DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145581	(X2) MULTIPLE CONSTRUCTION A. BUILDING ______ B. WING ______	(X3) DATE SURVEY COMPLETED C 07/12/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CAHOKIA NURSING & REHAB CENTER	2 ANNABLE COURT CAHOKIA, IL 62206

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F 000	INITIAL COMMENTS Complaint investigation # 1642969/Il 85889 A partial extended survey was conducted.	F 000		
F 224 SS=L	483.13(c) PROHIBIT MISTREATMENT/NEGLECT/MISAPPROPRIATN The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility knowingly failed to follow their fire evacuation policy during an actual fire. Facility staff did not notify fire personnel of residents left in the burning building. Facility staff failed to follow policy/procedures for leaving smoke barrier doors closed to contain the fire and smoke. Facility staff neglected to evacuate the residents closest to the fire first and those away from the fire origin later. Facility staff evacuated the entire facility without clear instructions from any person in charge. Facility management staff neglected to ensure that all staff was adequately trained to respond to an actual fire, resulting in poor communication and a prolonged relocation of all 106 residents. These failures resulted in fire department personnel using search and rescue operations to recover four residents. These failures resulted in an immediate jeopardy with fourteen residents (R1-R6, R11-R15, R19, R23, R24) requiring hospital visits for smoke inhalation	F 224		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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and other fire related conditions including anxiety/panic attacks.
These failures resulted in an Immediate Jeopardy. The Immediate Jeopardy began on May 31, 2016 when facility staff failed to notify the Fire Department of residents still in the burning building, failed to ensure that smoke barrier doors were used appropriately, failed conduct orderly evacuation ensuring that residents closest to the fire were evacuated first, and failed effectively execute the disaster plan during an actual fire in the nursing facility.
While the immediacy was removed on 7/12/16, the facility remains out of compliance at a Severity Level 2 as additional time is required to evaluate the ability of staff to fully implement and execute the revised disaster plan, demonstrating knowledge of the plan related to fire rescue and response.

Findings include:

Facility "Fire Safety and Disaster Preparedness Manual" (revised 03/31/13) documents the following: "the main objective and first consideration during any disaster or emergency is the safety and well-being of the residents. Employees should always remain calm and reassure the residents so that transfer or evacuation procedures can be carried out effectively and with the least amount of problems or accidental injury." This same manual also documents the following: "In case of any emergency, evacuation of residents, staff, and visitors should first be from the area of immediate danger. If a complete evacuation from the facility becomes necessary, residents are to be removed from the facility utilizing the nearest and safest

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F 224	Continued From page 2 exits and taken outside to the front parking lot where a head count will be taken." On 05/31/2016 at 5:10PM Z13 (Illinois Department of Health Emergency Services Coordinator) states he notified Z14 (Illinois Department of Public Health Field Supervisor) that there was a fire with total resident evacuation at facility. Fire Department form NFIRS-1 dated 05/31/2016 documents that the local fire department " responded for a reported fire in a room on the 500 hall (E) at the facility. This same report documents that upon arrival of fire units and personnel they found heavy smoke coming from the right rear of the building located near (F) and (E) hallways with police officers and employees from the business breaking windows to remove residents from the 500 hall. This same document reports that "fire personnel ...found the fire quickly and contained to room 509 while other fire personnel were in rescue operations. It was at this time that several residents were still inside (500 Hall) where a female victim (resident) was found in the hallway. Primary searches were performed (by fire personnel) from room 501 to 516 where several victims were found. One male (resident) was removed from room 503 through the window. In room 505 a male resident was removed through a window. A male resident from room 506 was removed out of the room and down the hallway in a wheelchair." On 06/15/2016 at 1:30PM Z10 (Emergency Management Services/EMS Operations Manager) stated that when he arrived on the scene no facility staff were in charge for the first 15 minutes. Z10 stated that after that, E2 (Facility Regional Operations Manager) assumed control. Z10 stated that when they arrived, facility	F 224		

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F 224	Continued From page 3 staff could not tell them how many residents were still in the building. Z10 stated, "There was no coordination whatsoever." Z10 stated it took 45 minutes to one hour after their arrival for EMS to be given any kind of information about resident's medical needs only to be asked by E2 (Facility Regional Operations Manager) for their (EMS) plan to find placement for residents. E2 provided a 54 page document titled Fire Safety and Disaster Preparedness Manual (Revised 3/31/2013) on 6/1/2016. Pages 19-25 include names, addresses, and contact information as well as skill level for area nursing home facilities. However, during the fire response, Z13's (Emergency Services Coordinator) written account indicates that "there was quite a bit of confusion regarding the actual number of nursing home residents present, how many still required transport and the destination of those waiting. I heard resident numbers from multiple people that ranged from 103-106 ...Illinois Department of Public Health (IDPH) Long Term Care (Z14, Z15, Z16) along with a Senior Citizen Ombudsman were attempting to lock down Nursing Home bed availability in the region. There was no pre-planned sheltering facility identified by management to get these residents out of the elements which included the threat of rain and at times visible lightening." On 06/16/2016 at 5:30PM Z1 (local Fire Chief) stated that he and his men rescued a total of four residents from the fire hall, (500 hall) with one resident rescued by accident when Z1 and some of his men were standing at the entrance to room 509 (where fire started). When Z12 (Fire Department Captain) stepped back and bumped into a person on the hall corridor floor. Fire personnel checked to see if the person was alive. The person (resident) moaned and then Z12	F 224		

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F 224	Continued From page 4 helped to evacuate her. Z1 also stated that no nursing personnel of the facility informed him of any potential residents left in the building. On 06/16/2016 at 5:40PM Z12 stated that no facility staff informed him of anyone in the building. When Z12 entered the 500 hall and got to room 509 he heard a moan coming from the corridor floor just outside room 509. He then helped to evacuate R1, who resided in room 509. On 06/16/2016 at 5:30 pm Z1 stated that when he arrived on the scene and was about to enter the facility, Z1 was met by two nursing staff with masks on. Z1 asked the two nursing staff if there were any residents in the building. The two staff members did not provide any answers and instead ran back into the building and Z1 lost them in the smoke. Z1 stated when he entered the 500 hall from the core area (nursing station) he noticed the entrance to 500 hall was standing open which allowed the smoke to get into the core area. Z1 stated that he would have expected the door to have been closed. Z1 stated that nursing staff was "out of control. Staff was all over the scene. They did not follow directions and kept moving (residents) without permission causing problems for resident movements." Page 8 of the Fire Safety and Disaster Preparedness Manual (Revised 3/31/2013) documents that staff is to "once outside the facility, account for all residents, visitors and staff and report any missing persons to the fire department or other local law agency personnel at once." Page 9 of this manual instructs staff to "remain calm. If the fire is minor enough to be fought safely, do so. Movement in an evacuation due to fire should always be away from the travel of the	F 224		

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F 224	Continued From page 5 heat and smoke. Residents should always be moved to an area that places a fire barrier door between them and the fire, removing those closest to the danger first. Fire and smoke barrier doors provide temporary (1-2 hour) protection from the spread of fire and smoke. Fire and smoke barrier doors separate all the halls from the facility core and will automatically close when the fire alarm is activated. At no time should barrier doors be propped open." On 06/16/2016 at 11:00 AM E1 (Maintenance Supervisor) stated that he was working inside the ceiling when he heard someone say there was a fire. E1 stated he got off the ladder and saw smoke down the 500 hall. E1 stated there was a resident lying in the 500 hall, he got a wheelchair and put the resident in it and pushed the resident out through the 500 hall fire door. E1 stated he was unsure who the resident was. E1 also stated that the acting Director of Nursing was present, but he was not sure what she was doing. E1 stated that in the event of a fire, the Administrator runs everything. If the Administrator isn't present, the Director of Nurses is in charge, then the Assistant Director of Nurses, then the Charge Nurse, then Maintenance. E1 stated that the Administrator was not on site and had to be notified by phone. E1 verified that before the fire department arrived, residents were still in the building on the 500 wing. E1 stated that he has never received training about how to train other staff for fire safety; and was given a training manual to use. E1 stated what he teaches in fire safety is how to use the fire extinguisher, what all staff members responsibilities are in case of fire, and evacuation procedures. On 06/14/2016 at 12:05 pm E10 (Maintenance Assistant) stated that on 05/31/2016 E10 heard a staff person say there was a fire. E10 stated he	F 224		

F 224 Continued From page 6 F 224

could see smoke coming from behind the fire door on the 500 hall. E10 entered the 500 hall, saw fire extinguisher lying on the floor, picked it up and started spraying it at the fire. E10 stated he used up two or three extinguishers. E10 then noticed (R1) lying in her bed. E10 picked her up, laid her on the floor in the hallway and called for help. E10 saw another resident who he believes is R9 laying on her bed. E10 took her tube feeding machine off the pole, picked her up and laid her on the floor in the hallway and yelled for help. E10 stated at that point somebody yelled "get out of the building," so he exited the building from the fire exit on the 500 hall.

On 06/14/2016 at 12:30PM E11(Licensed Practical Nurse) stated that on 05/31/2016 at 4:15PM an unidentified C.N.A. (Certified Nursing Assistant) came running up the hall saying "there's a real fire." E11 had been instructed by E1 (Maintenance Supervisor) to hold down the fire alarm on the fire panel due to a false alarm earlier. Upon hearing that there was an actual fire, E11 stated she let go of the fire alarm switch and ran down the 500 hall where E11 saw smoke. E11 stated that she observed E5 C.N.A. standing by room 509 holding a fire extinguisher. E5 opened the door to room 509 and sprayed the fire with the extinguisher. E11 stated someone came by with a fire extinguisher. E11 grabbed the extinguisher from them and sprayed the fire. E11 then states she went in to room 511 to check it. E11 made no comment as to whether room 509 was occupied by residents. E11 stated that on 05/31/2016 she was the Charge Nurse (for 500 hall), but she is not sure what the Charge Nurses' duties are in a fire. E11 stated that the nurse assigned to the hall is charge nurse for that hall. As to who is in charge during the fire, E11 stated, "I guess it would be my job to give directions as

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charge nurse, but I've never been given a job description of exactly what being charge nurse entails, especially with what a fire entails." E11 verified that she is not aware of anyone calling for an evacuation.

Fire Safety and Disaster Preparedness Manual (Revised 3/31/2013) documents, "The chain of command at Cahokia Nursing and Rehabilitation is:

1. Administrator
2. Director of Nursing
3. Assistant Director of Nursing
4. Designated Charge Nurse in the facility."

On 06/21/2016 at 2:10pm, E7 (Certified Nursing Assistant) stated that on 05/31/2016 she was on the 500 hall at the time she became aware of the fire. E7 stated that she, E5 (Certified Nursing Assistant), E10 (Maintenance) and E8 (Licensed Practical Nurse) were "working together during the fire but nobody was clearly in charge." E7 stated, "It was overwhelming and everybody was running."

On 06/21/2016 at 10:10 am E26 (Social Services Assistant) stated that to her knowledge, no one placed identification bands on residents at the time they were evacuated. E26 stated the identification bands were located in the Social Services Office at the time of the fire.

E30 (Licensed Practical Nurse) stated on 6/9/2016 at 3:08 pm that she does not know who was in charge on May 31, 2016 at time of the fire. E30 first stated it was the charge nurse, E11 (Licensed Practical Nurse), but then stated that E1, Maintenance Supervisor, was making the decisions and directing E11. E30 evacuated residents on hall 100 without anyone directing her. E30 stated that she saw E13, Quality Assurance/Education/Licensed Practical Nurse, come through the door of 100 hall, saw smoke

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F 224	Continued From page 8 follow her in and, "just made the decision to evacuate the residents." Patient List Cahokia Nursing and Rehab with Destination and Hospital records dated 5/31/2016 provided by Z11 (Emergency System Services System Coordinator) document that fourteen residents (R1-R6, R11-R15, R19, R23, R24) from four wings were ultimately transferred to four area hospitals due to fire related conditions. Face sheet dated 9/01/2015 documents that R2's (500 Hall) date of birth is 05/27/27 with diagnoses of Exacerbation of Chronic Obstructive Pulmonary Disease, Dementia, Degenerative Arthritis, Arteriosclerotic Heart Disease, Congestive heart Failure, and Shortness of Breath. The Hospital Physician's Order Sheet dated 5/31/2016 lists an admitting diagnosis of Smoke Inhalation. Hospital Interventions and Assessment dated 5/31/2016 documents that R1 had, "breath sounds course (sic) expiratory wheezes." Hospital Physical Exam dated 5/31/2016 noted that R2 was "coughing up thick black phlegm and subsequently had some emesis in the Emergency Room" as well as "decreased breath sounds." The Hospital Assessment Plan Sheet dated 5/31/2016 indicates that R2 had "fever, maybe due to exposure to heat exposure and possible bronchitis, will treat ...and monitor closely." The Hospital Transfer Summary noted dated 6/01/2016 states R2 "is an 89 year old woman admitted to the hospital on 5/31/2016 with a diagnosis of Smoke Inhalation. There is little information accompanying this patient. There is notation she is a hospice patient, but we do not have confirmation of which agency is involved." R1's (500 Hall) Hospital Inpatient Record face Sheet dated 5/31/2016 lists R1's birthdate as 2/02/1929. Prehospital Care Report Summary for	F 224		

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F 224	Continued From page 9 R1 notes "Due to patient upper extremities being contracted ambulance crew was unable to obtain a blood pressure at this time. Blood glucose analysis assessed at this time with a result of 59. Patient administered oral glucose at this time. Patient unable to answer any EMS (Emergency Management Services) questions at this time." Hospital History and Physical Note dated 5/31/2016 documents " This is an 87 year old ...admitted from the Emergency Room with smoke inhalation. She is a resident of Cahokia Nursing and rehabilitation Center. There was a fire at the facility last evening and she was exposed to smoke. She was experiencing a cough which prompted her visit to the Emergency Room. Problems: Smoke inhalation injury." The Hospital Patient Discharge Instruction sheet dated 6/01/2016 states, "Discharge diagnosis: Smoke Inhalation/Anemia Exacerbation." R 12's (100 Hall) Hospital Face Sheet dated 5/31/2016 notes date of birth as 10/21/1933. Hospital Emergency room Visit report dated 5/31/2016 indicates that R12 "presents via EMS (Emergency Management Service) from nursing home. Patient's nursing home had a fire this evening and when patient was in a bus for transport, he reportedly had a syncopal episode while sitting in his seat ...Patient with history of Cerebral Vascular Accident with right sided weakness and aphasia ... " An Emergency Department Progress Note dated 5/31/2016 at 9:59 pm stated, "It has been reported that the bus was quite warm and nurse noted that a bottle of water the patient had with him was warm when he arrived. Other residents from the same situation have been brought in for similar complaint ...spoke with (Z19) regarding patient and findings and he agreed likely situational syncope due to elevated temperature and hectic	F 224		

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F 224	Continued From page 10 environment." Intervention/Assessment Treatment documentation dated 5/31/2016 noted R12's temperature was 99.1 and blood pressure was 199/84. Facility census records for 5/31/2016 indicate R12 resided on 100 hall. Face sheet for R14 (500 Hall) documents that R14's date of birth is 9/19/1950. Emergency Medical Service report for 5/31/2016 notes " female pt (patient) with possible low blood sugar, dizziness, and weakness ...patient sitting upright and slumped to the right in her wheelchair. Nursing home staff tells EMS (Emergency Medical Service) that pt has "seemed to be close to passing out, sweating, and is weak. Pt has been outside in triage area for approximately 90 minutes following evacuation from building." The Hospital Emergency room Visit Report dated 5/31/2016 notes "65 year old female presents to Emergency Department ...status post ...fire at Cahokia Nursing and Rehabilitation. Patient was in an unaffected wing. She was evacuated and sat outside for nearly 1.5 hours in the heat when she started feeling dizzy and lightheaded. She feels better now ...has a history of stroke and her right side is affected." The Hospital Emergency Department Progress note dated 5/31/2016 documents that R14 "presents for lightheadedness after being outside ...in mid-80 weather status post fire ...Patient's symptoms are most likely from heat exhaustion." A Hospital Face Sheet dated 5/31/2016 notes R13 (600 Hall) date of birth as 6/8/1969. Hospital Emergency Room Visit Report dated 5/31/2016 states "46 year old female with history of dementia presents to Emergency Department by EMS (Emergency Medical System) status post fire ...Per EMS, patient was initially short of breath on scene ...shortness of breath resolved once in ambulance. Past medical history-Alzheimer's	F 224		

