

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004832	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/12/2014
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NAME OF PROVIDER OR SUPPLIER JACKSON SQ SKL NRSNG & LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 5130 WEST JACKSON BOULEVARD CHICAGO, IL 60644
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.1010h) 300.1210b) 300.1210d)3) 300.3240a)</p> <p>Section 300.1010 Medical Care Policies</p> <p>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 notification.</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>	S9999		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</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> <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 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 are not met as evidenced by:</p> <p>Based on observation, interviews and record reviews, the facility failed to follow up on family members' concerns about the physical condition of a resident, assess potential causative factors for swelling, pain and change in daily activity and immediately notified a physician of a resident's change of condition. This failure applies to one of four residents (R13) reviewed for incontinence and activities of daily living (ADL) in a sample of four.</p> <p>As a result, the facility delayed the discovery of a foreign object within R13 urinary tract (penile area) which required surgery to be removed. R13's physical condition became critical and</p>	S9999		
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S9999	<p>Continued From page 2 needed treatment in a hospital.</p> <p>Findings include:</p> <p>On 7/24/14 at 3:32PM, Z3 and Z4 were interviewed during a two way phone call. Z3 and Z4 (Family Members of R13) stated they use to go to the nursing home on a regular basis. Z4 stated a week before R13 was hospitalized; he was in the bed at the nursing home, very weak and sickly looking could not get up and expressed not feeling well although he could not talk that good. Z4 said, "I could see he did not feel good, as a mother, I know my son well." Z4 and Z3 commented this was not like him to be in bed because he never stays in bed and had not been sick like this before. Z4 said, "I told the nurse about my concerns (did remember nurses name but described him as heavy set male on the evening shift). The nurse said, "He (R13) probably got a cold or something, he will be okay." Z3 and Z4 said, "The supervisor was made aware as well. They didn't do anything to help him when we told them he was very sick almost a week before he was sent to the hospital. The nursing home did not notify us he was sent to the hospital on 7/20/14. We got a call from the hospital's doctor on 7/20/14 informing us that he was in the hospital and they needed consent for a procedure. We went there right away. R13 was on a life support machine, hooked up to IVs (intravenous tubes)" Z3 said, " We found out from the doctor R13 had a piece of a urinary catheter tube that was left in him at the nursing home but we never knew he had a urinary catheter. The nurses didn't check it. The doctor at the hospital told us they removed a urinary catheter tube from him and it was infected. They had to surgically place a Tube (urostomy) in him</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>at the hospital so he could pass urine. Also, they said he had pneumonia."</p> <p>On 7/24/14 at 3:35PM, the surveyor visited R13 at the local hospital. R13 was in critical care unit on Ventilation machine, IV s for antibiotic, pain and various medications to maintain blood pressure. R13 was non- responsive. On 7/24/14 at 4:10PM, Z8 (Critical Care Nurse) said, " R13 came in from ER (emergency room) very compromised, severely dehydrated. He received 5 liters of IV fluids. He was in pain, could hear him moaning. Patient (R13) had coded yesterday but he's more stable today."</p> <p>R13's POS(Physician Order Sheet) Report Dates 5/01/14 through 7/25/14 documents R13 with diagnoses of a history of a stroke(CVA), Chronic Airway Obstruction, Aphasia, Convulsions, Neuropathy, Constipation, Hypertension and Diabetes. Nursing Care Plan dated 3/31/14 documents potential for incontinence of bowel and bladder.</p> <p>Nurse's notes dated 7/19/14 at 6:55PM E11(nurse) documents, R13 was noted with right foot swollen with 2 plus edema, leg elevated on a pillow. There are no documented vital signs.</p> <p>Nurses ' notes dated 7/20/14 at 12:48AM, E10(NURSE) documents, "Received report from 2nd shift nurse that she had noted a change in resident and that she called the house supervisor to assess resident to see if he should be sent to hospital. Resident vital signs: temperature=94.7, Pulse=119, BP(blood pressure)=55/41 and resident skin was cold to touch. Noted resident was responding but not able to stay awake. (This was noted at 11:30PM). Doctor(Z9) was called at 11:45PM and condition reported to him. He gave order to send to local community hospital for evaluation, stated to send to closest hospital due to condition. Local hospital called and informed of resident condition and that he will be coming to</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>ER(Emergency Room). 911 was called at 11:55PM.</p> <p>Ambulance Report dated 7/20/14 at 12:08AM, called to transfer patient to hospital for Mental Status change, abnormal vital signs. R13 received from nursing home weak, pale and hypotensive. Shallow breathing, alert, and unable to obtain IV access. Resident transferred to community hospital at 12:11AM.