

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6001739	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/07/2018
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NAME OF PROVIDER OR SUPPLIER CHRISTIAN NURSING HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 1507 7TH STREET LINCOLN, IL 62656
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S 000	Initial Comments Complaint Investigation #1821397/IL100733	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.1210c) 300.1620a) 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 300.1010 Medical Care Policies 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 manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The	S9999	<h2>Attachment A</h2> <h3>Statement of Licensure Violations</h3>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 03/26/18
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S9999	<p>Continued From page 1</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>Section 300.1620 Compliance with Licensed</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time. 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.</p> <p>Based on interview and record review the facility failed to notify the physician of a residents decline in respiratory status, the facility neglected to follow their policy on change of condition for one of three residents (R1) reviewed for Improper Nursing Care in the sample of three. R1 complained of shortness of breath on 2/2/18 and continued to decline. These failures resulted in R1 being found unresponsive after verbalizing continued complaints of respiratory distress for three days. V5 (R1's physician) was not notified until R1 was emergently sent to a local hospital on 2/5/18, after being found unresponsive, where R1 subsequently died.</p> <p>Findings include:</p> <p>The Facility's Change in Condition policy dated 12/7/11, states "It is the policy of (this facility) that a licensed staff member will notify the attending</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>physician and responsible party of change in the resident's condition. The physician/responsible party will be notified when: a. The change is sudden in onset, OR b. Represents a marked change in relation to usual signs and symptoms, OR c. The signs of signs and symptoms are unrelieved by measures already prescribed. The nurse will document in the clinical record. Documentation assessment will be ongoing until condition has stabilized."</p> <p>R1's electronic medical record, documents R1 was a 64 year female who was admitted to the facility on 1/22/18 with diagnoses which include Fractured Left Femur with surgical repair, Asthma, Anxiety and Sleep Apnea. R1's Minimum Data Set (MDS) assessment dated 1/28/18, documents R1 scored fifteen out of fifteen on the Brief Interview for Mental Status, indicating R1 was cognitively intact. R1's Plan of Care dated 2/5/18, documents R1 was admitted to the facility for therapy services related to a motor vehicle accident and plans to return home alone.</p> <p>R1's Plan of Care dated 2/5/18, documents R1 is at risk for potential complications related to a diagnosis of Asthma. The same Plan of Care documents interventions to "Encourage prompt treatment of any respiratory infection" and "give medications as ordered. Monitor/document side effects and effectiveness."</p> <p>R1's Physician Orders dated 2/2/18, documents R1 had orders for Albuterol Sulfate Nebulization Solution (2.5 milligrams/3 milliliters), inhale orally via nebulizer every 4 hours as needed for shortness of breath. R1's Physician Orders also documented an order for ProAir Hydrofluoroalkane (HFA) inhaler every four hours as needed for shortness of breath</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>A Nursing Note dated 2/2/18 at 10:44 p.m. , documents R1 had a change in condition (shortness of breath) that required physician notification.</p> <p>A Nursing Note completed by V16 LPN (Licensed Practical Nurse) and dated 2/3/18 at 5:41 p.m., states "(R1) continues to be (short of breath) and SpO2 is 90 percent on room air. Lungs clear in all fields but diminished. (R1) does have a diagnosis of Asthma. (R1) was given her inhaler and nebulizer treatment at this time. Resident is tearful. (V5/R1's physician) was contacted last night and ordered nebulizer treatments. Nursing will continue to monitor for any change in condition or worsening."