STATEMEN	T OF DEFICIENCIES	X1) PROVIDER/SUPPLIER/CLIA	(X2) MU	LTIPLE CONSTRUCTION	(X3) DATE :). 0938-03 SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUIL		COMPL	.ETED
		1,45468	B. WINC	B	06/	C 05/2007
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S		00/2007
CAMBRI	DGE NURSING & RE	HAB CENTER		9615 NORTH KNOX AN SKOKIE, IL 60076	/ENUE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV	PLAN OF CORRECTION E ACTION SHOULD BE CROSS- HE APPROPRIATE DEFICIENCY)	(X5) Complet Date
F 000	INITIAL COMMENT	rs	F 00	00		
	Complaint Investiga	ation #0791784/IL28444		:		7-6-0
		survey was conducted.			•	· .
F 309 SS=J	483.25 QUALITY O	FCARE	F 30	90		
00-0		receive and the facility must				
,		ary care and services to attain est practicable physical,				
: 1	mental, and psycho	social well-being, in	•			
		comprehensive assessment				
	and plan of care.			-		
		.		• •		
i		IT is not met as evidenced by				
		and record reviews, the ide appropriate emergency				
ł		by ensuring that cardio-	2 			
		tion (CPR) was implemented rds set by American Heart				
		resident (R1) on 4/12/07.				1
		st cardiac compression with				
· ·		of unavailable resuscitator, ant on backboard for effective			· .	
		se of unavailability. Nurse		:		
	who came upon the	code, left without initiating	•			
		idence from interviews that		· ·		
	CPR was statted and	d stopped during the code.	÷	1 1 1		
		provide appropriate,				
		of CPR and failure to provide lity for resuscitator and				
		placed other residents in		1		
ļ	the facility at risk. Im	mediate Jeopardy was				
	called on 6/4/07 at 12					
	customer relations).	rector of Nursing) and E19 (
RATORY	DIRECTOR'S OB PROVIDE	R/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE		(X6) DATE
Kuc	li Shridh	<u>At</u>	MINIT	RATOR	06/	2810
r safeguar wing the da following l	ds provide sufficient prote ate of survey whether or n the date these documents	asterisk (*) denotes a deficiency whi ction to the patients. (See instructions of a plan of correction is provided. Fi are made available to the facility. If	 Except f or nursing h 	or nursing homes, the fin omes, the above findings	m correcting providing it is dete dings stated above are disclosa and plans of correction are dis	rmined that ible 90 days closable 14
am partici	6000	635 FH0605	20	01		
A-CMS-2567	7(02-99) Previous Versions Ot	solete Event ID: M88C11	F	acility ID: IL6008635	If continuation shee	t Page .1 of

		H AND HUMAN SERVICES				FORM): 09/10/200 / APPROVE). 0938-039
TATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		CONSTRUCTION	(X3) DATE COMPI	SURVEY
		145468	B. WING	<u>، </u>		06/	C 05/2007
NAME OF	PROVIDER OR SUPPLIER			STREE	T ADDRESS, CITY, STATE, ZI	P CODE	
CAMBR	IDGE NURSING & RE	HAB CENTER			NORTH KNOX AVENUE KIE, IL 60076		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETIO DATE
	the additional CPR new updated nurse updated contents of These policies and and monitored by t for any patterns or investigation. The for compliance on at the quarterly me 8) The Director of ensure that all licer their CPR licenses 9) Emergency carf lock to be installed completion of 7-10 work order on 6/4/0	NA on 6/4/07 up to 6/5/07, boards and resuscitators, the es' key rings as well as the of each crash cart. I procedures will be reviewed he Quality assurance program trends that require additional ON and ADON will monitor a nonthly basis and reviewed etine on an ongoing basis. Hursing and or designee will need nurses are current with storage will have a special with an estimated work days after the acceptance of 07. This special lock will require ode for the door to open.	F 30	•			
	LICENSURE VIOL 300.1030a)2) 300.1030b) 300.1210a)	ATIONS					
	300.1030 Medical E	Emergencies					
	committee shall de to be followed durin emergencies that n long-term care facil emergencies includ things as:	vsician or medical advisory velop policies and procedures ing the various medical may occur from time to time in ities. These medical le, but are not limited to, such incies (for example, ischemic					

