

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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 309	Continued From page 23 interview and record review, it was determined the facility took the following action to remove the immediacy:  1. All nursing staff are being inserviced on the facility's CPR response policy. No nursing staff will be allowed to work until they have been inserviced regarding the policy - Completion date 8-29-07  2. All nursing staff are being inserviced on the facility's Choking policy. No nursing staff will be allowed to work until they have been inserviced regarding the policy - Completion date 8-29-07  3. The code status of each resident is being reviewed to ensure that it is up to date and that the "dot" system that is in place is correct and up to date - Completion date 8-29-07	F 309			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.610a) 300.1030a)1) 300.1030a)2) 300.1210a) 300.3240a)  Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 24</p> <p>with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1030 Medical Emergencies a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as: 1) Pulmonary emergencies (for example, airway obstruction, foreign body aspiration, and acute respiratory distress, failure, or arrest). 2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest).</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must 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 assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>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)</p> <p>These Requirements were not met as evidenced</p>	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	Continued From page 25 by:  Based on interview and record review, in 1 of 3 residents reviewed (R1), the facility failed to follow facility policy regarding rescue procedures to be administered during a medical emergency, failed to follow facility policy instructing staff to stay with a resident during a medical emergency, failed to have staff knowledgeable in R1's Do Not Resuscitate (DNR) status during a medical emergency, failed to have policies and procedures in place detailing process for obtaining a physician signature timely for a DNR order, failed to have staff administer emergency treatment while awaiting help and failed to have facility staff available to meet rescue personnel and promptly escort them to R1. R1 was found by staff choking and in respiratory distress. The first two staff members, E5, (Certified Nursing Assistant) and E4 (License Practical Nurse-License Pending), responding to R1's family's cries for help failed to administer emergency treatment to R1 while awaiting other help. The third staff member to reach R1 was E3, Director of Nursing, (DON) who failed to stay with R1 and continue to administer medical assistance until rescue personnel arrive. When paramedics arrived and found R1, he was alone in his room with no pulse and no respirations. R1 was transferred to a local emergency room where he died.  Findings include:  On 8-28-07 at 9:15 a.m., Z1, Firefighter/Paramedic and EMS (Emergency Response System) coordinator for a local fire department, stated he was called to the facility the evening of 8-19-07 for a male in respiratory	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 26</p> <p>distress. Upon arrival, the paramedics entered the facility by the ambulance entrance located at the far right side near the back of the facility. Z1 and rescue personnel walked through the facility for over a minute up one hallway past a dining room until they were met by facility staff. This staff member walked them down the hall past R1's room stating R1 had passed away. The staff member then turned around and redirected them back to R1's room again stating R1 had passed away. Z1 asked the employee if R1 was a DNR and she shook her head no. When asked again she responded no. Upon entering the room, Z1 found R1 alone, supine on the bed, head of bed elevated some, with no pulse and no respirations. CPR (Cardio Pulmonary Resuscitation) was initiated. A nurse then entered the room stating R1 had choked a little 4 -5 minutes ago, she had suctioned him, and then left the room to call family. Z1 asked her about a DNR. The nurse responded she was unsure since DNR papers were in a locked office and she could not get to them. Z1 stated he returned to the facility after the call and spoke to the same nurse involved in the incident who he found to be the Director of Nursing (DON.) Z1 told E3, DON, if a resident has no DNR then CPR should be initiated and not to leave the resident alone in his room. The DON responded saying she had messed up. Z1 stated when responding to emergency calls from the facility, "often we are not met by facility staff and don't know where to go and have to wander down hallways to find someone to direct us."</p> <p>Z1's report of the incident dated 8-19-07 states "Called to SNF (Skilled Nursing Facility) for a male who was in respiratory distress. Upon arrival was led to the room, and on the way staff</p>	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 27</p> <p>says, 'patient has passed I think.' Was asked again what she said, and staff stated again 'We think he has passed.' When asked if the person had a DNR (Do Not Resuscitate) staff shook her head no. Staff was asked again if patient was a DNR and staff said 'no.' Found no one in the room with a 77 year old male who was pulseless and not breathing. Rolled patient and no signs of lividity or rigor found, and staff says patient has been pulseless for approximately 4-5 minutes. Staff said 'the patient had been choking and I had suctioned him.' Staff also says they think he might be a DNR but they are unable to get into a locked office to verify whether he is or not. CPR (Cardio Pulmonary Resuscitation) initiated and bagged patient...Patient with large amount of rice found in airway..."