STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ______ B. WING ______	C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	**10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805**

(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 9 System Revisions: 1. Shift supervisor/Unit Manager will continue to be informed and involved with resident change in condition requiring immediate hospital transfer to ensure appropriate ambulance transfer. 2. The Unplanned Discharge audit tool will be completed as assigned by unit managers and clinical consultants. 3. Findings of unplanned discharge audit tool will be reviewed during the afternoon "Round up" manager's meeting for trends. 4. Education will continue to be provided upon hire and quarterly for one year, then annually thereafter: Assessment of resident's with Change in Condition & Physician Communication and the Discharge/Transfer policy. Ongoing Monitoring: The Quality Assurance Committee will review the results of the Quality Improvement unplanned discharge audit tool during the monthly meeting. A subcommittee will report to the administrator weekly any trends identified with the unplanned discharge audit tool. The QA committee will meet additionally at the discretion of the administrator until the issue is resolved. Trends requiring additional revision of existing policy or procedure will implemented as indicated.	F 309		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a)	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ______ B. WING ______	C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	**10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805**

(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		F9999		

Continued From page 10

300.1010h)
300.1210a)
300.1210b)3)
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 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.

Section 300.1010 Medical Care Policies

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ________ B. WING ________	C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	**10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805**

(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 11 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 a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These Regulations are not met, as evidenced by: Based on interviews and record review, the facility failed to monitor and provide comprehensive assessments for resident (R3) with a change in medical condition who became unresponsive, and failed to transport 2 of 4 sampled residents (R3, R2) to an acute care facility via 911 instead of private ambulance in an emergency situation. R2 was placed in the intensive care unit and intubated; R3 later expired at the hospital. These failures have the potential to affect all 173	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ______ B. WING ______	C **06/04/2010**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	**10124 SOUTH KEDZIE** **EVERGREEN PARK, IL 60805**

(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 12	F9999		

residents in the facility.

Findings include:

1. R3 is an 86 year old female who was admitted to the facility on 3/30/10 with diagnoses of Abdominal Pain, Leg Swelling, Poor Appetite, Dementia, Asthma, Hypertension, Pacemaker, Congestive Heart Failure, Myocardial Infarction, Atrial Fibrillation, and Chronic Renal Failure.

The physician's orders instructed that R3 was to receive Primaxin 500mg intravenously every 12 hours for seven days. There was no physician order for the intravenous access to be placed, nor care of the site.

Nursing notes document on:
- 4/11/10 R3 is alert and responsive receiving oxygen therapy at 2 liters per nasal cannula. - - 4/16/10 R3 is confused and calling out to staff. Blood pressure 133/72, respirations 20, pulse 79.
- 4/17/10 blood pressure at 2:50 PM 162/90 pulse 75 respirations 20. Mental status was not assessed.
- 4/20/10 R3 was verbally responsive.
- 4/22/10 at 11:15 AM, R3 was observed to be more lethargic. All medications were held and the physician was made aware. At 5:00 PM nursing documents that R3 was lethargic, only verbally responsive at times and would not open her eyes. There was an order to transport R3 to the hospital. R3 was transported to the hospital at 5:50 PM.

There were no assessments of R3's physical or mental condition documented in the record by nursing from 11:15AM until 5:50 PM on 4/22/10,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ______ B. WING ______	C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	**10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805**

(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 13	F9999		

when R3 was transported via regular ambulance to the hospital emergency room. R3 was diagnosed with mental status changes and pneumonia. R3 was readmitted to the facility on 4/30/10.

On 5/1/10 at 8:00PM, nursing notes documents that R3 was nonverbal but arousable. Oxygen at 2 liters per nasal cannula and a right hand intravenous heplock was observed.
Nursing note document on 5/2/10 at 11:00 AM, R3 was transferred to the hospital via ambulance due to unresponsiveness to verbal or painful stimuli. Vital signs recorded by nursing at that time was a blood pressure 124/63, pulse 85, respirations 24 and temperature 97.1.