		AND HUMAN SERVICES			FORM	: 09/10/2007 APPROVED . 0938-0391
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING		(X3) DATE S COMPL	SURVEY ETED
		145468	B. WING	·		C)5/2007
	ROVIDER OR SUPPLIER		961	ET ADDRESS, CITY, STATE, ZIP CODE 15 NORTH KNOX AVENUE KOKIE, IL 60076		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 10	F9999			
	pain, cardiac failure	, or cardiac arrest).				
	the equipment to be emergencies. This minimum the follow including a face ma- and bag-valve mask	maintain in a suitable location e used during these equipment shall include at a ing: a portable oxygen kit, sk and/or cannula; an airway; k manual ventilating device. Requirements for Nursing and				
	and services to attai practicable physical, well-being of the res each resident's com plan of care. Adequ nursing care and pe	provide the necessary care in or maintain the highest mental, and psychosocial ident, in accordance with prehensive assessment and ate and properly supervised rsonal care shall be provided neet the total nursing and a of the resident.				
	These requirements	are not met as evidenced by:				
	facility failed to provi medical intervention cardio-pulmonary re- implemented accord American Heart Asso on 4/12/07. Facility f compression with ve unavailable resuscita resident on backboal because of unavailable the code, left without	suscitation (CPR) was ing to standards set by ociation for one resident (R1) failed to assist cardiac ntilation because of ator, and failed to place rd for effective compression pility. Nurse who came upon initiating CPR and there is ews that CPR was started		·		

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		AND HUMAN SERVICES				FORM): 09/10/2007 APPROVED): 0938-0391
STATEMENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
		145468	B. WI	NG _		06/(C 05/2007
NAME OF P	ROVIDER OR SUPPLIER			STF	REET ADDRESS, CITY, STATE, ZIP CODE		
CAMBRI	DGE NURSING & REF			9	615 NORTH KNOX AVENUE KOKIE, IL 60076		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 11		999			
	Findings Include:	99	1.3	555			- -
	Fillungs melude.			ĺ			
	R1 was a 77 year of	d female with diagnoses of		i			
		tructive pulmonary disease)					: :
-		ypertension). R1 was					
	readmitted to the fac	cility on 11/29/06.		1			
	and with no detectal at approximately 8:3 cardiac compression because the resusci Furthermore, the sta compressions to R1 cardiac-resuscitation accessible. R1's CP approximately 4 min the resuscitator and interview. It also too minutes before apprimplemented when F interview. R1 was a transported to imme- paramedics. R1 left at 9:03 P.M. with still	n board was not immediately R was ceased for utes due to non-availability of the CPR board per staff k approximately 5-10 opriate CPR was R1 had a cardiac arrest per				· ·	
	"4/12/07, 6:00 P.M.: appetite good per se distress noted. 8:00 P.M.: made con 8:30 P.M.: CNA (cert rounds found resider (blood pressure), no called, CPR started. I transferred to (Hospit	ified nurse assistant) making It (R1) unresponsive, no BP pulse, no respiration, 911		and the second			

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Facility ID: IL6008635

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		AND HUMAN SERVICES				FORM): 09/10/2007 / APPROVED). 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IULTIPLI	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		145468	B. WI	₩G		06/0	C 05/2007
NAME OF P	ROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE		
CAMBRI	DGE NURSING & RE		9615 NORTH KNOX AVENUE SKOKIE, IL 60076				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa expired at 9:20 P.M	-	F9	999			
	(licensed practical i approximately 8:30 in bed in her room i stated that after she lifeless, E6 immedia and failed to initiate informed E3 (regist Blue." E6 also state certified nurse assis went to get the eme emergency cart was located at the end of was so "frustrating" cart because she co to open the locked i E6 that some staff of locked room where placed. As confirme "approximately 5-10 emergency cart was stated, the cardiac r resuscitator were pl E6 also stated that the emergency cart bunch of keys" for o stated that these ke had created the con key to use to open the stated by E6 was that when she was trying emergency cart. E9 and E10 (registe surveyor on 5/24/07	P.M. on 4/12/07, R1 was lying and was found lifeless. E6 also a had established that R1 was ately stepped out of R1's room CPR. E6 also stated that she ered nurse) to call for "Code of that she let E7 (CNA- stant) stay with R1 while E6 ergency cart. Per E6, the s placed in a locked room of the hallway. As E6 stated, it for her to get the emergency build not find the particular key room. It was further stated by came to help her open the the emergency cart was of by E6, it had taken minutes" before the a made available. As E6 esuscitation board and the aced in the emergency cart. the key for locked room where was kept was" mixed with a ne key ring holder. E6 also ys were not labeled and this fusion as to what particular he locked room. Further at "critical time" was wasted to open the door to get the red nurses) showed the at 10:30 A.M. the two sets of a floor nurses (second floor					

