

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2019</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>MENDOTA LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 6TH STREET MENDOTA, IL 61342</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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S 000	Initial Comments  Facility Reported Investigation to Incident of 4/3/19 / IL 111095	S 000		
-------	---	-------	--	--

S9999	Final Observations  Statement of Licensure Violations:  300.610a) 300.1010h) 300.1210b) 300.1210c) 300.1210d)3) 300.3240a)	S9999		
-------	---	-------	--	--

Section 300.610 Resident Care Policies

a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting.

Section 300.1010 Medical Care Policies

h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  04/30/19
--	-------	---------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MENDOTA LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 6TH STREET MENDOTA, IL 61342</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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record</p> <p>Section 300.3240 Abuse and Neglect</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MENDOTA LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 6TH STREET MENDOTA, IL 61342</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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to provide emergency medical care by failing to initiate cardiopulmonary resuscitation (CPR) for one of three residents (R1) reviewed for code status in the sample of three. This failure resulted in R1's code status not being honored and R1's subsequent death.</p> <p>Findings include:</p> <p>The facility's Cardiopulmonary Resuscitation policy and procedure dated March 20, 2017 documents it is the policy of the facility to provide basic life support including Cardiopulmonary Resuscitation (CPR) when a resident requires such emergency care, prior to the arrival of Emergency Response Personnel, subject to physician order and resident choice. Nurses and other care staff are educated to initiate CPR, as recommended by the American Heart Association (AHA) unless a valid Do Not Resuscitate Order is in place, a resident presents with obvious signs of clinical death or initiating CPR could cause injury or peril to rescuer. This policy documents the objective is to provide basic life support until emergency medical services arrives, consistent with resident advance directives, in the absence of an advance directives or Do Not Resuscitate Order and if the resident does not show signs of clinical death. Prompt initiation of CPR is essential as brain death begins four to six minutes following cardiac arrest if CPR is not initiated within that time. This policy documents personnel must provide basic life support</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MENDOTA LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 6TH STREET</b> <b>MENDOTA, IL 61342</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) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>including CPR to a resident who requires such emergency care prior to arrival of emergency medical personnel subject to related physician's order and consistent with advanced directives. This policy documents all departments must be in-serviced and aware of those residents who wish to have CPR. Residents who wish to have CPR are identified with a bright green wrist band. This policy also documents department heads and unit nurses are to review the CPR list and any current room changes. CPR list and updates are prepared when changes occur and are delivered promptly to all departments and CPR status is identified on the resident's chart, electronic medication administration record, personal profile and care plan. The staff are to check resident response, identify/verify code status and check for green CPR wrist band. If resident has a green wristband and a valid advanced directive with physician's order for life sustaining treatment, "PROCEED WITH CPR." This policy documents to simultaneously assess for breathing and pulse for 10 seconds, if necessary open the airway then shout for nearby help or pull the call button for assistance. Activate Emergency Response System: (and instruct staff to) Call 911, if collapse was witnessed and staff member is alone, leave resident to activate emergency response system and retrieve AED (automated external defibrillator), then begin CPR. If other staff are nearby, begin CPR and instruct bystanders to call 911, retrieve AED and CPR cart and page Code Blue overhead on intercom and give location. Turn CPR over to emergency personnel upon arrival and document all appropriate information in the medical record.</p> <p>R1's Resident Care Conference Report dated 2/13/19 documents R1's Advanced Directives as Full Code. This report documents R1 "stays busy</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MENDOTA LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 6TH STREET MENDOTA, IL 61342</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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 4</p> <p>most of the time" on R1's own and that R1 is quiet and friendly to talk with and "likes to be independent." R1's Medication Review Report dated March 19, 2019 documents R1's Order Summary including an order with a start date of 11/4/16 that R1 is to receive "CPR" (Cardiopulmonary Resuscitation).</p> <p>R1's Care Plans dated 2/13/19 document R1 and V16, R1's Representative "expressed a preference" R1 remain "full code with full treatment." These care plans document R1's and V16's wishes will be honored. These care plans also document the facility will assure R1 the facility will honor R1's wishes as expressed on the Practitioner Orders for Life-Sustaining Treatment (POLST) and review code status with R1 and/or representative as needed as well as notify V16 if R1 is sent to the hospital or concerns arise. R1's Care Plans also document R1 is at risk for potential altered cardiac output related to diagnosis of Peripheral Vascular Disease, Hypercholesterolemia and Hypertension.