

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

PRINTED: 07/22/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145923	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/29/2016
NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE			STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035		
(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 309 SS=J	<p>Complaint Investigation #1613454 / IL86431</p> <p>A partial-extended survey was conducted.</p> <p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to initiate Cardio Pulmonary Resuscitation (CPR) when a resident had no pulse or respirations. The resident had made the decision to be a Full Code in case of cardiac arrest on March 15, 2016. The resident was found without a pulse at 4:16 AM on March 29, 2016. No resuscitative efforts were initiated by facility staff. The Immediate Jeopardy began on March 29, 2016, when the facility did not initiate cardiopulmonary resuscitation on a resident who was a Full Code. On June 29, 2016 at 9:27 AM, E16 (Director of Nursing) was informed of the Immediate Jeopardy related to not performing CPR on a resident that was a Full Code. While the immediacy was removed on June 29, 2016 at 1:50 PM, the facility remains out of compliance at Severity Level 2 due to the need to evaluate the</p>	F 309			

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 309	<p>Continued From page 1</p> <p>effectiveness of the new/revised policies and training provided to the staff.</p> <p>This applies to 1 of 72 residents (R1) who was designated as a Full Code if cardiac arrest occurs in the sample of 74.</p> <p>The findings include:</p> <p>R1's Order Summary Report dated March 2016 showed R1 had diagnoses of end stage renal disease with dependence on renal dialysis and diabetes mellitus.</p> <p>General Progress Note dated March 29, 2016 showed that R1 was checked at 4:16 AM by E3 Licensed Practical Nurse (LPN). R1 was found to be without a pulse and had no respirations. E3 LPN checked R1 's chart for advanced directives and R1 was noted to be a DNR. E3 LPN rechecked R1's chart again at 4:30 AM and noted that R1 was not a DNR but was a full code. R1 expired on March 29, 2016.</p> <p>On June 27, 2016 at 6:20 AM, E3 LPN stated, "I checked her (R1) around 2:00 AM that morning. She was breathing and her skin was not clammy. I checked on her every two hours. At 4:16 AM, E4 Certified Nursing Assistant (CNA) notified me that R1 was not breathing. I went in to check the resident for a pulse, she didn't have one. I went out to check R1's written chart for her code status. I looked at the top of advanced directives form and I swear it said that R1 was a do not resuscitate. As I was talking with the police department, I looked at R1's chart again and I saw that the box was checked stating that R1 was a Full Code. I think this was around 4:30 AM."</p> <p>On June 28, 2016 at 10:30 AM, E3 LPN stated, "I did not do CPR and the 2 other staff members did not do CPR on R1 at any time once I realized she was a Full Code. I called a Code Blue and called 911 right away. The police and fire showed up</p>	F 309			

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F 309	<p>Continued From page 2</p> <p>right away. I don ' t think they did CPR on her either." The local police report dated May 10, 2016 showed that the local fire department/EMS arrived at the facility at 5:03 AM on March 29, 2016.</p> <p>On June 27, 2016 at 7:24 AM, E1 Administrator stated, "The nurse did not immediately do CPR on R1. Yes, CPR should be initiated immediately if a resident is a Full Code."</p> <p>On June 28, 2016 at 9:50 AM, E16 DON stated, "When a code blue is called, it is announced overhead. We do not keep a code sheet or any log or documentation of the code or of who responds to the code blue. Notes related to code blues are written in the clinical notes in the chart. I don ' t think the staff ever did CPR on R1. R1 was presumed dead based on their (staff) assessment. R1 did not have a pink bracelet on when she died. The use of pink bracelets to identify residents that are DNR did not start until around the third week of April 2016. There was a black/white copy of R1's code form in the written chart to verify her Full Code status on March 29, 2016. The current DNR policy is a new corporate policy that was just updated. We do not have a new policy addressing the use of pink bracelets to identify DNR residents. Prior to the incident with R1, the facility kept a black and white copy of all resident ' s code forms in their charts to verify a resident ' s code status."</p> <p>On June 27, 2016 at 10:00 AM, E1 Administrator stated that staff can now determine if a resident is a DNR by looking for a pink bracelet on the resident ' s wrist. E1 stated, "The use of the pink bracelet to identify a resident's DNR status, without looking in the chart, was started a few months ago, after the incident with R1. I am not sure if the staff was in-serviced on the use of the pink bracelet or not. We worked with nursing and</p>	F 309			

