

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003073	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/16/2013
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NAME OF PROVIDER OR SUPPLIER PARK PLACE OF BELVIDERE	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 WEST 5TH AVENUE BELVIDERE, IL 61008
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1010h) 300.1030a)5) 300.1030b) 300.1210b) 300.1210d)3) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.</p> <p>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</p>	S9999		

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Illinois Department of Public Health

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S9999	<p>Continued From page 1 notification.</p> <p>Section 300.1030 Medical Emergencies</p> <p>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:</p> <p>5) Other medical emergencies (for example, convulsions and shock). (A, B)</p> <p>b) The facility shall maintain in a suitable location the equipment to be used during these emergencies. This equipment shall include at a minimum the following: a portable oxygen kit, including a face mask and/or cannula; an airway; and bag-valve mask manual ventilating device.</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>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:</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 2</p> <p>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.</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.</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on interview and record review the facility failed to provide the necessary care and services for R1 by not identifying a rapidly declining condition; not treating a critically low blood sugar; not immediately calling Emergency Services, and not initiating Cardiopulmonary Resuscitation to an unresponsive resident who was without a pulse and visible respirations. These failures contributed to R1 ' s Cardiopulmonary Arrest requiring intubation. R1 is currently non-responsive and requires mechanical ventilation for life support. This applies to 1 of 15 residents (R1) in the sample of 20. The findings include: The Physician Order Sheet (POS) dated 9/28/13 shows R1 has diagnoses to include Diabetes. The 9/28/13 POS documents R1 ' s Advance Directives as " full code " (choosing to have cardiopulmonary support). The Admission Assessment dated 9/29/13 shows R1 is "</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>oriented at all times " .</p> <p>R1 ' s Nurse Notes dated 9/30/13 documents " 0320 A.M., Resident has profuse diaphoresis. (Blood Glucose Check)=31. Two packs of sugar and (Nutritional Supplement)given. (Blood Glucose check) 33. One pack sugar given (Nutritional Supplement given. (Blood Glucose check)=34. Resident became unresponsive. Writer called 911. Resident has pulse, respirations, unable to respond. Skin cool to touch. 0441 A.M. 911 ambulance arrived with four paramedics., paramedic assessing, began CPR on resident " .</p> <p>On 10/3/13 at 3:00 PM, E5 (Licensed Practical Nurse) said she was the only nurse working in the facility the morning of 9/30/13 at 3:20 AM. E5 did not know when R1 was found unresponsive " . R1 had " profuse diaphoresis " , was not talking, and only turned her head to answer yes or no. E5 said she was in R1 ' s room 40 minutes earlier (R1 ' s Nurse Notes document the time E5 was in the room at 2:40 AM) and R1 was " alert and oriented, funny, and cracking jokes " . R1 ' s condition was a " significant change " from before.</p> <p>E5 said R1 ' s first blood sugar was 31mg/dl (R1 ' s Nurse Notes documents time as 3:20 AM). R1 drank two cups (7 ounce each) of nutritional supplement with two packets of sugar. R1 ' s blood sugar the second time after finishing the nutritional supplement was 33mg/dl. E5 gave R1 a third glass of nutritional supplement with 1 packet of sugar and checked R1 ' s blood sugar for a third time which was 34mg/dl. R1 became unresponsive after she drank the third glass of nutritional supplement and E5 left the room and called 911. E5 said she did not know how long after R1 drank the nutritional supplement she became unresponsive and she did not know how long it took R1 to drink the supplement. E5 said</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 4</p> <p>she did not do Blood Pressure, Heart Rate, or Oxygen Saturation (Vitals) on R1. E5 said the facility had a hypoglycemia protocol she should have used which would include the administration of orange juice and sugar. E5 said Glucagon IM (Intramuscular) would have been appropriate and stated " I looked and couldn't find it ". E5 said the Glucagon should have been in the top drawer of the med cart and was not there and Glucagon would have been the first intervention done. E5 said she did not notify the Doctor of R1 ' s blood glucose levels.</p> <p>The undated facility " Policy and Procedure for Treatment of Hypoglycemia " states " Monitor the Resident ' s Blood Sugar Level every 15 minutes until it reaches an acceptable level " .</p> <p>On 10/4/13 at 8:48 AM, E6 (CNA) said she had cared for R1 the night before (9/28/13-9/29/13) and she [R1] was " alert and oriented " , could ask for what she wanted, and could walk with a walker and assistance with one person. E6 found R1 in bed during morning rounds on 9/30/13 " completely soaked from head to toes " . R1 was " sweating bullets, breathing was labored " and she [E6] " knew something was wrong " . E6 said she was shaking R1, calling her name, and R1 was " moaning, did not have words, speech was slurred, and had a hard time enunciating " . R1 was " responding a little bit, was looking for our voice, did not make direct eye contact " , and this was a " huge change " from before. E6 (CNA) said R1 was " turning her head away from the cup [of nutritional supplement] saying no " R1 stopped swallowing while drinking the third cup of nutritional supplement and the liquid was " running out the side of her mouth " . E6 said she was concerned they needed more help and 911 should have been called.</p> <p>On 10/4/13 at 9:15 AM, E7 (CNA) said she was called to R1 ' s room between 3:00 AM and 3:30</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>AM. R1 ' s eyes were not open and not alert, and R1 looked unresponsive. E7 said E6 " was still trying to get R1 to drink [nutritional supplement] and it was running out of the side of her [R1] mouth " . E7 said no oxygen was administered to R1 when she was in the room. On 10/4/13 at 11:10 AM, E8 (CNA) said E7 brought the wrong cart (treatment cart or medication cart) to R1 ' s room. E8 got to R1 ' s room with the correct crash cart, and R1 was " slightly breathing " and " not alert " . E8 said E5 (LPN) said the wrong things were on the crash cart and " I think she [E5] was looking for the cord to go on the oxygen " . E8 said she did not see R1 with oxygen at any time.