

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002141	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/15/2018
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NAME OF PROVIDER OR SUPPLIER COUNTRY HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 2304 C R 3000 N GIFFORD, IL 61847
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violation: 1 of 1 Violation</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210d)2) 300.3240a)</p> <p>Section 300.610 Resident Care Policies</p> <p>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.</p> <p>Section 300.1010 Medical Care Policies</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
	<p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or</p>			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>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. (B)</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.</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>2) All treatments and procedures shall be administered as ordered by the physician.</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. (A, B) (Section 2-107 of the</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to notify R1's physician of a significant weight gain. This failure resulted in the decline, fluid overload requiring hospitalization of R1. R1 is one of three residents reviewed for weights in the sample of five.</p> <p>Findings include:</p> <p>R1's Physician Order Sheet (POS) dated February 2018 includes the following diagnoses: Congestive Heart Failure, Chronic Atrial Fibrillation and Kidney Failure. The same POS documents an order for a fluid restriction of 1600 cc (cubic centimeters) per day and to weigh weekly.</p> <p>The Plan of Care for R1 documents a focus area of "(R1) has altered cardiovascular status related to (Congestive Heart Failure, Hypertension, Arrhythmia). Interventions documented for this focus area include: "Daily weights, call (physician) of (two) pound weight gain in 24 hours or five pound weight gain in one week."</p> <p>Progress Notes dated 2/3/18 document R1 complaining of a headache. Vitals are documented as heart rate of 125, blood pressure 135 systolic and 86 dyastolic. R1 was short of breath with oxygen saturations of 86 percent. No temperature was recorded. Progress notes document R1 complaining of R1's legs and feet being painful in the 30 days prior. R1 was sent to</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>the Emergency Room at 3:25 pm and admitted to the Crital Care Unit for Sepsis, Congestive Heart Failure and Pneumonia.</p> <p>The facility weight records document R1's weights as follows: 12/6/17 - 309.0 pounds, 12/13/17 - 316.6 pounds (7.6 pound weight gain) 2.46 percent, 12/27/17 - 315.4 pounds, 1/3/18 - 319.8 pounds, 1/10/18 - 324.6 pounds, 1/17/18 - 327.6 pounds, 1/24/18 - 336.0 pounds, (a significant weight gain of 8.4 pounds) 2.57 percent, and 1/31/18 - 337.6 pounds. These figures document significant weight gain over a one week period of time (2.57 percent) and an insidious weight gain over an eight week period of time from 12/6/17 to 1/31/18 of 28.6 pounds (8.5 percent).</p> <p>The facility's policy titled "Weight Management Policy and Procedure" dated February 2016 directs staff as follows: "The physician will be notified of any significant weight change and be made aware of any recommendations made by the dietician." There is no Dietician recommendations for R1 in her medical record for this weight gain of 8.4 pounds. The last Dietician assessment and/or recommendation for R1 is dated 4/14/17.</p> <p>R1's Medical Record does not contain any assessment by the Registered Dietician for these weight gains as directed per facility policy or Progress Notes. The last Registered Dietician assessment documented in R1's Medical Record is dated 4/14/17 with a recommendation for a 1600 cc (cubic centimeter) fluid restriction and a cardiac diet.</p> <p>On 2/15/18 at 1:10 pm V6, Food Service Supervisor acknowledged that the Registered</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>Dietician (V5) should have seen R1 due to R1's weight gain. V6 stated R1 did trigger for weight gain and was referred to see the RD (V5) but there is no assessment in R1's chart since 4/14/17.</p> <p>Nursing Progress Notes do not document any physician notification of the weight gain of R1 between 12/6/17 and 12/13/17 (2.46 percent) nor is there any documentation of physician notification for R1's weight gain between 1/17/18 and 1/24/18 (2.57 percent).</p> <p>Facility Nursing Notes dated 2/3/18 document that R1 was admitted to the hospital into the Critical Care Unit for Congestive Heart Failure.</p> <p>Hospital Records document R1 being received into the Emergency Room on 2/3/18. Hospital records document on this date "On exam patient (R1) appears to be in respiratory distress with expiratory wheezing, tachepnea, accessory muscle usage. She has a large amount of lower extremity edema with a history of Lymphedema. Admit to Hospital with Acute combined systolic and diastolic congestive heart failure, Acute Respiratory failure, Sepsis, due to unspecified organism and Pneumonia. Laboratory values were completed, including a BNP (Brain Natriuretic Peptide, test for heart function). The laboratory value for R1 documented for this specific test on 2/3/18 was 4424 picograms per milliliter (pg/ml). The normal range documented is 0 - 450 pg/ml. Critical Care was consulted and admitted to the Critical Care Unit. Critical Care Physician documents the following: "The patient (R1) required interventions to treat and or prevent the high probability of developing imminent or life threatening condition(s) of respiratory failure and severe sepsis." Intensive Care Unit Assessment</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>documents that R1 has three plus pitting edema in both legs up to the knees and bilateral arms up to the elbows. Right lower extremity is red, indurated, hot, small skin openings, serossanguinous fluid coming from that. Pulses: Radial arteries two plus, lower extremities pulsations absent. Hospital scale weight documented as 324 pounds. Blood cultures growing Gram positive cocci resembling Streptococcus seen in two of two bottles. Intravenous antibiotic of Cefepime started.</p> <p>Hospital Records dated 2/6/18 document: Assessment - 1. Sepsis: resolving Blood Cultures positive for Beta-hemolytic Streptococcus Group C recovered from two of two bottles. Most likely source from cellulitis on the right lower extremity and less likely to be pneumonia. Pulmonary Congestions. Currently on Ceftriaxone. 2. Right Lower extremity cellulitis/wound infection: most likely streptococcus. 3. Bilateral lower extremity edema: needs gentle diuresis 4. Morbid Obesity 5. Acute on Chronic CKD (Chronic Kidney Disease) 6. Congestive Heart Failure. 7. Probable Aortic Valve Endocarditis: Patient has strep Group C bacteremia and Transesophageal echocardiogram (TEE) showed prominent lambl's excrescences seen on edges of aortic valve cannot rule out vegetations serial imaging to ensure Lambl's excrescences recommended. Patient (R1) will be treated with six weeks of Ceftriaxone and need follow-up per cardiology recommendation.</p>	S9999		
	<p>R1 was re-admitted to the facility on 2/14/18 at 5:38 pm with orders that include: follow-up with Infectious disease related to cellulitis of lower extremity in four weeks, daily weights with reporting parameters of three pound gain in one day and five pound gain in 7 days, and</p>			

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S9999	<p>Continued From page 6</p> <p>Intravenous antibiotic with an end date of 3/18/18. R1's weight on discharge from the hospital is documented as 285.0 pounds (39 pounds less than on hospital admit 2/3/18). On return to the facility R1 weighed 279.2 pounds per facility scale and documentation, 58.4 pounds less than documented on 1/31/18.</p> <p>On 2/15/18 at 1:55 pm V4, Medical Director and Primary Care Physician for R1 stated V4 did not recall being notified of R1's 8.4 pound weight gain in the week of 1/17/18 through 1/24/18. V4 stated had notification of R1's weight gain been reported, V4 would have initiated assessments and interventions for fluid overload given R1's history of Congestive Heart Failure. V4 stated any significant weight gain such as this should be reported to the physician, especially with R1's history of Congestive Heart Failure. V4 stated, "the (facility) missed this." V4 acknowledged fluid stasis/overload in the extremities over a period of time will cause cellulitis.</p> <p>(A)</p>	S9999		