

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6000236	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/11/2014
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NAME OF PROVIDER OR SUPPLIER MANORCARE OF OAK LAWN EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 9401 SOUTH KOSTNER AVENUE OAK LAWN, IL 60453
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(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
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>300.610a) 300.1010h) 300.1210b) 300.3240a)</p> <p>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.</p> <p>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 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 b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological</p>	S9999		
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 12/29/14
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S9999	<p>Continued From page 1</p> <p>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. Restorative measures shall include, at a minimum, the following procedures:</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These requirements were not met as evidenced by: Based on Record review and interview, the facility failed to ensure, that the physician was notified, that nursing respiratory assessment was initiated and that continued monitoring associated with labored breathing was implemented . This failure applies to one of three residents (R1) reviewed for respiratory care services in a sample of 8. This failure resulted in a delayment of treatment and services and emergency care for labored breathing. R1 was found not breathing without vital signs. R1 expired at the facility. Findings include: R1 ' s Admission Record Report indicated that current admission date was 11/07/14 and diagnosis includes but not limited to Cardiac Pacemaker, Gastrostomy, Depressive Disorder, and Difficulty in walking. R1 expired 11/23/14 in the facility. R1 ' s electronic Progress note dated 11/23/14 timed 16:30 (4:30pm) E13 (Nurse) documented " (R1) was received in bed non verbal with labored breathing, (oxygen) flowing well at 3L/NC (Liters per Nasal Cannula) sat(Saturation) 96%. " At 19:46 (7:46pm) E13 documented " went in to</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>administer nebulizer treatment as ordered, prior to tx (treatment) (R1) was receiving O2 (Oxygen) flowing 3L (liter)/NC (Nasal Cannula), with sat @ 96%, returned to reassess observed (R1) not breathing unable to obtain vital signs immediately initiated CPR (Cardio Pulmonary Resuscitation) and code blue, placed call to 911, local paramedics arrived staff continued with CPR, paramedics assessed (R1) and stated (R1) was DOA (Dead on Arrival). "</p> <p>R1 ' s medical record did not show that from 16:30 pm thru 19:46 pm that the doctor was notified of the labored breathing, that R1 was assessed associated with the labored breathing and that R1 was monitored in association with knowledge of R1's labored breathing. 12/2/14 at 3:00pm, when E13 was asked about the delay in treatment and why the physician was not notified of R1 ' s change in condition on 11/23/14 at 4:30pm, E13 stated " I started passing my medications and then come back to (R1) around 5:30pm. (R1) had scheduled order for Nebulizer treatment which I administer to (R1) at about 5:30pm. I did not call the doctor at 4:30pm, I did not take (R1) ' s Vital Signs. " E13 was unable to provide documentation of vital signs or assessment done. E13 stated R1 having labored breathing is not something new and that is not a change in condition.</p> <p>On 12/2/14 at 3:50pm review of R1 ' s medical record care plan did not have any individualized plan of care addressing labored breathing problem.</p> <p>On 12/4/14 at 12:40pm, Z1 (Physician) stated in part that R1 has multiple medical problems that includes Pericardial Effusion with emergency surgery done and chest tube was inserted to drain the fluids from the lungs. Z1 further stated (R1) needed long term care at the time of stay at the facility. Z1 further stated " If they have told</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>me (R1) was having labored breathing I would have sent (R1) to emergency room. The Nebulizer treatment order was for congestion. " Z1 further stated in part that R1 should have been sent to the local hospital emergency room for the complaint of labored breathing.</p> <p>On 12/9/14 at 10:45am, Z1 was interviewed again. Z1 stated in part that (R1) is " full code " if they have called me I would have sent (R1) to the hospital. Z1 further stated " even if they did not call me (R1) should have been sent to the hospital for labored breathing. "</p> <p>On 12/9/14 at 10:02am, E17 (Respiratory Therapist) stated in part that it is important during assessment of residents with respiratory problems including Labored breathing to know what the vital signs are, what the rate of respiration is and whether the resident is congested by listening to the lungs sounds these are very important information ' s to determine the stability of the resident.</p> <p>On 12/9/14 at 12:41pm, Z3(Nurse Practitioner) stated in part that labored breathing is never a normal breathing whenever a resident is noted with abnormal breathing it is expected for the nurse to assess the resident, start oxygen if not already in use and call the doctor, the nurse practitioner or the respiratory therapist because we all work together as a team in health care field.</p> <p>The facility procedure guidelines dated 2011 from out of state university stating " this Interact version 3.0 tool is the procedure we (Referring to the facility) follow, we don ' t have any policy for nursing assessment of resident with respiratory distress. " This facility policy and procedure titled Change of Condition documented in part that the Physician and the Nurse practitioner should be immediately notified of any symptom, sign of apparent discomfort " A Marked Change i.e. (that</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>is) more severe in relation to usual symptoms and signs, or Unrelieved by measures already prescribed. The policy further indicated that Vital signs should be reported unless these values are stable and known by the primary clinician. This procedure was not followed.</p> <p>On 12/9/14 at 2:00pm, E18 (Care Plan Coordinator) stated so far looking at (R1) ' s care plan I did not see anything for labored breathing care planned. R1 ' s care plan did not address the problem of labored breathing. E18 further stated " there is at times when a chronic problem is singled out but it could be incorporated in the intervention of other focuses like tube feeding and under cardiac disease. "</p> <p>R1 ' s care plan for cardiac disease with goals that include but not limited to R1 will exhibit no acute cardiac distress such as c/o (complain of) chest pain, cyanosis, SOB (Shortness of Breath) etc (and so on) listed under interventions to " obtain vital signs as indicated; report changes to physician. " This plan of care was not followed.</p> <p>On 12/11/14 at 11:36am, E1 (administrator) stated in part that although the staff did not document the appropriate nursing assessment and care rendered to R1 properly she believed good care was rendered.</p> <p>(B)</p>	S9999		