| Illinois Department of Public Health | | | | | | |
|---|---|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED C 10/01/2020 | |
| | | IL6002711 | | | | |
| NAME OF PROVIDER OR SUPPLIER STREET ADD | | | DRESS, CITY, STATE, ZIP CODE | | | |
| LINIVERS | SITY NSG & REHAB (| ENTER 1095 UNI | VERSITY DR | RIVE | | |
| ONTOLING | | EDWARD | SVILLE, IL | 62025 | | |
| (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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY) | SHOULD BE COMPLETE | |
| \$ 000 | Initial Comments | | S 000 | | | |
| | Complaint 2043032 | 2/IL122173- F678 J | | | | |
| S9999 | Final Observations | | S9999 | | | |
| | Statement of Licensure Violations: | | | | | |
| | 300.610a) 300.1035a)1) 300.1035e) 300.1210b) 300.1210d)6) 300.3240a) | | | | | |
| | Section 300.610 Resident Care Policie | | | | | |
| | procedures, govern the facility which sh Resident Care Polic least the administra the medical advisor representatives of r the facility. These with the Act and all These written polici operating the facility least annually by the | Il have written policies and hing all services provided by hall be formulated by a cy Committee consisting of at ator, the advisory physician or my committee and hursing and other services in policies shall be in compliance rules promulgated thereunder, lies shall be followed in any and shall be reviewed at its committee, as evidenced by dated minutes of such a | | | | |
| | a) Every facilit right to make decis medical treatment, reject, or limit life so | y shall respect the residents' ions relating to their own including the right to accept, ustaining treatment. Every sh a policy concerning the | | Attachment A Statement of Licensure Violat | ions | |

illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

TITLE

(X6) DATE 10/15/20

PRINTED: 11/24/2020 FORM APPROVED

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002711 10/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1095 UNIVERSITY DRIVE UNIVERSITY NSG & REHAB CENTER EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 implementation of such rights. Included within this policy shall be: implementation of Living Wills or Powers of Attorney for Health Care in accordance with the Living Will Act (III. Rev. Stat. 1991, ch. 1101/2. pars. 701 et seq.) [755 ILCS 35] and the Powers of Attorney for Health Care Law (III. Rev. Stat. 1991, ch. 1101/2, pars. 804-1 et seq.) [755 ILCS 45]; The facility shall honor all decisions made e) by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section and may not discriminate in the provision of health care on the basis of such decision or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act (III. Rev. Stat. 1991, ch. 1111/2, pars. 5301 et seq.) 1745 ILCS 701 Section 300.1210 General Requirements for Nursing and Personal Care 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:

Each direct care-giving staff shall review

PRINTED: 11/24/2020

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6002711 B. WING 10/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE **UNIVERSITY NSG & REHAB CENTER EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) S9999 Continued From page 2 S9999 and be knowledgeable about his or her residents' respective resident care plan. 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: All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These Regulations were not met as evidenced Based on interview and record review the facility failed to initiate Cardio Pulmonary Resuscitation (CPR) for 1 resident (R5) reviewed for Advanced Directives/CPR. Facility staff failed to follow R5's Advanced Directives by not initiating CPR for R5, who subsequently expired. Findings include: 1. R5's Physician's Orders Sheet (POS), dated