</p> <p>A Nursing Note completed by V16 LPN (Licensed Practical Nurse) and dated 2/4/18 at 8:46 a.m., states "Lung sounds diminished in all fields." R1's Medication Administration Records do not document that V16 administered R1's physician ordered Albuterol nebulizer treatment or ProAir inhaler at that time</p> <p>R1's Nursing Notes dated 2/4/18 at 8:46 a.m. through 2/5/18 at 11:05 a.m., do not document any assessment of R1's shortness of breath. R1's 2/2018 Medication Administration Record documents R1 was only administered one Albuterol nebulizer treatment (from 2/4/18 through 2/5/18) on 2/4/18 at 6:50 p.m.</p> <p>A Nursing Note dated 2/5/18 at 9:05 p.m., states "Certified Nurse Aide came to this nurse at 7:51 p.m. and stated that (R1) was not responding. Entered (R1's) room to note (R1) laying across bed no visible signs of life. Sternal chest rubs done with no response. Not able to obtain vital signs. At 7:52 p.m., code blue called over facility</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>intercom. At 7:53 p.m. 911 called per (Certified Nurse Aide) as this writer brought crash cart to the room and with assist of two other nurses assisted (R1) to the floor. At 7:54 CPR (Cardiopulmonary Resuscitation) started AED (Automated External Defibrillator) obtained and placed at 7:56 p.m., no shocks advised, continued CPR. EMS (Emergency Management Services) arrived at 8:00 p.m. and took over care. Family notified at 7:57 p.m., (V5/R1's Physician) was notified at 7:58 p.m. (R1) taken from facility at approximately 8:10 p.m. via stretcher with CPR in progress per EMS."</p> <p>R1's Certificate of Death dated 2/9/18, documents R1's Cause of Death as Staphylococcus Aureus Bronchopneumonia of the Lungs.</p> <p>On 3/5/18 at 10:51 a.m., V6 (R1's daughter) stated R1 was alert and oriented. V6 (R1's daughter) stated on 2/2/18 R1 started experiencing shortness of breath and R1's physician (V5) ordered "breathing treatments." V6 stated R1's shortness of breath was not improved and R1 was complaining of her chest burning "(R1) called me several times on 2/5/18 telling me that she did not feel well and her chest hurt. I then called (R1's) nurse three different times on 2/5/18 and told her that (V5/R1's physician) needed to be called and to get a chest x-ray ordered. The nurse told me that the doctor was not responding to her messages." V6 stated "The next thing I know the facility was calling me telling me my mom was unresponsive and had no vital signs."</p> <p>On 3/6/18 at 10:30 a.m., V14 (Care Plan Coordinator/Registered Nurse) stated "I'm the Care Plan Coordinator but had to work the floor</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>on 2/5/18 due to a call off and I took care of (R1). (R1's daughter) did call me several times that day and was worried about her mom and said (R1) was very upset. (R1) was just anxious because her children were worried about her. I calmed (R1) down then called (V6) to tell her that (R1) was fine. (R1) did tell me that she had chest congestion. I did not assess (R1) or notify her physician. Other nurses had already gotten an order for a nebulizer treatment."(2/2/18)</p> <p>On 3/6/18 at 11:15 a.m., V16 stated V16 did not notify R1's physician on 2/3/18 at 5:41 p.m. or 2/4/18 at 8:46 am., when R1 continued to be short of breath and have diminished lung sounds. V16 stated "(V18/LPN) notified (R1's physician) (on 2/2/18 at 10:44 p.m.) and there was no further change in (R1's) condition. I'm not sure if (R1's) diminished lungs sounds were a new development or not."</p> <p>On 3/6/18 at 11:39 a.m., V5 (R1's physician) stated "I should have been notified of (R1's) progressive respiratory symptoms. (R1's) death could have been potentially prevented if I would have been notified. I would have ordered an antibiotic or sent (R1) to the Emergency Room if I knew she continued to be short of breath and had diminished lung sounds. (R1) was more susceptible for pneumonia due to recent surgery, decreased mobility, age, and diagnoses of Asthma and Sleep Apnea." I was shocked to hear that (R1) passed away. I had no idea what was going on."</p> <p>On 3/7/18 at 2:00 p.m., V4 (Regional Clinical Nurse) stated V5 (R1's physician) should have been notified of R1's decline in respiratory status and respiratory treatment should have been given as ordered by the physician. V4 then stated all</p>	S9999		

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S9999	Continued From page 7 nurses should follow the facility's change of condition policy. (AA)	S9999		