

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098
---	--

(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 Incident Report Investigation of 8-6-17/ IL96076 Statement of Licensure Findings: 300.610 a) 300.1210 b) 300.1210 d) 6) 300.1220 b) 3) 300.3240 a)	S 000		
S9999	Final Observations Statement of Licensure Violations: 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 300.1210 General Requirements for Nursing and Personal Care	S9999		

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 09/15/17
---	-------	------------------------------

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098
--	--

(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>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.</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>6) 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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/23/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098
--	--

(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>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review the facility failed to ensure adequate supervision was provided for a resident with Dementia who was at risk for choking. R1 was served a mechanical soft diet but unknown to staff, consumed a regular hotdog. This failure resulted in R1 choking on the hot dog and dying of acute fatal cardiopulmonary arrest secondary to respiratory arrest.</p> <p>The findings include:</p> <p>The facility's Final Report to Illinois Department of Public Health Regarding the Incident on August 6, 2017 Involving R1 faxed August 11, 2017 showed, On August 6, 2017 at approximately 5:30PM in the second floor dining room, R1 started choking during the resident meal. R1 was witnessed to be in distress by a nurse and he pointed to his throat and was unable to speak or breathe. Staff in the dining room immediately responded and began abdominal thrusts which was not successful. The resident was taken to his room and staff began chest compressions and suctioning. Food particles were dislodged at that time. Cardiopulmonary resuscitation (CPR) was continued and a palpable femoral pulse was obtained. Upon arrival of paramedics, they took over care and the resident was taken to the</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098
--	--

(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>emergency room at 5:53PM. R1 passed away at 8:00PM in the hospital with a diagnosis of acute cardiopulmonary distress secondary to respiratory arrest and sepsis. Facility staff were interviewed regarding the meal and choking incident. It has been determined that R1 was given the proper diet consistency of mechanical soft when he was given his hot dog that evening. Multiple staff also indicated that R1 has a history of taking food off his tablemate's plates, which may have been how he had eaten a non-mechanical soft hot dog causing R1 to choke. R1 was care planned for impulsive behavior noting that he frequently eats foods he is not supposed to and he (R1) eats too fast. R1 has a weak gag reflex, weak esophageal muscles and is unable to cough effectively. Conclusion: At this time the facility has determined that R1 choked on a hot dog. Facility staff cannot determine where/how he (R1) got a regular hotdog.</p> <p>The hospital "Facility Coding Summary" dated August 6, 2017 for R1 showed, "Chief complaint: Choked on a hotdog; was unconscious and choking. CPR started; Principal Diagnosis: Acute Fatal Cardiopulmonary Arrest secondary to respiratory arrest and severe sepsis."</p> <p>The hospital "Triage Note" dated August 6, 2017 for R1 showed, "Unconscious after choking on a hotdog at the nursing home. Glasgow Coma Score: 4 - eyes do not open (1); best verbal response - incoherent speech (2); best motor response - none (1); Physical Assessment - per EMS R1 was at the nursing home eating a hotdog when he began to choke, became unconscious and CPR performed. R1 was able to be revived after 6-8 minutes with spontaneous breaths once the hotdog was removed but remains unresponsive at this time. On arrival R1 has no</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098
---	--

(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>motor function nor is he responding to pain or verbal stimulus; family at bedside stating R1 is a DNR; Severe respiratory distress; peripheral cyanosis; skin is prominently pale; skin is markedly cool." At 8:00PM R1 expired in the ER.</p> <p>On August 16, 2017 at 2:45PM, E8 (Food Service Worker) stated, "R1 was on a mechanical soft diet. R1 had honey thick liquids. I served R1's food onto his plate and that night he had a mechanical soft hot dog. R1 may have taken another residents hot dog or another resident could have given it to him. He (R1) had diminished memory capacity."</p> <p>On August 16, 2017 at 3:30PM, E5 (CNA) stated, "I usually work downstairs and don't know the residents upstairs. I was upstairs feeding 2 residents at the same table as R1 when he started choking. I saw R1 being handed his tray and he had a little information card on how to eat his meal. It said to chew slowly and not put too much in his mouth. The CNA handing his tray read it to him. There was a set of 3 or 4 instructions in front of him in big, bold letters. I didn't see anyone hand R1 any food. I was focusing on the residents I was feeding."</p> <p>On August 16, 2017 at 1:10PM, E10 (Registered Nurse - RN) stated, "I was coming through the dining room and saw R1 at a table, he was in distress and pointed to his throat. I asked if he was choking and he nodded yes. I did abdominal thrusts behind R1's wheelchair. I got E12 (CNA) and E14 (RN) to help me with the abdominal thrusts. It wasn't working so I got R1 to a chair and said to take R1 to his room. R1's room is close to the dining room (two doors from dining room). R1 slumped over in his wheelchair so we picked him up and carried him into bed. I felt for a</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/23/2017
NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098		
(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>pulse and started CPR. I knew he wasn't gone. Someone came in with suction and I didn't get much out. I don't know how he got the hot dog; possibly a table mate had it for supper."</p> <p>On August 16, 2017 at 10:40AM, E9 (CNA) stated, "I turned around the corner and saw a couple of abdominal thrust procedures with R1 standing. Then the nurse wanted to take R1 to his room because so many people were watching. R1 was taken down in his wheelchair. R1 was placed in his bed. The nurse had a machine for suction, put it in his throat to suck out what she can and when that didn't work she started CPR." E9 stated that she has never noticed any behaviors with R1 in the dining room, never witnessed R1 taking others food and did not know if he was on any special diet. E9 stated, "When I was trained I was taught that they had specific diets. When I was trained on the floor no one said to make sure diets are okay just to make sure the drinks are the right consistency."</p> <p>On August 16, 2017 at 2:56PM, E6 (Licensed Practical Nurse - LPN) stated, "I was in the lounge when a CNA came in and said R1 was choking. There were two nurses out there and I went out there and they already had brought R1 to his room. CPR was in progress by E14 (RN) and E12 (CNA). I took over compressions. EMS arrived, moved R1 from the bed to the floor, did more chest compressions and got more food from R1. We called the hospital to get an update and they said R1 choked on a hot dog and died. I found out in report the next day that they pulled a hot dog from his throat. I am not sure how he got the hot dog. One of his table mates (R4) has a regular diet and offers his food to others."</p> <p>On August 16, 2017 at 3:10PM, E7 (RN) stated,</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098
---	--