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F 224	Continued From page 11 Disease/Dementia, Cerebral Vascular Accident, Seizures, Bipolar, Depression." Prehospital Care Report Summary for R6 (300 Hall) documents "Upon arrival pt (patient) was laying on a bed and on non-rebreather at 15 liters, and it was placed over his trach. Pt (patient) was then transferred to the stretcher and was taken to the truck and loaded in the back with other pt. The other pt was a nurse from the facility that knew the pt. Once in the back, vitals were taken ...There was no info on the pt except for knowing his name per the other pt." R6's Physician's Certificate of Medical Necessity from a regional hospital dated 5/31/2016 lists diagnosis of Smoke Inhalation. This same document notes,"Reason for transport: oxygen required and unable to self-administer, airway monitoring/suction, contractures upper/lower, incoherent, disoriented level of consciousness." R11's (500 Hall) Prehospital Care Report Summary dated 5/31/2016 notes that R11 is a 37 year old male with history of brain injury due to car accident and is unable to answer any question at this time. Hospital Patient Health Summary dated 5/31/2016 lists "Active Problems: Ileus, Seizure Disorder, Smoke Inhalation ... " A Hospital Face Sheet dated 5/31/2016 lists R15 (600 Hall) date of birth as 9/08/44. Hospital Emergency Room Visit Report dated 5/31/2016 noted,"Patient presents ...after nursing home where she was a resident had a fire. Patient states she was not in the area of the fire and did not inhale any smoke, but when they were preparing to transport her to another facility, she had increased pulse and shaking as well as feeling anxious. Patient states this has somewhat improved since coming here and son	F 224		

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F 224	Continued From page 12 feels it was likely a panic attack."R15 stated on 6/2/2016 when visited in the destination facility that ,"she went to the hospital due to a panic attack." R15's Prehospital Care Report Summary dated 5/31/2016 notes this Emergency Services transport was "dispatched to an emergency call for Cahokia Nursing and Rehab on fire with multiple pt (patients) outside in parking lot needing transported. This patient is complaining of severe anxiety problems at this time ...The patient told EMS (Emergency Management Service) ' I just can't calm down. I was so scared that I wasn't going to make it out of the building in time and I would be burned alive.' The triage team advised EMS that this pt (patient) was not in the area of the fire and was evacuated well before she was in any harm. A staff member of the SNF (Skilled Nursing Facility) advised EMS that this pt (patient) has a severe anxiety problem and is normally very nervous as it is and this situation has made her very nervous. Upon arrival patient found sitting outside in the triage area ...The pt (patient) over all has very high levels of anxiety and is having severe difficulty in calming down and relaxing ... " This same report documents that R15 was transported from the fire scene at 5:47 pm. Prehospital Care Report Summary for R4 (500 Hall) dated 5/31/2016 documents that R4 was "having chest pain ...Pt (patient) believes that he has swallowed some smoke and that is giving him chest paint. Pt states that the pain is on the right side just below the nipple line and is a constant pain which he rates it at 10/10 pain scale ...pt then stated that he was becoming short of breath so 4L of 02 via a NC was established	F 224		

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and pt states that he feels better ... "

R3's (600 Hall) Prehospital Care Report Summary dated 5/31/2016 notes that R3 is 97 years old. Under Comments in this document is listed Dementia with Alzheimer's. The report states that R3 is "conscious, alert, to person only, sitting in a chair and staff states that she isn't acting right. Pt (patient) has a history of dementia and Alzheimer's and is unable to tell us if anything is wrong or if she is in pain. Staff states that before EMS (Emergency Management System) arrived she wasn't acting right but now she is in her normal state. Staff states that the pt (patient) is on 4L (liters) of O2 (oxygen) at all times."

Report titled Cahokia Nursing and Rehab Patient List with Destination with date of 5/31/2016 indicates R5, R19, R23, and R24 were also transported to area hospitals on the date of the fire, from the halls of 300, 500, 500, 500, respectively.

On 6/21/2016 at 9:15 AM, Z17, Administrator of Caseyville Nursing and Rehab Center, stated of the 23 residents received from Cahokia Nursing and Rehab on 5/31/2016, only 1 admitted to the Caseyville Nursing and Rehab Center came with a face sheet, with the other face sheets faxed by 11:30 pm. Z17 stated all residents were given supper as they were all hungry. Z18, POC Administrator of Caseyville Nursing and Rehab Center on 6/21/2016 at 11:55 am stated that the residents arrived around 8 pm on 5/31/2016.
The Disaster Preparedness Manual (Revised 3/31/13) on the Introduction page notes "All personnel, on all shifts, will be trained to perform assigned tasks in case of a facility emergency.

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The training will include:
1. Disaster response procedures
2. Location and proper use of fire extinguishers
3. Established emergency response codes
4. Locale and proper use of manual pull boxes
5. Floor plans and means of egress/exit
6. Assembly areas
7. Location and proper use of fire and smoke barrier doors
8. Evacuation procedures for residents, visitors, and staff
9. Chemical spill procedures
10. Carrying methods for evacuation"

On 06/14/2016 at 11:12 am, E1 (Maintenance Supervisor) stated that all staff responded to the fire in the manner in which they had been trained. According to E1, he is responsible for training staff on fire safety. E1 stated that he has never received training about how to train other staff for fire safety; E1 said he was given a training manual to use. E1 stated what he teaches in fire safety is how to use the fire extinguisher, what all staff members responsibilities are in case of fire, and evacuation procedures. E1 stated he does fire drills once a month so that every shift gets one at least every 90 days. E1 stated he trains new staff on fire safety during their orientation. E1 stated the facility ' s most recent fire drill was 05/20/2016 on day shift. He stated the purpose of fire drills is so employees know what they have to do and where they're supposed to be. E1 stated residents are not evacuated during drills. E1 stated if fire safety training is done when staff is off, their training is rescheduled.

On 6/9/2016 at 3:08 PM, E30 (Licensed Practical Nurse) stated that she is aware that the facility has an emergency plan and that it is kept at the nurses station but has not seen it. She states that she has not been through an actual fire

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F 224	Continued From page 15 evacuation drill; it was only a verbalized training. E30 stated she evacuated residents on hall 100 without anyone directing her on 5/31/2016. She stated that she saw E13, Quality Assurance/Education/Licensed Practical Nurse, come through the door of 100 hall and saw smoke follow her in and just made the decision to evacuate the residents. E30 was asked how residents were accounted for. She stated that she grabbed the census sheet/room roster for the building and the elopement risk book which is located at the secretary's desk but she did not know who was responsible for that as she stated she was not aware of anyone specific or assigned to that task. On 6/9/2016 at 3:45 PM, E24 (Registered Nurse) stated she was not aware of any emergency plan that the facility had regarding this type of event (fire), but she has seen the Cahokia Nursing & Rehabilitation Center Policies, Standards, Protocols, and Procedures Manual dated 01/01/06. E24 stated that she has not had any training where residents are evacuated. When asked who instructed her to evacuate residents on 5/31/2016, E24 stated she saw smoke and started to evacuate residents on 100 hall before moving on to 600 hall. E24 did not know who was in charge or who was to secure the census data sheet in an event of an evacuation. E24 does not know where residents are to be taken when evacuated; she just got them out and away from the building. All training records related to fire, fire drills, and disaster preparedness were requested from the facility. Based on all available information provided at the time of the survey there is no system in place to effectively track training efforts. Training records are incomplete and in many cases contain illegible signatures making	F 224		

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F 224	Continued From page 16 verification of training difficult. E1 provided documents titled "REPORT OF FIRE DRILL" on 6/14/16, indicating that these were all the documents available. Monthly Report of Fire Drill documents were provided for June 2015 through November 2015 and January through March 2016. Fire Drill Sign In Sheets were only available for Report of Fire Drill documents dated 6/14/2015 and 7/25/2015. Ten signatures were present on the document dated 6/14/2015 and 17 signatures were present on the document dated 7/25/2015. The Monthly Report of Fire Drill reports have a series of nine questions with the words YES and NO after them. These questions include: 1. Was signal received by ADT? 2. What time was signal received? 3. Was all staff aware of their responsibilities? 4. Were any problems noted? 5. Did the fire alarm sound? 6. Were the strobe lights operational? 7. Were the hall fire door closers operational? 9. Were the delayed egress locks released? At the bottom of this report, it states: "List any problems, corrective actions, and/or teaching required as a result of this drill: Monthly Report of Fire Drill reports for 8/18/2015, 9/30/2015, 10/13/2015, 11/10/2015, 1/19/2016, 2/21/2016, and 3/18/2016 did not contain specific locations for the "fire"or "fire drill." Reports for September 2015, October 2015, November 2015, January 2016, February 2016, and March 2016 all have YES circled for question 4 " Were any problems noted? " However, the area where facility staff is to identify the problems with corrective action is blank in all cases. Forms for June and July 2015 are signed and dated. Form for August 2015 is not signed. Forms dated September through November 2015	F 224		

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and January through March 2016 are signed and dated by E1 (Maintenance Supervisor). There was no document provided for April 2016. Document provided for May 2016 notes that Monthly Fire Drill was done on first shift 5/20/2016 and contains 26 signatures.
Training record provided for December is dated 12/16/2015 and is titled Disaster Drill Report. This document indicates that the drill was conducted on 7-3 shift. Fourteen signatures are included on this single page document. There is no information on this document to indicate what type of disaster the drill addressed, nor does it give any location. There are also no information/answers given for any of the following questions printed on the Disaster Drill Report.
"During Drill
1. Did staff use proper judgment?
2. Was announcement made over the intercom?
3. Were residents placed in an area of safety?
4. Were all corridor doors closed?
5. Did staff respond appropriately?
After the Drill
1. Were all staff aware of their responsibilities?
2. Did personnel in different areas of the facility respond promptly?
3. did staff standby until "All Clear" was given?"

The Immediate Jeopardy was identified on July 7, 2016. E3 Administrator was notified of the Immediate Jeopardy on 07/07/16 at 1pm.
The surveyor confirmed through interview and record review that the facility took the following actions to remove the Immediate Jeopardy:
1. The facility reviewed and revised its disaster/emergency manual on 6/1/16 including but not limited to sections on reporting chain of command, evacuation procedures and fire response procedures.

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F 224	Continued From page 18 2. On 6/6/16, 6/7/16, 6/8/16,6/10/16, and 6/17/16 E3 Administrator and/or E13 QA Nurse conducted inservices for all staff on revision to disaster/emergency manual related to chain of command during a disaster, R.A.C.E. and P.A.S.S. Any staff not present on the dates the inservice training was provided were required to attend the training before they worked another shift, and random questions were asked of staff related to proper procedures during the inservice. 3. On 6/30/16 the facility updated the Fire Watch Policy and Fire Procedure Policy based on the review of their independent Life Safety Consultant. 4. On 7/1/16, E3, Administrator, E4 Regional Nurse Consultant, or E23, DON, conducted repeat training for all staff on the revised Fire Watch and fire Procedure. The inservice included facility wide response to the fire, individual duties during a fire alarm, the fire extinguisher and P.A.S.S. procedure, general fire instructions, and 'all clear'. A copy of the revision was given to staff during the inservice and posted in the disaster/emergency manual at the nurses station and receptionist desk in a red binder. A posttest has been completed based on revision made to test staffs knowledge on the inservice training that was done. Staff that did not attend were required to attend the training before they worked another shift. 5. E3 and E13 were educated by E4 on 7/8/16 on the fire procedure and a verbal test of their knowledge was completed at the time. E3 and E13 will be re inserviced and a verbal or written test of their knowledge completed by E4 on 7/12/16 on the fire procedure. The facility put a dry erase board in place at the nurses station. The dry erase board is to be used at the time of a fire to identify who is in charge. E3 and E13	F 224		

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F 224	Continued From page 19 inserviced staff on this process in person or by phone and it was completed by 7/8/16. Any staff not present on the dates of the inservice training was provided were required to attend the training before they work another shift.	F 224		
F 490 SS=L	483.75 EFFECTIVE ADMINISTRATION/RESIDENT WELL-BEING A facility must be administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to be administered in a manner that enabled it to use its resources effectively and efficiently to maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This administrative failure was demonstrated during the facility's response to an actual fire in the building. Key management personnel did not demonstrate knowledge of the facility's disaster plan or leadership in directing staff during the fire response. Fire personnel were not notified of residents and their location in the burning building. Facility staff neglected to evacuate the residents closest to the fire first and those away from the origin of the fire later. The entire building was evacuated without clear instructions from any person in charge. The response was describe as chaotic and resulted in a prolonged delay before transfer to other facilities. Failures by management staff to follow their disaster plan	F 490		

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for retrieving medical records and medication prolonged the resident's ultimate transfer to other facilities. Facility management staff neglected to ensure that all staff was adequately trained to respond to an actual fire. These failures resulted in an immediate jeopardy with fourteen residents (R1-R6, R11-R15, R19, R23, R24) requiring hospital visits for smoke inhalation and other fire related conditions including anxiety/panic attacks. These failures resulted in an Immediate Jeopardy. The Immediate Jeopardy began on May 31, 2016 when facility management staff failed to demonstrate knowledge of the Disaster Plan, failed to effectively direct staff in an orderly evacuation of the residents, failed to provide leadership in managing the response, failed to notify the Fire Department of residents still in the burning building, failed to effectively execute the disaster plan during an actual fire in the nursing facility and failed to ensure that staff had previously been adequately trained to implement the disaster plan.
While the immediacy was removed on July 12th, 2016,the facility remains out of compliance at a Severity Level 2 as additional time is required to evaluate the knowledge and ability of management staff to direct all staff related to disaster preparedness training, implementation of the revised disaster plan, ongoing training efforts, including tracking to ensure that all staff are fully trained, and that management personnel responsible for training are qualified and capable to do so.
Findings include:
On 05/31/2016 at 5:10PM Z13 (Illinois Department of Health Emergency Services Coordinator) states he notified Z14 (Illinois Department of Public Health Field Supervisor) that there was a fire with total resident evacuation

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F 490	Continued From page 21 at facility. Fire Department form NFIRS-1 dated 05/31/2016 documents that the local fire department "responded for a reported fire in a room on the 500 hall (E) at the facility. This same report documents that upon arrival of fire units and personnel they found heavy smoke coming from the right rear of the building located near (F) and (E) hallways with police officers and employees from the business breaking windows to remove residents from the 500 hall." This same document reports that "fire personnel ...found the fire quickly and contained to room 509 while other fire personnel were in rescue operations. It was at this time that several residents were still inside (500 Hall) where a female victim (resident) was found in the hallway. Primary searches were performed (by fire personnel) from room 501 to 516 where several victims were found. One male (resident) was removed from room 503 through the window. In room 505 a male resident was removed through a window. A male resident from room 506 was removed out of the room and down the hallway in a wheelchair. " On 06/15/2016 at 1:30PM Z10 (Emergency Management Services/EMS Operations Manager) stated that when he arrived on the scene no facility staff were in charge for the first 15 minutes. Z10 stated that after that, E2 (Facility Regional Operations Manager) assumed control. Z10 stated that when they arrived, facility staff could not tell them how many residents were still in the building. Z10 stated, "There was no coordination whatsoever." Z10 stated it took 45 minutes to one hour after their arrival for EMS to be given any kind of information about resident's medical needs only to be asked by E2 (Facility Regional Operations Manager) for their (EMS)	F 490		

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F 490	Continued From page 22 plan to find placement for residents. E2 (Regional Operations Director) stated to Z14 (IDPH Field Supervisor) at 5:59 pm that the census of the facility was 104. This number conflicts with later census numbers of 106 according to the Census Sheet dated 5/31/2016 and the Cahokia Nursing and Rehab Patient List with Destination document dated 5/31/2016 Z16 (Illinois Department of Public Health Regional Supervisor) was on scene at the fire on 5/31/2016. Z16 reported on 5/31/2016 at 9:34 pm in response to Department question of "who is in charge? Is Adminstrator there?" that E2 (Facility Regional Operations Manager) is " said to be in charge, he's been in and out. No straight answer who the Administrator is, been given two names but not confirmed. Still chaotic." E3 and E4 were identified as the two names given at time of fire. Department of Public Health records as of 6/17/2016 document that E41 is the Adminstrator of Cahokia Nursing and Rehab Center and has been Administrator of record since July 1, 2015. E41 was not one of the names given to IDPH staff the night of the fire and her name does not appear on any listing of personnel provided by the facility. On 6/6/2016 at 2:05 pm E3 (Administrator) stated that her title was Administrator and that she was in that position on 5/31/2016. During interview on 6/15/2016 at 11:35 am E3 indicated that she started at the facility as Adminstrator on 4/25/2016. E3 indicates that she has a Missouri Administrator's license. Illinois Department of Financial and Professional Regulations records note as of 6/17/2016 that E3 has no records found for active nursing home administrator license for Illinois. E3 stated during this same interview that on the	F 490		

