

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

PRINTED: 11/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145668	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/04/2011
NAME OF PROVIDER OR SUPPLIER BELLEVILLE HEALTHCARE & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET BELLEVILLE, IL 62226		
(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 493	Continued From page 34 Condition of Residents form, completed 7/26/11, documented the facility had a census of 132 residents.	F 493			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS LICENSURE VIOLATIONS 300.1025a)3)4)5) 300.1210a) 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. Included within this policy shall be: 3) procedures for providing life-sustaining treatments available to residents at the facility; 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices; 5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible. Section 300.1210 General Requirements for Nursing and Personal Care	F9999			

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F9999	<p>Continued From page 35</p> <p>a) The facility shall 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 resident care plan. 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</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 were not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to initiate CPR for a resident whose code status was Full Code for 1 of 24 residents (R23) reviewed for code status in the sample of 24.</p> <p>Findings include:</p> <p>R23 was hospitalized on 1/21/11. The hospital's History and Physical (H & P) dated 1/22/11 documented in part that R23 was admitted to Acute Rehabilitation Ward following an extended hospitalization for exacerbation of congestive heart failure, pneumonia. The H & P documented, "The patient is a full code at this time."</p> <p>R23 was admitted to the facility on 2/2/11. E9, Social Services Director, documented (in part) in</p>	F9999			

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F9999	<p>Continued From page 36</p> <p>R23's Social Service Note dated 2/7/11, that R23 was admitted to the facility as a short-term admission. E9's note stated that R23 was, "Alert and oriented times three, able to make needs known. Res has w/c (wheelchair) to propel self...Res states here for aftercare to d/c (discharge) home...."</p> <p>On 7/29/11, at 3:00 PM, E9 stated, "She (R23) was a young woman, planning to go home. She never was a DNR (Do not resuscitate). I keep the Code Status list for all residents. The DNR sheet would have to be signed and in the chart."</p> <p>E10, Licensed Practical Nurse (LPN), documented in Nursing Notes dated 6/23/11, "Called to room per CNA (certified nursing assistant). Res lying in bed unresponsive to painful stimuli. Page over head all nurses to Room 215-1 stat with crash cart....Ambulance call02 started per n/c (nasal cannula). Skin warm and dry....continue to remain unresponsive...Amb. here to assess res and Dr at (local hospital) called res death 20:57. Z1, physician, called to inform that res have no sign of life."</p> <p>On 6/23/11 at 10:06 PM, E10 documented in the Nurses Notes, "Z1....called, inform unable to obtain vital sign. New orders to discharge res to funeral home of family choice."</p> <p>The ambulance Patient Report Form dated 6/23/11 documented, "Crew dispatched to scene urgent. Staff states, 'Pt was sitting in her wheelchair in the hallway, laughing & talking. A couple of the girls helped her to the bathroom, where she was fine, and they helped her lie down</p>	F9999			

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F9999	<p>Continued From page 37</p> <p>in bed. As soon as she did, she went. She is a DNR so we didn't start CPR. I can't find the DNR papers at the moment.' Pt presents to crew as 61 y/o female lying in bed unconscious/unresponsive, pulseless & apneic. Crew unable to obtain carotid or radial pulse. Pt's pupils dialated, unresponsive to light. Crew place pt on cardiac monitor - asystole. R/O sudden cardiac arrest."</p> <p>The ambulance Patient Mobility Report dated 6/23/11 documented the statement, "Pt is DNR/DOA (dead on arrival)". The form is signed by E10.</p> <p>On 8/2/11 at 8:45 AM, E10 stated that she, "didn't initiate CPR at first because she (R23) was still breathing. When other nurses came in, she was still breathing. When I got back to the Nurse's Station to call the doctor and the ambulance, I looked on the face sheet and saw DNR (Do Not Resuscitate) written on the face sheet. I learned later that the DNR paper was supposed to be signed." E10 verified that she did not perform CPR on R23. E10 stated, "When I got back into the room, the other nurses told me she had passed away. The ambulance arrived after she passed. The ambulance attendants asked what her code status was. I told them she was DNR. The ambulance people checked her out. They called a doctor in the emergency room, told the doctor what they had found. The doctor pronounced her dead."</p> <p>The Facility's Cardiopulmonary Resuscitation (CPR) and Basic Life Support (BLS) Policy revised December 2006, documented (in part), "Sudden cardiac arrest is a leading cause of</p>	F9999			

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F9999	Continued From page 38 death in adults.....Depending on the underlying cause, the chances of surviving arrest may be increased if CPR is initiated immediately on collapse....The goal of early delivery of CPR is to try to maintain life until the emergency medical response team arrives....If an individual is found unresponsive and without a pulse, a licensed staff person who is certified in CPR...shall initiate CPR unless: It is known that a Do Not Resuscitate (DNR) order that specifically prohibits CPR....exists for that individual; or there are obvious signs of irreversible death (i.e. rigor mortis)." (A)	F9999			