STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145239	A. BUILDING _____ B. WING _____	C 01/22/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAINT CLARE HOME	**5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614**

(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 5 LICENSURE VIOLATIONS 300.1210a) 300.1210b)2) 300.3220f) 300.3240a) 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 psychosocial 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)2) All treatments and procedures shall be administered as ordered by the physician. 300.3220 Medical and Personal Care Program f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's Director of Nursing or Charge Nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104 (b) of the Act) 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) These requirements are not met as evidenced	F9999		

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F9999	Continued From page 6 by: Based on record review and interviews, the facility failed to provide a CPAP machine (Continuous Positive Airway Pressure) and a Bi-PAP machine (Bilevel Positive Airway Pressure) to one of three sampled residents with physician's orders for these machines (R1). R1 required two hospitalizations for respiratory distress. During both hospitalizations, R1 needed to be intubated and placed on a ventilator due to respiratory distress. Findings include: Internet information from www.wisegeek.com and en.wikipedia.org, explains: "CPAP, a continuous positive airway pressure machine, was initially used mainly by patients for the treatment of sleep apnea at home, but now is in widespread use across intensive care units as a form of ventilation. Obstructive sleep apnea occurs when the upper airway becomes narrow as the muscles relax naturally during sleep. This reduces oxygen in the blood and causes arousal from sleep. The CPAP machine stops this phenomenon by delivering a stream of compressed air via a hose to a nasal pillow, nose mask or full-face mask, splinting the airway (keeping it open under air pressure), so that unobstructed breathing becomes possible, reducing and/or preventing apneas and hypopneas. It is important to understand, however, that it is the air pressure, and not the movement of the air, that prevents the apneas." "Bi-level pressure devices, Bi-PAP, provides two levels of pressure: Inspiratory Positive Airway Pressure and a lower Expiratory Positive Airway Pressure for easier exhalation."	F9999		

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F9999	Continued From page 7 "Bi-PAP has been found to be especially useful for patients with congestive heart failure and lung disorders, especially ones that result in above normal levels of carbon dioxide." Hospital History and Physical dated 12/1/09 states R1 was admitted to the hospital on 11/30/09 with "Pneumonia with sepsis." Hospital Discharge Medication Order Report dated 12/10/09 notes that R1 returned to the facility on 12/10/09 with orders for a "CPAP machine at 10mm (millimeters) at H.S. (Night)." On 1/09/10 at 4:00 P.M. Z1 (R1's Granddaughter) said that the family had brought a CPAP machine from home and all the facility needed to get was the tubing and mask. Z1 stated that the facility failed to get the mask, and R1 ended up back in the hospital on 12/13/09. The hospital History and Physical dated 12/14/09 notes "(Ambulance Service) were called to the nursing home when the patient was found in respiratory distress. Down in (Hospital Emergency Department) the patient's (R1) O2 (oxygen) saturations dropped to the 80's and she had increased work of breathing and was subsequently intubated." R1's hospital Transfer Record dated 1/2/10 notes that R1 was hospitalized from 12/13/09 until 1/02/10 and then R1 was transferred back to the facility. The Transfer Record has discharge orders for, "Bi-PAP 10/05 (setting on machine) during sleep and at night 22/06 (setting on machine)." On 1/15/10 at 2:05 P.M. Z1 stated that the facility did not obtain the Bipap machine again, so R1	F9999		

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F9999	Continued From page 8 was without the Bi-PAP machine for another two nights, until R1 was readmitted to the hospital on 1/4/10. The hospital History and Physical dated 1/8/10 states R1 was admitted on 1/4/10 with "Altered mental status and dyspnea." "Here today after patient's (R1) family noted at (long term care facility) that the patient was decreasingly responsive. Per granddaughter, who was at bedside, it appears that the patient (R1) was to continue Bi-PAP with naps and at nighttime but had not been able to at the nursing home because nursing home had falsely told the daughter that the patient (R1) was on Bi-PAP every night. Patient presented to the Emergency Department with a PCO2 (Amount of Carbon Dioxide dissolved in arterial blood) of 95 (Normal 35 to 45 mm hg) (mm hg = millimeters of Mercury) and was placed on Bi-PAP promptly. She (R1) is a poor historian at this time secondary to what appears to be CO2 narcosis." On 1/15/10 at 2:15 P.M. Z2 (Hospital Physician) stated that R1 came into the hospital with extremely high PCO2 levels and was in respiratory distress. R1 needed to be intubated and would have more than likely died in a day or two without emergency treatment. Z2 went on to say that R1's condition was directly caused by not having the Bi-PAP treatment as ordered. On 1/20/10 at 10:15 A.M., E2 (Director of Nursing) confirmed that R1 did not receive a Bi-PAP machine as ordered by the physician. E2 went on to say that the orders for the CPAP machine and the Bi-PAP machine were transcribed over to R1's Physician's Order Sheet but no one ever took them any further to ensure	F9999		

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F9999	Continued From page 9 that they were followed. E2 had no answer to why these orders were never carried out. On 1/15/10 at 11:40 A.M., E7 (Licensed Practical Nurse) stated that she assisted with part of R1's admission on 12/10/09 and did not have an answer to why the order for a CPAP was not carried out. On 1/14/10 at 2:00 P.M. E4 (Licensed Practical Nurse) stated that E4 did do R1's admission on 1/2/10 and E4 had no answer to why the order for the Bi-PAP was not carried through. (A)	F9999		