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F 309	<p>Continued From page 3</p> <p>the detectives to investigate this. We did full audits and now continually audit the code status of each resident . We also offered CPR classes to the staff. I also spoke to our medical director about this."</p> <p>On June 27, 2016 at 4:25 AM, E5 LPN (Night Shift/1st Floor) stated, "I check a resident's code status by checking in the written chart. If there is no DNR form in the written chart, I know the resident is a Full Code." On June 27, 2016 at 4:35 AM, E6 LPN (Night Shift/First Floor), stated, " I look at the 24 hour report sheet to check if a resident is a DNR. If a resident is a DNR, they have an orange sticker on the outside of the written chart." On June 27, 2016 at 4:45 AM, E7 RN (Night Shift/Second Floor) stated, "I look at the 24 hour report sheet to check a resident's code status. We don ' t have orange stickers on our DNR charts." On June 27, 2016 at 4:30 AM, E8 RN (Night Shift/Third Floor) stated, "I check the written chart or the computer to verify a resident's code status." E5 LPN, E6 LPN, E7 RN, and E8 RN did not mention the use of pink bracelets to identify DNR residents during their interviews.</p> <p>On June 27, 2016 at 9:30 AM, E12 CNA stated that a pink bracelet on a resident's wrist means that the resident is a fall risk.</p> <p>On June 27, 2016 at 9:43 AM, E14 CNA stated that the pink armbands on residents identify limb restrictions.</p> <p>On June 27, 2016 at 10:27 AM, Z3 Physician stated, "I was notified by the nursing home that there was a delay in CPR on R1. R1 was basically found dead. Not doing CPR immediately harmed her dignity because her wishes were not followed."</p> <p>On June 27, 2016 at 11:20 AM, E1 Administrator stated, "I can't find a policy in writing addressing</p>	F 309			

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F 309	<p>Continued From page 4</p> <p>the use of pink bracelets to identify residents that are a DNR." E1 stated the staff was in-serviced on DNR/Advanced Directives on March 30, April 22, April 28, May 2, and June 27, 2016. In-services for staff on Code Blue were done April 7 and April 14, 2017. A mock code blue drill was held on April 24, 2016. E1 also states that CPR classes were held for staff on May 2 and May 3, 2016.</p> <p>R1's Code Status form (Illinois Short Form) dated March 15, 2016 showed that R1 was a Full Code with Full Treatment in the event of cardiac arrest. The Code Status form was signed by R1, Z1, and Z2 Advanced Practice Nurse.</p> <p>R1's General Progress Note dated March 29, 2016 showed that R1, "was checked again at 4:16 AM to have her get ready for early am dialysis. Resident noted pale, no pulse, no breathing appreciated. Checked chart for advanced directives and noted to be a DNR/Do Not Resuscitate. Rechecked chart again and noted that resident is not a DNR but a full code around 4:30 AM. Immediately Code Blue was called and paramedics were called. 911 came and checked resident, CPR was not initiated, resident with no respiration, pulse not appreciated, pupils were dilated and reflexes gone."</p> <p>The Follow Up for R1 Form (undated) showed, "Facility conducted directed in-services on Medical Emergency Policy and Procedures, Physician Order for Life Sustaining Treatment Forms, and the Use of New Wristbands for all DNR Residents."</p> <p>The facility's Advance Directives Policy and Procedure dated May 30, 2016 does not identify how staff can quickly identify if a resident is a Full Code.</p> <p>Through observation, interview, and record</p>	F 309			

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F 309	Continued From page 5 review the surveyor confirmed the facility took the following steps to remove the immediacy: 1. The Facility revised its Advance Directive Policy to reflect the most current process as of June 29, 2016, including the new practice regarding the pink wristbands and re-education was initiated to all actively direct care staff presently at work. 2. The Facility immediately re-educated (even those who previously participated in the in-services after the event) all active direct care staff (RNs, LPNs, Certified Nursing Assistants, Restorative Aides, Licensed Therapists and Certified Therapy Aides) presently at work regarding the revised Advance Directive Policy. The Facility will also ensure the incoming scheduled direct care staff will receive re-education on the facility ' s newly revised policy prior to returning to work. These in-services will be conducted by the Nursing Administration. The facility's newly revised Advanced Directive Policy will be included in all new employee's orientation training beginning today (June 29, 2016). 3. The Nursing Administration initiated a QA (Quality Assurance) process on June 29, 2016 with all active direct care staff presently at work. This QA process will be ongoing on a daily basis for 30 days and random check will be done. 4. Social Services will check daily new admissions and residents with change of condition to ensure that newly revised Advance Directive policy is being followed. Ongoing audits will be completed on a weekly basis.	F 309			