Illinois Department of Public Health

6/14/2020, documents R5 had diagnoses of End

Stage Renal Disease, Sleep Apnea and Pneumonia. R5's POS also documents R5 is a

PRINTED: 11/24/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6002711 B. WING 10/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE **UNIVERSITY NSG & REHAB CENTER EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 3 S9999 Full Code. R5's Care Plan, dated 7/3/2019, documents, "Advanced Directive: My wishes are that CPR be performed as indicated." Approaches include, "CPR to be performed in the event of cardiac/respiratory arrest." R5's Practitioner Order for Life-Sustaining Treatment (POLST) form dated 9/7/2018, documents, "Attempt Resuscitation/CPR." R5's Nursing Progress Notes, dated 4/16/2020 at 1:20 AM, documents that R5 was resting in bed with no signs and symptoms of distress. R5's Nursing Progress Note, dated 4/16/2020 at 4:09 AM, documents, "Resident with no vital signs, hanging over the side of his bed, cold to touch and lips cyanotic (lacking blood flow). POA called and notified." On 9/17/2020 at 12:10 PM, V1, Administrator, was unaware if CPR was initiated on R5. V1 stated, "Oh, I hope they did!" An untitled statement from the facility, dated 9/17/2020, documents, "Administrator (V1) asked about (R5's) death and was CPR started. (V9, Licensed Practical Nurse, LPN) stated that she didn't remember (R5) passing away. (V9) then stated she did remember. I (V1) asked her (V9) if she or someone initiated CPR. (V9) stated

someone did but she couldn't recall who. (V9) stated she did call (V19, R5's Physician) who gave her order not to continue CPR. (V9) stated resident was blue all over body and cold."

An untitled statement from the facility, dated 9/17/2020, documents, "I (V1) interviewed (V10,

PRINTED: 11/24/2020 FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING IL6002711 10/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE **UNIVERSITY NSG & REHAB CENTER EDWARDSVILLE, IL. 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 LPN) concerning (R5's) death and asked her if she started CPR. (V10) started to cry and stated no CPR was started. I (V1) asked (V10) why she didn't report incident to the Director of Nursing (DON) or administrator. (V10) stated because she was scared." On 9/21/2020 at 11:10 AM, V13, Certified Nursing Assistant (CNA), stated, "I had (R5) on my hall. (R5) was pretty self-sufficient, but his roommate needed care. When I went in the room, I saw his arm hanging off the edge of the bed. I went and got the nurse. I don't recall which one was my nurse that night. Both nurses (V9 and V10) and another CNA came into the room. They said he was 'gone'. I don't know if CPR was started because I wasn't in there." On 9/21/2020 at 11:16 AM, V14, CNA, stated, "The other aide came looking for me. I went in there. We laid him down flat. The nurse on the hall (V10) was willing to do CPR. (V9) took over. (V9) said, 'I'm not doing CPR. What's the point? He is already gone.' She did not attempt or even try. The rest of us thought we should start CPR since he was a full code. I don't know how long he had been like that. He just looked like he was sleeping. He did not have a color change. He did not look different to me. He was not stiff. She (V9) should have at least tried."

Illinois Department of Public Health

On 9/21/2020 at 11:30 AM, V10, LPN, stated, "(V13) came and got me and said, 'I think something is wrong with him (R5).' He was leaned over with his arm hanging off the bed when I walked in. He was blue in the face. I went and got the other nurse, (V9). We tried to pull him up on the bed so we could give CPR. She (V9) was like, 'Well, he's already blue. We probably can't bring him back.' I didn't know if he was a full

PRINTED: 11/24/2020 FORM APPROVED

FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6002711 10/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1095 UNIVERSITY DRIVE UNIVERSITY NSG & REHAB CENTER EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 code so we had to look it up in the computer. She (V9) took over everything. She wrote the note and called the family. I'm not sure if she called the doctor. No one did CPR." On 9/21/2020 at 3:00 PM, V9, LPN, stated, "I was summoned to (R5's) room. (R5) looked like he had passed. His lips and fingertips were blue. Rigor Mortis had set into his lower extremities where the blood was pooling. Rounds are done every 2 hours. I immediately called the doctor and he said not to start CPR. Someone should have started CPR while I called the doctor. The CNAs are trained in CPR too. The Code status is in their chart and on the computer. He (R5) was a full code. I thought I did chart calling the doctor. sometimes the computer times out while you are charting. I did not write a telephone order after speaking to the doctor." On 9/21/2020 at 2:00 PM, V15, LPN, stated, "First, I would check code status to see if they are full code or a Do Not Resuscitate (DNR). If they are a full code, I would call a code blue and start CPR immediately. Someone would bring the crash cart and someone else would call 911. I would continue CPR until the EMS (Emergency Medical Services) got here. CNAs can do CPR, I am current on my CPR certification." On 9/22/2020 at 10:37, V11, CNA, stated, "I am CPR certified. If I walked into room where someone was in distress. I would pull the light (call light) and yell for help. I would start CPR if there is not a nurse in the room. I would know if they were a full code by the green dot. I ask a lot of questions and I am pretty familiar with the residents. Our nurses give us report on them. I