Paramedics document in their report that they arrived at the facility on 5/2/10 at 11:00 AM. R3 was assessed to have a blood pressure of 80/40, pulse 50 and respirations 16. Paramedic report also states that as they entered R3's room the E11 (nurse) was observed discontinuing R3's left hand intravenous access. The report further stated that the paramedics were unable to start an intravenous or intubate R3 in the ambulance, R3 went into a full cardiac arrest.

The emergency room record documents that R3 arrived at the hospital at 11:32 AM and was observed to be in full cardiac arrest and expired at 11:41 AM.

E13 (certified nurse aide-CNA) stated on 5/7/10 at 10:45 AM, that she entered R3's room on the morning of 5/2/10 at 10:30 AM to provide morning care. "I did observe that when I called R3's name, R3 only responded by opening her eyes a little. I completed bathing R3 and noted

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ____ B. WING ____	C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805

(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 14	F9999		

during this time that R3 was very sleepy. I then reported to the nurse that R3 was not looking well. The nurse stated that she was going to send R3 to the hospital."

E11 (nurse) stated in a telephone interview on 5/18/10 at 2:10 PM, that she had been called to assess R3 at 11:00 AM by E13 because R3 was not responding to verbal stimuli. "I observed that R3 was very lethargic and was unresponsive to both verbal and painful stimuli." E11 further stated that report on R3's condition was telephoned to the physician with orders that R3 should be sent to the hospital emergency room for an evaluation. E11 also stated that she had observed at this time that R3 had a right hand intravenous access device that had not been dated with the device's insertion date. E11 stated that she used her nursing judgement to discontinue the device because it was "old." E11 stated that it is the practice of the facility that an intravenous device insertion or discontinuation requires a physician's order.

E11 documented on 5/2/11:00 AM that R3 was transferred to the hospital because of not responding to verbal or painful stimuli. Very congested with shortness of breath. Physician notified. Temperature 97.1, pulse 85, respirations 24 and blood pressure 124/63.

Facility policy "Intravenous Therapy-Discontinuation" states that an order from the attending physician should be obtained, prior to discontinuation of an intravenous (IV) therapy. IV may be discontinued if an infiltration occurs, without a physician's order. The physician should be notified of the infiltration and orders for the re-insertion of the IV should be

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ______ B. WING ______	C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	**10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805**

(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 15	F9999		

obtained.

Z5 (physician) stated when interviewed on 5/21/10 at 2:15 PM, that when he received a call from nursing in regards to R3's medical status, nursing failed to provide an in-depth report on R3's condition. Nursing stated that R3 was unresponsive and short of breath. Nursing should have called 911 and not have transported R3 via a regular ambulance.

2. R2 is a 52 year old female who was admitted to the facility on 4/26/10 with diagnoses of Sepsis, Dehydration, Hypertension, Coronary Artery Bypass, Asthma, Failure to Thrive, Muscle Weakness, Chest Pain, Cerebrovascular Accident, and Altered Mental Status.

E11 (nurse) documented that on 5/2/10 that approximately 6:00 AM, R2 was observed to be awake and not responding to verbal stimuli. During the medication pass it was noted that R2 would not open her mouth to receive the medications. Vital signs were temperature 96.6, pulse 173, respirations 18. Oxygen saturation was 88% on room air. Nursing further documented that the oxygen level was increased to 5 liters per nasal cannula which increased R2 saturation rate to 96%. Nursing also documented that the medical director was paged at 6:35 AM. Orders were for R2 to be transferred to the nearest hospital for an evaluation. R2 was transported via private ambulance. No blood pressure was documented. No time was given by nursing as to when the ambulance arrived at the facility to transport R2.

