

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

PRINTED: 05/26/2010
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G285 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 05/24/2010 |
|--|--|---|---|---|
| NAME OF PROVIDER OR SUPPLIER GROUP HOME #3 | | | STREET ADDRESS, CITY, STATE, ZIP CODE 302 BACHMAN LANE GODFREY, IL 62035 | |
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| W 000 | INITIAL COMMENTS | W 000 | | |
| W 318 | COMPLAINT INVESTIGATION #1041950/IL47504 483.460 HEALTH CARE SERVICES The facility must ensure that specific health care services requirements are met. This CONDITION is not met as evidenced by: Based on interview and record review, the facility failed to provide prompt health care services related to life sustaining treatment for 1 of 1 client (R4) who expired on April 16, 2010 when the facility failed to: A. Initiate Cardiopulmonary Resuscitation. Findings Include: Refer to deficiencies cited at: W331 - The facility must provide clients with nursing services in accordance with their needs. 483.460(c) NURSING SERVICES | W 318 | | |
| W 331 | The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to provide prompt and adequate health care services related to life sustaining treatment for 1 of 1 client (R4) who expired on April 16, 2010 when the facility failed to: | W 331 | | |

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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| W 331 | Continued From page 1 A. Initiate Cardiopulmonary Resuscitation. Findings Include: 1. R4's Individual Habilitation Plan (IHP) dated 11/4/09. R4's diagnoses are stated as the following: " Level of functioning is in the Severe range of Mental Retardation; Hearing Impaired, Anemia, Varicose Veins, Hypothyroidism, High Cholesterol, Syncope, Atrial Fibrillation (AF), and Congestive Heart Failure (CHF)." R4 had a "Special" IHP on 4/15/10 that stated the following related to R4. " The team discussed the recent health issues that have occurred over the past two weeks and current diagnosis. RN (registered nurse-no name stated) gave the team an overview of everything that has taken place medically with R4 over the past two weeks, including his follow up visit with the cardiologist. The team discussed the specific practices that would be put in place as changing R4's midnight monitor checks from visual to physical. The team also agreed to seek an order for a shower chair to assist R4 during his shower. The team discussed R4's code status and the guardian made the decision to pursue a Do Not Resuscitate (DNR) order and that at this point he did not wish for R4 to be resuscitated in the event that his heart were to stop. The team discussed all of the tests that have been completed including the cardiac echo that was done during his hospitalization (no date stated). The team also discussed R4's recent follow up with the cardiologist and that his next echo was scheduled for July. The team discussed R4's recent fall (no date stated) and discussed how his laceration had healed and swelling has gone | W 331 | | | |

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| W 331 | <p>Continued From page 2</p> <p>down considerably. Since the fall R4 has worn a gait belt and has had stand by assist from staff and they will continue to do so."</p> <p>Review of facility incident report sent to the Illinois Department of Public Health (IDPH) on 4/16/10 @ 10:55PM. "This letter serves as notification that R4 expired on 4/16/10. R4 had a diagnosis of Severe Mental Retardation, Anemia, Varicose Veins, Hypothyroidism, High Cholesterol, Syncope, Atrial Fibrillation and Congestive Heart Failure. R4 had a recent decline in health and was being followed by his cardiologist and primary care physician".</p> <p>Review of facility "Peer Review-Death Review" dated 4/22/10. "The committee met 4/22/10 to review the death of R4 who died on 4/16/10. On 3/25/10 R4 complained of not feeling well and was assessed by the group home RN (no name stated) and was sent to the emergency room of local hospital for further evaluation due to edema of both legs. R4 was admitted on 3/25/10 with a diagnosis of Congestive Heart Failure. R4 was discharged from the hospital on 3/31/10 with a diagnosis of CHF, Atrial Fibrillation, Acute or Chronic Renal Failure, dehydration, Hyperkalemia and Anemia. R4 followed up with his primary physician on 4/9/10 and an appointment with his cardiologist was scheduled for 4/22/10. On 4/11/10 R4 fell in the group home and 911 was called and he went to the local hospital. R4 had a CT scan of his head that yielded negative results and he was released back to the group home with new orders. Staff attended R4's IDT meeting on 4/15/10 to discuss recent health decline, guardian discussed DNR orders and the process was started but physician signature had not been received. On the evening</p> | W 331 | | | |

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| W 331 | <p>Continued From page 3</p> <p>of 4/16/10, R4 was found unresponsive by staff, 911 was called. CPR was started but was called off by the local hospital EMS at approximately 8:45PM. R4's cause of death was Coronary Artery Disease and Arrhythmia.</p> <p>Due to staff confusion on our current DNR status, the committee recommended to in-service staff on the DNR process".</p> <p>Interview with E1(Administrator) on 5/12/10 at 2:00PM. E1 confirmed that the 4/15/10 special staffing there was an agreement to change R4's status to DNR. However on 4/16/10 "at the time of R4's incident there was no DNR in place as the facility had not yet obtained the physician signature and two outside members of the current Human Rights Committee." E1 confirmed that there was staff confusion as to R4's DNR status at the time of the discovery in the group home. E1 confirmed the facility policy on life-sustaining treatment. E1 stated "the current policy is on hold while the facility attorney reviews the current policy; however CPR is expected to be implemented unless there is a physician order for a DNR."</p> <p>Interview with E2 (Direct Service Person-DSP) on 5/12/10 @ 1:50PM. E2 confirmed that he had submitted a statement to the facility on 4/16/10 in relation to R4's death. E2 stated he was doing bed checks on 4/16/10 and assisted R4 into the bathroom. R4 went to lay down in his bed. E2 stated bed checks "were around 8:00PM and he gave another client a shower which took five minutes and then went to check on R4. R4 was laying there on the bed with his mouth and eyes open. So I ran to the med room and told my supervisor (E3-DSP)". E2 stated that he "touched R4 but could not tell if he was breathing. R4 had</p> | W 331 | | | |

