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BIG MEADOWS	1000 LONGMOOR SAVANNA, IL 61074

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S9999	Final Observations Statement of Licensure Violation: 1 of 1 violation 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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) 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: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect	S9999		

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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)

These Requirements are not met as evidenced by:

Based on interview and record review the facility failed to monitor, assess, and intervene when a change in a residents condition occurred. The facility failed to immediately notify the physician and neglected to follow its physician notification policies.These failures resulted in R64 becoming unresponsive, restless, and hypoxic for over 14 hours before being sent to the hospital for medical treatment.

This applies to 1 resident (R64) outside of the sample reviewed for physician notification.

The findings include:

R64's Face sheet dated August 17, 2017, shows R64 was admitted on October 14, 2015 with diagnoses of hyperlipidemia, HTN, major depressive disorder, urinary incontinence, Alzheimer's disease, chronic obstructive pulmonary disease, chronic ischemic heart disease, bipolar disorder, anxiety disorder, diabetes and enlarged prostrate.

R64's State of Illinois Do Not Resuscitate (DNR)/ Practitioner Orders for Life-Sustaining Treatment (POLST) Form dated October 14, 2015, showed R64 chose to have selective treatment of

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medications, oxygen, medical treatment, intravenous fluids, and intravenous medications when not in cardiopulmonary arrest. R64 did not want to be intubated but may consider less invasive mechanical airway support. R64 was to be transferred to hospital if indicated.

Physician Progress Note dated November 9, 2017, showed R64's physician saw R64 for a routine visit. Under the exam section of the progress note, R64 was in no acute distress, his lungs were clear to auscultation, his heart had a regular rate and rhythm and he had no edema in his extremities.

R64's Urine Dip results dated November 10, 2017 at 10:00AM, showed R64's urine was positive for nitrates, trace amount of protein, small amount of blood, moderate amount of ketones, small amount of bilirubin and 3 plus for glucose. (These results are abnormal).

The facility's electronic communication shows the results of R64's urine dip were uploaded to the (physician notification) system on Friday November 10, 2017 at 3:08 PM. On Sunday November 12, 2017 at 12:39 PM (two days later), V3 (Physician) responded, "He is in the hospital now, correct?" There is no documentation showing the facility contacted the physician by phone when there was no response by the physician at the end of the day on Friday, November 10, 2017.

R64's Physician Orders for November 2017, shows R64's physician orders to include: DNR-Selective treatment; For respiratory distress check oxygen saturation. If less than 90 percent, start oxygen at 2 liters per nasal cannula. Listen to lung sounds and get a full set

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of vital signs; Notify the provider for further orders; May use physician standing orders. A physician order dated April 4, 2016, showed an order for oxygen at 2 liters per nasal cannula while sleeping as needed with a diagnosis listed of hypoxemia. On November 11, 2017 there was an order to transport to the emergency room for evaluation per standing order. There is no physician order for no hospitalization.
The facility's Daily Assignment Sheet Vital Sheet dated November 10, 2017 showed R64's blood pressure was 148/80, oxygen saturation of 81 percent (There was no time indicated on the vital sheet.)

R64's Nurses Notes dated Friday, November 10, 2017 at 5:42 PM, showed, "R64 was sitting in his wheelchair at the nurses station right before supper and he was noticed a grayish color with his head back. The other nurse could not feel a pulse and then he turned red in color and I was walking over to him and he let out a big sigh. R64 was not responding and he was put to bed where he still remains comfortable. Left message for POA to call back to give her an update of his condition. Blood pressure just an hour before was 148/80." The next entry in the nurses notes was on Saturday November 11, 2017 at 10:30 AM (over 14 hours later), "R64 presents with an oxygen saturation of 72 percent on room air, gray dusky appearance and non responsive with restlessness. R64's Power of Attorney notified and insistent on transport to the emergency room. R64 transported to local emergency room for evaluation. Temperature 97.6 degrees Fahrenheit, pulse of 68, respirations of 24 and oxygen saturation of 72 percent. Unable to obtain a blood pressure due to restlessness. The last obtained blood pressure on the night shift was 154/68. Physician notified of events."

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R64's Nurses Notes were reviewed for a nurse note for the night shift on November 10-November 11, 2017. There was no night shift nurse note.

R64's Nurses Note dated November 11, 2017 at 6:08 PM, showed R64 was admitted to the coronary care unit at a local hospital with polynephritis secondary to severe urinary tract infection and dehydration.

The facility's electronic communication system showed an electronic communication was sent to recipients including; V1 (Administrator), V2 (Director of Nursing) and V3 (Physician) on Friday, November 10, 2017 at 5:42 PM. The communication showed, "R64 was sitting in his wheelchair at the nurses station right before supper and he was noticed a grayish color with his head back. The other nurse could not feel a pulse and then he turned red in color and I was walking over to him and he let out a big sigh. R64 was not responding and he was put to bed where he still remains comfortable. Left message for POA to call back to give her an update of his condition. Blood pressure just an hour before was 148/80." The next electronic communication sent was on Saturday November 11, 2017 at 10:08 AM, "Doctor, R64 presents with an oxygen saturation of 72 percent. Oxygen was applied at 2 liters per minute per nasal cannula raising saturation level to 75 percent. The oxygen was increased to 3 liters per minute with an oxygen saturation of 79 percent with a recheck and the oxygen saturation level down to 73percent. The POA was notified and insistent on transport to emergency room for evaluation. We are doing so at this time ... R64 is restless and we are unable to obtain a blood pressure. (R64) color remains

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gray and dusky. Is transport okay?" At 11:54, V2 (Director of Nursing) responded, "We have a standing order to transport to the emergency room if the POA wishes. We can write the order." The physician did not respond to the electronic communication until Sunday November 12, 2017 at 11:54 AM, "Noted".

