

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

PRINTED: 03/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145029</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/02/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>PRESENCE VILLA FRANCISCAN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>210 NORTH SPRINGFIELD AVENUE</b> <b>JOLIET, IL 60435</b>		
(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 000	INITIAL COMMENTS	F 000			
F 323 SS=G	<p>Complaint#1274120/IL60434 Partial Extended survey was conducted on 12/26/12.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Interview and Record Review the facility failed to:</p> <p>1) Supervise/monitor one resident R2, during meal time, who had been assessed at high risk for aspiration/choking. 2) Have policies in place for Aspiration Precautions, Cardiopulmonary Resuscitation (CPR)and The Heimlich Maneuver. 3) Follow Physician's orders regarding Aspiration Precautions.</p> <p>This resulted in R2 choking while eating unsupervised and becoming non-responsive in the facility. R2 was taken to the community hospital and expired 9 days later.</p> <p>As a result of these failures an Immediate Jeopardy was identified on 12/26/12.</p>	F 323			

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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F 323	<p>Continued From page 1</p> <p>The facility was informed of the Immediate Jeopardy on 12/26/12 at 2:10 PM.</p> <p>The Immediate Jeopardy began on 10/18/12 during the evening meal when R2 was left alone unsupervised to eat the meal. While the immediacy was removed on 1/2/13, the facility remains out of compliance at Severity Level 2. Additional time is needed to monitor and evaluate the effectiveness of the implementation of policies and procedures.</p> <p>Findings include:</p> <p>The clinical record indicated that R2 was admitted to the facility with diagnoses including Dysphagia, Alzheimer Dementia, Altered Mental Status, Type II Diabetes Mellitus, Parkinson's Disease.</p> <p>R2 was assessed on 7/30/12 by Speech Therapy per note in R2's clinical record as being at "risk for choking, aspiration, dehydration, and malnutrition". R2 had one episode of "suspected aspiration", during medication pass that was documented on 8/9/12 in the speech therapy note. Speech therapy was working with R2 to change R2's diet from nothing by mouth with tube feeding, to puree, and then finally to mechanical soft. On 9/3/12, R2 was discharged from Speech Therapy. On the discharge document from Speech Therapy for this date, under skilled therapy techniques it is documented; swallowing: Compensatory swallow techniques, Aspiration Precautions, Multiple swallow, Cues to throat clear/cough, Cues verbal/visual/tactile. The Assessment for this date does not document an assessment for R2 to eat alone in a room unsupervised.</p>	F 323			

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F 323	Continued From page 2  A review of the facility's Minimum Data Set for R2, dated 9/23/12 scored eating at a two which would required R2 needing assistance with meals.  A review of nursing notes dated 9/24/12 documented that E7(Restorative Nurse) said, "R2 is able to feed herself with verbal cues although at times she requires staff assist to get started eating."  During a phone interview on 11/27/12 at 10:15 AM, Z4 (R2's family member) stated, "I always had to cut up her food. R2 was supposed to have help with eating. "  During a phone interview on 11/27/12 at 10:00 AM, E5 (Certified Nursing Assistant) stated, "I brought her tray in around 5:10 PM and she said the food did not look good. I cut up her food and brussel sprouts. I left the room. She ate alone by herself sometimes. I did not see her until after 5:40 PM when she was non-responsive."  On 12/11/12 at 2:40 PM E6 (Registered Nurse) stated, "I saw R2 about 5:00 PM before the dinner tray came. I then went back to the room about 5:35 PM and saw that R2 was not responsive. I checked her mouth and did a finger sweep. I thought she choked. I called 911 right away. R2 was a full code. I did not give a rescue breaths. E3 (Director of Nursing) came up right away."  The staffing schedule for 10/18/12 and confirmed by E6 indicated that there was no other staff on the unit. There were only 11 to14 residents. This	F 323			

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F 323	<p>Continued From page 3</p> <p>left R2 alone unsupervised for approximately 25 minutes while eating dinner.</p> <p>On 12/11/12 at 12:38 PM, E3 stated, "We have no documentation of what we did during the emergency. We do not have any policies for Cardiopulmonary Resuscitation or the Heimlich maneuver."</p> <p>During a phone interview on 12/11/12 at 1:56 PM, Z3 (R2's Attending Physician) said, "I do not recall looking at records indicating that R2 was safe to eat by herself. If I wrote an order for R2 to be on aspiration precautions R2 should have been supervised. I do not recall if I was told that R2 was eating meals alone in her room without supervision."</p> <p>Review of R2's clinical record reflected a physician order for aspiration precautions. Aspiration Precautions are measures the facility takes to minimize the risk of inhaling fluid/food/foreign objects in residents at high risk for aspiration/choking.</p> <p>The Community Fire Department Ambulance Service, documented that on 10/18/12 at 6:06 PM under assessments, "Airway Partially Obstructed-Foreign Body."</p> <p>The local hospital Emergency Room History and Physical Report, documented by Z2 (community hospital physician), under "Chief complaint: Respiratory failure and Choking in Nursing home." The community hospital record showed that R2 never recovered and expired 9 days later.</p>	F 323			

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F 323	<p>Continued From page 4</p> <p>The removal plan was accepted on 1/2/13 at 1:45pm. Surveyor confirmed that the facility took the following actions to remove the Immediate Jeopardy:</p> <p>A) On 12/27/12 at 2:10 PM the facility sent a letter documenting that they inserviced staff on in room patient dining safely, and Aspiration Precautions Guidelines. The facility also included a new assessment tool for safety to eat unsupervised as well as a new assessment tool for the resorative nurse for people with swallowing disorders and are on Aspiration Precautions.</p> <p>B.) On 12/31/12 at 1:00 PM employee records for the inservice with the employee signature and date were recieved in the office.</p> <p>C.) On 1/2/13 at 8:30 AM, the only residents eating in their room were alert and oriented times three. They were not on Aspiration Precautions or diagnosed with swallowing disorders.</p> <p>D.) Several staff were able to verbalize the new dining plan and the policy for Aspiration Precautions. Residents who are not oriented will not be allowed to eat unsupervised as well as residents with swallowing disorders or Aspiration Precations.</p> <p>On 1/8/13 at 2:17 pm additional documents were recieved from the facility. These include:</p> <p>A policy for documentation for major events.</p>	F 323		

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F 323	Continued From page 5 A sign in sheet attached of staff that attended. Policy outlining procedures nursing staff is to follow when providing CardioPulmonary Resuscitation.	F 323		