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		AND HUMAN SERVICES				FORM	: 09/10/2007 APPROVED : 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		NULTIPLE	CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
		145468	B. WI	NG		1	C 15/2007
NAME OF F	PROVIDER OR SUPPLIER		_	STREE	T ADDRESS, CITY, STATE, ZIP CODE	-	······································
CAMBR	DGE NURSING & REI				NORTH KNOX AVENUE DKIE, IL 60076		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX .	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	uld be	(X5) COMPLETION DATE
F9999	Continued From pa	ge 13	 F9	999			
	possession. E9 and 17 keys and the oth keys were not label for what room, how some keys had a co and E10 confirmed open the room for th E10 added that the open the room for th recently changed (2 of nursing) to a brigh When interviewed o (CNA) stated that sh the room for the em R1 had coded. E8 a hard time opening th not able to open the E4(registered nurse opened the door an R1's room. Further s	E 10 confirmed, one set has ber set has 20 keys. These ed as to what they are for and ever it was observed that blored rubber edging. As E9 that each set has the key to he emergency cart. E9 and rubber edging for the key to he emergency cart was just -3 weeks ago) by E1 (Director ht colored pink from red. m 5/25/07 at 2:30 P.M., E8 he had helped E6(nurse) open ergency cart at the time that dded that E6 was having a he room and she herself was door. E8 also stated that) came to help and finally d took the emergency cart to stated by E8 that the cardiac was then placed behind R1's ying on a regular bed			·		
	E4(registered nurse) "Code Blue" on 4/12 also stated that he ir and saw E3 and E5(R1's vital signs. E4 a breathing at that time get the emergency c bedside. E4 confirm the locked room for t arrived to help. E4 co successful in the first	n 5/24/07 at 3:45 P.M.,) stated that he had heard /07 at around 8:20 P.M. E4 mmediately went to R1's room registered nurses) checking added that R1 was not e and that E4 left the room to art which was not at R1's red that E8 was trying to open the emergency cart when he pontinued to state he was not t attempt to open the door, open it on the second mediately took the					

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STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIC	LE CONSTRUCTION		<u>D. 0938-039</u>	
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		(X3) DATE COMP	LETED	
		145468	B. WING		06/	C 5/05/2007	
	PROVIDER OR SUPPLIER	HAB CENTER	961	ET ADDRESS, CITY, STATE, ZIF 15 NORTH KNOX AVENUE 10KIE, IL 60076			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLETIO DATE	
	placed the cardiac R1's back. E4 also ventilation to R1 ini from the emergence nurse) did the card to state that "it took from the the time that it delivered to R1's be When interviewed of (CNA) stated that s the entire code on 4 when it started. Per the cardiac compre- resuscitation board, nor E5 had given m R1. R1 was given a resuscitator was ma took "approximately emergency cart was coded. E7 also stat for the key to open t cart was changed at E7 continued to add emergency cart was should not be the ca also added that the of resuscitation board a made available in a easy access for even arises.	R1's room and that E3 (nurse) resuscitation board behind stated that he then gave air tially using the resuscitator cy cart and that E5 (registered iac compression. E4 continued approximately 10 minutes" nat E4 had heard "Code Blue" that emergency cart was edside. on 5/25/07 at 11:50 P.M., E7 he was at R1's bedside during 4/12/07 at around 8:30 P.M. E7, E3 (registered nurse) did ssion without the cardiac E7 also stated that neither E3 outh to mouth breathing for an air ventilation only when the ade available. E7stated that it 7-10 minutes" before the s made available when R1 ed that the rubber edge color he door for the emergency fter the incident of 4/12/07. , "it took a while" before the made available and this ase in time of emergency." E7 emergency cart (cardiac and resuscitator) should be manner that is quick and ryone when an emergency	F9999				
ł	pedside when R1 ha	d a cardiac arrest on 4/12/07 Per E5, she gave initial					