On January 12, 2018 at 2:00 PM, V5 (Certified Nursing Assistant-CNA) stated she was working November 10, 2017 the day of R64's incident. Around 4:30 PM, V4 (Licensed Practical Nurse) asked her to put R64 to bed because he was pale and had "an episode" V5 put R64 to bed with another aide. V5 did not recall which aide assisted her with the transfer. "I can't say he was fine. He was really bad not acting himself, really pale and pretty much unconscious; liked passed out." V5 said she took R64's vital signs and wrote them down on a piece of paper and gave the paper to the nurse.

On January 12, 2018 at 2:17 PM, V6 (CNA) said she was working the night shift of November 10th into the 11th, 2017. V6 stated she remembered R64 moaning and groaning and having hallucinations. R64 was having some mottling on his legs. V6 stated she reported the moaning and mottling to her nurse. V6 said her nurse stated she was aware of the moaning and mottling.

On January 12, 2018 at 12:52 PM, V7 (LPN) stated she did not recall the night of November 10-11, 2017. V7 confirmed the blood pressure recorded on the medication administration record on November 11 was her writing. V7 stated the twenty four hour report sheet should have the rest of R64's vital signs for the night shift. V7 stated she should have recorded a note for R64 because he was on the "hot rack" for change in

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condition. V7 stated she did not call the physician or POA that night shift. V7 stated residents with oxygen saturations of less than 90 percent should have oxygen placed and the physician should be called.

The facility's twenty four hour report sheet dated November 10, 2017, showed R64 was on the "hot rack charting". There is a notation under the days and evening shift column of,"daily blood pressures for one week. (R64) had a "spell" went gray, leaned back in wheelchair, turned red and took a big sigh, we put him to bed." Under the night shift there was a notation for R64 of "Not doing well."

On January 12, 2018 at 9:47 AM, V4 (Licensed practical Nurse) stated she did not recall the incident of November 11, 2017 with R64. V4 stated the physician is notified via electronic communication system for changes with a resident with the exception of emergencies then the physician is called. V4 stated emergences would include shortness of breath, episodes of unresponsiveness, residents not having a pulse or residents that are difficult to arouse. V4 stated if a resident is gray in color and unresponsive the staff is to call the doctor. V4 stated if the resident is gray or ashen she would start oxygen and notify the physician and POA. V4 stated she does not remember starting oxygen or calling the physician. If she had she would have documented in the nurses notes. V4 stated it was important to notify the physician of a change in condition because they are trying to save a life. It would never be appropriate to not call the physician and if the physician was not responding the on call physician should be called.

On January 12, 2018 at 12:15 PM, V8 (Assistant

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Director of Nursing) stated she recalled the incident at the nurses desk when R64 turned gray. I can't really remember what all happened but I know he did not die that day." V8 stated vital signs should be taken and the physician should have been called. If the doctor does not respond the on call physician should be called. V8 stated she would have sent the resident out "if he had an episode like that."

On January 12, 2017 at 10:58 AM, V2 stated there is no evidence that the physician was notified R64's oxygen saturation was 81 percent and the staff could not feel a pulse. The doctor should have been notified. If the staff did not get a response from the physician, the on call physician should have been notified. When there is no response the resident should be sent out. V2 stated there is no evidence that oxygen was administered prior to the morning of November 11th when the day nurse started the oxygen.

On January 12, 2018 at 1:25 PM, V3 (Physician) stated he expected facility staff to do a complete set of vitals when a resident has a pulse ox of 81 percent. If the resident is in distress the resident should have been sent out unless the resident had specific wishes for no hospitalizations. Oxygen should have been started when his oxygen level was only 81 percent. The resident was in apparent distress and needed to be evaluated.

The facility's Physician Notification Summary, When to Call the Doctor policy (undated), shows when a physician needs to be notified immediately or when the physician can be faxed or logged. The physician is to be called immediately when a resident is experiencing labored breathing, ashen or dusky appearance

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and cyanosis. The physician is to be called immediately when the pulse oximetry recording is less than 92 percent and the pulse is less than 50 beats per minute.

R64's Standing Orders dated November 9, 2017, showed, "Respiratory Distress: 1. Check oxygen saturation. If less than 90 percent start oxygen at two liters per minute. Listen to lung sounds and get a full set of vital signs. Notify provide for further orders. 2. Oxygen saturation less than 90 percent on two liters/ per minute nasal cannula is not adequate to maintain saturations, then may use non- rebreather mask with 15 liters of oxygen. Notify provider and call 911.

R64's Facility Patient Medical/Emergency Contact Person Form dated October 14, 2015, showed, "It is the policy of the facility to immediately inform the resident: consult with the resident physician and if known the resident's legal representative or an interested family member when there is: ...b) a significant change in the resident's physical, mental or psychosocial status (i.e. a deterioration in health, mental or psychosocial status in either life-threatening conditions or clinical compromise.) ..."

On January 17, 2018 at 9:15 AM, V10 (Corporate Nurse Consultant) stated they have no specific policies for monitoring and assessments for a change in resident condition. The nurses should follow the Nurse Practice Act.

R64's hospital discharge summary showed R64 was admitted to the hospital on November 11, 2017 with diagnoses to include sepsis, polynephritis and multiorgan system dysfunction. R64 was discharged on November 15, 2017 to a different long term care facility with discharge

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S9999	Continued From page 10 diagnoses to include dehydration, severe sepsis due to urinary tract infection, severe hypernatremia, acute kidney injury, non-ST elevation myocardial infarction with severe troponin elevation and severe dementia. R64 was discharged under hospice care. (A)	S9999		