</p> <p>Hospital Emergency Room Physician notes dated 7/20/14 at 7:30AM to 4:20PM, remarks: R13(Patient) "59 year old male with past medical history of CVA, right sided deficit, Aphasia, HTN (hypertension), DM, neuropathy, Seizure. Nursing home resident sent for hypotension and altered mental status. Received resident with right sided weakness, lower extremity edema. Skin is cold, and cyanosis. Contact family for consents. Insertion of Central Lines. Start transfusion of one unit of platelets. Patient received 5 liters of fluids and his mentation improved. BP-still low. It is not clear what happened in the nursing home (questioned diarrhea, bleeding). As per ER report, he was profoundly dehydrated when he came and now looks much better. Labs is significant for thrombocytopenia, elevated BUN and Creatine which is disproportionate. Chest x-ray for right sided pleural effusion, possible hemothorax, start on levaquin (antibiotics)."</p> <p>Hospital physician notes dated 7/20/14 at 8:00PM, remarks," Patient incontinent of large amounts of pinkish fluid, 2 plus edema noted to extremities. Attempted Texas Catheter(external catheter) but unable to as Penis is Swollen and will not fit with standard size. At 5:30AM, attempted three way indwelling catheter placement was unsuccessful due to blood clots and pain. Patient yelling out, checked for incontinence of urine, almost pure blood from</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>penis, Morphine 2.5 mg given for pain. Found to have 3 to 4 inches of indwelling catheter protruding in his penis area." Hospital Physician notes dated 7/21/14 documents resident was sent to OR(Operating Room) for surgical cystoscopy and placement of suprapubic tube. Physician notes dated 7/22/14 documents, "Chest x-ray results indicate patient with Left Lower lung Pneumonia and Para Pneumonic effusion. Thoracentesis procedure done at bedside. Bloody fluid came out." Hospital chemistry lab results report dated 7/20/14 remarks: Creatine normal range (0.6-1.3mg/dl) result= {1.8 High} Plasma BUN normal range(7-18mg/dl) result= {101 High} Estimated GFR(62 mL/min) result= {41 Low} Kidney function Lab result indicate resident with Dehydration.</p> <p>On 8/11/14 at 9:50AM, E11(nurse) said, "It was brought to my attention on 7/20/14 R13 was moaning when you touched him. His legs were swollen, (vital signs not recorded). I had the Nursing Supervisor (Z10) come and assess him. She told me to elevate his legs so he would be comfortable. I gave report and concerns to the night shift nurse(E10). On 8/11/14 at 10:00AM, Z9(Attending Physician) said, " I was notified for the first time about R13's change in condition on 7/19/14 close to midnight. The nurse told me the patient was almost comatose, almost unresponsive. I ordered accuchecks due to resident being diabetic but his blood sugar was okay and gave verbal order to send R13 to hospital stat. Z9 said, "The nurse commented to me she wondered why nobody had noticed resident was so sick before." Z9 stated he had never received a call before that</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>night resident had a change in vital signs or sick. If a resident was dehydrated, he does not become like that in a few hours. However, a diabetic patient could become dehydrated due to drop in blood sugar(hypoglycemic) in about 2-3 days, if he does not receive fluids or has a (high) temperature. The nurses did not tell me he was sick. I last visited R13 on 7/18/14 and the nurses said he was fine.</p> <p>A physician assessment note dated 7/18/14 at 7:11PM documents, "No new complaints; doing well per nursing staff. Hydration-adequate. Clinically stable."</p> <p>On 8/7/14 at 12:15PM, E9/NURSE said, "R13 had paralysis on right side. I did speak with mother. I Told her he was not in bed sick. He sometimes did not want to get up. R13 did not have a urinary catheter or an order for a straight cath (catheterize) to be done. We will do it only if there is an order."</p> <p>On 8/11/12 at 12:40PM (second interview with E9), E9 said, "I worked the day shift. A lot of times the mother would come in and inquire why R13 would be in the bed." E9 commented R13 was never a person who stayed in bed all the time or even 2 days in a row. He could not talk but respond by nodding head to say "yes" or "no." E9 said, "I told her I don't know why he was in bed and he will probably be out of bed today. I never told the family he probably had the flu or cold and would be okay. R13 did not have a urinary catheter"</p> <p>During an interview with E12(nurse assistant) on 8/11/14 at 9:40AM, "R13 had days when he was not feeling good. He would say his stomach was hurting or something and did not want to get up. I would report this to the nurse."</p> <p>On 8/11/14 at 10:45AM, Z10(Supervisor/Weekends) said, "I only work weekends. The nurse (E11) reported R13 had a low blood</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>pressure and was tachycardic. I did not see swelling in his legs. I saw him very briefly. I took a manual reading and his pulse was okay. I told the nurse to monitor him. He was sent out to hospital later on that night. The resident had to be sick before that night."</p> <p>On 8/11/14 at 3:15PM, E2 (director of nurses/DON) said, "Nurse's only document if there is something significant that happens with a resident. I take full responsibility for nursing communication about resident care. I expect nurse's to report any change in condition right away."</p> <p>R13's nurse's notes for June and July 2014 did not address any of Z3 and Z4's concern about R13's condition.</p> <p>R13's attending physician (Z9) was not informed of the onset (7/19/14 at 6:55PM) of R13's swelling and later pain. R13 had no continuous monitoring of symptoms after a nurse's assessment of physical changes.</p> <p style="text-align: center;">(B)</p>	S9999		
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