</p> <p>The facility's document titled Final Report dated 4/3/19 documents R1 died on the morning of 4/3/19 and that after R1's death it was noted that R1 "was a CPR." This report documents that on 4/3/19 around 5:00AM; V10, Registered Nurse was called to R1's room by V3, Certified Nursing Assistand (CNA) due to R1 having difficulty breathing and mottling from the knees down. V10, RN, determined that R1's oxygen saturation was low and sent V3, CNA to get an oxygen concentrator while V10 obtained an oxygen mask. According to this facility report, V10 then went to R1's chart to obtain the phone number for R1's POA (Power of Attorney) to notify them of R1's change in condition, but did not check R1's</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MENDOTA LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 6TH STREET MENDOTA, IL 61342</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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 5</p> <p>code status while in the chart. This report states that upon returning to R1's room, V3 told V10 that R1 had passed away. V10, RN, entered R1's room and noticed R1 was not breathing and did not have a pulse. V10, RN, did not initiate CPR as R1's plan of care and physician's orders state. This same report states that it was not until after R1's death when V10 went to print documents from R1's electronic medial record that V10 noticed that R1 was a full code and should have had CPR initiated. In this facility document, it was noted that V10 did not notify V3, Director of Nursing (DON), or V11 (R1's physician) that R1 did not receive CPR as R1's orders stated. According to the facility report V10 was suspended on 4/3/19 and resigned on 4/4/19. In a facility interview of V10 RN on 4/5/19, V10 stated that she was "unaware (R1) was a full code." V10 also stated she didn't have time to notify the physician of R1's change in condition. V10 stated that she knew where to find the code status but that she had already notified the coroner and R1's family was there. V 10 stated "it didn't cross her mind because (R1) had already passed." This document states that R1's code status was visible on R1's resident profile and electronic medical record in the electronic health record and that updated CPR lists are distributed to nurses stations. It also states that residents are "encouraged" to wear a bright green armband or have the armband placed on the wheelchair or walker.</p> <p>On 4/11/19 at 11:15am, V10, RN stated she came on duty around 12:45am on 4/3/19 and was the nurse assigned to care for for R1. V10 stated V3 and V21, CNA's had just placed R1 in bed. V10 stated she was passing medications down the hall at a little after 5:00am when V3, CNA, came and notified her of the need to come look at R1</p>	S9999		
-------	---	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/18/2019</b>
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  <b>MENDOTA LUTHERAN HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 6TH STREET MENDOTA, IL 61342</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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	Continued From page 6  immediately. V10 stated R1 was mottled from knees down and R1's hands were cold to the touch and dusky in color. V10 stated she was attempting to get vital signs and instructed V3, CNA to get an oxygen concentrator to get oxygen started on R1. V10 stated she was still attempting to get vital signs and was having trouble getting a blood pressure reading on R1. V10 stated she was trying to get a pulse and oxygen saturation levels and stated R1 did have a pulse at that time, but V10 forgot what it was. V10 stated she left the room, looked up V16, POA's phone number in the computer system and notified V16 (POA) of the change in condition. V10 stated she did not look at R1's code status at that time as she just wanted to get V16 there and she "did not want to spend that much time in the chart". V10 stated V3, CNA brought the oxygen concentrator in to R1's room and put R1 on 3 liters per nasal cannula but R1 was nasally congested and mouth breathing so V10 went to look for a face mask. V10 stated while she was out looking for a face mask, V3 came to get V10 and told her R1 had passed away. V10 stated she went in to R1's room and R1 was still breathing, just having more "agonal (gaspings) breathing." V10 stated she went back out to look for the face mask again when V3 came to her again at around 5:30am and told her that R1 had quit breathing. V10 stated she went in to R1's room at this time and confirmed R1 had no respirations, no pulse, no blood pressure. V10 stated that on 4/3/19, she did not recall R1 having a green CPR bracelet on. V10 stated it was not until she was using the electronic medical health record that she saw R1 was to receive CPR. V10 stated she did not check to see what R1's code status was or ask anyone to check R1's code status as she was too busy trying to stabilize R1. V10 stated she did not request anyone to call 911	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6006050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/18/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MENDOTA LUTHERAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 500 6TH STREET MENDOTA, IL 61342
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 7</p> <p>or to get the Automatic External Defibrillator (AED) or to get another nurse for assistance with R1's change in condition. V10 stated she was unaware R1 was a full code and that she did not review the CPR list prior to starting her shift. V10 stated she didn't realize R1 was a full code until she went to do the charting and right next to R1's picture in the electronic medical record was R1's code status stating R1 was a full code, which was after R1 had passed away. V10 stated she had already contacted V16 and coroner. V10 stated she was busy trying to stabilize the patient so she did not notify V11, R1's Physician until after R1 had passed away. V10 stated when she realized R1 was supposed to receive CPR she was so upset she "couldn't think." V10 stated she did not notify V2, DON, V1, Administrator, V11, Physician, the coroner or anyone but V5, RN that R1 was supposed to have had CPR. V10 stated she would have "called 911 right off the bat" if V10 would have known R1 was to receive CPR.</p> <p>On 4/9/19 at 2:40pm, V3, CNA stated she worked on 4/2/19 10pm to 4/3/19 at 5:30am. V3 stated between 11:00pm and 11:30pm, R1 was assisted to bed. V3 stated prior to assisting R1 to bed, R1 was up in the wheelchair playing cards at R1's bedside table. V3 stated R1 was assisted with incontinence cares, including applying lotion to R1's legs and feet as they were dry and flaky. There were no concerns at this time with color changes to her lower extremities. V3 stated at around 5:00am, she went in and pulled back the blankets and R1 was mottled so she went and got V10, RN. V3 stated she had a hard time finding an oxygen concentrator in the facility and had to take one that was not currently in use from another unidentified resident's room. V3 stated it looked like R1 had vomited. V3 stated V10 left</p>	S9999		
-------	---	-------	--	--



Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6006050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/18/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MENDOTA LUTHERAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 500 6TH STREET MENDOTA, IL 61342
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 8</p> <p>the room after she had brought oxygen in to R1's room. V3 again left the room to get V10 as she thought R1 had passed away. V3 stated R1 did not have a green bracelet on and verified that R1 was on the CPR list. V3 stated she was unsure of what to do so V3 was waiting on direction from V10, RN in relation to code status. V3 stated R1 was still breathing, R1's chest and abdomen were still moving when V3 left twice to retrieve V10 for assistance. V3 stated she told V10 to stop leaving R1's room that R1 was dying. V3 stated she left at 5:30am.</p> <p>On 4/9/19 at 3:50pm, V2, Director of Nursing (DON) stated V2, V1, Administrator and V11 R1's Physician had received text notification R1 had passed away from V10. V2 stated she had arrived at the facility on 4/3/19 around 8:30am when V20, RN notified her that R1 was to have had CPR according to R1's medical records. V2 stated she notified V1 immediately that R1 had passed away and that "nothing had been done to initiate CPR". V2 stated she interviewed V10 who stated she did not realize R1 "was a CPR" until she sat down to chart because she was focused on finding a mask (for oxygen administration). V10 told V2 that she was just focused on R1's oxygenation and did not think about CPR and that it "just happened all so quickly." V2 stated V10 just kept asking if she was going to get fired over the incident of not providing CPR to R1 when she should have done so. V2 stated she had an undated note under V2's office door from V10, RN on 4/8/19 with V10's resignation. V2 stated she would have expected V10 to initiate/attempt 911 (initiate CPR) and obtain emergency equipment while they waited for nurse and/or emergency response personnel to respond. V2, DON stated V3 should have checked R1's code status and V3 could</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6006050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 04/18/2019
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  MENDOTA LUTHERAN HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 500 6TH STREET MENDOTA, IL 61342
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------	--	---------------	---	--------------------

S9999	<p>Continued From page 9</p> <p>have called 911 to get emergency personnel en route and sent staff for the AED and crash cart.</p> <p>On 4/16/19 at 1:45pm, V11, R1's Physician stated V11 would expect the facility staff to perform CPR per advanced directives provided by each resident. V11 stated he spoke with the facility about needing to put processes in place to identify code status in relation to the incident that occurred with R1 on 4/3/19. V11 stated the facility needs to make sure the nurses are educated on the processes of code status and CPR. V11 stated he would have expected the nurse to administer CPR to R1 and notify V11 and call 911. V11 stated the facility should have followed R1's wishes to be a full code.</p> <p>(AA)</p>	S9999		
-------	--	-------	--	--