

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

PRINTED: 11/04/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145734	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/18/2009
NAME OF PROVIDER OR SUPPLIER EVERGREEN HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805		
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F 309	Continued From page 30 replacement drugs arrive. 6. The Proof of Use sheets will be stapled to the Schedule II drug receipt upon delivery and forwarded to the DON. 7. On going education will continue to be provided upon hire and quarterly for one year, then annually thereafter: pain medication delivery and change in pulse oximeter/condition. 8. The Administrator/DON will monitor compliance with the revised program, including maintaining copies of logs and education records. Ongoing Monitoring The Administrator, DON, or designee will monitor compliance with revised policy and procedures. Random audits will be completed of pain medication delivery and communication to the physician for change in pulse oximeter outside physician parameter of normal baseline. The results of the random audits will be reviewed by the Quality Assurance committee. The committee will meet at the discretion of the Administrator until the issue is resolved. Trends requiring additional revision of existing policy or procedure will be implemented as indicated.	F 309			
F9999	Completion date: 6/16/09 FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1010h) 300.1210a) 300.1210b)3) 300.3240a) Section 300.1010 Medical Care Policies	F9999			

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F9999	Continued From page 31 h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect	F9999			

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F9999	<p>Continued From page 32</p> <p>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 evidence by the following:</p> <p>Based on record review, interview, and review of facility change in condition policy, and pain management policy, the facility failed to:</p> <ul style="list-style-type: none"> - provide treatment for a resident (R13) who had declining low oxygen saturation and shortness of breath, - notify the physician of the resident's change of condition as identified in the facility policy. <p>This resulted in the resident being transferred to the hospital in full respiratory arrest on 1/7/09 at 2:25am and then dying at the hospital.</p> <p>Findings Include:</p> <p>1. R13 is a 90 year old female with diagnosis of failure to thrive, shortness of breath, choking on saliva, pneumonia, dysphagia, congestive heart failure, hypertension, anemia and mild dehydration. The progress notes state, "Resident is a "Full Code."</p> <p>AM shift: The nursing notes dated 01/06/10 at 10:00 am state, "Patient awake alert early am, now hard to wake, with oxygen saturation 86.5%. Shallow breathing."</p> <p>No other documentation was found for the day shift regarding R13's condition; no documentation</p>	F9999			

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F9999	<p>Continued From page 33 that the physician was made aware of the resident's condition.</p> <p>PM shift: 10:50 pm - "Oxygen 2 liter per nasal canula. temperature 94.5, pulse 61, blood pressure (B/P) 100/42, respiration 30 and oxygen saturation 92%. No other documentation was found for this shift.</p> <p>Night Shift: 01/07/09 -12 am "Oxygen 2 liter nasal canula in place. Oxygen saturations 88 -89%, Pulse 64, B/P 110/50, Temperature 95.5 and Respiration 28. Bilateral crack heard on auscultation. Respiration shallow." 1:00 am: "Oxygen (O2) saturation low's 80's. oxygen increased to 3-4 liter per nasal canula. O2 saturation 88-89%." 2:00 am: "O2 saturation decrease to 70's. Non -rebreather mask was applied. O2 saturation returned to 89%." 2:15 am: "O2 saturation dropping to 70's. Z2 was paged. Operator attempted call to home. No answer at this time. Supervisor contacted." 2:25 am: Physician was paged again. Resident saturation 70%. Physician returned call and ordered to send to hospital emergency room. Residents saturation then decreased to 60's, 911 emergency was called. Ambulance was called beforehand after Medical Doctor's order. Ambulance stated they will transport patient. Resident always had a pulse and but low heart rate. So, chest compression were not indicated even through a "Code" was called."</p> <p>E15, Nurse - day shift, on 6/17/09 at 12:00 pm stated "she was fine in the morning, she was alert and it was early mid-morning (10 am-12:00</p>	F9999			

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F9999	<p>Continued From page 34</p> <p>pm) that I noticed the change in alertness, so I reassessed her and her O2 sats were low but not real low. I placed her on O2 and she improved and I notified the MD the change in condition. He ordered O2, monitor resident and lab work."</p> <p>E4, Nurse - evening shift, on 6/04/09 at 10:30 am per telephone stated, "She was looking funny. I told the doctor, he said to monitor. She was not looking right. She was lethargic. She was not appearing herself."</p> <p>E6, Registered Nurse - night shift, on 6/09/09 at 2:15 pm per telephone stated, "This condition possibility was early in the day. It was something ongoing in the early morning shift. I called the medical doctor at some point. I was monitoring the resident every hour and the oxygen saturations were low. What else could I have done?"</p> <p>E1, Administrator, on 6/08/09 at 3:00 pm in the conference room stated, "The nurse should have called the physician when the oxygen saturations were low. She should have been sent out to the hospital."</p> <p>Z1, Physician, on 6/17/09 at 10:40 am per telephone stated, "Whatever time was documented. I was notified of the resident's condition."</p> <p>No documentation was found that the physician was notified on either the day shift or the evening shift of the resident's condition.</p> <p>There is no documentation the nursing supervisors or the Director of Nurses was informed of R13's declining condition during any</p>	F9999			

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F9999	<p>Continued From page 35 shift.</p> <p>Ambulance service report dated 1/07/09 states, "Resident was being assisted with Ambu. Resident unresponsive, Lung sounds were coarse with rales. Pupils dilated. Attempted to maintain airway unsuccessfully X 2. Resident became asystole. Started Cardio Pulmonary Resuscitation. Inserted airway and started bagging. O2 saturation - no change."</p> <p>The Emergency Department documentation dated 1/07/09 at 3:22 am states, "Resident brought by Emergency Medical Service (EMS) in full arrest. EMS called for respiratory distress. Found resident in pleural effusion arrest. Compressions imitated. Attempted at intubation made at scene. Resident became asystolic. Resident arrived emergency department asystolic/not breathing. Intubated immediately (Good color change on detector; equal breath sound bilateral, thick discharged noted in tube and requiring frequent suctioning). 3:37 am: "Expired in emergency Department Final Diagnosis Cardio Pulmonary Arrest."</p> <p>The change in condition policy and procedure stated, (1) Notification of the physician, legal representative, or interested family member, should occur promptly, according to federal regulations, where there is change in the resident's condition. (2) A change in the resident's physical, mental or psychosocial status (i.e., a deterioration in health, mental status in either life-threatening conditions or clinical complications). (3) Assess the change in condition and determine whether it is an emergency medical situation.</p>	F9999			

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F9999	<p>Continued From page 36</p> <p>(4) The Director of Nursing, or designee, may be consulted for assistance determining the emergency of calls.</p> <p>(5) An emergency - call at the time the event occurs whatever time of day or night. If emergency is a trigger event, contact the Administrator/Director of Nursing."</p> <p>The staff taking care of R13 did not follow this facility policy, as stated above, on 1/6 or 1/7/09.</p> <p>There was no notification of the physician about the resident's respiratory decline for approximately 16 hours (10:50 am - 2:15 am), and no emergency care was provided until 2:25 am when the ambulance arrived to take the resident to the hospital.</p> <p>(A)</p>	F9999			