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| W 331 | <p>Continued From page 4</p> <p>no sounds and his lips and mouth were cold". E2 stated he did not initiate CPR and stated he was currently certified and understood the procedure for emergency policies. E2 stated he did not return to R4's bedroom after notifying E3. E2 stayed in the med room with the other clients.</p> <p>Interview with E3(DSP) on 5/13/10 @ 4:30PM. E3 confirmed that she had submitted a statement to the facility on 4/16/10 in relation to R4's death. E3 stated she was conducting the facility medication pass at approximately 7:50PM. E3 stated she requested E2 to go to R4's bedroom and get him up for his evening medications. E3 stated that E2 came to the med room (no time frame stated) and requested E3 to "go check R4 because he was cold and it didn't look like he was breathing." E3 instantly ran to R4's bedroom and saw him lying in the bed. "E3 felt for a pulse, but didn't feel one. R4's heart was pumping (placed my hand on his left side of his chest and his heart was pumping). E3 went to the phone and called the switchboard to let them know that the building needed EMS and the facility nurse should come over and then E3 hung up and called 911." E3 stated "there was no pulse at the wrist and she did not feel breath or any sounds from R4" during her evaluation. E3 confirmed that she is currently certified in CPR and has an understanding of facility requirements for emergency medical procedures. E3 stated she "did not initiate CPR" and told E4(LPN) that she thought R4 had a DNR. E3 confirmed neither E3 or E4 initiated CPR and the Paramedics arrived at the facility and took over the medical procedure.</p> <p>Interview with E4(LPN) on 5/13/10 @ 2:20PM. E4 confirmed that she had submitted a statement to</p> | W 331 | | | |

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| W 331 | <p>Continued From page 5</p> <p>the facility on 4/16/10 in relation to R4's death. E4 stated she was on the main campus when she was alerted to a "crisis Alert" notification that came over the walkie talkie that all shift nurses carry while on campus. E4 stated it took her approximately 90 seconds to arrive at the building. E4 stated upon arrival "R4 was lying in his bed with no respirations; no pulse; skin was cool to touch and he was cyanotic. E4 told E3 that we need to do CPR. E4 was informed by E3 that R4 was a DNR. E4 stated she needed documentation that would establish the DNR. By the time the individual client file for R4 was reviewed the paramedics arrived and took over the procedure". E4 confirmed that no facility staff initiated or participated in the CPR procedure.</p> <p>Review of the "Certification of Death Record" dated 5/3/10. R4 expired 4/16/10 @ 9:56PM. The cause of death is stated as "Coronary Artery Disease & Arrhythmia".</p> <p>Review of facility job description for group leaders of the group home was last revised 3/06. The following was stated for current responsibilities for group leaders. "Responsible for meeting individuals needs as specified by the habilitation plan. Will implement all services specified in the habilitation plan for individuals assigned. Responsible for the daily care of each individual served.</p> <p>Job duties:</p> <ol style="list-style-type: none"> 1. Assist in providing basic health care for clients as assigned by nurse and/or supervisor. 2. Possess an understanding of emergency medical procedures, i. e. CPR, Heimlich Maneuver, seizure care, semi-isolation procedures. 3. Possess a good understanding and be able to | W 331 | | | |

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| W 331 | <p>Continued From page 6 complete, facility safety and emergency policies and procedures."</p> <p>Review of facility policy on "Life-Sustaining Treatments" revised 12/5/03 stated the following: " Life-sustaining treatment is defined as any medical treatment, procedure or intervention that in the judgement of the attending physician, when applied to a resident would serve only to prolong the dying process. These procedures can include but not limited to cardiopulmonary resuscitation (CPR). Cardiopulmonary resuscitation will be administered to any individual who suffers a sudden emergency condition and does not have a Do Not Resuscitate order present. This person will be immediately transferred to the hospital for further medical evaluation and any further decisions in regard to life sustaining treatments will be made by the physician and individual, guardian or surrogate or any person designated to make such decisions pursuant to a Power of Attorney for Health Care or pursuant to an effective Living Will. Procedure-will assure procedures for life sustaining treatments by providing a staff of registered and licensed nurses and an adequate number of staff certified in CPR. Staff are in-serviced annually in regard to medical emergency procedures. Each new employee receives emergency medical training offered in pre-employment training and are required to sign a statement that they fully understand each procedure. The physician must write a Do Not Resuscitate order or any specific life-sustaining limitation on the physician order sheet immediately after such a decision is made. In the event no decision has been made in regard</p> | W 331 | | | |

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| W 331 | Continued From page 7 to life-sustaining treatment and no applicable physicians's order is present, the facility policy on life-sustaining treatments shall control and treatments will be initiated". | W 331 | | | |