STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145727	A. BUILDING ______ B. WING ______	C 07/19/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POLO REHAB & HCC	703 EAST BUFFALO POLO, IL 61064

(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 16 spreadsheet to list CPR certification and expiration date. *The administrator will complete random QA checks of the CPR certifications to ensure continued compliance. *The Medical Director will review any sentinel event to assist with remediations.	F 309		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1030a)1) 300.1210b) 300.3240a) Section 300.1030 Medical Emergencies a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as: 1) Pulmonary emergencies (for example, airway obstruction, foreign body aspiration, and acute respiratory distress, failure, or arrest). Section 300.1210 General Requirements for Nursing and Personal Care b) 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	F9999		

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F9999	Continued From page 17	F9999		

care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:

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)

These regulations are not met as evidenced by the following:

Based on interview and record review the facility neglected to have tracheostomy tube and emergency care policies that include what to do in the event of de-cannulation and how respirations are to be maintained when this occurs. This failure contributed to staff removing R1's tracheostomy tube and R1 being without oxygen for 10 minutes. R1 developed an Anoxic Brain Injury and required mechanical ventilation and treatment for Status Epilepticus, and expired on 6/28/11.

This applies to 1 resident (R1) of 4 residents reviewed with respiratory concerns in the sample of 4.

Findings include:

R1's diagnoses are listed as Chronic Obstructive Pulmonary Disease with a history of respiratory failure status post tracheostomy on the hospital discharge summary dated 1/21/2011. R1 was admitted to the facility on 1/27/2011, according to

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F9999	Continued From page 18 the Physician Order sheet of 5/1/2011. The nurses' notes for R1 dated 6/22/11 at 9:45 AM show R1 was feeling anxious. At 10:00 AM the nurses' notes show that R1's father alerted E3 that she was needed in R1's room. The notes show that at this time R1was very cyanotic and her oxygen saturation was 65%. At that point E2, Director of Nurses (DON) entered the room and removed the tracheostomy tube. E2 tried to replace the tracheostomy tube with no success. E2 placed an obturator into R1's trach hole to keep it open. At that time R1's Pulse reading was 55 beats per minute. 911 was called and an O2 mask was put on until the ambulance came. R1's pulse was now 40-55 beats per minutes and her oxygen saturation was 48%. On 7/7/11 at 2:40 PM, Z3 (Physician/Pulmonologist) explained the function of the obturator. The device is used to guide the tracheostomy into the stoma and then is immediately removed so the patient can be ventilated. If the obturator was left in place, it would occlude the patient's airway. On 7/5/11 at 12:20 PM, E3 (Licensed Practical Nurse - LPN) stated, "I checked R1's oxygen saturation at 9:45 AM when she asked for another (anti-anxiety) medication. It was 98% and her color was good." E3 went on to say, "E2 (DON) entered the room (10:05AM) removed the tracheostomy tube and tried to replace the tube to improve her airway. E2 was unable to insert the trach. She started (chest) compressions until we found R1 had a heartbeat. R1 was not breathing. We did not use an Ambu bag. The obturator was inserted; R1 was not breathing and	F9999		

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F9999	Continued From page 19	F9999		

her chest was not moving. The oxygen saturation monitor showed her heart rate dropped to 40's. There was no respiratory support provided when the resident quit breathing except the oxygen by mask."

The facility policies were provided during the survey (prior to 7/12/11) on Tracheotomy Suctioning (un-dated), Tracheostomy Care (un-dated), and policies provided on 7/12/11 on Notification for Change in Condition or Status, Cardio Pulmonary Resuscitation and Emergency Care. None of these policies addressed what to do if the tracheostomy tube becomes decannulated (the process whereby a tracheostomy tube is removed) or how the airway is to be maintained if this occurs.

(AA)