

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145029 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 01/02/2013 |
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| NAME OF PROVIDER OR SUPPLIER PRESENCE VILLA FRANCISCAN | | | STREET ADDRESS, CITY, STATE, ZIP CODE 210 NORTH SPRINGFIELD AVENUE JOLIET, IL 60435 | | |
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| F 323 | Continued From page 5 A sign in sheet attached of staff that attended. Policy outlining procedures nursing staff is to follow when providing CardioPulmonary Resuscitation. | F 323 | | | |
| F9999 | FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1035a3)4) 300.1210b) 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 300.1035 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 | F9999 | | | |

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| F9999 | <p>Continued From page 6 of such rights. Included within this policy shall be:</p> <p>3) procedures for providing life-sustaining treatments available to residents at the facility;</p> <p>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;</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</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 REQUIREMENTS WERE NOT MET AS EVIDENCED BY:</p> <p>Based on Interview and Record Review the facility failed to:</p> <p>1) Supervise/monitor one resident R2, during</p> | F9999 | | | |

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

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| F9999 | <p>Continued From page 7</p> <p>meal time, who had been assessed at high risk for aspiration/choking.</p> <p>2) Have policies in place for Aspiration Precautions, Cardiopulmonary Resuscitation (CPR) and The Heimlich Maneuver.</p> <p>3) Follow Physician's orders regarding Aspiration Precautions.</p> <p>This resulted in R2 choking while eating unsupervised and becoming non-responsive in the facility. R2 was taken to the community hospital and expired 9 days later.</p> <p>Findings include:</p> <p>The clinical record indicated that R2 was admitted to the facility with diagnoses including Dysphagia, Alzheimer Dementia, Altered Mental Status, Type II Diabetes Mellitus, Parkinson's Disease.</p> <p>R2 was assessed on 7/30/12 by Speech Therapy per note in R2's clinical record as being at "risk for choking, aspiration, dehydration, and malnutrition". R2 had one episode of "suspected aspiration", during medication pass that was documented on 8/9/12 in the speech therapy note. Speech therapy was working with R2 to change R2's diet from nothing by mouth with tube feeding, to puree, and then finally to mechanical soft. On 9/3/12, R2 was discharged from Speech Therapy. On the discharge document from Speech Therapy for this date, under skilled therapy techniques it is documented; swallowing: Compensatory swallow techniques, Aspiration Precautions, Multiple swallow, Cues to throat clear/cough, Cues verbal/visual/tactile. The Assessment for this date does not document an</p> | F9999 | | | |

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| F9999 | <p>Continued From page 8 assessment for R2 to eat alone in a room unsupervised.</p> <p>A review of the facility's Minimum Data Set for R2, dated 9/23/12 scored eating at a two which would required R2 needing assistance with meals.</p> <p>A review of nursing notes dated 9/24/12 documented that E7(Restorative Nurse) said, "R2 is able to feed herself with verbal cues although at times she requires staff assist to get started eating."</p> <p>During a phone interview on 11/27/12 at 10:15 AM, Z4 (R2's family member) stated, "I always had to cut up her food. R2 was supposed to have help with eating. "</p> <p>During a phone interview on 11/27/12 at 10:00 AM, E5 (Certified Nursing Assistant) stated, "I brought her tray in around 5:10 PM and she said the food did not look good. I cut up her food and brussel sprouts. I left the room. She ate alone by herself sometimes. I did not see her until after 5:40 PM when she was non-responsive."</p> <p>On 12/11/12 at 2:40 PM E6 (Registered Nurse) stated, "I saw R2 about 5:00 PM before the dinner tray came. I then went back to the room about 5:35 PM and saw that R2 was not responsive. I checked her mouth and did a finger sweep. I thought she choked. I called 911 right away. R2 was a full code. I did not give a rescue breaths. E3 (Director of Nursing) came up right away."</p> <p>The staffing schedule for 10/18/12 and confirmed</p> | F9999 | | | |

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| F9999 | <p>Continued From page 9</p> <p>by E6 indicated that there was no other staff on the unit. There were only 11 to 14 residents. This left R2 alone unsupervised for approximately 25 minutes while eating dinner.</p> <p>On 12/11/12 at 12:38 PM, E3 stated, "We have no documentation of what we did during the emergency. We do not have any policies for Cardiopulmonary Resuscitation or the Heimlich maneuver."</p> <p>During a phone interview on 12/11/12 at 1:56 PM, Z3 (R2's Attending Physician) said, "I do not recall looking at records indicating that R2 was safe to eat by herself. If I wrote an order for R2 to be on aspiration precautions R2 should have been supervised. I do not recall if I was told that R2 was eating meals alone in her room without supervision."</p> <p>Review of R2's clinical record reflected a physician order for aspiration precautions. Aspiration Precautions are measures the facility takes to minimize the risk of inhaling fluid/food/foreign objects in residents at high risk for aspiration/choking.</p> <p>The Community Fire Department Ambulance Service, documented that on 10/18/12 at 6:06 PM under assessments, "Airway Partially Obstructed-Foreign Body."</p> <p>The local hospital Emergency Room History and Physical Report, documented by Z2 (community hospital physician), under "Chief complaint: Respiratory failure and Choking in Nursing home." The community hospital record showed that R2 never recovered and expired 9 days later.</p> | F9999 | | | |

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NAME OF PROVIDER OR SUPPLIER

PRESENCE VILLA FRANCISCAN

STREET ADDRESS, CITY, STATE, ZIP CODE

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