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night of the fire, she was not on the premises when the fire broke out. E3 related that she had left to take an employee to be fingerprinted around 2:45 pm. E3 stated that she was notified by phone around 4:20 pm, however call went to voice mail. E3 returned to the facility and was "briefed by (E2)." E3 stated that she "checked on residents to see who needed treatment and water."
During interview on 6/15/2016 at 11:15 am, E3 states that E4 is "acting Administrator of the facility." This information conflicts with information previously provided by E3 on 6/6/2016 when E3 stated she was Administrator of the building.
E4 stated on 6/16/2016 at 1:25 pm that E3 has been Administrator since 5/23/2016. According to E4, E4 was Administrator less than 30 days at this facility.
Cahokia Nursing and Rehab Center Department Head and Key Personnel phone list dated 5/2/2016 documents E3 as Administrator.
E2 (Regional Operations Director) provided a 54 page document entitled Fire Safety and Disaster Preparedness Manual with a revision date of 03/31/13. This document lists under EMERGENCY PROCEDURE: BASIC LINES OF AUTHORITY; "The main objective and first consideration during any disaster or emergency is the safety and well-being of the residents. Employees should always remain calm and reassure the residents so that transfer or evacuation procedures can be carried out effectively and with the least amount of problems or accidental injury. The chain of command at Cahokia Nursing and Rehabilitation is:

1. Administrator
2. Director of Nursing
3. Assistant Director of Nursing

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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) COMPLETION DATE
F 490	Continued From page 24 4. Designated Charge Nurse in the facility If the Administrator, Director of Nursing or Assistant Director of Nursing is not in the building at the time of a fire or disaster, the designated Charge Nurse will: 1. In case of a fire, ensure that the fire department has been notified. 2. Notify the Administrator of the situation 3. Assign aides to assist as needed. 4. Assign other staff (i.e. dietary, housekeeping laundry, etc.) as needed. 5. Notify the Director of Nursing and Maintenance Supervisor. 6. Keep calm and assure resident that the situation is under control. 7. Keep telephone lines as clear as possible." On the same page is a listing of staff including Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Dietary Manager, Maintenance and Medical Director with spaces for Phone number and Cell Phone. There are no phone numbers listed for any staff. On 6/16/2016 at 5:30 PM, Z1, Chief, Cahokia Volunteer Fire Department, stated that he and his men rescued a total of 4 residents from the fire hall, hall 500. One resident was rescued by accident, that is, when Z1 and some of his men were standing at the entrance of door to room 509 (where fire started), after laying water on the door, they stepped back and bumped into a person on the hall corridor floor. One of his men checked to see if the person was alive, the person moaned, they evacuated her. No nursing staff informed him of any potential residents left in the building. Z1 (Chief Cahokia Volunteer Fire Department) stated on 6/16/2016 at 6 pm that when he arrived on the scene and was about to enter the building,	F 490		

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Z1 was met by two nursing staff with masks on. Z1 asked the two nursing staff if there were any residents in the building. The nursing staff did not provide any answers; instead ran back into the building and Z1 lost them in the smoke. Z1 stated when he entered the 500 hall from the core area (nursing station); he noticed the entrance to 500 hall was standing open which allowed the smoke to get into the core area. Z1 stated that he would have expected the door to have been closed. He further stated that "nursing staff was out of control. Staff was all over the scene. They did not following directions and kept moving patients without permission causing problems for patient movements."

When Z1 was asked if he or his department received any emergency planning/coordination prior to the fire and or after the fire from the facility, he answered "no".
On 6/16/2016 at 5:45 PM, Z11, EMS System Coordinator, stated he never received an emergency planning/coordination planning from the facility prior to or after the fire incident.
On 6/16/2016 at 5:40 PM, Z12, Captain, Cahokia Volunteer Fire Department, stated that no facility staff informed him of anyone in the building. When Z12 entered 500 hall and got to the room identified as the origin of fire, he heard a moan coming from the corridor floor just outside this room. Z12 instructed one of his men to check this person. Z12 then helped evacuate this resident (R1).
Z13's (Emergency Management System Coordinator) written account of his on-scene experience on 5/31/2016 at the nursing home fire documents that he arrived on the scene shortly after 6 pm. Z13 noted that the outside

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F 490	Continued From page 26 temperature was 83 degrees according to his weather "app." Z13 also documented that "there were multiple Police Department, Fire Department, and Emergency Medical Service agencies present with many transport vehicles available." According to Z13's report, "upon further inquiry regarding transport plans it seemed that there was quite a bit of confusion regarding the actual number of NH (nursing home) residents present, how many still required transport and the destination of those waiting." Z13 report indicates that "I heard resident numbers from multiple people that ranged from 103 to 106 and that possibly some residents had been counted twice. IDPH LTC (Long Term Care) (Z14, 15, 16) along with a Senior Citizen Ombudsman was attempting to lock down NH bed availability in the region. There was no pre-planned sheltering facility identified by management to get these residents out of the elements which included the threat of rain and at times visible lightning." Fire Safety and Disaster Preparedness Manual on pages 19-25 list area nursing homes with contact information including phone numbers as well as level of care provided. Document indicates that it was last revised on 3/31/2013. At the time of the fire, this information was not utilized by management staff. Management staff relied on IDPH staff and EMS staff to contact facilities. E1 (Maintenance Supervisor) stated on 6/16/2016 at 11 am that E18 was the acting Director of Nurses at the time of the fire, but he was not sure what she was doing during the fire. E1 stated in the event of a fire, the Administrator runs everything. If the Administrator isn't present, the Director of Nurses is in charge, then the Assistant Director of Nurses, then the Charge Nurse, then	F 490		

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F 490	Continued From page 27 Maintenance. E1 stated he thinks the receptionist called the fire department. E1 stated he notified the Administrator of the fire by phone because she was not on site. E1 stated he is not sure if the sprinklers came on. E1 stated that before the fire department arrived, residents were still in the building on the 500 hall. According to E1 smoke was so thick nobody could tell where the fire was. E1 stated that at this point, he made the decision for staff to begin breaking windows to get residents out. E1 stated that all staff was responding to the fire in the manner in which they had been trained. E1 stated that he has been employed at the facility for two years, but has never received training about how to train other staff for fire safety; he said he was given a training manual to use. E1 stated what he teaches in fire safety is how to use the fire extinguisher, what all staff members responsibilities are in case of fire, and evacuation procedures. E23 (Director of Nurses) stated on 6/2/2016 at 1:40 pm that she started work with the facility on 6/2/2016. E23 noted on 6/22/2016 at 3:00 pm that E18 was the interim Director of Nurses from 3/22/2016 until 6/2/2016. E18 confirmed on 6/17/2016 that she the Acting Director of Nurses at the time of the fire. E18 stated she was not on site at the time of the fire, but returned to the scene around 6 pm. Information provided by the facility documents that E44 was Assistant Director of Nurses at time of the fire on 5/31/2016. E23 (Director of Nurses) confirmed on 6/15/2016 at 1:45 pm that E44 was the Assistant Director of Nurses, but her last day was considered 6/2/2016 as a "no show." IDPH personnel did not receive any call backs when attempts were made to contact E44 by phone. On 6/21/2016 at 1:50 pm E3 (Administrator)	F 490		

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F 490	Continued From page 28 stated that the Quality Assurance committee has not met since she has been Administrator and had not met in the facility since the fire. E2 (Regional Operations Director) on 6/7/2016 at 11 am telephoned the Department Regional Office and stated that the facility was "ready to move residents back today." This phone call preceded any notification to the Department that the fire alarm/sprinkler system was fully functional. As of 7/8/2016 official notice had still not been given. Facility census records for 5/31/2016 indicate that twenty seven residents resided on the 500 hall at the time of the fire. These residents include R1, R2, R4, R7, R8, R10, R11, R14, and R16-R34. Patient List Cahokia Nursing and Rehab with Destination and Hospital records dated 5/31/2016 provided by Z11 (Emergency System Services System Coordinator) document that fourteen residents (R1-R6, R11-R15, R19, R23, R24) from four wings were ultimately transferred to four area hospitals due to fire related conditions. Centers for Medicare and Medicaid form 672 provided by facility notes that at the time of the fire, eleven residents (R1, R2, and R16 who resided on the 500 Hall, as well as R5, R6, and R35-R40) had tube feedings; ten residents received hospice services (R1, R2, R24, R25 who resided on the 500 Hall, and R3, R48, R53-56); four residents received dialysis (R14 and R32 who resided on the 500 Hall in addition to R41 and R42); and eighteen residents who received respiratory services (R2, R16, and R33 who resided on the 500 Hall, as well as R3, R5, R6, R9, R15, R43-R52.) Face sheet dated 9/01/2015 documents that R2's (500 Hall) date of birth is 05/27/27 with diagnoses of Exacerbation of Chronic Obstructive Pulmonary Disease, Dementia, Degenerative	F 490		

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F 490	Continued From page 29 Arthritis, Arteriosclerotic Heart Disease, Congestive heart Failure, and Shortness of Breath. The Hospital Physician's Order Sheet dated 5/31/2016 lists an admitting diagnosis of Smoke Inhalation. Hospital Interventions and Assessment dated 5/31/2016 documents that R1 had "breath sounds course (sic) expiratory wheezes." Hospital Physical Exam dated 5/31/2016 noted that R2 was "coughing up thick black phlegm and subsequently had some emesis in the Emergency Room" as well as "decreased breath sounds." The Hospital Assessment Plan Sheet dated 5/31/2016 indicates that R2 had "fever, maybe due to exposure to heat exposure and possible bronchitis, will treat ...and monitor closely." The Hospital Transfer Summary note dated 6/01/2016 states R2 "is an 89 year old woman admitted to the hospital on 5/31/2016 with a diagnosis of Smoke Inhalation. There is little information accompanying this patient. There is notation she is a hospice patient, but we do not have confirmation of which agency is involved." R1's (500 Hall) Hospital Inpatient Record face Sheet dated 5/31/2016 lists R1's birthdate as 2/02/1929. Prehospital Care Report Summary for R1 notes " Due to patient upper extremities being contracted ambulance crew was unable to obtain a blood pressure at this time. Blood glucose analysis assessed at this time with a result of 59. Patient administered oral glucose at this time. Patient unable to answer any EMS (Emergency Management Services) questions at this time." Hospital History and Physical Note dated 5/31/2016 documents "This is an 87 year old ...admitted from the Emergency Room with smoke inhalation. She is a resident of Cahokia Nursing and Rehabilitation Center. There was a fire at the facility last evening and she was	F 490		

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F 490	Continued From page 30 exposed to smoke. She was experiencing a cough which prompted her visit to the Emergency Room. Problems: Smoke inhalation injury." The Hospital Patient Discharge Instruction sheet dated 6/01/2016 states "Discharge diagnosis: Smoke Inhalation/Anemia Exacerbation." R 12's (100 Hall) Hospital Face Sheet dated 5/31/2016 notes date of birth as 10/21/1933. Hospital Emergency room Visit report dated 5/31/2016 indicates that R12 "presents via EMS (Emergency Management Service) from nursing home. Patient's nursing home had a fire this evening and when patient was in a bus for transport, he reportedly had a syncopal episode while sitting in his seat ...Patient with history of Cerebral Vascular Accident with right sided weakness and aphasia ..." An Emergency Department Progress Note dated 5/31/2016 at 9:59 pm stated, "It has been reported that the bus was quite warm and nurse noted that a bottle of water the patient had with him was warm when he arrived. Other residents from the same situation have been brought in for similar complaint ...spoke with (Z19) regarding patient and findings and he agreed likely situational syncope due to elevated temperature and hectic environment." Intervention/Assessment Treatment documentation dated 5/31/2016 noted R12's temperature was 99.1 and blood pressure was 199/84. Facility census records for 5/31/2016 indicate R12 resided on 100 hall. Face sheet for R14 (500 Hall) documents that R14's date of birth is 9/19/1950. Emergency Medical Service report for 5/31/2016 notes "female pt (patient) with possible low blood sugar, dizziness, and weakness ...patient sitting upright and slumped to the right in her wheelchair. Nursing home staff tells EMS (Emergency Medical Service) that pt has "seemed to be close	F 490		

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F 490	Continued From page 31 to passing out, sweating, and is weak. Pt has been outside in triage area for approximately 90 minutes following evacuation from building." The Hospital Emergency room Visit Report dated 5/31/2016 notes "65 year old female presents to Emergency Department ...status post ...fire at Cahokia Nursing and Rehabilitation. Patient was in an unaffected wing. She was evacuated and sat outside for nearly 1.5 hours in the heat when she started feeling dizzy and lightheaded. She feels better now ...has a history of stroke and her right side is affected." The Hospital Emergency Department Progress note dated 5/31/2016 documents that R14 "presents for lightheadedness after being outside ...in mid 80 weather status post fire ...Patient's symptoms are most likely from heat exhaustion." A Hospital Face Sheet dated 5/31/2016 notes R13 (600 Hall) date of birth as 6/8/1969. Hospital Emergency Room Visit Report dated 5/31/2016 states "46 year old female with history of dementia presents to Emergency Department by EMS (Emergency Medical System) status post fire ...Per EMS, patient was initially short of breath on scene ...shortness of breath resolved once in ambulance. Past medical history-Alzheimer's Disease/Dementia, Cerebral Vascular Accident, Seizures, Bipolar, Depression." Prehospital Care Report Summary for R6 (300 Hall) documents "Upon arrival pt (patient) was laying on a bed and on non-rebreather at 15 liters, and it was placed over his trach. Pt (patient) was then transferred to the stretcher and was taken to the truck and loaded in the back with other pt. The other pt was a nurse from the facility that knew the pt. Once in the back, vitals were taken ...There was no info on the pt except for knowing his name per the other pt." R6's Physician's Certificate of Medical Necessity from	F 490		

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a regional hospital dated 5/31/2016 lists diagnosis of Smoke Inhalation. This same document notes "Reason for transport: oxygen required and unable to self administer, airway monitoring/suction, contractures upper/lower, incoherent, disoriented level of consciousness." R11's (500 Hall) Prehospital Care Report Summary dated 5/31/2016 notes that R11 is a 37 year old male with history of brain injury due to car accident and is unable to answer any question at this time. Hospital Patient Health Summary dated 5/31/2016 lists "Active Problems: Ileus, Seizure Disorder, Smoke Inhalation ..."

A Hospital Face Sheet dated 5/31/2016 lists R15's (600 Hall) date of birth as 9/08/44. Hospital Emergency Room Visit Report dated 5/31/2016 noted " Patient presents ...after nursing home where she was a resident had a fire. Patient states she was not in the area of the fire and did not inhale any smoke, but when they were preparing to transport her to another facility, she had increased pulse and shaking as well as feeling anxious. Patient states this has somewhat improved since coming here and son feels it was likely a panic attack." R15 stated on 6/2/2016 when visited in the destination facility that "she went to the hospital due to a panic attack."

R15's Prehospital Care Report Summary dated 5/31/2016 notes this Emergency Services transport was "dispatched to an emergency call for Cahokia Nursing and Rehab on fire with multiple pt (patients) outside in parking lot needing transported. This patient is complaining of severe anxiety problems at this time ...The patient told EMS (Emergency Management

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Service) "I just can't calm down. I was so scared that I wasn't going to make it out of the building in time and I would be burned alive." The triage team advised EMS that this pt (patient) was not in the area of the fire and was evacuated well before she was in any harm. A staff member of the SNF (Skilled Nursing Facility) advised EMS that this pt (patient) has a severe anxiety problem and is normally very nervous as it is and this situation has made her very nervous. Upon arrival patient found sitting outside in the triage area ...The pt (patient) over all has very high levels of anxiety and is having severe difficulty in calming down and relaxing ... " This same report documents that R15 was transported from the fire scene at 5:47 pm.

Prehospital Care Report Summary for R4 (500 Hall) dated 5/31/2016 documents that R4 was "having chest pain ...Pt (patient) believes that he has swallowed some smoke and that is giving him chest pain. Pt states that the pain is on the right side just below the nipple line and is a constant pain which he rates it at 10/10 pain scale ...pt then stated that he was becoming short of breath so 4L of 02 via a NC (nasal cannula) was established and pt states that he feels better ... "

R3's (600 Hall) Prehospital Care Report Summary dated 5/31/2016 notes that R3 is 97 years old. Under Comments in this document is listed Dementia with Alzheimer's. The report states that R3 is "conscious, alert, to person only, sitting in a chair and staff states that she isn't acting right. Pt (patient) has a history of dementia and Alzheimer's and is unable to tell us if anything is wrong or if she is in pain. Staff states that before EMS (Emergency Management

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System) arrived she wasn't acting right but now she is in her normal state. Staff states that the pt (patient) is on 4L (liters) of O2 (oxygen) at all times."