</p> <p>Z2's, Detective for a local police department, report regarding Z2's investigation into this incident states "On 8-21-07, I made contact with (Z3, paramedic) at (local hospital) while he was working. (Z3) stated he was the paramedic working the ambulance on 8-19-07 when they were dispatched to (facility) on a report of a male that was in respiratory distress. (Z3) said that when they arrived at (facility) they went to the room of (R1). (Z3) stated the (local Firemen) were already on scene and the firemen had already started treating (R1) because (R1) was non breathing and pulseless. (Z3) said there was no one from the nursing home in the room. (Z3) said he was not able to get any information as to what happened to (R1) other than what Firefighter (Z1) told him...(Z3) said after he and the firemen were working on (R1), a 'nurse' came into the room and said that (R1) was a 'DNR' patient...(Z3) said their protocol mandates them to physically see the DNR order before they can</p>	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 28</p> <p>stop their treatment. (Z3) said he asked the nurse to get the DNR order and the nurse told them the DNR paper was locked inside the office and she did not have a key to the office to get it. (Z3) said he questioned the fact that there was no DNR paper attached to (R1's) paperwork and not available. (Z3) said without the DNR order he had to continue his treatment. (Z3) said they transported (R1) to (local hospital) and at one point they were able to get a heart rate and blood pressure on (R1). (Z3) said during transport he found a large amount of food (rice) in (R1's) airway. (Z3) said he did not see any equipment in (R1's) room that would indicate the staff tried to help (R1.) (Z3) said there was no suction machine or anything in the room."</p> <p>Z2's report continues "...(Z1, Firefighter) stated he was on duty on 8-19-07 when they got dispatched to (facility) on a patient in respiratory distress. (Z1) said he and his crew arrived at (facility) and started walking down the hall when they met a female employee who (Z1) thought was an 'LPN.' (Z1) said they followed the worker down the hall and as they first passed (R1's) room the worker 'pointed' into the room and said 'I think he's passed.' (Z1) said this was strange because the worker never stopped at the room or took them inside the room. (Z1) said the worker continued walking down the hall, they continued to follow her because he thought she was taking them to the patient's room. (Z1) said the worker stopped in the hall and told them they had passed the room and the worker pointed the right room out again and the worker said 'I think he's passed away.' (Z1) said he asked the worker if the patient was a DNR. The worker replied 'no.' (Z1) said they entered (R1's) room and found there were no staff members in the room working</p>	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 29</p> <p>on (R1). (Z1) said there was no one in the room other then (R1) who was lying in bed..found (R1) pulse less, non breathing and his eyes were fixed and dilated...(Z1) said he and his crew started CPR and airway maintenance. (Z1) said the worker who he thought was an LPN or CNA that first led them down the hall came back in the room and told (Z1) that (R1) had been having trouble breathing and she used 'suction' on him. (Z1) said he did not see a suction machine in the room and there was no other equipment in the room. (Z1) said as he was giving the airway maintenance, he noticed a large amount of rice and tomatoes in (R1's) airway. (Z1) told me that he is a Firefighter-Paramedic and he is also the EMS Coordinator for (local fire department.) (Z1) said he and his partner...went back out to (facility) for the purpose to talk with the nurse about why no one started CPR on (R1.) (Z1) said he spoke with an older female nurse (who later found to be 'the Director of Nursing'.) (Z1) said he told the nurse that there was a problem with how (R1) was treated because no one started CPR or rendered (R1) any help before the Firemen arrived. (Z1) said the nurse stated 'I know we screwed up.' (Z1) said the nurse started blaming the LPN (Licensed practical Nurse) and the help she had working for her. (Z1) said he told the nurse that if there was no DNR then CPR should have been started. The nurse told (Z1) 'I know we screwed up.'"