

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001226	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/21/2014
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NAME OF PROVIDER OR SUPPLIER BROTHER JAMES COURT	STREET ADDRESS, CITY, STATE, ZIP CODE 2508 ST. JAMES ROAD SPRINGFIELD, IL 62707
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(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) COMPLETE DATE
Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations:</p> <p>350.620a) 350.1210 350.1220j) 350.3240a)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>Section 350.1220 Physician Services</p> <p>j) The facility shall notify the resident's physician of any accident, injury, or 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.</p>	Z9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 09/04/14
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Z9999	<p>Continued From page 1</p> <p>Section 350.3240 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 Regulations were not met as evidenced by:</p> <p>Based on record review and interview the facility failed to provide preventive services, general medical care and appropriate nursing services for 1 individual, (R1), whose abnormal laboratory test results were not addressed when they failed to:</p> <ol style="list-style-type: none"> 1. Provide a policy and procedure, or written instructions regarding actions to be taken when laboratory test is outside normal ranges or otherwise abnormal. 2. Ensure nursing staff review all laboratory results 3. Ensure medical staff follow up on all abnormal laboratory results. 4. Inform the personal care physician of all abnormal laboratory testing results. 5. Inform guardian of individuals change in health status regarding abnormal laboratory results. 6. Complete thorough nursing assessments for individual with abnormal laboratory results <p>These failures resulted in R1's subsequent hospitalization on 07/19/14. R1 died on 07/30/14.</p> <p>Findings Include:</p> <p>On 08/14/14 at 5:30 PM, E1, Administrator, was notified that the facility failed to: Review and to address abnormal lab results for R1; inform the</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>physician and obtain orders; inform the guardian of health status change; and to ensure timely and thorough medical assessment/treatment was obtained for this individual. R1 was later admitted to the local hospital on 07/19/14 and expired from respiratory failure and sepsis shock on 07/30/14.</p> <p>Based on record review and interview, the facility failed to provide preventive care to address the medical needs for 1 of 1 individual, inside the sample, R1, when the facility failed to:</p> <ol style="list-style-type: none"> 1. Complete thorough nursing assessments 2. Inform physician of abnormal labs 3. DON addresses changes in health status when informed <p>Findings Include</p> <p>The Physician's Order Sheet (POS), dated 06/26/14, identifies R1 as an individual who functions at a Profound range of Intellectual Disabilities.</p> <p>A completed laboratory test dated 07/11/14 at 14:17 (2:17 PM) documents R1's White Blood Count at the level of 14.4. The normal range is 4.5 - 10.8. This document also demonstrated that this information was faxed to the facility on 07/11/14 at 2:37 PM by outside laboratory services.</p> <p>During record review of nursing notes for R1 reveals: 07/11/14 - "no maladaptive behaviors" No additional nursing notes until 07/14/14 at</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>12:30 AM 07/14/14 at 12:30 AM thru 07/17/14 0600 (6:00 AM) describing maladaptive behavior and bruise to left distal area only. 07/17/14 - "1340 (1:40 PM) T (temperature) 98.1" 07/19/14 - "3 PM ...R1 had two aggressive behaviors towards peers for no apparent reason (no time recorded)...refused AM meds (medications) (no time recorded). refused V/S (vital signs) except temp (temperature) 97.0 (no time recorded), DON notified of his refusal (no time recorded)." "Taken outside for a walk (about 9:30 AM) staff returned saying R1 refused to walk but accepted a w/c (wheelchair)" ... (illegible) R1 back about 25 min (minutes) later saying R1 "seems shakey" (sp) and "acts like he's uncomfortable" (no specific time recorded)... "Facial wincing is observed" (no time recorded) ..."hoarse cough noted (no time recorded). Dr informed (no time recorded). T.O.. (telephone orders) rec'd (received) (no time recorded) U/A (urinalysis) when possible, CXR (chest x-ray) if doesn't seem to feel better by later today (no specific time recorded). E2, DON and family informed (no time recorded)." 