Report titled Cahokia Nursing and Rehab Patient List with Destination with date of 5/31/2016 indicates R5, R19, R23, and R24 were also transported to area hospitals on the date of the fire.

The Immediate Jeopardy was identified on July 7, 2016. E3, Administrator, was notified of the Immediate Jeopardy on July 7, 2016 at 1pm.
The surveyor confirmed through interview and record review that the facility took the following actions to remove the Immediate Jeopardy:
1. The facility retained an independent Life Safety Consultant to review and make additional recommendations for revisions to disaster/emergency manual before it was finalized on 6/30/16.

2. The disaster/emergency manual (was)reviewed and revised on 6/1/16 including but not limited to sections on reporting chain of command, evacuation procedures, and fire response procedures.

3. On 6/6/16, 6/7/16, 6/8/16, 6/10/16, and 6/17/16, E3 Administrator and/or E13 QA(Quality Assurance) Nurse conducted inservices for all staff on revision to disaster/emergency manual related to chain of command during a disaster, disaster evacuation procedures, emergency response procedures including R.A.C.E. and P.A.S.S. Any staff not present on the dates the inservice was provided were required to attend the training before they worked another shift.

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4. On 6/30/16, the facility updated the Fire Watch Policy and the Fire Procedure Policy based on the independent Life Safety Consultants review.

5. E3 and E13 were educated by E4 Regional Nurse on 7/8/16 on the fire procedure and a verbal test of their knowledge was completed at that time. E3 and E13 were re-inserviced and a verbal or written test of their knowledge was completed by E4 on 7/12/16 on the fire procedure. The facility put a dry erase board in place at the nurses station. The dry erase board is to be used at the time of a fire to identify who is in charge.E3 and E13 are inservicing all staff on this process in person or by phone and was completed by 7/8/16. Any staff not present on the dates the inservice training was provided were required to attend the training before they worked another shift. The inservice material included chain of command;the evacuation plan, ie removing reidents in the area of the fire first unless the fire does not permit; who can give the order to evacuate;not propping the barrier doors; and maintenance personel or the assigned person will report to the main door of the building to receive the fire department.

6. E3 applied for her Administrator's license on 4/25/16. E3 was notified on 5/6/16 she was approved to sit on 10/13/16 for the Illinois Administrator's(exam). Application for the temporary license is complete. E3 contacted the Illinois Department of Professional Regulation on 7/11/16 to obtain a status on her temporary license, they reported the check was cashed on 6/22/16 and to allow a week and a half for processing.

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F 517 SS=L 483.75(m)(1) WRITTEN PLANS TO MEET EMERGENCIES/DISASTERS F 517

The facility must have detailed written plans and procedures to meet all potential emergencies and disasters, such as fire, severe weather, and missing residents.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review the facility failed to effectively execute their disaster plan during an actual fire in a resident's room. Staff failed to fully implement the disaster plan resulting in total facility evacuation and a response effort described as chaotic. Evacuation of the residents was done backwards; those residents who were not in the direct area of the fire were evacuated first, while those residents in the hall where the fire was located were evacuated later. The facility ' s failure to have a clear chain of command and the resultant poor communication contributed to delays in identifying the whereabouts of all residents and subsequent transfer of residents to other facilities. Staff failed to alert and direct fire fighters to residents still in the direct area of the fire when fire fighters responded to the alarm. Four residents were found by Fire Fighters. Fourteen residents (R1-R6, R11-R15, R19, R23, R24) were sent to the hospital with smoke inhalation or conditions associated with the fire and evacuation. Despite facility disaster plan having information related to location/contact information for local facilities who could potentially receive residents, facility staff failed to utilize this information and implement an orderly response for transfer. Staff failed to implement the portion of the disaster plan related

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to identification of residents, securing medical records and medications. These failures caused physical harm (smoke inhalation) and discomfort as well as psychosocial harm with residents fearing they would be "burned alive."
These failures resulted in an Immediate Jeopardy. The Immediate Jeopardy began on May 31, 2016 when facility staff failed to effectively execute the disaster plan during an actual fire in the nursing facility.
While the immediacy was removed on July 8, 2016, the facility remains out of compliance at a Severity Level 2 as additional time is required to evaluate the ability of staff to fully implement and execute the revised disaster plan.

Findings include:
Z13 (Illinois Department of Health Emergency Services Coordinator) notified Z14 (Illinois Department Public Health Field Supervisor) on May 31, 2016 at 5:10 pm that there was a fire with total resident evacuation at Cahokia Nursing and Rehab.
Z14 and Z15 (Illinois Department Public Health Field Supervisor) arrived onsite at 5:50 pm. on May 31, 2016. Z14 and Z15 noted that at 5:55 pm on 5/31/2016, ten ambulances, four fire trucks, and three school buses were present at the scene of the nursing home fire. E2 (Regional Operations Director) stated to Z14 at 5:59 pm that the census of the facility was 104. This number conflicts with later census numbers of 106 according to the Census Sheet dated 5/31/2016 and the Cahokia Nursing and Rehab Patient List with Destination document dated 5/31/2016.
Fire Department form NFIRS-1 dated 5/31/2016 documents that the Cahokia Fire Department "responded for a reported fire in a room on the

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500 hall (E) at Cahokia Nursing and Rehab. Upon arrival of fire units and personnel they found heavy smoke coming from the right rear of the building located near (F) and (E) hallways with police officers and employees from the business breaking windows to remove residents from the 500 hall that were still inside."
This same document reports that "fire personnel ...found the fire quickly and contained to room 509 while other fire personnel were in rescue operations. It was at this time that several residents were still inside ... found a female victim in the 500 hallway ...Primary searches were performed from room 501 to 516 and several victims were found. One male was removed from 503 through window ...Room 505 a male resident removed through window ...Room 506 a male resident removed out of room and down hallway in wheelchair ... "
This document notes that the Fire Department received an alarm at 4:17 pm on 5/31/2016, with arrival time noted as 4:21 pm.
Z1 (Chief Cahokia Volunteer Fire Department) stated on 6/2016/2016 at 6 pm that when he arrived on the scene and was about to enter the building, Z1 was met by two nursing staff with masks on. Z1 asked the two nursing staff if there were any residents in the building. The nursing staff did not provide any answers; instead ran back into the building and Z1 lost them in the smoke. Z1 stated when he entered the 500 hall from the core area (nursing station); he noticed the entrance to 500 hall was standing open which allowed the smoke to get into the core area. Z1 stated that he would have expected the door to have been closed. He further stated that "nursing staff was out of control. Staff was all over the scene. They did not follow directions and kept moving patients without permission causing

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problems for patient movements."
E2 (Regional Operations Director) provided a 54 page document entitled Fire Safety and Disaster Preparedness Manual with a revision date of 03/31/13. This document lists under EMERGENCY PROCEDURE: BASIC LINES OF AUTHORITY; "The main objective and first consideration during any disaster or emergency is the safety and well-being of the residents. Employees should always remain calm and reassure the residents so that transfer or evacuation procedures can be carried out effectively and with the least amount of problems or accidental injury. The chain of command at Cahokia Nursing and Rehabilitation is:

1. Administrator
2. Director of Nursing
3. Assistant Director of Nursing
4. Designated Charge Nurse in the facility

If the Administrator, Director of Nursing or Assistant Director of Nursing is not in the building at the time of a fire or disaster, the designated Charge Nurse will:

1. In case of a fire, ensure that the fire department has been notified.
2. Notify the Administrator of the situation
3. Assign aides to assist as needed.
4. Assign other staff (i.e. dietary, housekeeping laundry, etc.) as needed.
5. Notify the Director of Nursing and Maintenance Supervisor.
6. Keep calm and assure resident that the situation is under control.
7. Keep telephone lines as clear as possible."

On the same page is a listing of staff including Administrator, Director of Nursing, Assistant Director of Nursing, Social Service Director, Dietary Manager, Maintenance and Medical Director with spaces for Phone number and Cell

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F 517	Continued From page 40 Phone. There are no phone numbers listed for any staff. On 6/16/2016 at 5:30 PM, Z1, Chief, Cahokia Volunteer Fire Department, stated that he and his men rescued a total of 4 residents from the fire hall, hall 500. One resident was rescued by accident, that is, when Z1 and some of his men were standing at the entrance of door to room 509 (where fire started), after laying water on the door, they stepped back and bumped into a person on the hall corridor floor. One of his men checked to see if the person was alive, the person moaned, they evacuated her. No nursing staff informed him of any potential residents left in the building. When Z1 was asked if he or his department received any emergency planning/coordination prior to the fire and or after the fire from the facility, he answered "no". On 6/16/2016 at 5:45 PM, Z11, EMS System Coordinator, stated he never received an emergency planning/coordination planning from the facility prior to or after the fire incident. On 6/16/2016 at 5:40 PM, Z12, Captain, Cahokia Volunteer Fire Department, stated that no facility staff informed him of anyone in the building. When Z12 entered 500 hall and got to the room identified as the origin of fire, he heard a moan coming from the corridor floor just outside this room. Z12 instructed one of his men to check this person. Z12 then helped evacuate this resident (R1). Z13's (Emergency Management System Coordinator) written account of his on-scene experience on 5/31/2016 at the nursing home fire documents that he arrived on the scene shortly after 6 pm. Z13 noted that the outside temperature was 83 degrees according to his weather "app." Z13 also documented that "there were multiple Police Department, Fire	F 517		

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F 517	Continued From page 41 Department, and Emergency Medical Service agencies present with many transport vehicles available." According to Z13's report, "upon further inquiry regarding transport plans it seemed that there was quite a bit of confusion regarding the actual number of NH (nursing home) residents present, how many still required transport and the destination of those waiting " Z13 report indicates that "I heard resident numbers from multiple people that ranged from 103 to 106 and that possibly some residents had been counted twice. IDPH LTC (Long Term Care) (Z14, 15, 16) along with a Senior Citizen Ombudsman was attempting to lock down NH bed availability in the region. There was no pre-planned sheltering facility identified by management to get these residents out of the elements which included the threat of rain and at times visible lightening." This facility is a single level facility with five wings (halls) for resident rooms extending out from a center core area where the nurse's station is located (wagon wheel configuration). The 400 Hall houses the main dining room, kitchen, and activity room. Moving clockwise around the spokes, starting with the 400 hall, the spokes are 500 hall, 600 hall, 100 hall, 200 hall, and 300 hall. The fire on 5/31/2016 was determined to be located on the 500 Hall. On 06/15/2016 at 1:30pm Z10 (Emergency Management Services (EMS)/Operations Manager) stated that when he arrived on the scene no facility staff were in charge for the first 15 minutes. Z10 stated that after that, E2 (Regional Operations Manager) assumed control. Z10 stated when he arrived on the scene; residents were still being evacuated from the building. Z10 stated "EMS and fire had to demand the number of residents, and were never	F 517		

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F 517	Continued From page 42 told the correct number of residents on site." Z10 stated when they arrived, facility staff could not tell them how many residents were still in the building. Z10 stated, "There was no coordination whatsoever." Z10 stated it took 45 minutes to one hour after their arrival for EMS to be given any kind of information about residents' medical needs. Z10 stated that E2 (Facility Regional Operations) asked Z10 "What is your plan?" regarding finding placement for residents. During the After Action Review meeting held on 6/16/2016, an unidentified responder commented that she "asked nursing staff where were these residents going and nursing staff responded that they did not know and they didn't care where they were going to-just get them out of here." Z10 stated during the After Action Review meeting that with the amount of transport vehicles present at the facility, they could have easily transported all residents quicker to where they were needed to be, however facility staff could not produce the face sheet and the medications for the residents. Fire Safety and Disaster Preparedness Manual on pages 19-25 list area nursing homes with contact information including phone numbers as well as level of care provided. Document indicates that it was last revised on 3/31/2013. At the time of the fire, this information was not utilized by management staff. Management staff relied on IDPH staff and EMS staff to contact facilities. This same Fire Safety and Disaster Preparedness Manual with a revision date of 03/31/13 contains multiple detailed instructions related to evacuation and response to fire that were not followed during the actual fire response on 5/31/2016.	F 517		

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This manual documents on page 2 under EVACUATION OF RESIDENTS notes:
"There are three types of evacuation, depending on the particular disaster situation:
1. Evacuation of residents from one section or wing of the facility to another section or wing.
2. Temporary evacuation of residents out of facility to outside assembly area 3. Complete evacuation of all residents to another facility or facilities."
Page 5 of this document lists under INTRODUCTION:
"The following fire safety and disaster preparedness manual is designed to detail the basic steps needed to prepare for and the course of action to follow, in the event of a fire or other facility disaster."

This document continues on page 8 under heading Preparing for Evacuation stating:
"The authority to order evacuation from the facility rests with the Administrator, or designee. Evacuation can also be ordered by the fire department, local law agency or civil defense. In case of any emergency, evacuation of residents, staff and visitors should first be from the area of immediate danger. If a complete evacuation from the facility becomes necessary, residents are to be removed from the facility utilizing the nearest and safest exits and taken outside to the front parking lot where a head count will be taken. In the event that the front parking lot is unusable, assemble in the parking lot located at the back of the building."
Item numbers 3 and 5 under the section "Before Evacuating Facility " addresses how facility staff is to manage medications and medical records and when to evacuate the building.
"3. Gather all medications and open medical

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records and prepare to move them to a safe area or to the evacuation site, when possible.
5. Do not evacuate until order is given.
Under the title Evacuation (still on page 8), specific instructions related to the evacuation are given. Items 5 and 6 address again medications and accounting for residents. This document instructs staff to:
1. After the order for an evacuation has been given, utilize only those exits that are declared as usable.
4. At least one person shall be assigned to the outside assembly area to assure that all persons remain in the area. No resident or visitor shall be allowed to return to the facility or danger area until an all-clear signal has been sounded.
5. Move all medication and open medical records to evacuation site, if possible. Use Kardex or current census sheet to account for all residents.6. Once outside the facility, account for all residents, visitors and staff and report any missing persons to the fire department or other local law agency personnel at once."
On page 2 of this document under the section Temporary Evacuation from Facility to Outside Assembly Area:
"There may be situations where evacuation from the facility is temporary (such as during a fire where the Fire Chief orders evacuation or a bomb threat where the local law agency orders evacuation).
1. After order for evacuation has been given, utilize only those exits that are declared usable.
2. Evacuate residents in the following order:
a. Ambulatory residents-Residents should be led or directed along routes of evacuation. If there are enough personnel, one able bodied person should lead the residents and one person should bring up the rear. All

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residents should form a chain holding hands and walk, not run, to the nearest exit. Residents should not stop for clothing or personal belongings.

b. Wheelchair residents-Should be wheeled outside.

c. Bed-bound residents-by bed, stretcher or carries (see Appendix D for carrying methods).

2. Outside assembly area for evacuation of residents from building will be the front parking lots. If this area is not useable, the secondary assembly areas will be the parking lot at the back of the building."

Page 9 of the Disaster Preparedness Manual is titled Fire Safety Points to Remember and includes the following points:
"1. Fire prevention is the responsibility of all staff, residents, and visitors.
3. If the facility sprinkler or fire alarms systems are inactivated for repair fire watch procedures must be initiated.
5. When the fire alarm sounds:
· Stop all non-emergency tasks
· Begin removing residents from hallway and close doors
· Get a fire extinguisher and report to nurse's station to await further instructions
· Remain calm
9. If fire is minor enough to be fought safely, do so.
10. Movement in an evacuation due to fire should always be away from the travel of the heat and smoke. Residents should always be moved to an area that places a fire barrier door between them and the fire, removing those closest to the danger first. Fire and smoke barrier doors provide temporary (1-2 hour) protection from the spread of fire and smoke. Fire and smoke barrier

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F 517	Continued From page 46 doors separate all the halls from the facility core and will automatically close when the fire alarm is activated. At no time should barrier doors be propped open. 11. If a resident, visitor or staff member become frightened and/or combative and you cannot move him/her to a point of safety, tell the fire department or local law agency personnel immediately, so they can accomplish rescue." Page 10 of this document titled ACTUAL FIRE PROCEDURE includes the following instructions to staff: "During a fire or when the fire alarm sounds, all departments will function as follows: CHARGE NURSE: The Medicare Hall nurse will serve as charge nurse and will exercise complete authority until relieved by the Administrator or fire department personnel. When the alarm sounds, the charge nurse will report to the nurse's station and delegate staff responsibilities ...The charge nurse will get a copy of the census sheet for a head count, in the event of an evacuation from the facility ...The 100/200 hall nurse will also be responsible for getting med books and med carts ready for evacuation. NURSING STAFF: Nursing staff will ensure resident's safety by checking their halls for pulled manual alarms or lighted smoke detectors, closing all doors and putting residents that are out in the hallway into the closest room and closing the door. Once the location of the alarm is announced, evacuate the area in a safe and timely manner. Movement should place a fire door between residents and the fire. If the fire is not on your assigned hall, be prepared to go to area of emergency to assist. Always leave a skeleton staff on the hall not affected, including the charge nurse. Remember in a fire: The acronym RACE	F 517		

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Rescue, remove all occupants directly involved with the fire emergency
Alarm, make sure fire alarm signal summons all staff and building occupants
Contain, confine the effects of the fire by closing doors to isolate the area
Evacuate the immediate area and smoke compartments. Extinguish minor fires as able."