</p> <p>On 10/4/13 at 12:58 PM, Z6 (EMS) said when EMS arrived to R1 ' s room, R1 was supine in bed unresponsive and was " not breathing and had no pulse " . The facility staff was not doing CPR. The nurse (E5) did not know R1 was not breathing; " that was a concern that they had not ' acknowledged she [R1] wasn ' t breathing " . Z6 said " CPR should have been initiated by the staff. "</p> <p>On 10/9/13 at 1:15 PM, Z7 (Paramedic) said when they arrived to the facility, R1 was not breathing, was unresponsive, and had no pulse. The facility staff was not giving R1 CPR. Z7 said " something should have been done before we got there, and there should have been more urgency " .</p> <p>The emergency response report dated 9/30/13 shows the alarm notification at 4:35 AM, and EMS arrival to the facility at 4:39 AM. This report documents " responded for diabetic emergency and after we arrived found pt (patient) pulseless and not breathing " .</p> <p>The Ambulance Service Report dated 9/30/13 states " dispatched with (Local) Fire to NH (nursing home) for an unresponsive diabetic.</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Upon our arrival found a pulseless, not breathing 60 year old female pt supine in bed ...pt lowered from the bed to the floor and CPR (Cardio Pulmonary Resuscitation) initiated. Oral airway inserted ...pt with an asystole rhythm ... CPR continued. "</p> <p>The Hospital Emergency Department Physician Report dated 9/30/13 documents at 5:14 AM said a patient arrived by EMS to the Emergency Department in Cardiac Arrest. The patient was found at the nursing home with questionable respirations and " lo " blood sugar. CPR was started at the facility by EMS and the patient was intubated and CPR continued. R1 was transferred in critical condition to a different hospital. This report identifies " Critical Glucose Levels: adult <50 m/dL</p> <p>The Hospital Pulmonology Consult report dated 9/30/13 documents reason for consult: " Acute respiratory failure status post cardiac arrest. " This document states " Reason for cardiac arrest according to the emergency room report, was hypoglycemia ...and " Impression: Anoxic brain encephalopathy ...Continue with vent support. "</p> <p>The Hospital Consultation dated 9/30/13 documents " prognosis for good/normal neurological recovery poor at this time " .</p> <p>On 10/3/13 at 9:40 AM. E2 (Director of Nursing-DON) said R1 ' s condition would be considered an emergency situation and 911 should have been called immediately. E2 said the physician or physician extender should have been called for orders especially since R1 was symptomatic and her condition was rapidly declining. E2 said R1 should have been given Glucagon IM and should not have continued to receive nutritional supplement, especially since her condition was not improving and she was deteriorating. E2 said Glucagon should have been given immediately since R1 had</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>hypoglycemic symptoms. E2 said E5 (LPN) should have called 911 and the physician immediately.</p> <p>On 10/4/13 at 10:05 AM, E2 said E5 did not handle the situation with R1 fast enough, should have called 911 earlier, and should have got an order from the physician for Glucagon. E2 said E5 did not call the physician on Wednesday night (10/2/13) on another resident who had an elevated blood sugar that was outside the physician ordered parameters.</p> <p>On 10/3/13 at 12:15 PM, Z4 (treating Nurse Practitioner) said if a patient has no response or minimal response to the first treatment for hypoglycemia and they are symptomatic, 911 should be called immediately. Z4 said the nurse (E5) should have called 911 after trying the first cup of nutritional supplement.</p> <p>On 10/3/13 at 2:05 PM, Z2 (Attending Physician) said the nurse (E5) did not call until 4:58 AM in which she did not leave a message for a return phone call. Z2 said he did not speak to E5 until 5:30 AM. E2 said he was not called during the night and did not give any orders to treat R1. Z2 said " that ' s a long time " to wait to call 911 from onset of symptoms at 3:20 AM to EMS call at 4:35 AM. Z2 said if the first treatment option did not work, E5 should have called to get a different order. On 10/3/13 at 2:30 PM, Z2 said if different interventions had been used to treat R1 ' s condition, the cardiac arrest could have been prevented.</p> <p>On 10/3/13 at 3:05 PM, Z3 (Treating Emergency Room Physician) said hypoglycemia can cause respiratory distress and cardiac arrest if the blood sugar is low enough for a prolonged period of time. Choosing the wrong interventions to treat R1 or not treating correctly could cause the condition R1 was in when she presented to the Emergency Department. Calling 911 earlier</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>could have improved R1 ' s condition. Using different interventions could have prevented R1 ' s cardiac and respiratory arrest. Z3 said if the facility has a protocol for glucose gel, Glucagon, or intravenous D50, they could have better results and treat more appropriately in the facility. The undated facility policy titled " Policy and Procedure for Treatment of Hypoglycemia " states: " Contact and inform the Attending physician of the Resident ' s blood sugar below 60mg/dL " .</p> <p>The undated facility policy " Accucheck/Blood Glucose Monitoring " states: " During episodes of increased/decreased blood glucose levels, nursing staff will utilize standard nursing practices to assure the health and welfare of the resident (i.e. calling 911...) " .</p> <p>The undated facility policy " Advance Directives and DNR Policy " states " 1. In the absence of a DNR, CPR and other emergency procedures will be initiated in all circumstances of cardiac or pulmonary arrest.</p> <p>The undated facility policy " Notification of Change in Resident Health Status " states " The facility will consult the resident ' s physician, nurse practitioner or Medial Director ...when there is ... (B)Acute illness or a significant change in the resident ' s physical, mental ...status (...life-threatening conditions or clinical complications). " Notification Time: Immediate</p> <p>(A)</p>	S9999		