Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	1021 CARON ROAD ROCHELLE, IL 61068

(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 Complaint investigation 1716667/ IL 98128 A Partial Extended Survey was conducted.	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.10302) 300.1210b) 300.1210d)6) 300.1220b)6) 300.3240a) 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 300.1030 Medical Emergencies 2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest).	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 12/13/17

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	1021 CARON ROAD ROCHELLE, IL 61068

(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 1 Section 300.1210 General Requirements for Nursing and Personal Care 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. 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: 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 6)Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing personnel. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ____ B. WING ____	C 11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	1021 CARON ROAD ROCHELLE, IL 61068

(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 2	S9999		

THESE REQUIREMENTS WERE NOT MET AS EVIDENCED BY:

Based on interview and record review, the facility failed to provide Cardio pulmonary resuscitation services according to standards of practice. R1 was found hanging from a scarf and without vital signs. The facility failed to establish an open airway and initiate artificial respirations immediately when they began CPR. No respirations were administered to R1 for a period of approximately 10 minutes. R1 later expired at the hospital due to cardiac arrest.

This applies to 1 of 41 residents (R1) reviewed for care and services related to basic life support in the sample of 47.

The findings include:

R1's admission orders dated January 12, 2017 shows Full Code advance directive orders. The facility's Advance Directive policy dated September 27, 2017 shows it is the policy of the facility to honor resident's wishes as expressed in advance directives. If CPR (cardiopulmonary resuscitation) is indicated personnel shall administer CPR.
The facility's incident timeline shows R3 (R1's roommate) found R1 hanging from her scarf on November 7, 2017 at 5:50 PM.

The facility was unable to provide a policy for CPR when requested. An Emergency Care Policy dated September 7, 2009 was provided.

R1's nurse's notes dated November 7, 2017 at 7:00 PM, shows at 5:56 PM, E11 RN (Registered

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	1021 CARON ROAD ROCHELLE, IL 61068

(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 3 Nurse) was notified by R1's roommate that she wanted to show her something in her room. When E11 got to the room R1 was found hanging from a pipe in the ceiling by her scarf. R1's face was white and she was warm to the touch. On November 9, 2017 at 9:00 AM, E11 RN (Registered Nurse) said R1's roommate (R3) came to the nurse's station and said I have something to show you. E11 and E9 RN walked with R3 down the hall toward R1's room. We got about half way there and R3 said I hope she is faking. E11 and E9 ran the rest of the way to the room and found R1with a knit scarf tied around her neck and looped around a pipe. R1's eyes were closed, her face was white, lips were white and she was not breathing. I tried lifting R1 as E9 called 911 and attempted to cut the scarf to release R1 from the pipe. E10 LPN (Licensed Practical Nurse) came into the room and tried to help me hold her up so E9 could cut the scarf. There was a chair nearby in the middle of the doorway with two coats on it. We lowered R1 to the chair and then the floor and E9 started chest compression while I went to get the ambu bag. At 11:40 AM, E11 said it was probably 5-10 minutes from the time we went to check on R1 until the time the ambu bag arrived to the room. At 10:25 AM, E9 said R1's roommate (R3) came to the medication cart and said she needed two nurses in her room. E9 and E11 proceeded to R1's room when R3 said I hope she is faking. E9 said they found R1 hanging from a pipe in the room. The television was very loud and she called 911 and threw the cell phone to E4 CNA (Certified Nursing Assistant) while she attempted to cut R1's scarf down with some scissors. E9 said there was no pulse or respirations and E10 started chest compressions. E9 said they	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	1021 CARON ROAD ROCHELLE, IL 61068

(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 4	S9999		

struggled trying to cut R1 down and mouth to mouth respirations were not done. The CNA helped with chest compressions but no respirations were given until the ambu bag arrived in the room.

The facility's undated timeline of events of November 7, 2017 show the scarf was tied around the resident's neck very tight.

At 10:45 AM, E10 said E11 and E9 got to the room about 20 seconds before me. E11 was trying to hold R1 up and E9 was trying to cut the scarf. I gave E9 my scissors to use. I helped E11 hold up R1. I started doing chest compressions and nobody was doing ventilations. E11 ran to get an ambu bag. R1 was still warm; there was no response from her. I was yelling her name thinking maybe it would jolt her back. At 3:15 PM, E10 said I attempted ventilations with the ambu bag and the air kept leaking out the sides. I moved her head and neck to try to get a good seal and air kept coming out the sides of the mask. I don't think we ever got the scarf off from around her neck.

On November 14, 2017 at 12:20 PM, E4 CNA said she was involved with resuscitation efforts on R1 along with E9-11. When I got to R1's room she was hanging from the water pipe by a scarf around her neck. The three nurses were trying to cut her down. R1's feet were not on the floor. Nobody did mouth to mouth breathing. They were waiting for the bag thing I never saw before. I relieved E10 to do chest compressions and continued until the paramedics arrived. When E10 used the mask to help with breathing the air was going in the mouth and coming back out. The scarf was knotted on her neck pretty good while I was giving chest compressions.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	1021 CARON ROAD ROCHELLE, IL 61068

(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 5	S9999		

The local ambulance report shows the paramedics arrived to the patient at 6:07 PM.

On November 9, 2017 at 3:30 PM, Z3 local Fire Chief said the scarf was still around R1's neck when he arrived at the scene on November 7, 2017. Z3 said the facility was not attempting to remove the scarf. "We called it to their attention, that if the scarf were removed it would help ventilation." The facility then removed the scarf. "We did not have any problems ventilating the resident. Of course, the scarf was not tied around her neck at that time."

The National Institutes of Health Medline Plus website shows CPR is a lifesaving procedure that is done when someone's breathing or heartbeat has stopped and involves rescue breathing, which provides oxygen to a person's lungs and chest compressions, which keep the person's blood circulating. Time is very important when an unconscious person is not breathing. Permanent brain damage begins after only four minutes without oxygen, and death can occur as soon as four to six minutes later. The American Red Cross recommends to open the airway and begin CPR if there is no breathing after calling 911.

On November 10, 2017 at 11:45 AM, Z8 facility Medical Director said 5-10 minutes is a significant amount of time to delay ventilating a person who is not breathing. Just because you don't have an ambu bag doesn't mean you don't ventilate.

R1's local emergency room record dated November 7, 2017 shows R1 presented to the hospital at 6:21 PM and was pronounced dead at 6:24 PM.

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008098	A. BUILDING: ______ B. WING ______	C 11/17/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROCHELLE GARDENS CARE CENTER	1021 CARON ROAD ROCHELLE, IL 61068

(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 (A)	S9999		