On 06/14/2016 at 11:12am, E1, Maintenance Supervisor, stated that on 05/31/2016, he was getting ready to end his shift when the fire alarm went off. E1 checked the fire panel; the fire panel indicated the problem area was Zone D, which is the 400 hall. E1 found water dripping out of the smoke detector due to the air conditioner drip pan overflowing. E1 reset the fire panel. E1 then went up into the ceiling in the 300 hall and drained the drip pan. During subsequent interview on 6/16/2016 at 11 am, E1 stated that it was approximately 3:15 pm-3:30 pm when the fire alarm went off the first time and again between 4:15 pm -4:20 pm. E1 stated the fire department came to the facility after the first alarm went off; E1 told the Fire Department it was a false alarm triggered by water dripping through the smoke detector. E1 stated that about 3:45 pm on 05/31/2016 E1 instructed E3, Licensed Practical Nurse, to hold down a switch at the fire panel to silence the fire alarm while E1 worked on it. E1 stated no fire watch protocol was initiated as it only has to be initiated if the system will be down four hours or more. While E1 was working inside the ceiling, he could hear somebody say there was a fire. E1 got off the ladder and saw smoke down the 500 hall. E1 stated that nursing staff had already started evacuating residents on 500 hall. E1 stated there was a resident lying in the 500 hall, he got a wheelchair and put the

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F 517	Continued From page 48 resident in it and pushed her out through the 500 hall fire door. E1 stated he is unsure which resident this was. E1 stated the acting Director of Nurses was present at the time of the fire, but he was not sure what she was doing. E1 stated in the event of a fire, the Administrator runs everything. If the Administrator isn't present, the Director of Nurses is in charge, then the Assistant Director of Nurses, then the Charge Nurse, then Maintenance. E1 stated he thinks the receptionist called the fire department. E1 stated he notified the Administrator of the fire by phone because she was not on site. E1 stated he is not sure if the sprinklers came on. E1 stated that before the fire department arrived, residents were still in the building on the 500 hall. According to E1 smoke was so thick nobody could tell where the fire was. E1 stated that at this point, he made the decision for staff to begin breaking windows to get residents out. E1 stated that all staff was responding to the fire in the manner in which they had been trained. E1 stated that he has never received training about how to train other staff for fire safety; he said he was given a training manual to use. E1 stated what he teaches in fire safety is how to use the fire extinguisher, what all staff members responsibilities are in case of fire, and evacuation procedures. On 06/14/2016 at 12:05 pm E10 (Maintenance Assistant) stated that on 05/31/2016 he was assisting E1, Maintenance Supervisor by draining the air conditioner drip pan which was making the fire alarm go off. E10 heard a staff person say there was a fire. E10 lowered himself down the ladder. E10 stated he could see smoke coming from behind the fire door on the 500 hall. E10 entered the 500 hall, saw a fire extinguisher lying on the floor, picked it up and started spraying it at the fire. E10 stated he used up two or three	F 517		

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extinguishers. E10 then noticed (R1) lying in her bed. E10 picked her up, laid her on the floor in the hallway and called for help. E10 saw another resident who he believes is R9 laying on her bed. E10 took her tube feeding machine off the pole, picked her up and laid her on the floor in the hallway and yelled for help. E10 stated at that point somebody yelled "get out of the building," so he exited the building from the fire exit on the 500 hall. E10 stated the sprinkler system did not come on during the fire. According to E10 staff began breaking windows to continue getting residents out. E10 stated he does not recall any staff giving directions, but recalls E7, Licensed Practical Nurse saying, "get the residents out." E10 stated that once he was outside, he instructed nursing staff to start doing a head count. E10 was not sure who contacted the Fire Department or the Administrator.

On 06/14/2016 at 12:30pm E11 (Licensed Practical Nurse) stated that on 05/31/2016, time unknown, she was standing at the nurse's station when the fire alarm went off. E11 went to the fire panel and determined the problem area was D hall (400 hall). E11 called a CODE RED (fire) for D hall. E11 then felt water leaking out from the smoke detector on D hall onto her. E11 went back to the nurse's station where either E1 (Maintenance Director) or E10 (Maintenance Assistant) said it was false alarm. E11 was not certain which staff person said it was a false alarm. According to E11, E1 was at the fire panel at about 3:45pm. E1 asked E11 to hold down the switch to de-activate the fire alarm while E1 and E10 went to room 300 to work on the ceiling. E11 was at the fire panel holding down the switch until 4:15 pm when an unidentified Certified Nursing Assistant came running up the hall saying "there's a real fire." E11 then let go of the switch

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and ran down the 500 hall, where she saw smoke. E5 (Certified Nursing Assistant), was standing by room 509 holding a fire extinguisher. E5 opened the door to room 509 and sprayed the fire with the fire extinguisher. According to E11, "Somebody" came by with a fire extinguisher. E11 grabbed it from them and sprayed the fire. E11 then went into room 511 to check it. E11 stated there was smoke in the room, but no fire. E11 stated she was the Station Nurse on 05/31/2016, but she is not sure what the Station Nurse's duties are in a fire. E11 stated that the nurse assigned to the hall is charge nurse for that hall. As to who was in charge during the fire, E11 stated, "I guess it would be my job to give directions as charge nurse, but I've never been given a job description of exactly what being charge nurse entails, especially with what a fire entails." E11 stated she is not aware of anyone calling for an evacuation. E11 is not sure if the sprinklers came on and does not know who called the fire department. E11 does not remember when she last had fire safety training. E11 stated that once residents were being evacuated to the outside, E2 (Regional Director of Operations) had a list of residents and was doing a head count. E11 stated that emergency medical staff was triaging resident's needs outside, but she was not sure if facility nursing staff were triaging resident's needs. E11 stated that during a fire drill, the alarm goes off; staff check the panel for the location, get on the intercom, call a code red, get a fire extinguisher, and then search the room for the fire.
On 06/14/2016 at 10am, E5 (Certified Nursing Assistant) stated he was assigned to work the 500 hall on 05/31/2016. E5 stated the fire alarm went off at 2:30pm and at some point somebody said it was a false alarm. Around 4-4:10pm, a

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F 517	Continued From page 51 family member asked E5 if he smelled smoke. E5 stated there was smoke coming from R2's room. E5 opened the R2's room door and fire shot out over his head. E5 said the residents (R1, R2) were in the room. E5 went and got a fire extinguisher, tried to extinguish the fire, but it made it very dark and he couldn't see. E5 stated it was hard to breathe. E10 (Maintenance Assistant) then came in with a fire extinguisher. E5 stated he (E5) got R2 and took her to the nurse's station; meanwhile E10 put (R1) on the floor in the hallway. E5 stated he was going into rooms to check for residents and heard windows breaking. E5 stated he saw residents being moved out through windows. According to E5 he has worked at the facility over a year and a half, had fire safety in orientation, but is not sure when he last had fire safety training. E5 stated the policy to follow in a fire is to call the fire department and get residents out. E5 stated the nurse on 500 hall that night was E9 (Licensed Practical Nurse). E5 stated the sprinklers did not come on. E5 stated he does not know if anyone was doing a resident head count. During interview on 06/15/2016 at 10:45 am, E8 (Licensed Practical Nurse) stated that on 05/31/2016 she was working on 500 hall after the end of her 6:30am-2:30pm shift. E8 said that E5 (Certified Nursing Assistant) reported he saw smoke and flames coming out of the top of Room 509 ' s door. E8 stated she ran to alert everybody. E8 got a fire extinguisher and gave it to E10, Maintenance Assistant. E5 and E10 were trying to get the fire out. E8 stated she let everybody know they needed to get the residents out when she saw fire on the ceiling in room 509. E8 stated she called for evacuation, although she was not in charge. E8 stated E9 (Licensed Practical Nurse) was in charge of the evening	F 517		

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F 517	Continued From page 52 shift on 500 hall, but E8 did not see E9 during the fire. E8 stated the procedure to be followed in a fire is to check the box for location, get a fire extinguisher, and go to that location. E8 stated E31 was counting heads outside the building. E8 stated the fire doors shut when the alarm went off. E8 stated there were no residents in the hallway of 500 hall when the fire broke out. During interview on 6/9/2016 at 2:15 pm E9 (Licensed Practical Nurse) stated that she worked on the even side of 100 hall and also the 500 hall on the 2:30pm - 10:30pm shift on 5/31/2016. E9 was on the 100 hall when the fire alarm went off. E9 stated that "we automatically went to 500 hall as someone said CODE RED at 500 hall." When asked about her responsibility in fire situation, E9 replied that it is to make sure residents/people are out. Person should be at nurse's station desk to monitor. Someone is to get the extinguisher. This would be those who can get to it first. In this instance, it was E1 (Maintenance Supervisor). On 06/14/2016 at 3:05 pm, E13 (Licensed Practical Nurse/LPN/Education/Quality Assurance) stated that on 05/31/2016 at the time of the fire, she was in medical records (300 Hall). E13 saw smoke and told nursing staff to get residents behind the fire doors. E13 stated that E14 (Licensed Practical Nurse) said "It's really bad" so she (E13) said to get everybody out. E13 stated that after the fact, she was told that E8 (Licensed Practical Nurse) ordered the evacuation; however, E13 stated "nobody was doing anything so I took over and ordered it (the evacuation)." E13 stated E11 (LPN) called the fire department. E13 stated the procedure to be followed in case of fire is that staff is to come to the nurses station with a fire extinguisher to await instruction and be told where the fire is. E13	F 517		

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F 517	Continued From page 53 stated she is not sure when the most recent fire drill was. E13 stated she does part of fire safety at orientation-teaches RACE (Rescue, Alarm, Contain, Evacuate) and PASS (Pull, Aim, Squeeze, Sweep). E13 stated the chain of command during a fire goes from 1) Operations Manager of Regional Office 2) Administrator, 3) Director of Nurses, 4) Charge Nurse. E13 stated she did not see the sprinklers come on during the fire. During interview on 06/14/2016 at 1:55 pm, E12 (Certified Nursing Assistant/CNA) stated she was on the 600 hall when the fire alarm went off around 3-3:30pm. E12 stated she thinks an all clear was called, and everybody went back to what they were doing. E12 stated about 4-4:30pm a second alarm went off. E12 grabbed a fire extinguisher, and saw everybody looking for the fire. E12 realized it was on the 500 hall. E12 stated she can't say any specific person said to evacuate, but staff started getting residents out. E12 stated there was nobody in particular who was in charge. E12 stated the most recent fire drill has been in the past 30 days. E12 stated she thinks she had fire safety training earlier in 2016. E12 stated the policy of how to respond in a fire is 1) grab fire extinguisher 2) use extinguisher if it's a small fire 3) start getting residents out, and if you can't get them out, listen to the charge nurse, she will give you directions. E12 stated that there was no staff clearly in charge of triage outside the building. E12 stated the sprinklers did not come on down the 600 hall. On 06/21/2016 at 2:10pm, E7 (Certified Nursing Assistant) stated that on 05/31/2016 she was on the 500 hall at the time she became aware of the fire. E7 stated that she, E5 (Certified Nursing Assistant), E10 (Maintenance) and E8 (Licensed Practical Nurse) were "working together during	F 517		

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the fire but nobody was clearly in charge." E7 stated "It was overwhelming and everybody was running." E7 stated in case of fire staff are to close the doors where the fire is. E7 stated fire extinguishers are located on 500 hall when you first walk into the hall from the nurse's station. E7 stated to use a fire extinguisher "You pull, aim, and sweep, I think."
E25 (Certified Nursing Assistant) stated on 06/21/2016 at 12:55pm that on 05/31/2016 she was assigned as shower aide for all halls. E25 stated she was outside in back of the building when she became aware of the fire. She entered through F hall (600 Hall) and saw smoke on the 500 hall. E25 went back outside because she couldn't breathe. According to E25, she broke the glass of a room on 500 hall with her arm, but is not sure which room. E25 stated she is not sure if anybody on 500 hall was in charge. She stated CNA's and nurses were accounting for residents outside the building, but there was nobody in charge outside. E25 stated if the fire alarm goes off, staff is to clear residents out of hallways and report to the nurse's station. E25 stated if you discover fire in a resident's room, you should get the resident out if they are in there. E25 stated she does not know where the fire alarms are located. E25 stated she does not think she has received training on using a fire extinguisher.
On 06/21/2016 at 11:15am E28 (Certified Nursing Assistant) stated that on 05/31/2016 he was assigned to the 200 hall on evening shift. E28 stated he was in R10's room when the fire alarm sounded. E28 went down the 200 and 300 halls and checked. E28 saw smoke coming from the 500 hall and immediately started getting residents out, taking them out the 200 and 300 hall doors. E28 stated that he chose these exits as those halls were not smoky and other staff were going

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out that way with residents. E28 stated if he discovered fire in a resident's room he would get the resident out and try to put the fire out. E28 stated fire extinguishers and fire alarms are located at the end of each hall. E28 stated that if the fire alarm goes off, staff should get fire extinguishers, check halls and make sure residents are in their rooms, and make sure no residents are in harm's way. . E28 stated that outside there were a couple of nurses accounting for residents and that it was "pretty chaotic".
E16 (Business Office Manager) stated on 06/15/2016 at 1pm that she was in her office when she became aware of the fire. E16 went to the 100 hall and directed the 100 hall residents out of the building. E16 stated "I knew if there was a fire, the 100 hall was my hall to evacuate. I didn't need anybody to tell me to evacuate, and I could see smoke on the 500 hall." E16 stated she then came back into the building and got the census for the whole facility and started a head count for the 100 hall. E16 stated she was not sure if doing the head count was an expectation of her job, but it's the responsibility of all staff. E16 stated E2 (Regional Operations Director) and Emergency Management Service (EMS) first responders were coordinating assessments outside.
On 06/21/2016 at 10:10 am E26 (Social Services Assistant) stated that to her knowledge, no one placed identification bands on residents at the time they were evacuated. E26 stated the identification bands were located in the Social Services Office at the time of the fire. The Fire Safety and Disaster Preparedness Manual with a revision date of 03/31/13 on page 3 states under Procedure for Complete Evacuation to Another Facility that "The Social Service Director, or designee, will attach arm bands (found in the

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Emergency Binder at the nurse's station) to residents prior to departure and will record where and when each resident is evacuated."
On 06/17/2016 at 1:28 pm E18 (Registered Nurse) stated that on 05/31/2016 she clocked out at 3:20pm and was not onsite at the time of the fire. E18 stated on 05/31/2016 she was Acting Director of Nurses. E18 stated she returned to the facility around 6pm that evening. E18 "helped out where I could."
According to interview on 6/24/2016, E3 was "in charge" of keeping track of where residents were going and was giving directions.
E30 (Licensed Practical Nurse) stated on 6/9/2016 at 3:08 pm that she does not know who was in charge on May 31, 2016 at time of the fire. E30 first stated it was the charge nurse, E11 (Licensed Practical Nurse), but then stated that E1, Maintenance Supervisor, was making the decisions and directing E11. E30 evacuated residents on hall 100 without anyone directing her. E30 stated that she saw E13, Quality Assurance/Education/Licensed Practical Nurse, come through the door of 100 hall, saw smoke follow her in and "just made the decision to evacuate the residents." E30 was asked how residents were accounted for. E30 stated that she grabbed the census sheet/room roster for the building and the wander guard book which is located at the secretary's desk. E30 stated she was not aware of anyone specific assigned to that task.
On 6/9/2016 at 3:45 PM, E24, Registered Nurse stated she saw smoke and started to evacuate residents on 100 hall before moving on to 600 hall. E24 did not know who was in charge or who was to secure the census data sheet in an event of an evacuation. E24 stated she does not know where residents are to be taken when evacuated;

