

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

PRINTED: 08/07/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145719	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/02/2009
NAME OF PROVIDER OR SUPPLIER MAPLE RIDGE CARE CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 2202 NORTH KICKAPOO STREET LINCOLN, IL 62656		
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F 314	Continued From page 10 Physician orders dated 5/1-5/31/09 include: up with walker, skin check daily, replicare to left buttock, apply baza or prosheild as needed for redness. Observed R8 5-20-09 from 4:15 p.m. until 6:45 p.m. monitoring for position change every fifteen minutes. R8 was found sleeping in wheelchair in room at 4:45p.m. R8 was wheeled to the Dining Room at 5:05 p.m. At 6:15 p.m. R8 was assisted to eat sitting at dining room table in wheelchair. At 6:35p. m. R8 was sitting outside of room in the same wheelchair. R8 was assisted into bed at 6:45 p.m. During the two hours and thirty minutes R8 was observed, staff failed to assist reposition R8 from the wheelchair.	F 314			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1035a) 300.1035e) 300.1210a) 300.1210b)2) 300.3240a) 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. 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	F9999			

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F9999	<p>Continued From page 11</p> <p>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>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 2) All treatments and procedures shall be administered as ordered by the physician.</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 regulations are not met, as evidenced by the following:</p> <p>Based on record reviews and interviews it was determined that Cardiopulmonary Resuscitation is not always provided to those residents who have clearly requested to be a "Full Code." R10</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>had requested to be a "Full Code" and those wishes were not honored when R10 was found to be pulseless, with no blood pressure and no respirations on 3/22/09 at 8:20 p.m.</p> <p>Findings include:</p> <p>R10 was a 32 year old female admitted to this facility 9/24/08. Her diagnoses, in part, included: Spinal Bifida with Hydrocephalus, Osteomyelitis, Neurogenic Bladder and Paraplegia.</p> <p>R10 was her own guardian and her quarterly assessment dated 1/07/09 indicated she had no long or short term memory problems and no problems with her cognition.</p> <p>According to R10's Nurse's Notes for 3/17/09 at 4:45p, "[Z2 - R10's physician] in res [resident] room, res siezing, [Z2] looked at eyes etc, gave orders to send to ER (Emergency Room)." R10 was sent to the local Emergency Room and then transferred to a larger hospital in Peoria on 3/18/09.</p> <p>Review of R10's "Transfer Record" from the local hospital to the Peoria hospital indicated her "Admitting Chief Complaint" on 3/17/09 was "Fever, urinary tract infection." Her "ASSESSMENT & PLAN" were as follows:</p> <ol style="list-style-type: none"> 1. Urinary tract infection with sepsis: The patient is not significantly hypotensive at this time, but is very tachycardic and is running significant fever. Will start broad spectrum antibiotics including coverage for MRSA with Vancomycin. Check urine culture here as well as blood cultures. IV fluid resuscitation as needed. Tylenol for fever and antiemetics for her nausea. 2. Decubitus ulcers, none of which seem to be 	F9999			

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F9999	<p>Continued From page 13</p> <p>superinfected at this time: Will ask Wound Care to further evaluate in AM.</p> <p>3. Quadriplegia: This is a congenital issue secondary to patient's known history for spina bifida. The patient is unable to sense below the waist.</p> <p>4. Anemia: Most likely that of chronic disease; will follow.</p> <p>5. Deep venous thrombosis prophylaxis: The patient to be placed on subcu Lovenox.</p> <p>6. Code status: The patient wishes to be a FULL CODE.</p> <p>R10 returned to the facility on 3/19/09 sometime after 12:00pm.</p> <p>On 3/21/09 on the 6am - 2pm shift, per Nurse's Notes, "CNA (Certified Nurses Aide) informed writer of resident possibly having a seizure. Writer assessed residents hands clinched loosely, blowing [with] mouth, eyes looking forward. VS (Vital Signs): 97.1 - 64- 24 - 130/80. Resident responsive to staff [with] verbal stimuli [after] 10 sec. [Z2] paged. Awaiting return..." Next entry says, "[Z2] returned call and gave new order to start depakote 250mg TID (three times daily) po (by mouth)."</p> <p>Nurses notes for 3/22/09 6am - 2pm shift read, "Resident in bed. Refuses to eat meals refuses to T & P (turn and reposition). Refuses to get up. Upon given am (morning) medications resident threw head back, clinched hands loosely, made blowing noises [with mouth] and responded to staff's verbal stimuli [after] 20 sec. Foley cath. (catheter) patent & draining amber urine. Fluids encouraged but often refused. Will cont. (continue) to monitor. Cont. on ABT / UTI (antibiotic for urinary tract infection). VS: 96.7 -</p>	F9999			

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F9999	<p>Continued From page 14 76 - 20 - 134/72...."</p> <p>Next Nurse's Note is dated 3/22/09 at 8:20pm and says, "Found in bed laying on stomach unresponsive, [no] respirations, [no] pulse, [no] B/P (blood pressure), Skin warm, [Z2] called et advised not to resesitate...."</p> <p>Review of R10's Physician's Orders from 3/01/09 to 3/31/09 indicated R10's "Code Status" was to be a "Full Code". These orders were signed off by Z2 on 3/10/09.</p> <p>E2 (R.N./D.O.N. - Registered Nurse/Director of Nursing) indicated during an interview 5/21/09 at approximately 12:50 p.m. that she was working the "Vent" (ventilator) unit that night. The nurse working on R10's wing ran out of her room and said, "[R10] is dead! [R10] is dead!" "RT" (Respiratory Therapy) staff took the "code cart" to R10's room and started "bagging" R10 (applying an ambu-bag, usually with oxygen attached, and squeezing the bladder on the bag in an attempt to supply oxygenated air to the person's lungs). E2 went down and looked at R10 and she "looked dead" to E2. "She was laying on her stomach. Rigor mortis hadn't set in, but she was mottled and cool to touch." E2 said she couldn't bear to "break up [R10]'s little body by performing CPR...." (cardiopulmonary resuscitation) (R10's body was mis-shapened due to the Spina Bifida). E2 called Z2. Z2 asked E2 if R10 was mottled to which E2 responded "Yes." Z2 then suggested to not do CPR.</p> <p>E2 indicated she had worked in the ER for many years and could not see the point in attempting to resuscitate someone that was "dead."</p>	F9999			

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F9999	<p>Continued From page 15</p> <p>E2 was asked where her notes and/or charting regarding the events with R10 was located; she said she had not charted anything on R10, but she could write a backdated note.</p> <p>E2 was asked about Resident's Rights and what the resident can expect when they have made it clear they want to be a "full code." E2 indicated that it "just wasn't right" to attempt to resuscitate someone when they were obviously dead.</p> <p>E23 (L.P.N. - Licensed Practical Nurse), the nurse that found R10, was interviewed on 06/01/09 at approximately 9:17pm. She indicated she found R10 laying on her stomach and checked her blood pressure, pulse and respirations - all were not present. E23 stated that R10 had some warmth left to her body and was not stiff to touch. E23 did not check R10's pupils.</p> <p>E26 (R.T. - Respiratory Therapist) was interviewed on 06/02/09 at approximately 9:22am. E26 indicated she was not present in R10's room the night R10 died.</p> <p>Attempt was made to interview E25 (R.T. - Respiratory Therapist) on 06/02/09 without success.</p> <p style="text-align: right;">(A)</p>	F9999			