07/19/14 - "2250 (10:50 PM) (appears late entry)On days/eves (evening) poor fluid and food intake"... multiple (illegible)...agitation and two incidents of grabbing peers-appeared pale and shaky. Refused vital signs"... "Sy's (symptoms) cont (continue) to worsen (hoarse cough and agitation) Refused to allow vital signs to be taken. T.O. from physician, Z3, to send to ER (Emergency Room) after local radiology results positive for pneumonia. E2, DON aware." 07/30/14 - 12:00 (noon) ...".R1 passed away at 0537 (5:37 AM) this morning"...</p> <p>The nursing notes had no evidence that: 1. Laboratory tests were assessed.</p>	Z9999		
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Z9999	<p>Continued From page 4</p> <p>2. Thorough nursing assessments had been done that:</p> <ul style="list-style-type: none"> a. included complete vital signs b. included pulmonary assessments before and/or after cough was recorded or when cough was recorded to be worse c. addressed reports of R1 being shaky and acting uncomfortable on 07/19/14, untimed entry d. addressed R1's refusal to walking on 07/19/14, untimed entry e. addressed R1's poor fluid and food intake and multiple reports of agitation on 07/19/14, f. addressed R1's shaky and pale appearance on 07/19/14, untimed entry <p>3. DON providing further instructions after documents stating DON was informed of health status change</p> <p>During an interview with Z3 (physician) on 08/14/14 at 10:17 AM, Z3 denied being contacted or having knowledge concerning R1's laboratory results of 07/11/14. Z3 confirmed that their office had no records related to R1's laboratory test.</p> <p>During an interview with R1's guardians on 08/13/14 at 1:10 PM, the guardians denied being contacted by facility regarding R1's abnormal laboratory results, or medical treatment being given as a result of the abnormal laboratory results of 07/11/14.</p> <p>During an interview with E2, Director of Nursing, (DON), on 08/13/14 at 2:09 PM, E2 denied anyone at the facility informed the physician or the family about the abnormal lab for R1 on 07/11/14.</p> <p>During record review of nursing notes for R1 reveals: 07/11/14 - "no maladaptive behaviors"</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>No additional nursing notes until 07/14/14 at 12:30 AM</p> <p>07/14/14 at 12:30 AM thru 07/17/14 0600 (6:00 AM) describing maladaptive behavior and bruise to left distal area only.</p> <p>07/17/14 - "1340 (1:40 PM) T (temperature) 98.1"</p> <p>07/19/14 - "3 PM ...R1 had two aggressive behaviors towards peers for no apparent reason....refused AM meds (medications). refused V/S (vital signs) except temp (temperature) 97.0, DON notified of his refusal." "Taken outside for a walk (about 9:30 AM) staff returned saying R1 refused to walk but accepted a w/c (wheelchair)" ... (illegible) R1 back about 25 min (minutes) later saying R1 "seems shakey" (sp) and "acts like he's uncomfortable"... "Facial wincing is observed"... "hoarse cough noted. Dr informed. T.O.. (telephone orders) rec'd (received) U/A (urinalysis) when possible, CXR (chest x-ray) if doesn't seem to feel better by later today. E2, DON and family informed."</p> <p>07/19/14 - "2250 (10:50 PM) On days/eves (evening) poor fluid and food intake"... multiple (illegible)... "agitation and two incidents of grabbing peers-appeared pale and shaky. Refused vital signs"... "Sy's (symptoms) cont (continue) to worsen (hoarse cough and agitation) Refused to allow vital signs to be taken. T.O. from physician, Z3, to send to ER (Emergency Room) and arriving at 1845 (6:45 PM), after local radiology results positive for pneumonia. E2, DON aware."</p> <p>07/30/14 - 12:00 (noon) ...".R1 passed away at 0537 (5:37 AM) this morning"...</p> <p>The nursing notes had no evidence that:</p> <ol style="list-style-type: none"> 1. Laboratory tests were assessed. 2. Thorough nursing assessments had been done that: <ol style="list-style-type: none"> a. included complete vital signs 	Z9999		