A late entry for 5/2/10 at 1:00AM, dated 5/4/10 at 1:06 PM, E11 documented that she was informed

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ______ B. WING ______	C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	**10124 SOUTH KEDZIE** **EVERGREEN PARK, IL 60805**

(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 16 by the CNA that R2's breathing appeared labored. E11 documented that upon assessment R2 was awake, alert, responsive and was sitting in a high Fowler position, no distress noted at this time. At 3:30 AM R2 was sleeping. Attempts to give R2 oral medication failed; R2 refused to open her mouth. At 6:00 AM was unable to get a blood pressure from R2. The covering physician was paged three times (6:15, 6:25, and 6:35 AM) and report was given to the doctor with orders that R2 be transported to the hospital. There were no neurological or physical assessments of R2's condition documented in the record by nursing from 1:00 AM through 6:35 AM. Facility policy titled "Change in Condition" documents that change in condition is defined as ...a change in the resident's physical, mental or psychosocial status (i.e., a deterioration in health, mental or psychosocial status in either life-threatening conditions or clinical complications)....Process: 1. Determining When to Call. Contacting the physician and family member...a) In Event of Death or An Emergency-call at the time the occurs whatever time of day or night. If the death or emergency is a trigger event, contact the Administrator/Director of Nursing. In the event an attending physician does not respond within 60 minutes, the Medical Director is to be contacted for orders....2. Documenting a Change in Condition b) Nurse's notes should include documentation of the symptoms and observations associated with the change in condition, the date and time of contact with the physician and family. Notes also should include clinical assessments and comments on any interventions provided by nursing personnel	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ____ B. WING ____	C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805

(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 17	F9999		

with the resident's response.

E10 (nurse) stated when interviewed on 5/18/10 at 4:30 PM, that she was alerted by the CNA at about 1:00 AM that R2 was short of breath. E10 stated that R2 did appear a little short of breath with some foam noted around her mouth. E10 stated that no vital signs or complete assessment was conducted on R2 at this time. E10 also stated that she did not attempt to assess R2 again until 3:00 AM, when R2 was offered medication for pain. R2 refused to open her mouth. E10 stated that no vital signs or assessment was done at this time. E10 further stated that during the 6:00 AM rounds, E10 attempted to obtain a blood pressure but was unable to get the pressure. E10 did not take a temperature, pulse or respiratory rate. E10 obtained an oxygen saturation level which was 88% so E10 stated that she placed R2 on 5 liters of oxygen per nasal cannula and paged the physician. E10 stated that she was unable to reach the physician on call so she paged the medical director and a report on R2's condition was given. E10 stated that she did not think that R2's change in condition was emergent so a call was placed to the regular ambulance service to transport R2 to the hospital.

Z4 (medical director) stated when interviewed on 6/2/10 at 10:15 AM, that the facility administrative staff had made him aware that at least two residents had been transported to the hospital via regular ambulance services when 911 should have been called. In addition, complete and comprehensive assessments were not being done by the nursing staff. Z4 also stated that when he was called and given a report on R2's change in condition the nurse did not convey how

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145734	A. BUILDING ______ B. WING ______	C 06/04/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN HEALTH CARE CENTER	10124 SOUTH KEDZIE EVERGREEN PARK, IL 60805

(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 18 serious the condition change was. Z4 stated that assessments, communication with the physicians, and calling 911 versus a regular ambulance had been discussed during a meeting of the quality assurance committee on 6/1/10. E1 (administrator) stated in an interview on 5/18/10 at 1:15 PM, that she had been made aware by the receiving hospital that 2 residents had arrived at their facility via regular ambulance when 911 should have been called. E1 further stated that the facility is in the process of educating the licensed staff on assessments and transporting residents. E4 (director of nursing) stated in an interview on 5/7/10 at 9:30 AM, that he is aware of the problems nursing was having in regards to providing assessments, communicating with the physician when giving report on a residents change in condition, and transporting residents to the hospital. E4 stated that a documented investigation had been completed into assessments and transporting R2 and R3 to the hospital. E4 stated that E10's employment had been terminated. The hospital records documented that R2 arrived in the emergency room at 7:35 AM on 5/2/10. The physician documented during the examination that R2's skin was extremely hot to touch, and R2 had labored breathing with flecks of thick, yellow spittle at the mouth corners. Her eyes were open, pupils were nonreactive but R2 was unable to follow any commands. The pulse oximetry reading was 80%. Vital signs were: blood pressure 78/doppler, pulse 175, respiratory rate 52, temperature 103.9. R2 was diagnosed with Acute Sepsis and Pneumonia, was intubated	F9999		