Illinois Department of Public Health

am also familiar with the procedure. The nurse

would bring the crash cart."

PRINTED: 11/24/2020 FORM APPROVED

Illimois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ COMPLETED IL6002711 B. WING 10/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1095 UNIVERSITY DRIVE **UNIVERSITY NSG & REHAB CENTER EDWARDSVILLE, IL 62025** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5)PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 On 9/22/2020 at 10:45 AM, V5, CNA, stated, "I would scream for help, check the pulse, I would start CPR. There is a book at the nurses' station with their code status. Once you get help, it's a team. Someone is finding out the code status, someone is calling the ambulance and doctor. CPR continues until EMS gets there or the resident 'comes to' (responds). My CPR certificate just expired, but we are in the process of getting it renewed." On 9/22/2020 at 10:55 AM, V17, CNA, stated, "If they are a full code and you find them not breathing, you start CPR, and holler out for the crash cart and other assistance. The green dot or paper means they are full code. I am current on my CPR certification. The nurse will bring the crash cart. We would switch out doing compressions. If they are a full code, they are a full code, it doesn't matter, you start CPR." On 9/22/2020 at 12:01 PM, when asked about the standard of practice regarding CPR, V18, Medical Director (MD), stated, "It is supposed to be done according to their (the resident's) wishes. If the resident is a full code, CPR should started immediately if there is no response and no vital signs. I would expect them to at least attempt CPR even if the resident was cold and blue. I would expect them to notify me." On 9/22/2020 at 12:33 PM, V1 stated, "I would have expected notification to the DON and administrator after CPR was initiated, and EMS/MD and family notified. If I would have had knowledge of the situation, the nurses would have been instructed on proper protocol of following the Code Blue policy. Knowing if a person is full code is very easy. In matrix, it right

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED B. WING IL6002711 10/01/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1095 UNIVERSITY DRIVE UNIVERSITY NSG & REHAB CENTER** EDWARDSVILLE, IL 62025 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S9999 Continued From page 7 S9999 by the resident's name, it says DNR (Do Not Resuscitate) or Full Code. I have implemented the green dot systems, POLST book at nurses' station. There is more than one way to find out their code status. We held off on CPR classes due to the COVID, but we feel that it is important to have CPR classes at this time. 2. The facility's Advanced Directives and Code Status Report, dated 9/21/2020, documents the directive for R4, R6, R11, R12, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, R35, R36, R37, and R38 as Full Code. The Facility's Code Blue Policy, revised 9/17/2020, documents, "The Code Blue policy is designed to outline the roles and responsibilities of the staff members responding to a Code Blue, the proper procedure for activation of a Code Blue. Code Blue is activated/called for any person experiencing respiratory distress or cardiac arrest." It continues, "Purpose: To facilitate an efficient, effective and coordinated response to respiratory distress or cardiac arrest. Procedure: 1. Staff identifies a resident/patient/visitor and employee in distress 2. First responder relays message to a second staff member. One staff member stays with the victim and initiates CPR per BLS (Basic Life Support Training)" It continues, "6. Delegate duties (To be done by victim's primary nurse): a. compressions." The policy further documents, "8. Victim's primary nurse documents the events 9. CPR does not stop until instructed by the responding Emergency Medical Personnel or MD (Medical Doctor)." (A)