

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6012470</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/09/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PITTSFIELD MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>610 LOWRY STREET PITTSFIELD, IL 62363</b>
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations:</p> <p>300.610a) 300.1030b) 300.1210b) 300.1630d) 300.3220f) 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 300.1030 Medical Emergencies</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</p>	S9999		
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Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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S9999	<p>Continued From page 1</p> <p>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 300.1630 Administration of Medication</p> <p>d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record.</p> <p>Section 300.3220 Medical Care</p> <p>f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act)</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 2</p> <p>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 record review and interview the facility failed to accurately assess/monitor and provide tracheotomy care for 1 of 2 (R2) with a tracheotomy in a sample of 5. This failure resulted in the facility finding R2 unresponsive and sending R2 to the hospital. R2 expired at the hospital.</p> <p>Findings include:</p> <p>R2's Hospital Consult, dated 5/19/2014, documents that R2 was admitted to the hospital on 5/19/2014 with an intracranial bleed. R2's Hospital Critical Care Progress note dated 6/10/2014 documented R2 had a tracheostomy on 6/7/2014 for respiratory failure.</p> <p>R2's hospital transfer documentation dated 6/14/2014 at 10:00 AM documents that R2 had a diagnosis of cerebral hemorrhage, essential hypertension and respiratory failure.</p> <p>On 6/20/14 at 9:30 AM, E2, Director of Nursing, DON, was interviewed. E2 stated when the hospital gave report to the facility, E4, Registered Nurse, RN received report from the hospital discharge planner and the hospital reported they kept R2 restrained so she would not pull tubes off.</p> <p>R2's admission sheet documents that R2 was</p>	S9999		