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F 517	Continued From page 57 E24 just got them out and away from the building. Facility census records for 5/31/2016 indicate that twenty seven residents resided on the 500 hall at the time of the fire. These residents include R1, R2, R4, R7, R8, R10, R11, R14, and R16-R34. Patient List Cahokia Nursing and Rehab with Destination and Hospital records dated 5/31/2016 provided by Z11 (Emergency System Services System Coordinator) document that fourteen residents (R1-R6, R11-R15, R19, R23, R24) from four wings were ultimately transferred to four area hospitals due to fire related conditions. Centers for Medicare and Medicaid form 672 provided by facility notes that at the time of the fire, eleven residents (R1, R2, and R16 who resided on the 500 Hall, as well as R5, R6, and R35-R40) had tube feedings; ten residents received hospice services (R1, R2, R24, R25 who resided on the 500 Hall, and R3, R48, R53-56); four residents received dialysis (R14 and R32 who resided on the 500 Hall in addition to R41 and R42); and eighteen residents who received respiratory services (R2, R16, and R33 who resided on the 500 Hall, as well as R3, R5, R6, R9, R15, R43-R52.) Face sheet dated 9/01/2015 documents that R2's (500 Hall) date of birth is 05/27/27 with diagnoses of Exacerbation of Chronic Obstructive Pulmonary Disease, Dementia, Degenerative Arthritis, Arteriosclerotic Heart Disease, Congestive heart Failure, and Shortness of Breath. The Hospital Physician ' s Order Sheet dated 5/31/2016 lists an admitting diagnosis of Smoke Inhalation. Hospital Interventions and Assessment dated 5/31/2016 documents that R1 had "breath sounds course (sic) expiratory wheezes." Hospital Physical Exam dated 5/31/2016 noted that R2 was "coughing up thick black phlegm and subsequently had some	F 517		

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F 517	Continued From page 58 emesis in the Emergency Room" as well as "decreased breath sounds." The Hospital Assessment Plan Sheet dated 5/31/2016 indicates that R2 had "fever, maybe due to exposure to heat exposure and possible bronchitis, will treat ...and monitor closely." The Hospital Transfer Summary noted dated 6/01/2016 states R2 "is an 89 year old woman admitted to the hospital on 5/31/2016 with a diagnosis of Smoke Inhalation. There is little information accompanying this patient. There is notation she is a hospice patient, but we do not have confirmation of which agency is involved." R1's (500 Hall) Hospital Inpatient Record face Sheet dated 5/31/2016 lists R1's birthdate as 2/02/1929. Prehospital Care Report Summary for R1 notes "Due to patient upper extremities being contracted ambulance crew was unable to obtain a blood pressure at this time. Blood glucose analysis assessed at this time with a result of 59. Patient administered oral glucose at this time. Patient unable to answer any EMS (Emergency Management Services) questions at this time." Hospital History and Physical Note dated 5/31/2016 documents "This is an 87 year old ...admitted from the Emergency Room with smoke inhalation. She is a resident of Cahokia Nursing and rehabilitation Center. There was a fire at the facility last evening and she was exposed to smoke. She was experiencing a cough which prompted her visit to the Emergency Room. Problems: Smoke inhalation injury." The Hospital Patient Discharge Instruction sheet dated 6/01/2016 states "Discharge diagnosis: Smoke Inhalation/Anemia Exacerbation." R 12's (100 Hall) Hospital Face Sheet dated 5/31/2016 notes date of birth as 10/21/1933. Hospital Emergency room Visit report dated 5/31/2016 indicates that R12 "presents via EMS	F 517		

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F 517	Continued From page 59 (Emergency Management Service) from nursing home. Patient's nursing home had a fire this evening and when patient was in a bus for transport, he reportedly had a syncopal episode while sitting in his seat ...Patient with history of Cerebral Vascular Accident with right sided weakness and aphasia ... " An Emergency Department Progress Note dated 5/31/2016 at 9:59 pm stated, "It has been reported that the bus was quite warm and nurse noted that a bottle of water the patient had with him was warm when he arrived. Other residents from the same situation have been brought in for similar complaint ...spoke with (Z19) regarding patient and findings and he agreed likely situational syncope due to elevated temperature and hectic environment." Intervention/Assessment Treatment documentation dated 5/31/2016 noted R12's temperature was 99.1 and blood pressure was 199/84. Facility census records for 5/31/2016 indicate R12 resided on 100 hall. Face sheet for R14 (500 Hall) documents that R14 ' s date of birth is 9/19/1950. Emergency Medical Service report for 5/31/2016 notes "female pt (patient) with possible low blood sugar, dizziness, and weakness ...patient sitting upright and slumped to the right in her wheelchair. Nursing home staff tells EMS (Emergency Medical Service) that pt has 'seemed to be close to passing out, sweating, and is weak.' Pt has been outside in triage area for approximately 90 minutes following evacuation from building." The Hospital Emergency room Visit Report dated 5/31/2016 notes "65 year old female presents to Emergency Department ...status post ...fire at Cahokia Nursing and Rehabilitation. Patient was in an unaffected wing. She was evacuated and sat outside for nearly 1.5 hours in the heat when she started feeling dizzy and lightheaded. She	F 517		

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F 517	Continued From page 60 feels better now ...has a history of stroke and her right side is affected." The Hospital Emergency Department Progress note dated 5/31/2016 documents that R14 "presents for lightheadedness after being outside ...in mid 80 weather status post fire ...Patient's symptoms are most likely from heat exhaustion. " A Hospital Face Sheet dated 5/31/2016 notes R13 (600 Hall) date of birth as 6/8/1969. Hospital Emergency Room Visit Report dated 5/31/2016 states "46 year old female with history of dementia presents to Emergency Department by EMS (Emergency Medical System) status post fire ...Per EMS, patient was initially short of breath on scene ...shortness of breath resolved once in ambulance. Past medical history-Alzheimer's Disease/Dementia, Cerebral Vascular Accident, Seizures, Bipolar, Depression." Prehospital Care Report Summary for R6 (300 Hall) documents "Upon arrival pt (patient) was laying on a bed and on non-rebreather at 15 liters, and it was placed over his trach. Pt (patient) was then transferred to the stretcher and was taken to the truck and loaded in the back with other pt. The other pt was a nurse from the facility that knew the pt. Once in the back, vitals were taken ...There was no info on the pt except for knowing his name per the other pt." R6 ' s Physician's Certificate of Medical Necessity from a regional hospital dated 5/31/2016 lists diagnosis of Smoke Inhalation. This same document notes "Reason for transport: oxygen required and unable to self administer, airway monitoring/suction, contractures upper/lower, incoherent, disoriented level of consciousness." R11's (500 Hall) Prehospital Care Report Summary dated 5/31/2016 notes that R11 is a 37 year old male with history of brain injury due to car accident and is unable to answer any	F 517		

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question at this time. Hospital Patient Health Summary dated 5/31/2016 lists "Active Problems: Ileus, Seizure Disorder, Smoke Inhalation ... "

A Hospital Face Sheet dated 5/31/2016 lists R15 (600 Hall) date of birth as 9/08/44. Hospital Emergency Room Visit Report dated 5/31/2016 noted "Patient presents ...after nursing home where she was a resident had a fire. Patient states she was not in the area of the fire and did not inhale any smoke, but when they were preparing to transport her to another facility, she had increased pulse and shaking as well as feeling anxious. Patient states this has somewhat improved since coming here and son feels it was likely a panic attack." R15 stated on 6/2/2016 when visited in the destination facility that "she went to the hospital due to a panic attack."

R15's Prehospital Care Report Summary dated 5/31/2016 notes this Emergency Services transport was "dispatched to an emergency call for Cahokia Nursing and Rehab on fire with multiple pt (patients) outside in parking lot needing transported. This patient is complaining of severe anxiety problems at this time ...The patient told EMS (Emergency Management Service) 'I just can't calm down. I was so scared that I wasn't going to make it out of the building in time and I would be burned alive.' The triage team advised EMS that this pt (patient) was not in the area of the fire and was evacuated well before she was in any harm. A staff member of the SNF (Skilled Nursing Facility) advised EMS that this pt (patient) has a severe anxiety problem and is normally very nervous as it is and this situation has made her very nervous. Upon

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arrival patient found sitting outside in the triage area ...The pt (patient) over all has very high levels of anxiety and is having severe difficulty in calming down and relaxing ..." This same report documents that R15 was transported from the fire scene at 5:47 pm.

Prehospital Care Report Summary for R4 (500 Hall) dated 5/31/2016 documents that R4 was "having chest pain ...Pt (patient) believes that he has swallowed some smoke and that is giving him chest paint. Pt states that the pain is on the right side just below the nipple line and is a constant pain which he rates it at 10/10 pain scale ...pt then stated that he was becoming short of breath so 4L of 02 via a NC was established and pt states that he feels better ... "

R3's (600 Hall) Prehospital Care Report Summary dated 5/31/2016 notes that R3 is 97 years old. Under Comments in this document is listed Dementia with Alzheimer's. The report states that R3 is "conscious, alert, to person only, sitting in a chair and staff states that she isn't acting right. Pt (patient) has a history of dementia and Alzheimer's and is unable to tell us if anything is wrong or if she is in pain. Staff states that before EMS (Emergency Management System) arrived she wasn't acting right but now she is in her normal state. Staff states that the pt (patient) is on 4L (liters) of O2 (oxygen) at all times."

Report titled Cahokia Nursing and Rehab Patient List with Destination with date of 5/31/2016 indicates R5, R19, R23, and R24 were also transported to area hospitals on the date of the fire, they were from the halls of 300, 500, 500, 500, respectively.

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Regional IDPH staff made onsite visits to "destination facilities" on 6/2/2016 to verify/account for residents post fire and evacuation. R8 and R19 stated during interview that they "had to wait a long time in the parking lot" and did not have anything to eat.

R58 noted that "they (residents) were outside more than 5 hours."

R5 told surveyor on 6/2/2016 that she didn't eat until she got to the hospital between 10 and 11 pm. R5 indicated that she was "very uncomfortable waiting in the heat; she does not have her glasses and can't see."

Z20 stated on 6/2/2016 that R16 was "incontinent and extremely wet" on arrival at the destination facility.

R43 stated he sat in the wheelchair, "wet with urine." R43 indicated that no toilets were available. R43 thought he "sat from 5 pm to maybe 9 pm."

R39 stated the he "was put on a (commercial) bus with no staff, was uncomfortable, had no food or water, and got hot."

R60 told surveyors that "he lost his backpack (on 5/31/2016) that had several belongings including cell phone and bibles."

During onsite visits to destination facilities on 6/2/2016 R10, R57, R22, R59 stated they did not have food or water while they were outside after the fire.

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R32's (500 Hall) Prehospital Care Report Summary notes that R32 is "non ambulatory therefore was not taken via Metro bus." During interview on 6/1/2016, R32 stated nothing was provided to eat (at time of fire and evacuation) and he was hungry. Information provided by E23 (New Director of Nursing) and Centers for Medicare and Medicaid form 672 indicates that R32 receives dialysis.

Emergency Medical Service report dated 6/2/2016 for R7 (500 Hall) documents that R7 was transported via ambulance from the fire scene to another nursing home. This report indicates that R7 is 87 years old with patient history of Dementia, anxiety, blind and contractures. R7's mental status was described as "alert and oriented X 0 (zero), per staff that is normal mental status." R7 was noted to have contractures to all extremities.

On 6/21/2016 at 9:15 AM, Z17, Administrator of Caseyville Nursing and Rehab Center, stated of the 23 residents received from Cahokia Nursing and Rehab on 5/31/2016, only 1 admitted to the Caseyville Nursing and Rehab Center came with a face sheet, with the other face sheets faxed by 11:30 pm. Z17 stated all residents were given supper as they were all hungry. Z18, POC Administrator of Caseyville Nursing and Rehab Center on 6/21/2016 at 11:55 am stated that the residents arrived around 8 pm on 5/31/2016.
The Immediate Jeopardy was identified on June 29, 2016. E3, Administrator,was notified of the Immediate Jeopardy on June 29, 2016 at 2:30pm.
The surveyor confirmed through interview and record review that the facility took the following actions to remove the Immediate Jeopardy:
1. The facility retained an independent Life Safety

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F 517	Continued From page 65 Consultant to review and make additional recommendations for revisions to disaster/emergency manual before it was finalized on 06/30/16. 2. A copy of the revised disaster/emergency manual has been posted at the nursing station and receptionist desk in red binder. 3. A disaster/emergency manual reviewed and revised on 06/01/16 including but not limited to sections on reporting chain of command,evacuation procedures and fire response procedures. 4. E3, Administrator, and E13, Quality Assurance Nurse,conducted inservices for all staff on 6/6/16, 6/7/16, 6/8/16, 6/10/16, and 6/17/16 on revision to disaster/emergency manual related to chain of command during a disaster,disaster evacuation procedures,emergency response code, fire procedures including R.A.C.E., and P.A.S.S. Any staff not present on the date the inservice training was provided were required to attend the training before they worked another shift. 5. On 6/30/16, the facility updated the Fire Watch Policy and Fire Procedure Policy based on the Independent consultants review. 6. Annually, the facility disaster/emergency manual (will be) reviewed and updated with last revision on 6/30/16, (with)comprehensive training by E13 for all staff following any revision or updates.	F 517		
F 518 SS=L	483.75(m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures.	F 518		

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This REQUIREMENT is not met as evidenced by:
Based on observation, record review, and interview the facility failed to train all employees on emergency procedures when they were initially employed and failed to periodically review the procedures with all existing staff. The facility failed to ensure that management staff responsible for the emergency procedures training was adequately trained in emergency preparedness. The facility failed to ensure that periodic review of emergency procedures prepared staff for an actual fire. These failures resulted in staff not implementing and executing the disaster plan when an actual fire broke out in a resident ' s room on 5/31/2016. Fourteen residents (R1-6, R11-15, R19, R23, R24) required treatment at a hospital for smoke inhalation or other fire related symptoms; all 106 residents were subjected to a mass evacuation which was described as chaotic.
These failures caused physical harm (smoke inhalation) and discomfort as well as psychosocial harm with residents fearing they would be "burned alive."
These failures resulted in an Immediate Jeopardy. The Immediate Jeopardy began on May 31, 2016 when facility staff demonstrated their lack of training when responding to an actual fire in the nursing facility.
While the immediacy was removed on July 8, 2016, the facility remains out of compliance at a Severity Level 2 as additional time is required to evaluate the effectiveness of the recent training of staff and the staff's ability to retain and demonstrate the training.
Findings include:

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F 518	Continued From page 67 Fire Department form NFIRS-1 dated 5/31/2016 documents that the Cahokia Fire Department "responded for a reported fire in a room on the 500 hall (E) at Cahokia Nursing and Rehab. Upon arrival of fire units and personnel they found heavy smoke coming from the right rear of the building located near (F) and (E) hallways with police officers and employees from the business breaking windows to remove residents from the 500 hall that were still inside." This document notes that the Fire Department received an alarm at 4:17 pm on 5/31/2016, with arrival time noted as 4:21 pm. This same document reports that "fire personnel ...found the fire quickly and contained to room 509 while other fire personnel were in rescue operations. It was at this time that several residents were still inside ... found a female victim in the 500 hallway ...Primary searches were performed from room 501 to 516 and several victims were found. One male was removed from 503 through window ...Room 505 a male resident removed through window ...Room 506 a male resident removed out of room and down hallway in wheelchair ... " Z1 (Chief Cahokia Volunteer Fire Department) stated on 6/16/2016 at 6 pm that when he arrived on the scene and was about to enter the building, Z1 was met by two nursing staff with masks on. Z1 asked the two nursing staff if there were any residents in the building. The nursing staff did not provide any answers; instead ran back into the building and Z1 lost them in the smoke. Z1 stated when he entered the 500 hall from the core area (nursing station); he noticed the entrance to 500 hall was standing open which allowed the smoke to get into the core area. Z1 stated that he would have expected the door to have been closed. He further stated that "nursing staff was out of	F 518		

