8 and V10, were all told in shift-to-shift report R1 wasn't feeling well. V10, CNA, stated she should have checked on R1 prior to 9:00 AM, but "was busy taking care of the back half of the hall." V10 stated V8 and V10 did not talk directly to R1 prior to starting incontinence cares. V10, CNA, stated R1's body was very limp. V10, CNA, stated R1's hips and legs felt warm. V10 stated as V8 and V10 were providing incontinence care, both V8 and V10 noticed R1 was not acting right. V10, CNA, stated, "I noticed that (R1) was not responding. (R1) was not talking, not moving and we (V8, V10) could not see a rise in (R1's) chest to show (R1) was breathing." V10, CNA, stated when V5, LPN, walked into R1's room, V10 stated to V5, LPN, "I think (R1) is gone." V10, CNA, stated V5, LPN, assessed R1 and stated, "(R1) is gone. I will go get another nurse to verify (R1's) death." V10, CNA, stated V4, LPN, stated at R1's bedside after V4 assessed R1, "I don't think (R1) is with us anymore." V10, CNA, stated, "I knew when I touched (R1's) face and her face and hands were cool to the touch, (R1) was gone." V10, CNA, stated V4, V5, V8, and V10 did not provide resuscitative efforts for R1.</p> <p>On 10/28/25 at 3:00 PM, V1, Administrator, stated R1 admitted to the facility on 6/16/25, as a long-term care resident. V1 stated R1 was alert and oriented upon admission but had had a clinical decline in the past week prior to R1's death on 10/16/25. V1, Administrator, stated R1 was sent to the hospital for a change of condition on 10/14/25 and returned to the facility the same day. V1, Administrator, stated the staff should report changes in condition to the resident's physician and V1, Administrator, or V2, Director of Nurses, if there is a clinical change. V11, LPN, should have reported to V19, Physician, V1,</p> |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |

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| NAME OF PROVIDER OR SUPPLIER<br><b>IMBODEN CREEK SENIOR LIVING</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                         |                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>180 WEST IMBODEN , DECATUR, Illinois, 62521</b> |  |                                                 |  |
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| S9999                                                              | <p>Continued from page 7</p> <p>Administrator, or V2, Director of Nurses (DON), the night of 10/15/25 into the morning of 10/16/25. V1, Administrator, stated if a nurse is unsure if there is a clinical change, then the nurse should find those answers. R1 should have been provided cares prior to 9:00 AM. It is the expectation of the staff to offer/provide incontinence cares every two hours and as needed. If the staff knew R1 was not feeling well, then they (staff) should have assessed R1 first thing after their report in shift change. V1, Administrator, stated whoever noted R1 not having any signs of life should have started Cardiopulmonary Resuscitation (CPR) immediately. V1, Administrator, confirmed the facility policy documents if the staff are uncertain of a resident's Code Status, then CPR should begin immediately, 911 Emergency Services should have been called immediately, and staff should continue CPR until EMS arrives, or the resident Physician gives instruction on how to proceed. V1, Administrator, stated the facility delayed emergency service (CPR) for R1, which could mean the difference between life and death.</p> <p>On 11/6/25 at 11:15 AM, V41, Nurse Practitioner (NP), stated R1 had been ill prior to 10/16/25 when she passed away. V41, NP, stated she did not know if R1's death was caused by a delay in Cardiopulmonary Resuscitation (CPR) because "there is no way to predict that." V41, NP, stated CPR should have been initiated by V8 and V10 CNAs without any delay. If V8 and V10 neither knew to start CPR, then V4, LPN, should have started as soon as she realized R9 was not showing any signs of life. V41, NP, stated CPR should be initiated if a resident is not breathing and has no response. A resident's Code status should be easily and quickly identified in case of an emergent situation. V41, NP, confirmed there was a delay in finding R1's Code Status and also delay in CPR for ten minutes.</p> <p>The facility policy titled Emergency Procedure-Cardiopulmonary Resuscitation (CPR) documents if an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If an individual's Do Not Resuscitate (DNR) status is unclear, CPR will be initiated until it is determined that there is a DNR or a physician's order not to administer CPR. If sudden cardiac arrest is likely, begin CPR. Instruct a staff member to activate the emergency response system (code) and call 911. Verify or instruct a staff member to verify the Do Not Resuscitate (DNR) or code status of the individual. Initiate the basic life support (BLS) sequence of events. The BLS sequence of events is referred to as "C-A-B" (chest compression, airway, breathing). All</p> | S9999                                                                   |                                                                                                                          |                                                                                             |  |                                                 |  |

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| S9999                                                              | Continued from page 8<br>rescuers, trained or not, should provide chest<br>compressions to victims of cardiac arrest. Trained<br>rescuers should also provide ventilations with a<br>compression-ventilation ratio of 30:2.<br><br>(A) |                                                                         | S9999               |                                                                                                                          |  |                                                 |  |