(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 6</p> <p>"That night I was helping in the dining room. I was waiting by the kitchen and heard someone yell, "Call 911" and I took over for the CNA who was calling and giving the information to 911. I witnessed several attempts at abdominal thrusts; several unsuccessful attempts. R1 went unresponsive in a chair on the way to his room. I went to R1's room a couple of times. I went in when EMS was here and they had a laryngoscope and were pulling a piece of something out. When they pulled it out R1 had chest rise but I could tell he wasn't getting full chest rise."</p> <p>On August 16, 2017 at 11:36AM, E11 (CNA/Unit Secretary) stated, "R1 was on a mechanical diet and thickened liquids. E11 stated to her knowledge no one knows how R1 got the regular hot dog."</p> <p>On August 17, 2017 at 12:28PM, Z3 (Speech Therapist) stated, "R1 had a video swallow study done and they found that he needed honey thick liquids and a mechanical soft diet. R1 was placed on that diet here. R1's swallowing strategies were to swallow three times per bite and alternate consistencies. I wrote that out for him. The kitchen manager typed it out and put it on the back of his diet card so the CNA could remind him. R1 could read the card. R1 knew what was going on. R1 could tell me he had to swallow three times. R1 followed the recommendations when I was with him. R1 ate fast and everyone told him to slow down. If someone offered R1 food he would have taken it. R1's table mate R4 has offered me food and offered chips to R1 once."</p> <p>On August 17, 2017 E2 (Assistant Administrator) stated, "The only conclusion we can come to is</p>	S9999		
-------	--	-------	--	--

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098
---	--

(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>that R1 grabbed the person's next to him (R4) food. That person (R4) had a regular diet. The person that served R1 is sure that he got the right food. I believe the witness statements stated that R4 will push his food off to others."</p> <p>The Accident and Incident Report Employee Witness Statement Form dated July 28, 2017 for R1 and written by Z3 showed, "I witnessed on more than one occasion R4 offering food to R1 from his own plate. R4 was instructed not to offer food to anyone."</p> <p>The Accident and Incident Report Employee Witness Statement Form dated August 7, 2017 for R1 and signed by E11 showed, "On numerous occasions I have witnessed and redirected (R1) going into the dining room and pouring his own coffee from the dispenser which is thin liquid when he is supposed to be thickened consistency. And on more than one occasion I have seen him take food off of other resident's plates and eat their food."</p> <p>The Care Plan for R1 showed it was updated on July 27, 2017 and stated, "R1 was noted to be taking food from another resident. Both residents counseled." There are no other behaviors care planned for R1 to show that he had impulsive behaviors when eating such as taking other's food or eating foods he is not supposed to have. The Behavior Monitoring Record for R1 dated June and July 2017 showed R1 was being monitored for wandering/elopement. No other behaviors were documented.</p> <p>The Speech Therapy Daily Treatment note dated August 3, 2017 for R1 showed, "R1 was seen for speech/swallowing therapy. Kitchen manager present for part of session to observe swallow</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/23/2017
--	--	---	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

VALLEY HI NURSING HOME **2406 HARTLAND ROAD**
WOODSTOCK, IL 60098

(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>strategy pattern that is best for R1. Kitchen manager will write down on the back of a meal card the following strategies; small bite, swallow three times, small sip, slow down. Recommend continued utilization of swallow strategies."</p> <p>The Minimum Data Set (MDS) dated June 5, 2017 for R1 showed a Brief Interview of Mental Status Score of 6 = moderate cognitive impairment; extensive assistance required for bed mobility, transfers, dressing, hygiene and bathing; supervision and setup for eating.</p> <p>R4's Minimum Data Set (MDS) of July 10, 2017 shows that R4 has a score of 3 (severe cognitive impairment).</p> <p>On August 23, at 10:25 AM, R4 was interviewed and was unable to answer simple questions. R1 was unsure how many children he had, maybe 2 or 4. R4 did not recall the names of his children.</p> <p>R4's Care plan for nutritional status did not show any behaviors of giving his food to others until August 14, 2017, (8 days after R1 choked). The only intervention was that R4 will be counseled as needed when he is giving his food away.</p> <p>The facility's Mechanical Soft Diet policy and procedure (2012) stated, "The mechanical soft diet is a modification in texture and consistency of the regular diet designed to minimize the amount of chewing. The mechanical soft diet may be served in the form of ground, chopped or whole foods of a soft consistency. The foods should be moist. The mechanical soft diet is used to optimize nutritional intake for individuals who have difficulty chewing or swallowing. Foods to avoid: hotdogs and sausages with casings unless ground or finely chopped."</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6009542	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/23/2017
--	--	--	---

NAME OF PROVIDER OR SUPPLIER VALLEY HI NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2406 HARTLAND ROAD WOODSTOCK, IL 60098
---	--

(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 9 (A)	S9999		