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		AND HUMAN SERVICES				FORM): 09/10/2007 / APPROVED). 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	`_´	-	JLTIPLE CONSTRUCTION DING	(X3) DATE COMPI	SURVEY ETED
		145468	B. WI	ING	3	06/	C 0 5/2007
	PROVIDER OR SUPPLIER			s	STREET ADDRESS, CITY, STATE, ZIP CODE 9615 NORTH KNOX AVENUE SKOKIE, IL 60076		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	FIX	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
	to mouth breathing pulse and no breath ventilation had begu was made available E5 further stated that keys in a key holder the room for the em edging. Per E5, this changed to bright pi because of confusio keys. When interviewed o Nursing) stated that from E6 after 4/12/0 arrest. Per E1, E6 re finding the particular the emergency cart was the had changed the attached to the key f emergency cart was the rubber edge was also for the staff to e the room where the o When interviewed o (Village Health Depa to the facility on 4/30 observed that a facili locating the correct k open the door to the When interviewed or (attending physician) arrythmia due to chro COPD (chronic obstr Per Z2, he cannot be	and had not provided a mouth when R1 was found with no ing. E5 also stated that air in when the emergency cart because of the resuscitator. at the there were a bunch of and that the key that opened ergency cart had a red rubber red rubberized edging was nk after the 4/12/07 incident n using the multiple set of n 5/24/07, E1 (Director of she had received information 7 related to R1's cardiac ported that she had struggled key to open the door where was kept. E1 also added that e rubber edge that was or the room where the kept to a bright pink because already disintegrating and asily identify the right key for emergency cart was placed. n 5/24/07 at 11:10 A.M., Z1 rtment) stated that she came	F9	99	99		

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		AND HUMAN SERVICES				FORM): 09/10/2007 / APPROVED): 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G	(X3) DATE S COMPL	ETED
-		145468	B. WI	NG		06/	C 05/2007
	AME OF PROVIDER OR SUPPLIER CAMBRIDGE NURSING & REHAB CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		90	REET ADDRESS, CITY, STATE, ZIP CODE 615 NORTH KNOX AVENUE KOKIE, IL 60076	<u>00</u> ,	50/2001	
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 16	F9	999	······································		
	was given to R1 wh	en she coded on 4/12/07.					
	(registered nurse) s bedside during R1's approximately 8:30 was lifeless and tha was given by E4 (nu- ventilation. Per E3, o stopped because the resuscitation board. out to of R1's room cart because there w from the locked roor was resumed when emergency cart. E3 "approximately 3-4 r cessation due to nor resuscitation board a stated that the key th cart room was with a holder. The particula where the emergency rubber edging, howe 4/12/07, the color for changed to a bright p	tated that she was at R1's cardiac arrest on 4/12/07 at P.M. E3 also stated that R1 t initial cardiac compression irse) without providing air cardiac compression was ere was no cardiac E3 added that E4 stepped to help get the emergency was a difficulty getting the cart m. E3 further stated that CPR E4 came back with the continued to state that it was ninutes" for the CPR n availability of the cardiac and the resuscitator. E3 also nat opened the emergency a bunch of keys in one key ar key to open the room cy cart was kept had a red over, after the incident of the rubber edging was bink color.					
	(CNA.) stated that sh instruction on 4/12/0	n 5/24/07 at 3:35 P.M., E15 ne called 911 per E3's 7 when R1 had coded. E15 cannot remember the ne called for 911.					
	Heart Association) fo victim on his back on	blicy (adapted from American r CPR indicated to lay a a firm, flat surface. Further s to give 2 breaths (1 second t, then provide chest					

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Event ID: M88C11

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Facility ID: IL6008635

If continuation sheet Page 17 of 18

		AND HUMAN SERVICES				FOR	D: 09/10/200 M APPROVEI D. 0938-039
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		LTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 06/05/2007	
		145468	B. WI	NG	·		
NAME OF F	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
CAMBRI	DGE NURSING & REF				9615 NORTH KNOX AVENUE SKOKIE, IL 60076		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	FIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F9999	Continued From pa	ge 17	F9	999	9	<u> </u>	· <u> </u>
	indicated the followi "Response informat /Respiration Arrest; call received; dispatch; 20:4 at scene; 20:4 at scene; 20:4 at patient; 20 transport; 21:0 Surveyor noted a dis by facility staff as 8:3 R1's cardiac arrest & 8:42 P.M a 12 m the paramedic's rep- at the scene, R1 wa zero in care of nursii When interviewed of (Deputy Chief param from the narrative re- with no pulse, no bre- pressure when paran scene of code. Z3 al written in paramedic: if indeed a CPR is or "Surveyor noted that showed no indication"	ion, nature of call: Cardiac 20:42 , 4/12/07 42 ,4/12/07 44 , 4/12/07 46 , 4/12/07 36 , 4/12/07 37 , 4/12/07 39 , 4/12/07 30 , 4/12/07					

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Facility ID: IL6008635

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