</p> <p>Z2's report shows he received a phone response from E3, Director of Nursing on 8-22-07 stating the following; "(E3) stated she is the Director Nursing at (facility) and she was working on 8-19-07. (E3, DON) stated the wife summoned the staff because (R1) was unresponsive....wife telling them 'Do something Do something.' (E3,</p>	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 30</p> <p>DON) stated she checked (R1) and (R1) was unresponsive....had labored breathing and minimal air exchange. (E3, DON) said she left (R1) to go to the nurses desk to try and find the DNR paper and prepare for the 9-1-1 call. I asked (E3, DON) if anyone was in the room helping (R1) while she was at the desk and (E3, DON) replied 'no.' I told (E3, DON) that the Firemen stated there was no one in the room when they got there, (E3, DON) said she knew because she was at the desk looking for the DNR paper." Z2 then asked E3, DON if the firemen returned to speak with her after the incident. "(E3, DON) said the firemen did return...they were concerned because CPR had not been started. I asked (E3, DON) if she told the firemen that she screwed up. (E3, DON) said 'yes I told them that.' (E3, DON) then told me that (R1) was breathing when she left the room."</p> <p>Nursing notes dated 8-19-07 at 5:55 p.m. state "CNA (Certified Nursing Assistant) called to res (resident) room and res was choking, she turned resident to his side and he vomited approximately 200 cc (cubic centimeter) liquid and rice (which was supper). res was alert and talking after he vomited. res asked for urinal and was laughing with his wife. res then became unresponsive and wife summoned staff, res skin was cool and clammy, labored breathing with minimal air exchange. 911 called and res transported to (local hospital) at 628 PM. Son arrived and accompanied his mother to hospital. (R1's physician) on call physician notified."</p> <p>On 8-24-07 at 11:15 a.m., E3, DON related the following when asked about the incident on 8-19-07. E3 stated she was working the floor about 6:00 p.m. supper time when E4, Licensed</p>	F9999			



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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 31</p> <p>Practical Nurse-License Pending came and summoned E3 to R1's room. When E3 arrived at R1's room, R1 was lying in bed unresponsive, had no emesis, had labored breathing with a weak pulse. R1 had oxygen on per nasal cannula which he always wore. E3 was unsure what the setting for the oxygen was. Somewhere in this time period, E5, Certified Nursing Assistant, told E3 that R1 had choked earlier so E3 ran back to the desk for the crash cart and suction machine. E3 returned and suctioned R1 two times with no results. E3 stated she left the suction machine in the room, the crash cart outside the room, and returned to the desk area. E3 stated she left R1 alone in the room at that time while E3 went to the desk to check on DNR papers and get computer information for the Emergency Medical Technicians (EMT). When the EMTs arrived, E3 took them to the room and gave them R1's face sheet and orders. E3 stated R1 was not responsive when they entered the room. The EMTs asked if there was a DNR. E3 responded there was no DNR paperwork in the chart so the EMTs started CPR. When asked why she left R1 alone in his room during this medical emergency, E3 stated she had to get paperwork from the computer for emergency transport since E4, LPN-LP (Licensed practical Nurse-License Pending) was busy with R1's wife and CNAs could not get into the computer to retrieve the paperwork. When asked about telling the paramedics she had "screwed up," E3 replied she was referring to not having the DNR paperwork available.</p> <p>On 8-28-07 at 10:00 a.m., E4, LPN-LP, stated on the evening of 8-19-07 at supper time she was coming down the hall from the dining room when E5, CNA, yelled for E4 to help. When E4 entered</p>	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 32</p> <p>R1's room, E4 found him unresponsive, mouth open, eyes fixed and dilated and R1 was "gurgling." E4 ran out of the room and found E3, DON and brought E3 back to the room. E4 was sent by E3 to call 911. E4 then comforted R1's wife who was down the hall by the nurses station in the common area. When the paramedics arrived, E4 took them to R1's room. When paramedics asked E4 if there was a DNR, E4 said she wasn't sure but she didn't think so. E4 stated if a resident has a DNR, a blue dot is placed outside their door. E4 said there was no dot on R1's door. When asked what E4 had been trained to do in a situation such as this, E4 stated she would check code status, check airway and pulse and initiate CPR if no pulse or respirations were found. E4 stated she did not implement any emergency procedures for R1, stating she only summoned E3 and called 911.</p> <p>On 8-29-07 at 10:00 a.m., E5, CNA, stated on the evening of 8-19-07 she was working on the halls passing supper trays. R1's wife came and got R1's supper tray and took it to R1's room. Some minutes later, R1's wife came out of the room yelling for help. When E5 went to R1's room, R1 was found slumped a little in bed coughing. R1 brought up rice and pepper steak which was being served for supper that night. R1 was fine after that, speaking to E5 and his wife. E5 repositioned R1 more upright in bed, and told R1's wife not to feed R1 anymore until E5 checked with the nurse since R1 sounded congested. E5 was uncertain if R1's wife heard E5 as she was speaking with R1 at the time. E5 left the room and checked on her other residents. About 3 - 5 minutes later, E5 was feeding another resident near the nurses station when R1's wife ran from R1's room screaming that her husband</p>	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 33</p> <p>was dying. E5 ran to room and found R1 in bed, white in color, with small shallow breaths and could hear "fluid in lungs." E5 checked for R1's carotid pulse and could not find one. R1's eyes were fixed and dilated. E5 left R1's room, found E4, LPN-LP and brought E4 back to the room. E4 looked at R1, ran from the room and came back with E3, DON. E3 observed R1 in room, ran to the desk for the suction machine and returned to R1's room. E3 checked R1 for respirations and checked R1's radial and carotid pulse then checked for a pulse with a stethoscope. E5 also checked R1 for respirations and pulses. Neither E3 nor E5 found a pulse or respirations. E5 stated she left the room at that time to check on the other residents and family. E5 stated she herself did not attempt any other rescue attempts and did not witness any other attempts by facility staff. E5 did observe there was no blue dot on R1's door indicating R1 was a full code and rescue attempts should be given.