STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145881	A. BUILDING _____ B. WING _____	C 03/08/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MID AMERICA CARE CENTER	**4920 NORTH KENMORE CHICAGO, IL 60640**

(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 5 she told E14 to notify physician if she considered the change where to be significant. E15 further stated, "Vitals signs where normal. Resident was only sleeping; there were no acute changes to warrant a 911 call." On 2/10/12 at 2:00pm via telephone Z1 stated the nurses around 7:00am provide a daily telephone report regarding the resident status. No abnormal or unusual concerns where identified at that time. The next report received by the nurse was approximately between 12:00-1:00pm of the resident's altered mental status. At that time, an order was given to send R27 to a local hospital. Referring to hospital records, R27 was admitted to a local hospital on 11/25/11 at 4:04pm. R27 was intubated and placed on mechanical ventilation in the emergency room (ER) and transferred to the intensive care unit (ICU). Admitting diagnoses were sepsis with septicemia, acute or chronic respiratory failure and aspiration pneumonia. R27 expired on 12/03/2011 at 5:02am.	F 309		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1010h) 300.1210b) 300. 1210d)3) 300.3240a) 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	F9999		

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F9999	Continued From page 6	F9999		

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
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 care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.
d) Pursuant to subsection (a), 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 the following:

Based on interview and record review, the facility failed to recognize, identify and manage a change in respiratory status; comprehensive

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F9999	Continued From page 7	F9999		

assessments and care planning for 1 in a sample of 4 residents (R27)reviewed for respiratory status in a total sample of 30. This deficient practice resulted in a delay of emergency medical treatment. R27 was admitted to the hospital with acute respiratory failure, septicemia, and aspiration pneumonia

Findings include,

On 11/25/2011 at 9:00am E14 Registered Nurse (RN), documented on nurses notes R27 had a change of condition: shortness of breath (SOB), congestion, nonproductive cough. E14 gave nebulizer treatment and placed resident on BIPAP machine. No documentation found in chart that physician was updated or notified about change of condition.

On 11/25/2011 at 11:50am E14 documented R27 had another change of condition. Vitals signs where: Blood Pressure 118/88, Pulse 112 per minute, respiration 28, pulse oximetry 98-99% on BIPAP and 4 liters(L) nasal canula (NC) and lethargic. R27 was significantly SOB with the use of accessory muscles.

On 11/25/11 at 12:02pm Z1 ,physician, was notified of R27 change of condition. Orders where received to send resident to local hospital for evaluation. Referring to nurses notes R27 was transferred to local hospital at 11/25/11at 2:11pm.

No care plans found in chart regarding respiratory status.

On 2/10/12 at 8:50am E1 (Administrator) stated the facility has a contract with two ambulances. In

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an event a resident needs service of an ambulance to be transferred to emergency room depending on the situation the time varies of arrival but an hour would be too long of a wait. E1 stated in an event of an emergency 911 is called.

On 2/10/12 at 11:50am E14 stated on 11/25/11 at 9:00am R27 was sitting
up in the bed with SOB, hyperventilating, using accessory muscles. E14 was unsure of the respiratory rate at that time. E14 also noticed resident very congested with a nonproductive cough. Attempted to suction but did not obtain any secretions. E14 proceeded to assess and reposition R27 in bed and placed R27 on assistive breathing machine (BIPAP). No improvement observed at that time. E14 told Z2, Certified Nurse Assistant (CNA), at 9:30am to remain with resident due to his change in condition that it was time to pass medication. E14 did not notify physician at the time of change in condition in resident. E14 stated that at 10:30am she observed R27 in bed with deep breathing and was frequently monitoring him. No documentation provided to evaluate regarding the frequent monitoring. E14 did not notify anyone of the change in condition of resident at this time. E14 stated that around lunch time vitals signs where taken and despite the effort to wake up the resident he did not wake up. E14 does not remember notifying supervisor. E14 updated the physician regarding R27's condition and received an order to send R27 to local hospital emergency room for evaluation.
E15, Assistant Director of Nursing (ADON) stated E14 notified her via telephone after lunch that R27 had a change of mental status and was concerned regarding R27's SOB. E15 stated R27

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F9999	Continued From page 9 had frequent episodes of SOB and was continuously on oxygen due to resident noncompliance with BIPAP machine. E15 stated she told E14 to notify physician if she considered the change where to be significant. E15 further stated, "Vitals signs where normal. Resident was only sleeping; there were no acute changes to warrant a 911 call." On 2/10/12 at 2:00pm via telephone Z1 stated the nurses around 7:00am provide a daily telephone report regarding the resident status. No abnormal or unusual concerns where identified at that time. The next report received by the nurse was approximately between 12:00-1:00pm of the resident's altered mental status. At that time, an order was given to send R27 to a local hospital. Referring to hospital records, R27 was admitted to a local hospital on 11/25/11 at 4:04pm. R27 was intubated and placed on mechanical ventilation in the emergency room (ER) and transferred to the intensive care unit (ICU). Admitting diagnoses were sepsis with septicemia, acute or chronic respiratory failure and aspiration pneumonia. R27 expired on 12/03/2011 at 5:02am. (B)	F9999		