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F 518	Continued From page 68 control. Staff was all over the scene. They did not following directions and kept moving patients without permission causing problems for patient movements." On 6/2016/2016 at 5:40 PM, Z12, Captain, Cahokia Volunteer Fire Department, stated that no facility staffed informed him of anyone in the building. When Z12 entered 500 hall and got to room 509, origin of fire, he heard a moan coming from the corridor floor just outside room 509. He instructed one of his men to check to see if person was alive. He then helped evacuate the person, who is a resident of room 509. On 06/15/2016 at 1:30pm Z10 (Emergency Management Services (EMS)/Operations Manager) stated that when he arrived on the scene no facility staff were in charge for the first 15 minutes. Z10 stated that after that, E2 (Regional Operations Manager) assumed control. Z10 stated when he arrived on the scene; residents were still being evacuated from the building. Z10 stated "EMS and fire had to demand the number of residents, and were never told the correct number of residents on site." Z10 stated when they arrived, facility staff could not tell them how many residents were still in the building. Z10 stated, "There was no coordination whatsoever." Z10 stated it took 45 minutes to one hour after their arrival for EMS to be given any kind of information about residents' medical needs. Z10 stated that E2 (Facility Regional Operations) asked Z10 "What is your plan?" regarding finding placement for residents. On 06/14/2016 at 11:12 am, E1 (Maintenance Supervisor) stated that all staff was responding to the fire in the manner in which they had been trained. According to E1, he is responsible for training staff on fire safety. E1 stated that he has never received training about how to train other	F 518		

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F 518	Continued From page 69 staff for fire safety; E1 said he was given a training manual to use. E1 stated what he teaches in fire safety is how to use the fire extinguisher, what all staff members responsibilities are in case of fire, and evacuation procedures. E1 stated he does fire drills once a month so that every shift gets one at least every 90 days. E1 stated he trains new staff on fire safety during their orientation. E1 stated fire extinguishers are checked once a month and at the time of the fire were current within that time frame. E1 stated the facility's most recent fire drill was 05/20/2016 on day shift. E1 stated drills are unannounced; he notifies the fire department of the drill, and uses artificial smoke to trigger the alarm. He stated the purpose of fire drills is so employees know what they have to do and where they're supposed to be. E1 stated residents are not evacuated during drills. E1 stated if fire safety training is done when staff is off, their training is rescheduled. E1 stated fire watch protocol policy consists of a designated staff member checking all halls and signing off. During interview on 6/14/2016 at 12:05 pm, E10 (Maintenance Assistant) stated he has never received fire safety training at the facility. E10 stated he has not had training about using a fire extinguisher. E10 stated the most recent fire drill at the facility was last month. He stated drills consist of getting the alarm off line, going into a room with a smoke detector, activating it with smoke in a can, and waiting for staff to come and locate the fire. On 06/14/2016 at 12:30pm, E11 (Licensed Practical Nurse) stated E1 (Maintenance Director) was at the fire panel around 3:45pm on May 31, 2016. E1 asked E11 to hold down the switch to de-activate the fire alarm while E1 (Maintenance Director) and E10 (Maintenance Assistant) went	F 518		

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to room 300 to work on the ceiling. E11 stated she was at the fire panel holding down the switch until 4:15 pm when an unidentified Certified Nursing Assistant came running up the hall saying "there's a real fire " E11 then let go of the switch and ran down the 500 hall, where she saw smoke. E5 (Certified Nursing Assistant), was standing by room 509 holding a fire extinguisher. E5 opened the door to room 509 and sprayed the fire with the fire extinguisher. According to E11, "Somebody" came by with a fire extinguisher. E11 grabbed it from them and sprayed the fire. E11 stated she was the Station Nurse on 05/31/2016, but she is not sure what the Station Nurse's duties are in a fire. E11 stated that the nurse assigned to the hall is charge nurse for that hall. As to who was in charge during the fire, E11 stated, "I guess it would be my job to give directions as charge nurse, but I've never been given a job description of exactly what being charge nurse entails, especially with what a fire entails." E11 did not remember when she last had fire safety training. E11 stated that during a fire drill, the alarm goes off; staff checks the panel for the location, gets on the intercom, calls a code red, gets a fire extinguisher, and then searches the room for the fire.

On 06/14/2016 at 10am, E5 (Certified Nursing Assistant) stated he was assigned to work the 500 hall on 05/31/2016. Around 4-4:10pm, a family member asked E5 if he smelled smoke. E5 stated there was smoke coming from R2's room. E5 opened the R2's room door and fire shot out over his head. E5 said the residents (R1, R2) were in the room. E5 went and got a fire extinguisher, tried to extinguish the fire, but it made it very dark and he couldn't see. E5 stated it was hard to breathe. E10 (Maintenance Assistant) then came in with a fire extinguisher.

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E5 stated he (E5) got R2 and took her to the nurse's station; meanwhile E10 put (R1) on the floor in the hallway. E5 stated he was going into rooms to check for residents and heard windows breaking. E5 stated he saw residents being moved out through windows. According to E5 he has worked at the facility over a year and a half, had fire safety in orientation, but is not sure when he last had fire safety training. E5 stated the policy to follow in a fire is to call the fire department and get residents out. E5 stated he did not remember when the most recent fire drill was. E5 stated if the fire alarm goes off, you should make sure there's a fire, and if so, get residents to the nearest exit. E5 stated to use a fire extinguisher; you should pull the pin and sweep from the bottom up.

On 6/9/2016 at 2:15 pm E9 (Licensed Practical Nurse), when asked about her responsibility in fire situation, E9 replied that it is to make sure residents/people are out. Person should be at nurse's station desk to monitor. Someone is to get the extinguisher. This would be those who can get to it first.

On 06/14/2016 at 3:05 pm, E13 (Licensed Practical Nurse/LPN/Education/Quality Assurance) stated that on 05/31/2016 at the time of the fire, she was in medical records (300 Hall). E13 saw smoke and told nursing staff to get residents behind the fire doors. E13 stated the procedure to be followed in case of fire is that staff is to come to the nurses station with a fire extinguisher to await instruction and be told where the fire is. E13 stated she is not sure when the most recent fire drill was. E13 stated she does part of fire safety at orientation-teaches RACE (Rescue, Alarm, Contain, Evacuate) and PASS (Pull, Aim, Squeeze, Sweep). E13 stated the chain of command during a fire goes from 1)

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F 518	Continued From page 72 Operations Manager of Regional Office 2) Administrator, 3) Director of Nurses, 4) Charge Nurse. On 6/14/2016 at 1:55 pm E12 (Certified Nursing Assistant) stated the most recent fire drill has been in the past 30 days. E12 stated she thinks she had fire safety training earlier in 2016. E12 stated the policy of how to respond in a fire is 1) grab fire extinguisher 2) use extinguisher if it's a small fire 3) start getting residents out, and if you can ' t get them out, listen to the charge nurse, she will give you directions. On 6/9/2016 at 3:08 PM, E30 (Licensed Practical Nurse) stated that she is aware that the facility has an emergency plan and that it is kept at the nurses station but has not seen it. She states that she has not been through an actual fire evacuation drill; it was only a verbalized training. E30 stated she evacuated residents on hall 100 without anyone directing her on 5/31/2016. She stated that she saw E13, Quality Assurance/Education/Licensed Practical Nurse, come through the door of 100 hall and saw smoke follow her in and just made the decision to evacuate the residents. E30 was asked how residents were accounted for. She stated that she grabbed the census sheet/room roster for the building and the elopement risk book which is located at the secretary's desk but she did not know who was responsible for that as she stated she was not aware of anyone specific or assigned to that task. On 6/9/2016 at 3:45 PM, E24 (Registered Nurse) stated she was not aware of any emergency plan that the facility had regarding this type of event (fire), but she has seen the Cahokia Nursing & Rehabilitation Center Policies, Standards, Protocols, and Procedures Manual dated 01/01/06. E24 stated that she has not had any	F 518		

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F 518	Continued From page 73 training where residents are evacuated. When asked who instructed her to evacuate residents on 5/31/2016, E24 stated she saw smoke and started to evacuate residents on 100 hall before moving on to 600 hall. E24 did not know who was in charge or who was to secure the census data sheet in an event of an evacuation. E24 does not know where residents are to be taken when evacuated; she just got them out and away from the building. On 06/15/2016 at 1:45pm, E23 (Director of Nurses), stated she took the position of DON on 06/02/2016. E23 stated the chain of command in an emergency is 1) Administrator, 2) Director of Nursing 3) Charge nurse which is whoever is at the desk. According to E23 this could depend on who is in the building because whoever is at the fire panel can initiate the protocol for fire safety. On 06/21/2016 at 1:40pm, E23 stated if the fire alarm goes off, you should go to the fire panel, check for the location, assign staff to make calls, get an extinguisher, and go to the location of the fire, and rescue, alarm, contain/confine, and extinguish/evacuate. E23 stated if she discovered fire in a resident's room, she would remove the resident, alarm staff, and confine the fire by shutting the door where it is and the adjacent doors then extinguish the fire and if unable, evacuate. E23 stated she could not give exact locations of fire extinguishers within the facility without having a map, but she knows there is one on each hallway. On 06/21/2016 at 2:35pm, E6 (Certified Nursing Assistant) stated there are three fire extinguishers located on the 500 hall, and two fire alarms located on the 500 hall. E6 stated if she discovered fire in a resident's room, E6 would pull the resident out if they could be removed, let the nurse know there was a fire, then evacuate	F 518		

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residents from adjacent rooms. E6 stated if the fire alarm goes off staff are to go down halls checking for fires, close doors, then mark the door with an X, get a fire extinguisher and report to the nurse's station.

On 06/21/2016 at 2:10pm, E7 (Certified Nursing Assistant), stated that on 05/31/2016 she was on the 500 hall at the time she became aware of the fire. She stated that she, E5 (Certified Nursing Assistant), E10 (Maintenance Assistant) and E8 (Licensed Practical Nurse) were working together during the fire but nobody was clearly in charge. E7 stated "It was overwhelming and everybody was running." E7 stated in case of fire, staff is to close the doors where the fire is. E7 stated fire extinguishers are located on 500 hall when you first walk into the hall from the nurses station. E7 stated to use a fire extinguisher "You pull, aim, and sweep, I think."

On 06/21/2016 at 2:05 pm, E27 (Housekeeper) stated that if the fire alarm goes off, staff should check the fire panel to see where its located, get a fire extinguisher, go to the hall where it is, the light above the door should tell you which room it's in. Then go into the room with the extinguisher and wait for the all clear. E27 stated if she discovered fire in a resident's room, E27 would go to the fire alarm and pull it. E27 stated fire extinguishers are located on the end of the halls closest to the nurse's station and the exits. E27 stated to use a fire extinguisher you pull, aim, sweep and spray.

On 06/21/2016 at 12:55pm E25 (Certified Nursing Assistant) stated that on 05/31/2016 she was assigned as shower aide for all halls. E25 stated if the fire alarm goes off, staff is to clear residents out of hallways and report to the nurse ' s station. E25 stated if you discover fire in a resident's room, you should get the resident out if they are

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F 518	Continued From page 75 in there. E25 stated she does not know where fire alarms are located. E25 stated she does not think she has received training on using a fire extinguisher. On 06/21/2016 at 11:15am, E28 (Certified Nursing Assistant) stated that on 05/31/2016, E28 was assigned to the 200 hall on evening shift. E28 stated when the fire alarm went off, he went down the 300 and 200 halls and checked. He saw smoke coming from the 500 hall. He then immediately started getting residents out, taking them out the 200 and 300 hall doors. According to E28, he chose these exits as those halls were not smoky and other staff were going out that way with residents. E28 stated if he discovered fire in a resident's room; he would get the resident out and try to put the fire out. E28 stated extinguishers and fire alarms are located at the end of each hall. E28 stated if the fire alarm goes off, staff should get fire extinguishers, check halls and make sure residents are in their rooms, and make sure no residents are in harm's way. E28 stated to use a fire extinguisher you should point, spray down, and side to side. On 06/15/2016 at 10:45 am, E8 (Licensed Practical Nurse) stated that on 05/31/2016 she was working on 500 hall. She stated that E5, Certified Nursing Assistant, said he saw smoke and flames coming out of the top of the door of room 509. E8 stated she ran to alert everybody. E8 got a fire extinguisher and gave it to E10, Maintenance Assistant. E5 and E10 were trying to get the fire out. E8 stated she let everybody know they needed to get the residents out when she saw fire on the ceiling in room 509. E8 stated she called for evacuation but was not in charge. E8 stated she's not sure when the most recent fire safety training was. E8 stated the procedure to be followed in a fire is to check the box for location,	F 518		

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F 518	Continued From page 76 get a fire extinguisher, and go to that location. E8 stated the fire doors shut when the alarm went off. E8 stated there were no residents out in the hall of 500 hall when the fire broke out. E8 stated she is not sure if there was a (elopement risk) list outside or whose responsibility it would be to get it or the census with which to do the head count. E8 stated she is not sure if she had fire safety training during orientation. On 06/17/2016 at 1:28 pm, E18 (Registered Nurse) stated that on 05/31/2016, she clocked out at 3:20pm and was not onsite at the time of the fire. E18 stated on 05/31/2016 she was Acting Director of Nurses. E18 stated she returned to the facility around 6pm that evening. E18 stated her most recent fire safety training she believes was January or February 2016. E18 stated she thinks there was a mock evacuation drill in 2015. On 06/15/2016 at 1:20pm, E22 (Medicare Billing Associate) stated she was in the adjacent regional office building when she became aware of the fire. E22 stated the most recent fire training she's had was in 2013 and it consisted of a fire drill and how to use a fire extinguisher. On 06/15/2016 at 1pm, E16 (Business Office Manager) stated she was in her office on 5/31/2016 when she became aware of the fire. E16 stated she went to the 100 hall and directed the 100 hall residents out of the building. E16 stated "I knew if there was a fire, the 100 hall was my hall to evacuate-I didn't need anybody to tell me to evacuate, and I could see smoke on the 500 hall." E16 stated she then came back into the building and got the census for the whole facility and started a head count for the 100 hall, E16 stated she was not sure if doing the head count was an expectation of her job, but it's the responsibility of all staff. E16 stated the (elopement risk) book is kept at the receptionist's	F 518		

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F 518	Continued From page 77 desk, but she is not sure whose responsibility it is to take that book out in case of evacuation. E16 stated the most recent fire drill was in the middle of May 2016. E16 stated she has never had annual fire safety training per se except for drills. Facility census records for 5/31/2016 indicate that twenty seven residents resided on the 500 hall at the time of the fire. These residents include R1, R2, R4, R7, R8, R10, R11, R14, and R16-R34. Patient List Cahokia Nursing and Rehab with Destination and Hospital records dated 5/31/2016 provided by Z11 (Emergency System Services System Coordinator) document that fourteen residents (R1-R6, R11-R15, R19, R23, R24) from four wings were ultimately transferred to four area hospitals due to fire related conditions. Centers for Medicare and Medicaid form 672 provided by facility notes that at the time of the fire, eleven residents (R1, R2, and R16 who resided on the 500 Hall, as well as R5, R6, and R35-R40) had tube feedings; ten residents received hospice services (R1, R2, R24, R25 who resided on the 500 Hall, and R3, R48, R53-56); four residents received dialysis (R14 and R32 who resided on the 500 Hall in addition to R41 and R42); and eighteen residents who received respiratory services (R2, R16, and R33 who resided on the 500 Hall, as well as R3, R5, R6, R9, R15, R43-R52.) Face sheet dated 9/01/2015 documents that R2's (500 Hall) date of birth is 05/27/27 with diagnoses of Exacerbation of Chronic Obstructive Pulmonary Disease, Dementia, Degenerative Arthritis, Arteriosclerotic Heart Disease, Congestive heart Failure, and Shortness of Breath. The Hospital Physician's Order Sheet dated 5/31/2016 lists an admitting diagnosis of Smoke Inhalation. Hospital Interventions and Assessment dated 5/31/2016 documents that R1	F 518		

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F 518	Continued From page 78 had "breath sounds course (sic) expiratory wheezes." Hospital Physical Exam dated 5/31/2016 noted that R2 was "coughing up thick black phlegm and subsequently had some emesis in the Emergency Room" as well as "decreased breath sounds." The Hospital Assessment Plan Sheet dated 5/31/2016 indicates that R2 had "fever, maybe due to exposure to heat exposure and possible bronchitis, will treat ...and monitor closely." The Hospital Transfer Summary noted dated 6/01/2016 states R2 "is an 89 year old woman admitted to the hospital on 5/31/2016 with a diagnosis of Smoke Inhalation. There is little information accompanying this patient. There is notation she is a hospice patient, but we do not have confirmation of which agency is involved." R1's (500 Hall) Hospital Inpatient Record face Sheet dated 5/31/2016 lists R1's birthdate as 2/02/1929. Prehospital Care Report Summary for R1 notes "Due to patient upper extremities being contracted ambulance crew was unable to obtain a blood pressure at this time. Blood glucose analysis assessed at this time with a result of 59. Patient administered oral glucose at this time. Patient unable to answer any EMS (Emergency Management Services) questions at this time." Hospital History and Physical Note dated 5/31/2016 documents "This is an 87 year old ...admitted from the Emergency Room with smoke inhalation. She is a resident of Cahokia Nursing and rehabilitation Center. There was a fire at the facility last evening and she was exposed to smoke. She was experiencing a cough which prompted her visit to the Emergency Room. Problems: Smoke inhalation injury." The Hospital Patient Discharge Instruction sheet dated 6/01/2016 states "Discharge diagnosis: Smoke Inhalation/Anemia Exacerbation."	F 518		