</p> <p>The facility's policy titled Emergency Care Procedure revised 12-03 states "Nurse in charge of resident will evaluate resident's condition. If help is needed and there is more than one nurse available, the nurse assigned to resident will stay with resident and will send a nurses aide to go call the other nurse The nurses aide will also bring emergency equipment if needed...If only one nurse is available, he/she will instruct one nurses aide to stay with resident after the emergency measures have been taken, and the nurse will call physician, or ambulance. Notify family and fill out transfer form."</p> <p>The Emergency Care Policy goes on to detail steps to be taken for the following emergency</p>	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 34</p> <p>situations: For Foreign Body Aspiration - Clinical Manifestations, the policy states "1. inability to speak or breath, 2. paleness - deep cyanoses, 3. collapse - death occurs in 4-5 minutes." Procedure for these symptoms are initiate the Heimlich maneuver. Signs and symptoms listed under Cardiac Arrest portion of policy states "1. Immediate loss of consciousness, 2. Absence of palpable carotid or femoral pulse. 3. Absence of audible heart sounds. 4. Absence of breath sounds or air movement throughout nose or mouth. 5. Convulsions (may or may not be present). 6. Dilations of pupils of eyes. 7. Ashen gray color." The policy goes on stating to initiate artificial ventilation and cardiac compressions. Respiratory Distress: Treatment includes "1. Position in high Fowlers, 2. Place an over-bed table padded with a pillow in front of the resident. 3. Administer oxygen when signs of air hunger are present, 4. Notify doctor, 5. Initiate artificial resuscitation if necessary 6. Transport as needed. 7. Notify family."</p> <p>R1's face sheet shows he was admitted 8-9-07 with diagnoses of Congestive Heart Failure, Pneumonia, Fractured Pelvis, Chronic Obstructive Pulmonary Disease and Hypertension. R1's face sheet and admission orders state R1 is a DNR. R1's record shows two DNR forms. One form was signed by R1's wife and dated 8-9-07 and the other was signed by R1 and dated 8-16-07. Neither form was signed by R1's physician.</p> <p>During interviews on 8-29-07 at 8:35 a.m. and 11:25 a.m., E3, DON, stated when DNR papers are signed by residents/family, the original document is sent to the physician for his signature. The DNR is not valid until the</p>	F9999			

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

PRINTED: 06/02/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145597</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/06/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>PEKIN MANOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1520 EL CAMINO DRIVE</b> <b>PEKIN, IL 61554</b>		
(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	
F9999	<p>Continued From page 35</p> <p>physician signs it. Copies of the unsigned DNRs are kept in an office at the front of the facility until the signed DNR is returned and then it is placed on the resident's chart. E3 stated if a response is not received from the physician within 3 - 5 days, staff will call the physician's office and request the document. E3 stated they could call the physician for a telephone order in an emergency. E3 stated they have no policy detailing how and in what length of time they are to get the physician's signature. E3 also stated they do not have a policy for the "blue dot" system, stating it was just understood. If a resident has a DNR status, a "blue dot" is placed outside his door and on his chart showing that resident has full code status. E3 verified there was no active DNR available for R1 nor was there a blue dot outside his room the evening of the 8-19-07 incident.</p> <p>Facility's policy titled Resuscitation Orders revised 12/02 states "...the decision (regarding CPR choice) will be obtained by the Admissions/Marketing Director upon admission of the resident. The order must be signed by the resident's physician."</p> <p>E3, DON, supplied a list of four nurses including herself and five CNAs who are certified in Basic Life Support working at the facility. During the above interview, E3 stated she does not consider who is certified when making out the schedule. Review of the schedule for the evening of 8-19-07 show E3 and E4, LPN-LP were both certified in Basic Life Support, CPR. The facility's Emergency Care Policy states "When the facility has only one (1) person on duty, that employee shall have been certified within the past twelve (12) months in the provision of basic life support by an American Heart Association or</p>	F9999			