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Z9999	Continued From page 6 b. included pulmonary assessments before and/or after cough was recorded or when cough was recorded to be worse c. addressed reports of R1 being shaky and acting uncomfortable d. addressed R1's refusal to walking e. addressed R1's poor fluid and food intake and multiple reports of agitation f. addressed R1's shaky and pale appearance (A)	Z9999		

Imposed Plan of Correction

ID Prefix Tag No.

Combined Plan of Correction and Credible Allegations of Compliance

W318
483.460

The facility will ensure that specific health care services requirements are met.

The facility maintains comprehensive nursing policies and procedures, including policies related to laboratory services.

The Medical Director, Administrator, and DON reviewed and revised the policy on Laboratory Services (see attached).

The Laboratory Services policy addresses the receipt of laboratory results and describes the necessary follow-up, such as informing the physician and guardian, and monitoring the client for significant changes.

Licensed nursing staff was trained on the policy on August 14, 2014 (see attached).

Abnormal laboratory results will be noted on the shift change report. All licensed personnel will review the shift change report prior to the start of each shift to ensure that the necessary follow-up is conducted.

The DON and/or her designated licensed staff shall routinely monitor labs to ensure that the policy is followed and the necessary follow-up is initiated.

Licensed personnel audited all laboratory reports received in the last three months to ensure that the necessary follow-up was initiated.

Any licensed staff found not to be following facility policy will be disciplined up to and including termination.

The DON and Administrator shall monitor for continued compliance.

completion date: 20 days from receipt of
Notice

Imposed Plan of Correction

ID Prefix Tag No.

Combined Plan of Correction
and Credible Allegations of Compliance

W322
483.460(a)(3)

The facility will provide or obtain preventive and general medical care.

The facility maintains comprehensive nursing policies and procedures, including policies related to laboratory services.

The Medical Director, Administrator, and DON reviewed and revised the policy on Laboratory Services (see attached).

The Laboratory Services policy addresses the receipt of lab results and describes the necessary follow-up, such as informing the physician and guardian, and monitoring the client for significant changes.

Licensed nursing staff was trained on the policy on August 14, 2014 (see attached).

Abnormal laboratory results will be noted on the shift change report. All licensed personnel will review the shift change report prior to the start of each shift to ensure that the necessary follow-up is conducted.

The DON and/or her designated licensed staff shall routinely monitor labs to ensure that the policy is followed and ensure that the necessary follow-up is initiated.

Licensed personnel audited all laboratory reports received in the last three months to ensure that the necessary follow-up was initiated.

Any licensed staff found not to be following facility policy will be disciplined up to and including termination.

The DON and Administrator shall monitor for continued compliance.

*Completion Date: 20 days from
Receipt of Notice*

Imposed Plan of Correction

ID Prefix Tag No.

Combined Plan of Correction and Credible Allegations of Compliance

W331
483.460(c)

The facility will provide clients with nursing services in accordance with their needs.

The Medical Director, Administrator, and DON reviewed and revised the policy on Laboratory Services (see attached).

The Laboratory Services policy addresses the receipt of laboratory results and describes the necessary follow-up, such as informing the physician and guardian, and monitoring the client for significant changes.

Licensed nursing staff was trained on the policy on August 14, 2014 (see attached).

Abnormal laboratory results will be noted on the shift change report. All licensed personnel will review the shift change report prior to the start of each shift to ensure that the necessary follow-up is conducted.

The DON and/or her designated licensed staff shall routinely monitor labs to ensure that facility policy is followed and the necessary follow-up is initiated.

Licensed personnel audited all laboratory reports received in the last three months to ensure that the necessary follow-up was initiated.

Any licensed staff found not to be following facility policy will be disciplined up to and including termination.

The DON and Administrator shall monitor for continued compliance.

Brother James maintains comprehensive nursing policies and procedures, including monitoring and reporting a significant change in a client's condition. Significant health changes such as hospice care will be reported to the DON. The DON will notify the appropriate staff of

Completion Date: - 12-20 days from
Receipt to Donor