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F 518	Continued From page 79 R 12's (100 Hall) Hospital Face Sheet dated 5/31/2016 notes date of birth as 10/21/1933. Hospital Emergency room Visit report dated 5/31/2016 indicates that R12 "presents via EMS (Emergency Management Service) from nursing home. Patient ' s nursing home had a fire this evening and when patient was in a bus for transport, he reportedly had a syncopal episode while sitting in his seat ...Patient with history of Cerebral Vascular Accident with right sided weakness and aphasia ... " An Emergency Department Progress Note dated 5/31/2016 at 9:59 pm stated, "It has been reported that the bus was quite warm and nurse noted that a bottle of water the patient had with him was warm when he arrived. Other residents from the same situation have been brought in for similar complaint ...spoke with (Z19) regarding patient and findings and he agreed likely situational syncope due to elevated temperature and hectic environment." Intervention/Assessment Treatment documentation dated 5/31/2016 noted R12 ' s temperature was 99.1 and blood pressure was 199/84. Facility census records for 5/31/2016 indicate R12 resided on 100 hall. Face sheet for R14 (500 Hall) documents that R14's date of birth is 9/19/1950. Emergency Medical Service report for 5/31/2016 notes "female pt (patient) with possible low blood sugar, dizziness, and weakness ...patient sitting upright and slumped to the right in her wheelchair. Nursing home staff tells EMS (Emergency Medical Service) that pt has 'seemed to be close to passing out, sweating, and is weak.' Pt has been outside in triage area for approximately 90 minutes following evacuation from building." The Hospital Emergency room Visit Report dated 5/31/2016 notes "65 year old female presents to Emergency Department ...status post ...fire at	F 518		

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F 518	Continued From page 80 Cahokia Nursing and Rehabilitation. Patient was in an unaffected wing. She was evacuated and sat outside for nearly 1.5 hours in the heat when she started feeling dizzy and lightheaded. She feels better now ...has a history of stroke and her right side is affected." The Hospital Emergency Department Progress note dated 5/31/2016 documents that R14 "presents for lightheadedness after being outside ...in mid 80 weather status post fire ...Patient ' s symptoms are most likely from heat exhaustion." A Hospital Face Sheet dated 5/31/2016 notes R13 (600 Hall) date of birth as 6/8/1969. Hospital Emergency Room Visit Report dated 5/31/2016 states "46 year old female with history of dementia presents to Emergency Department by EMS (Emergency Medical System) status post fire ...Per EMS, patient was initially short of breath on scene ...shortness of breath resolved once in ambulance. Past medical history-Alzheimer's Disease/Dementia, Cerebral Vascular Accident, Seizures, Bipolar, Depression." Prehospital Care Report Summary for R6 (300 Hall) documents "Upon arrival pt (patient) was laying on a bed and on non-rebreather at 15 liters, and it was placed over his trach. Pt (patient) was then transferred to the stretcher and was taken to the truck and loaded in the back with other pt. The other pt was a nurse from the facility that knew the pt. Once in the back, vitals were taken ...There was no info on the pt except for knowing his name per the other pt." R6's Physician's Certificate of Medical Necessity from a regional hospital dated 5/31/2016 lists diagnosis of Smoke Inhalation. This same document notes "Reason for transport: oxygen required and unable to self administer, airway monitoring/suction, contractures upper/lower, incoherent, disoriented level of consciousness."	F 518		

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F 518	Continued From page 81 R11's (500 Hall) Prehospital Care Report Summary dated 5/31/2016 notes that R11 is a 37 year old male with history of brain injury due to car accident and is unable to answer any question at this time. Hospital Patient Health Summary dated 5/31/2016 lists "Active Problems: Ileus, Seizure Disorder, Smoke Inhalation ... " A Hospital Face Sheet dated 5/31/2016 lists R15 (600 Hall) date of birth as 9/08/44. Hospital Emergency Room Visit Report dated 5/31/2016 noted "Patient presents ...after nursing home where she was a resident had a fire. Patient states she was not in the area of the fire and did not inhale any smoke, but when they were preparing to transport her to another facility, she had increased pulse and shaking as well as feeling anxious. Patient states this has somewhat improved since coming here and son feels it was likely a panic attack " R15 stated on 6/2/2016 when visited in the destination facility that "she went to the hospital due to a panic attack." R15's Prehospital Care Report Summary dated 5/31/2016 notes this Emergency Services transport was "dispatched to an emergency call for Cahokia Nursing and Rehab on fire with multiple pt (patients) outside in parking lot needing transported. This patient is complaining of severe anxiety problems at this time ...The patient told EMS (Emergency Management Service) 'I just can't calm down. I was so scared that I wasn't going to make it out of the building in time and I would be burned alive.' The triage team advised EMS that this pt (patient) was not in the area of the fire and was evacuated well before she was in any harm. A staff member of	F 518		

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the SNF (Skilled Nursing Facility) advised EMS that this pt (patient) has a severe anxiety problem and is normally very nervous as it is and this situation has made her very nervous. Upon arrival patient found sitting outside in the triage area ...The pt (patient) over all has very high levels of anxiety and is having severe difficulty in calming down and relaxing ..." This same report documents that R15 was transported from the fire scene at 5:47 pm.

Prehospital Care Report Summary for R4 (500 Hall) dated 5/31/2016 documents that R4 was "having chest pain ...Pt (patient) believes that he has swallowed some smoke and that is giving him chest pain. Pt states that the pain is on the right side just below the nipple line and is a constant pain which he rates it at 10/10 pain scale ...pt then stated that he was becoming short of breath so 4L of 02 via a NC was established and pt states that he feels better ... "

R3's (600 Hall) Prehospital Care Report Summary dated 5/31/2016 notes that R3 is 97 years old. Under Comments in this document is listed Dementia with Alzheimer's. The report states that R3 is "conscious, alert, to person only, sitting in a chair and staff states that she isn't acting right. Pt (patient) has a history of dementia and Alzheimer's and is unable to tell us if anything is wrong or if she is in pain. Staff states that before EMS (Emergency Management System) arrived she wasn't acting right but now she is in her normal state. Staff states that the pt (patient) is on 4L (liters) of O2 (oxygen) at all times."

Report titled Cahokia Nursing and Rehab Patient List with Destination with date of 5/31/2016

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indicates R5, R19, R23, and R24 were also transported to area hospitals on the date of the fire, they were from 300, 500, 500, 500 halls respectively.

All training records related to fire, fire drills, and disaster preparedness were requested from the facility. Based on all available information provided at the time of the survey there is no system in place to effectively track training efforts. Training records are incomplete and in many cases contain illegible signatures making verification of training difficult.
E1 (Maintenance Supervisor) provided documents titled "REPORT OF FIRE DRILL" on 6/16/2016, indicating that these were all the documents available. E3 (Administrator) verified on 6/17/2016 at 1:45 pm that the training records as presented were "complete."
Monthly Report of Fire Drill documents were provided for June 2015 through November 2015 and January through March 2016. The Fire Drill Sign In Sheets which would show who participated in the drill were only available for 6/14/2015 and 7/25/2015. Ten signatures were present on the document dated 6/14/2015 and 17 signatures were present on the document dated 7/25/2015.
The Monthly Report of Fire Drill reports have a series of nine questions with the words YES and NO after them. These questions are:
1. Was signal received by ADT?
2. What time was signal received?
3. Was all staff aware of their responsibilities?
4. Were any problems noted?
5. Did the fire alarm sound?
6. Were the strobe lights operational?
7. Were the hall fire door closers operational?
9. Were the delayed egress locks released?

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At the bottom of this report, it states: "List any problems, corrective actions, and/or teaching required as a result of this drill."
Monthly Report of Fire Drill reports for 8/18/2015, 9/30/2015, 10/13/2015, 11/10/2015, 1/19/2016, 2/21/2016, and 3/18/2016 did not contain specific locations for the "fire" or "fire drill." Reports for September 2015, October 2015, November 2015, January 2016, February 2016, and March 2016 all have YES circled for question 4 "Were any problems noted?" However, the area where facility staff is to identify the problems with corrective action is blank in all cases.
The Monthly Report of Fire Drill Form for August 2015 is not signed. Forms dated September through November 2015 and January through March 2016 are signed and dated by E1 (Maintenance Supervisor). There was no document provided for April 2016. Document provided for May 2016 notes that Monthly Fire Drill was done on first shift 5/20/2016 and contains 26 signatures.
Training record provided for December is dated 12/16/2015 and is titled Disaster Drill Report. This document indicates that the drill was conducted on 7-3 shift. Fourteen signatures are included on this single page document. There is no information on this document to indicate what type of disaster the drill addressed, nor does it give any location. Questions printed on the Disaster Drill Report include:
"During Drill
1. Did staff use proper judgment?
2. Was announcement made over the intercom?
3. Were residents placed in an area of safety?
4. Were all corridor doors closed?
5. Did staff respond appropriately?
After the Drill
1. Were all staff aware of their responsibilities?

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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) COMPLETION DATE
F 518	Continued From page 85 2. Did personnel in different areas of the facility respond promptly? 3. Did staff standby until "All Clear" was given?" Despite having lines to fill in this information, the lines have been left blank. Signature on the document indicates that (employee no longer at the facility) conducted the Disaster Drill. The title line has also been left blank. Documents entitled Inservice Record and dated 6/26/15 with time noted as 1400 (2 pm), 1420 (2:30 pm) and one with no time given lists topic as Emergency Response and Codes. This form indicated that inservice was given by E18 (Registered Nurse/Restorative/Acting Director of Nursing) for the 2pm session, but is blank for "given by" on the other two documents. A total of 16 signatures for the three sessions are present. There is no documentation that those employees who missed the sessions were trained later. Emergency Response In-service documentation included with these in-service records state in part: "Binder is at the nurses station with Emergency Response Information in a RED binder. Please refer to the binder for clarification on what to do in the event there is an emergency. Code Red-(Fire) panel is located near room 101." The last four notations refer to Code Green (all clear); Code Blue (Cardiopulmonary Failure), Code Gray (Tornado Warning), and Code Violet (Missing Resident). Mandatory Inservice document dated 1/22, 1/23 with no year or time listed notes as Topic: Bloodborne Pathogens, Protective Devices, Handwashing, Workplace Violence, Disaster Preparedness, Hazard Communications, Confined Spaces. There is no information listed as to who gave the inservice. Eleven signatures are present on this form; however multiple	F 518		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145581	A. BUILDING ______ B. WING ______	C 07/12/2016

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F 518	Continued From page 86 signatures are illegible making it difficult to determine who attended. A single page included with this Mandatory Inservice document is titled "Fire Safety and Disaster Preparedness Standard." This document states: "There is a written chain of command in the disaster manual found at the nurse's station. The person in charge at the time of the fire or disaster shall remain in charge until someone higher up in the chain of command or the Fire Chief arrives and relieves them. Floor plans are located on each hall, indicating all exits, means of egress (escape routes), fire extinguishers, the control center and the assembly areas ...Fire and smoke barrier doors held open by electric, magnetic devices automatically close when the fire alarm system is activated or loss of power occurs. During a fire, fire and smoke barrier doors should separate residents and staff from the location of the fire. So, your first response in a fire is to begin removing resident closest to the danger by placing a fire door between them and the fire. Residents should not be evacuated from the facility unless the Administrator or Fire Chief gives the instruction." This same written information is included as the subject presentation matter for the MANDATORY INSERVICE ALL STAFF notice with date given as January 20, 2016. This inservice notice lists the following subjects: Bloodborne pathogens, fire safety and disaster preparedness, lockout/tagout, workplace violence, sexual harassment, and discrimination. Length of the in-service is not given. Sign in sheets were provided, however they do not contain information as to "how given" or "given by." Topic is listed as OHSA. The Immediate Jeopardy was identified on June	F 518		

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F 518	Continued From page 87 29, 2016. E3, Administrator,were notified of the Immediate Jeopardy on June 29, 2016 at 2:30pm. The surveyor confirmed through interview and record review that the facility took the following actions to remove the Immediate Jeopardy: 1.The facility reviewed and revised its disaster/emergency manual on 6/1/16 including but not limited to sections on reporting chain of command, evacuation procedures, and fire response procedures. 2. On 6/6/16, 6/7/16, 6/8/16, 6/10/16, and 6/17/16, E3, Administrator and/or E13, QA(Quality Assurance) Nurse conducted inservices for all staff on revision to disaster/emergency manual related to chain of command during a disaster, disaster evacuation procedures, emergency response code, fire procedures including R.A.C.E. and P.A.S.S. Any staff not present on the dates the inservice training was provided were required to attend the training before they worked another shift, and random questions were asked of staff related to proper procedures during the inservice. 3. On 6/30/16 the facility updated the Fire Watch Policy and Fire Procedure Policy based on the Independent Life Safety Consultants review. 4. On 7/1/16 E3, E13, or E23 Director of Nursing conducted repeat training for all staff on the revised Fire Watch and Fire Procedure. The inservice included facility wide response to the fire, individual duties during a fire alarm, the fire extinguisher and P.A.S.S.procedure, general fire instructions, and "all clear". A copy of the revision was given to staff during inservice and posted in the disaster/emergency manual at the nursing station and receptionist desk in a red binder. A posttest was completed based on revisions made to test staffs knowledge on the inservice training that was done. Staff that did not attend were	F 518		

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F 518 Continued From page 88 F 518

required to attend the training before they worked another shift.
5. E13 updated new employee orientation and training materials to ensure the revised procedures are included. Failure of post test results in 1:1 retraining of procedures.

F 520 SS=G 483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS F 520

A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.

The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.

A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.

Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review, the facility

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F 520	Continued From page 89 failed to maintain a functioning Quality Assurance Committee which develops and implements appropriate plans of action to correct identified quality deficiencies and to monitor the effects of these corrective actions. This has the potential to affect all 106 residents living at the facility. Findings include: On 06/14/16 at 11:12am, E1, Maintenance Director, stated he does not participate in the QA(Quality Assurance) Committee. On 07/01/16 at 11am, E36, Laundry/Housekeeping Supervisor, stated she does not participate in QA. On 07/01/16 10:40am, E35, Dietary Manager, stated she does not participate in QA. On 07/01/16 at 12:25, E33, Housekeeper, stated she did not know how to access the QA committee and stated she was unaware the facility had a QA committee. On 07/01/16 at 11:30am, E34, Certified Nursing Assistant, when asked how to access the QA committee, stated she was not sure, " I guess I would ask the Quality Assurance Nurse? " On 07/01/16 at 1:45pm, E13, Quality Assurance Nurse, stated QA has not met since early April 2016 when E41 was Administrator. E13 stated when E41 was Administrator, the QA committee met monthly, but has not met under E3,the current Administrator, and E13 stated there are currently no future meetings scheduled. On 07/01/16 at 12:20pm, E23, Director of Nurses(DON), stated QA has not met since she took the position of DON on 06/02/16 and there are no future meetings scheduled at this time. On 07/01/16, E3, Administrator stated she took the position of Administrator on 04/25/16, and she stated she plans to implement a QA program but has not yet done so. E3 stated there has been no QA committee meeting following the 05/31/16 fire at the facility and no future meetings are scheduled at this time.	F 520		

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F 520	Continued From page 90 An undated Quality Assurance Process Improvement and Compliance Policy stated , "This organization will implement and maintain an active quality assurance process and improvement(QA) program ....collect relevant information and data necessary to identify areas of risk, to detect potential opportunities for improvement and to evaluate ongoing systems and processes ....to evaluate and prioritize activities to address areas of risk and opportunities for improvement focusing on areas of high risk, high volume, and problem prone areas." A 672 Census and Condition of Residents dated 06/02/16 showed the facility has a census of 106. The facility could not provide any documentation, such as attendance sign in sheets, that QA meetings had occurred in 2015 or 2016.	F 520		