Illinois Department of Public Health

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S9999	<p>Continued From page 3</p> <p>admitted to the facility on 6/14/2014 at 12:30pm. R2's Medication Administration History dated 6/1/2014-6/18/2014 documents Physician's Order (PO)for Ipratopium-Albuterol solution for nebulization; 0.5mg (milligrams) (2.5 mg base) / 3ML(milliliters); amount to administer: 3ML; inhalation every 4 hours for chronic respiratory failure. On 6/14/2014 at 4:00PM, 8:00 PM and 12:00 AM on 6/15/2014 R2's Medication Administration History documented: Not administered/ item not available.</p> <p>On 6/19/2014 at 10:00 am E3, Registered Nurse (RN) was interviewed in regard to availability of medications. E3 stated the facility has 2 convenience boxes. E3 stated that if a resident was admitted after hours she would utilize the convenience box. E3, RN stated that if medication was not available in the convenience box the facility has an 800 number that can be called to the pharmacy and medication usually arrives in a couple of hours. E3 stated that if medication is needed prior to 2 hours the nurse can notify the physician and request to get from the local pharmacy. E3 stated there is a resource to get medications in an emergency or after hours.</p> <p>E3 stated that R2's medication should have came in on 6/14/2014 between 8:00 and 10:00PM. E3 stated that if medications do not come in, the nurse could call the pharmacy and they would bring as a stat order.</p> <p>R2's PO dated 6/14/2014 documents that R2 was to have humidity to tracheostomy site continuous and oxygen to be set at 40% or 6 liters because of diagnosis of chronic respiratory failure. R2's PO dated 6/14/2014 documents that R2 was to</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>have tracheostomy care every shift and check oxygen saturation every shift.</p> <p>R2's Resident Progress Notes, dated 6/14/2014-6/16/2014, documented suctioning and secretion color on one shift on 6/15/2014. Oxygen saturation documented one time on 6/15/2014, and one time on 6/16/2014 at 1:08 AM. R2's Physician Order Report dated 6/14/2014, documented that R2 was to have oxygen saturation to be checked every shift.</p> <p>Per interview with E14 Licensed Practical Nurse, LPN was interviewed on 6/20/2014 at 11:00 am in regards to tracheotomy care and suctioning. E14 stated she does not document in the clinical nursing notes, E14 stated she just signs on the Medication Administration Record (MAR).</p> <p>Pulmonary Progress Notes dated, 6/14/2014 3:00-4:30pm by E9, Certified Respiratory Therapy Technician (CRTT) documents that R2 frequently tries to rub neck to relieve itch.</p> <p>R2's Resident Progress Notes dated 6/15/2014 at 6:31PM documents that nurse was called to R2's room, due to R2 appeared short of breath, respirations labored, facial skin color dark red-blue, oxygen saturation at 83%, connections to trach checked and secured, lungs sounds assessed no audible congestion noted,. Oxygen saturation at 90-, skin color improved, resting in bed.</p> <p>E8 was interviewed on 6/20/2014 for clarification of the statement dated 6/16/2014. E8 stated he had seen R2 on 6/15/2014 to do part of R2's evaluation. E8 stated that he went into R2's room around 5:50-6:00 PM on 6/15/2014. E8 stated that the blue tube that was supposed to be</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>connected to the trach was in the floor. E8 stated he picked up off the floor and placed on the bed and went and got E4, RN. E8 stated R2 looked tired. E8 stated that E4 RN hooked the tube up. E8 stated that R2 responds by nodding her head and would try to open her mouth. E8 stated that R2 would point to her nose and head when asked.</p> <p>E4, Registered Nurse (RN) was interviewed on 6/19/2014 at 3:20 PM in regards to incident on 6/15/2014. E4 stated the R2's tubing and mask over tracheotomy was off twice. E4 stated that the first time it happened speech therapy found and hooked back up, and E4 stated that she checked R2 and everything was fine. E4 stated it happened a second time on 6/15/2014 when E4 was on supper break. E4 stated she implemented 15 minute checks after the second incident, because of R2 trying to pull tube out.</p> <p>Resident Progress Notes dated 6/16/2014 documents at 9:00 AM Certified Nursing Assistants (CNA) called nurse to room. R2 was observed without blood pressure, pulse or respiration. Called code white. Nurse immediately got assistance went into room, starting compressions and respirations with ambu bag. Ambulance arrived at 9:15AM. Intubated by ambulance staff and transported to hospital.</p> <p>A typed statement dated 6/16/2014 in regards to incident 6/16/2014 by E8, Speech Language Pathologist (SLP), Registered Dietitian (RD) documents that E8 responded to the code white (emergency). E8's statement documents that an air pump was requested. E8 documented there was not one on the cart so E8 went to another resident's room to get one. E8 was interviewed on 6/20/2014 for clarification of the statement</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>dated 6/16/2014. E8 stated that he did not know the technical term for the air pump, but the blue thing you squeeze. E8 stated there was not one in the room so he went to R1's room and got one.</p> <p>On 6/20/2014 E2 was interviewed in regards to 15 minute checks for R2. E2 stated that in regards to 15 minute checks she would expect staff to go in R2's room and observe that R2's oxygen is on and that she had not pulled any tubes off. E2 stated they have sheets for staff to mark 15 minute checks on. During the interview E2 was asked as Registered Nurse would she not expect nursing staff to have assessed R2 more frequently? E2 stated that she thought nursing staff were in R2's room more frequently than they documented. E2 stated the facility had received report from the discharge planner at the hospital and that E4, RN had reported to her that they had kept R2 restrained at the hospital so R2 would not pull tubes off.</p> <p>Documentation on Trying To Pull Tubes Out Behavior Monitoring dated 6/15/2014, the facility failed to document 15 minute checks at 7:45PM, 8:00PM, 8:15PM, 9:30PM and 10:00PM. On 6/16/2014 the facility failed to document 15 minute checks at 5:00am. 5:15AM. Last documented 15 minute check on 6/16/2014 was 8:00am.</p> <p>R2's Treatment Administration History dated 06/01/2014-06/18/2014 documents trach care every shift, the nursing staff put their initials each shift. The Treatment Administration History fails to document the status of the ostomy site, breath sounds and vocal sounds, respiratory functions, skin color, pulse oximetry and drainage and secretions.</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>On 6/24/2014 at 2:13 PM Z1, Physician was interviewed by telephone. Z1 was informed that R2's Medication Administration History documented that R2 did not receive nebulization treatments as ordered by the Physician on 6/14/2014 at 4:00 PM, 8:00 PM and 12:00 AM on 6/15/2014. Z1 was asked if lack of nebulization treatments could have contributed to R2's death. Z1 stated "yes". Z1 stated that R2 had a new tracheotomy and R2 required good pulmonary care, suctioning, and breathing treatments. Z1 stated that positioning is also very important.</p> <p>The facility provided documented training All About Tracheostomies. Training was provided on 5/14/2014 by a Registered Respiratory Therapist. The facility failed to provide documented training for E4 RN, E10 LPN, and E11 LPN.</p> <p>The facility's procedure Tracheal Suctioning documents that prior to suctioning, auscultate the resident lungs to serve as baseline data and to auscultate resident's lungs after suctioning to assess the procedure's effectiveness. The procedure states documentation to be done in the nursing notes of date and time, amount, color and consistency of secretions. Amount of saline instilled, if Ambu bag is used, if trach or inner cannula care is done. Document in nurse's notes any unusual findings and status of ostomy site. The facility's procedure Tracheotomy documents that tracheotomy care is to be provided every shift and documented in the clinical nursing record. The status of the ostomy site is to be documented on each shift to include breath and vocal sounds, respiratory functions, skin color, pulse oximetry and drainage and secretions. facility's procedure Tracheotomy documents all licensed personnel must receive in-servicing on proper tracheotomy care prior to providing that</p>	S9999		
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S9999	Continued From page 8  care. In-servicing will be done by an experienced nurse and subsequent in-servicing will continue. On the job observation and supervision will be given by the nursing supervisor.  <p style="text-align: center;">(A)</p>	S9999		
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## Imposed Plan of Correction

