

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/04/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/25/2007
NAME OF PROVIDER OR SUPPLIER NORTH LOGAN HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 801 NORTH LOGAN AVENUE DANVILLE, IL 61832		
(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) COMPLETION DATE	
F 465	Continued From page 8 other resident R23 does use the bedroom toilet. Certified Nurse Aide, E5 also confirmed on 5/24/07 at 1:00 pm that R23 who was independently ambulatory, and cognitively impaired could be capable of going into the restroom on her own. The resident room was rechecked on 5/24/07 at 1:00 pm and still not provided with a set of toilet grab bars. 2. On 5/23/07 at 10:30 am it was noted that there were no grab bars provided at the resident toilet in the third floor tub room. There were no wall attached grab bars at the toilet and none were attached to the toilet itself. 3. There were no toilet grab bars provided at the resident toilet room located on the third floor short hallway. This toilet room unlocked and is available for residents to use on a routine basis.	F 465			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1035a)3) 300.1035a)5) 300.1035e) Section 300.1035 Life-Sustaining Treatments a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be: 3) procedures for providing life-sustaining treatments available to residents at the facility; 5) procedures for educating both direct and	F9999			

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F9999	<p>Continued From page 9</p> <p>indirect care staff in the application of those specific provisions of the policy for which they are responsible.</p> <p>e) The facility shall honor all decisions made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section and may not discriminate in the provision of health care on the basis of such decision or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act (Ill. Rev. Stat. 1991, ch. 111½, pars. 5301 et seq.) [745 ILCS 70]</p> <p>These regulations are not met as evidenced by the following:</p> <p>Based on interview and record review, the facility failed to</p> <p>[1] Implement Emergency Procedures as required by facility policy and</p> <p>[2] Honor an Advanced Directive request to be resuscitated for 1 of 19 sampled residents (R7).</p> <p>Findings include:</p> <p>According to the Resident Face Sheet, R7 was admitted to the facility on 3/12/07 with diagnoses which include Congestive Heart Failure, Chronic Kidney Disease Stage 3, Anemia, and Insulin Dependent Diabetes Mellitus. The Power of Attorney for Health Care form dated 02/07/2007 showed that R7 initialed the statement, "I WANT my life to be prolonged and I want life-sustaining treatment to be provided or continued unless I am in a coma which my attending physician believes to be irreversible, in accordance with reasonable medical standards at the time of</p>	F9999			

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F9999	<p>Continued From page 10 reference...."</p> <p>On the Physician's Order Sheet dated 3/12/07, the Physician, Z1, ordered staff to implement a Full Code Status.</p> <p>In the Nurse's Notes dated 3/27/07, nursing staff have documented, "5:00 p.m.- Resident was fed supper ate well. 6:30 p.m., Called to resident room by Certified Nurse Aide (CNA), resident not breathing, skin cold to touch. Call placed to family, (Z3), Power of Attorney (POA), and informed (them) of resident's death.... Paged (Z1) Physician, and notified of (R7's) death, may release body to mortuary of family's choice. ...Coroner notified."</p> <p>During interview with E7, Licensed Practical Nurse (LPN), on 5/24/07 at 1:05 p.m., E7 stated, "The resident was up in the gerichair, had a shower done and had eaten 100%. During supper, (Z3) came to visit and reported that (R7) would not respond." E7 stated after calling R7's name numerous times and tapping the arm, that R7 opened his eyes and talked with Z3. According to E7, "(R7) seemed a little more mentally alert than he had been." "After supper (E6) called me to (R7's) room. (R7) was in the geri chair with the oxygen on and was not breathing. There were no respirations. (R7's) skin was cold." E7 "felt for radial pulses and there was none." R7 was picked up and put to bed. "I believe that (R7) was a Full Code. A Full Code Status means that we would initiate Cardidopulmonary Resuscitation (CPR), call for back up and send the resident out."</p> <p>When interviewed again at 2:40 p.m.on 5/24/07 E7 stated, "I had had that in the back of my mind</p>	F9999			

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F9999	<p>Continued From page 11</p> <p>that he(R7) was a full code. I took a radial and carotid pulse when staff found (R7) and there was none." "(R7) had been improving the past few days prior to this. I did not take vitals when (R7) was not responsive earlier. The CNA probably thought I was surprised (when I was checking the chart) because I said, 'Oh my god, he is still a full code.' I really thought he was a DNR (Do Not Resuscitate) at that point....I did not pull the chart and take it with me when I went to the (R7's) room." "Staff had talked to (Z3, POA), about making (R7) a DNR. I thought the process was completed....Over the weekend, (R7) had been bad, having difficulty breathing and requiring suctioning." E7 stated that she does not know the exact time that (R7) stopped breathing. "If I felt it had been a short period of time, I would have started CPR. I did not do it because (R7) was cold and I did not know when it was that he stopped breathing."</p> <p>On 5/25/07, E8, CNA, stated that she was present when the incident with R7 occurred. During the interview E8 stated, "I worked on 3/27/07 from 2:30 p.m. until 10:30 p.m. (E6) noticed (R7) when we were picking up supper trays. The time was about 6:30 p.m. (E6), walked into (R7's) room and came out asking where (E7) was. I told her, 'I think (E7) is on break.' (E8) went to (R7's) room thinking that (E6) needed help getting (R7) back in to bed. I got down there and (E6) stated 'I think (R7) passed.'" E8 stated, "I asked (E6) if (R7) was breathing and (E6) said 'no'..... When I went into (R7's) room I noticed that (R7) was not breathing stating that it was obvious as (R7) used to wheeze a lot. I tried to find his pulse and could not and walked out of the room to find (E7) who I could see was at the Nurse's Station. (E7) came</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>down there checked (R7's) radial pulse and pulse at the neck and pretty much confirmed it." E7 asked staff to transfer R7 to the bed so that R7 could be transferred out more easily. E8 stated that E9, E6 and E7 were all present in the room when R7 was transferred to bed. E8 commented that when E8 first saw R7 that E8 tried to find a radial pulse and noted that (R7's) skin was very cold to the touch and gray in color.</p> <p>At approximately 3:30 p.m. on 5/24/07, E2, the Director of Nurses (DON), presented a copy of the facility Cardiopulmonary Resuscitation (CPR) policy. In the Policy the Level of Responsibility includes Registered Nurses (RN), LPN, and CNA. The Objectives: are to "Ventilate the resident until adequate circulation to the brain is re-established." In the policy it states "Procedure: Note: Procedure to be initiated after an establishment of Code Status/Advance Directions.</p> <ol style="list-style-type: none"> 1. Summon medical aid call 911 and facility code (Stat call) 2. Put on gloves. 3. Begin external cardiac massage and assist ventilation within four minutes after the following symptoms occur: <ol style="list-style-type: none"> a. No pulse b. No respirations c. Unconsciousness." <p style="text-align: center;">(A)</p>	F9999			