STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008718	A. BUILDING: _____ B. WING _____	C 01/04/2018

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SOUTH ELGIN REHAB & HCC	746 WEST SPRING STREET SOUTH ELGIN, IL 60177

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S 000	Initial Comments Complaint Investigation #1777602/IL99175	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.1210b) 300.1210d)2)6) 300.1220b)3) 300.3240a) 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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:

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.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements were not met as evidenced by:

Based on record review and interview, the facility failed to provide supervision and cueing to a resident who required supervision with eating. This lack of supervision resulted in R1 choking on

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food, causing acute hypoxic respiratory failure and death.

This applies to 1 resident (R1) in a sample of 5 reviewed for supervision with eating.

Findings include:

According to EMS (emergency medical services) run report, an ambulance was called to the facility on 12/24/17 at 12:20 PM for R1 who was unresponsive and barely breathing. Facility staff initiated chest compressions; the paramedics initiated CPR (cardiopulmonary resuscitation.) Upon inspection of the throat, a foreign body was noted in the airway. Forceps were used to extract a significant amount of what appeared to be chicken from R1's throat. R1 was transferred to the hospital.

The emergency department physician report dated 12/24/17 states, R1 presented in full cardiac arrest. R1 was eating at the facility when he became unresponsive. Paramedics arrived and found R1 to be in respiratory arrest, they attempted to bag R1 but were unable. Forceps were used to pull out large amounts of turkey from his posterior pharynx. Following the removal, R1 was intubated. A physician note dated 12/25/17 states: R1 will most likely not survive this illness. Impression is status post cardiac arrest, most likely related to choking episode, acute respiratory failure from upper airway asphyxiation, and severe encephalopathy post-cardiac arrest.

The hospital discharge summary list diagnosis as: acute hypoxic respiratory failure secondary to likely respiratory arrest from a choking episode. R1 expired on 12/27/17 at 8:50 AM.

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R1's closed record shows a physicians continued diet order dated December 1, 2017 for a regular diet, thin liquids, supervision at meals for cues for small bites/sips, slow rate, cardiac, low concentrated sweets no added salt. The original order was dated 7/20/15.

On 12/29/17 at 12:35 PM , V5(Certified Nurse Aide) said she was assigned to R1 on 12/24/17 when the incident took place. R1 was put back to bed with the help of V7 (CNA) about 11:15 AM. V5 and V7 used a gait belt to transfer R1. V5 cranked the bed up to a 90 degree angle and R1 was watching TV in his room. V5 passed R1 his lunch tray in bed, his head was up , with tray in front of him. R1 did not want to get up and go to the dining room for lunch. V5 left the room to pass other residents trays. When V5 came back to check on R1, he was blue. This was about 10 minutes later. V5 yelled out for CNA help. R1's food was gone (eaten). V7 (CNA) came and got the nurse. They started doing CPR, V8 (Nurse) called a "code blue." V9 (Nurse) got crash cart. 911 was called. R1 had no pulse, CPR was started, but did get pulse after CPR was initiated. Nursing staff continued CPR until paramedics came and took over. V5 said R1 usually would eat in the dining room, but sometimes would eat in his room, about 3-4 times a week. R1 could feed himself.

On 1/2/18 at 2:10 PM per telephone interview, V8, nurse, said she saw R1 throughout the day of 12/24/17 beginning around 6:30 AM. R1 had no problems with breathing or pain. V8 called CNA's to put R1 to bed around 11:00 AM because R1 was trying to self transfer to bed and he was a fall risk. R1 was in bed in an upright position. V8

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began passing medication on another hallway when V7, CNA, said to come right away to help R1. R1 had no pulse, his chest was not moving, and he was not breathing.V8 reports staff started CPR with R1 being placed in bed in flat position:" after starting CPR we paused to see if anything was in R1's mouth, did a finger swipe /scoop in R1's mouth but nothing was there." Nurse V9 replaced V8 (nurse) doing CPR so V8 could call 911. Nursing staff including CNA continued CPR until the paramedics came and took over.

On 1/2/18 at 2:40 PM V7, CNA, was interviewed per telephone call. V7 said she was in the dining room feeding other residents at the lunch meal on 12/24/17 when V5 CNA noticed R1 was purple. V5 called for help, V7 called for the nurse and went to help with CPR. R1 was in his room and found unresponsive by V5. The nurse called code blue. V7 said R1 was very alert, sometimes he would eat in the dining room, and sometimes he would eat in his room.

Review of the menu plan served on 12/24/17 shows the noon meal consisted of roast turkey with gravy, bread dressing, broccoli and cheese cake.

R1's diet card used to serve his tray lists regular no added salt controlled carbohydrate diet order with note (supervision at every meal). R1's dietary care plan last updated 10/16/17 states R1 has difficulty chewing or swallowing related to condition missing teeth. R1 will chew and swallow food per recommendations at each meal. Regular diet small bites, give verbal cues to stimulate chewing or swallowing, stroke throat lightly at Adam's apple to stimulate swallow. Give verbal cues or limit amounts available to take small bites or prevent fast paced eating. Observe

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S9999	Continued From page 5 for indicators of aspiration-coughing, choking, gagging, gurgling in throat. These approaches were started on 9/29/15. (A)	S9999		