It is the practice of this facility to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

Corrective actions have been completed for those residents found to have been affected by the deficient practice:

R2 is no longer a resident of the facility.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

The facility has identified that all residents with tracheotomies have the potential to be affected.

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected.

The care plans of all residents with tracheotomies were reviewed to ensure that they correctly addressed the need for tracheotomy care. The records of all residents with tracheotomies were reviewed to ensure that tracheotomy care was being properly documented.

Education has been completed to nursing staff regarding updates to the Tracheotomy Policy.

Education has been completed to all direct care staff regarding what a resident 15 minute check consists of and what to document when checks have been ordered or put in place for a resident.

Quality Assurance Plans to monitor facility performance to make sure corrections are put into place.

Director of Nursing/designee will complete monitoring of all orders for tracheotomy care for the next three months.

Findings will be reported to the quarterly Quality Assessment and Assurance committee for review and additional action and changes based on trends identified.

Completion Date: Twenty days (20) from receipt of the  
Imposed Plan of Correction.

**F224 483.13(c)**

It is the practice of this facility to develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

Corrective actions have been completed for those residents found to have been affected by the deficient practice:

R2 is no longer a resident of the facility.

How the facility will identify other residents having the potential to be affected by the same deficient practice:

The facility has identified that all residents with tracheotomies have the potential to be affected.

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected.

The care plans of all residents with tracheotomies were reviewed to ensure that they correctly addressed the need for tracheotomy care. The records of all residents with tracheotomies were reviewed to ensure that tracheotomy care was being properly documented.

Education has been completed to nursing staff regarding updates to the Tracheotomy Policy.

Education has been completed to all direct care staff regarding what a resident 15 minute check consists of and what to document when checks have been ordered or put in place for a resident.

Quality Assurance Plans to monitor facility performance to make sure corrections are put into place. Director of Nursing/designee will complete monitoring of all orders for tracheotomy care for the next three months.

Findings will be reported to the quarterly Quality Assessment and Assurance committee for review and additional action and changes based on trends identified.

Dates when corrective action will be completed: July 10, 2014.

**F 328 483.25 (k)**

It is the practice of this facility to provide that residents receive proper treatment and care for tracheotomy.

Corrective actions have been completed for those residents found to have been affected by the deficient practice.

R 2 is no longer a resident of the facility

How the facility will identify other residents having the potential to be affected by the same deficient practice.

The facility has identified that all residents with tracheotomies have the potential to be affected.

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected.

The care plans of all residents with tracheotomies were reviewed to ensure that they correctly addressed the need for tracheotomy care. The records of all residents with tracheotomies were reviewed to ensure that tracheotomy care was being properly documented.

Education has been completed to nursing staff regarding updates to the Tracheotomy Policy.

Education has been completed to all direct care staff regarding what a resident 15 minute check consists of and what to document when checks have been ordered or put in place for a resident.

Quality Assurance Plans to monitor facility performance to make sure corrections are achieved.

Director of Nursing/designee will complete monitoring of all orders for tracheotomy for the next three months.

Findings will be reported to the quarterly Quality Assessment and Assurance committee for review and additional action and changes based on trends identified.

Dates when corrective action will be completed: July 10, 2014.

**F 333 483.25(m)(2)**

It is the practice of this facility to provide that residents are free of any significant medication errors.

Corrective actions have been completed for those residents found to have been affected by the deficient practice.

R2 is no longer a resident of the facility.

How the facility will identify other residents having the potential to be affected by the same deficient practice.

The facility has identified all residents have the potential to be affected.

The measures the facility will take or systems the facility will alter to ensure that the problem will be corrected.

Education has been provided for licensed nurses to check emergency box for medications that were not delivered by pharmacy and if not in emergency box to call the backup pharmacy to deliver.

Quality Assurance Plans to monitor facility performance to make sure corrections are achieved.

The Director of Nurses/designee will review pharmacy deliveries for residents daily for one week, three times a week for three weeks, and then periodic reviews thereafter.

Findings will be reported to the quarterly Quality Assessment and Assurance committee for review and additional action.

Dates when corrective action will be completed: July 10, 2014.