FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6005474 B. WING 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) S 000 Initial Comments S 000 **Annual Licensure Survey** S9999 Final Observations S9999 Statement of Licensure Violations: 300.610a) 300.1035a)3) 300.1035e) 300.1210 a) 300.1210 d)2) 300.3220f) Section 300.610 Resident Care Policies 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 300.1035 Life-Sustaining Treatments Every facility shall respect the residents' right to make decisions relating to their own

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this policy shall be:

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medical treatment, including the right to accept. reject, or limit life-sustaining treatment. Every

facility shall establish a policy concerning the

implementation of such rights. Included within

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6005474 B. WING 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 1 S9999 procedures for providing life-sustaining 3) treatments available to residents at the facility; The facility shall honor all decisions made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section and may not discriminate in the provision of health care on the basis of such decision or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act (III. Rev. Stat. 1991, ch. 1111/2, pars. 5301 et seq.) [745 ILCS 70] Section 300.1210 General Requirements for Nursing and Personal Car Comprehensive Resident Care Plan. A 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) 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:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED IL6005474 B. WING 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIAOF BELLEVILLE BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOUL DIBE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) **TAG** COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 All treatments and procedures shall be administered as ordered by the physician. Section 300.3220 Medical Care All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders. (Section 2-104(b) of the Act) These requirements are not met as evidenced by: Based on interview and record review the facility failed to initiate cardiopulmonary resuscitation (CPR) for R98. This failure resulted in staff not following standards of practice when finding R98 unresponsive and without vital signs. The staff did not initiate CPR, although R98 was a full code. R98 expired. Findings include: This failure has the potential to effect 81 residents in the facility identified by the facility as Full Code Status. The following residents were identified as Full Code status in the sample of 50: R1, R2, R6, R9, R11, R12, R20, R23, R31, R32, R35, R41, R42, R43, R46, R48, R50, R52, R53, R54, R64, R66, R69, R72, R76, R80, R85, R93, R98, R147, R151, R152 and R153. R98's Face Sheet dated 5/19/21 documents R98 has diagnoses to include Metabolic Encephalopathy, Cerebral Infarct, Tracheostomy Status, Atherosclerotic Heart Disease, Persistent Vegetative State, and Quadriplegia.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG;		(X3) DATE SURVEY COMPLETED	
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	family has chosen for Full code Care Plan treatment with the puby medical means. R98's Illinois Departing Practitioner Order for (POLST) Form docu	ed 6/7/21 documents the or R98 to be a full code. R98's intervention documents full rimary goal of sustaining life ment of Health Uniform r Life Sustaining Treatment ments that R98 Should have ation/ CPR with the Full					
	Note dated 6/12/21 a (Certified Nurse's Aid (Registered Nurse) p not breathing. Reside dilated. Resident had discoloration of body response was noted of response) to attempts Resident had (indwell draining dark colored bowel control. No pul noted. No blood press by auscultation." The Registered Nurse (RN decision not to start C	resence in the room resident ent's pupils were fixed and mottled or grayish and extremities. No to the sternal rub. (No seat triggering reflexes. ing catheter) in place urine to gravity and loss of se or respirations were sure was able to be obtained Note documented V26, I) and V27 (RN) made the PR based on the above umented V31. Physician					
	walked in on a resider she would call a code know they are a DNR someone to check the	I, V18, LPN, stated if she at who was not breathing, and start CPR unless you code status I would yell for ir code status in the book sh cart as they are bringing					
In December	mant of D. I. P. L. I. I.					1	

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Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: COMPLETED IL6005474 B. WING 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIAOF BELLEVILLE** BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID 1D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 4 S9999 On 7/8/2021 at 10:26 AM, V10, LPN, stated, "I would first check for pulse and make sure they are breathing and if not breathing start CPR." On 7/8/21 at 10:30 AM, V5, RN, states, "If I found a resident that did not have a pulse, I would check for a pulse, check the code status and then initiate CPR." On 7/8/21 at 10:30 AM, V23, Licensed Practical Nurse (LPN), stated, "If I found a resident without a pulse, I would call for help, check pulse." On 7/8/21 at 10:38 AM, V35, RN, stated if she came upon an unresponsive resident, she would immediately check for a pulse and call a code and yell for assistance and initiate CPR. She said she would holler at someone to check their code status as you are getting ready to start CPR. On 7/8/21 at 10:43 AM, V29, CNA, stated she would call for help and start CPR as soon as possible, if she walked into a room and a resident was not responsive. On 7/08/21 at 12:55 PM, V26, RN, stated, "(R98) was not breathing and he had no pulse. He (R98) was kind of discolored bluish gray looking. No rigor mortis not initially. I'm not recalling clearly. He was on the 100 hall. It was clear he had passed. I checked his Code status and he was a full code. She (V27) said we have a policy. She (V27) pulled up the policy, and we went through the checklist (on the policy). Whatever was on the checklist, it all applied." On 7/08/21 at 1:06 PM, V27, RN, stated, "I didn't see any signs of life. His (R98's) eyes were cloudy over. I checked his pulse. He was grayish looking. There were no signs of life in him and I

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED IL6005474 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET BRIAOF BELLEVILLE BELLEVILLE, IL 62226 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETE **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 5 S9999 went and got another nurse, his nurse (V26). He didn't necessarily have rigor mortis. There were no breath sounds, and no pulse. His chest was not going up and down. He wasn't that warm. The aide came and got me. I don't remember who the aide was. She said she thought he was gone because he wasn't responding to her." On 7/8/21 at 1:15 PM, V29, CNA, stated, "I went in to check on him (R98) and he was unresponsive. He was dead. I called the nurse. She (V27) was literally right by the room." V29 stated she did not check to see if R98 had a pulse. On 7/8/21 at 2:30 PM, V31, Physician, stated he did agree with the American Heart Association's Guidelines regarding initiating CPR. The facility policy entitled "Code Blue" dated 7/2020 documents, 1."Upon finding a person without respirations and or a pulse. Call for help and confirm presence or absence of advanced directives/ code status, if the resident is not a do not resuscitate (DNR), then a code blue should be announced and start CPR. The (AHA) American Heart Association urges all potential rescuers to initiate CPR unless a valid do not resuscitate order is in place or obvious clinical signs of irreversible death (see presumed death policy) are present or initiating CPR could cause injury or peril to the rescuer." The American Heart Association's Guidelines for initiation of CPR document that CPR should be initiated unless there is a valid Do Not Resuscitate Order in place, obvious clinical signs of irreversible death (e.g., rigor mortis, dependent lividity, decapitation, transection, or decomposition) are present or CPR could cause

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Illinois Department of Public Health FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED IL6005474 B. WING 07/15/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH 27TH STREET **BRIA OF BELLEVILLE BELLEVILLE, IL 62226** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOUL ID BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 injury or peril to the rescuer. The Facility's Guideline The facility's Guideline "Presumed Death Criteria" dated 9/2017 documents, "General: to provide guidance on emergency measures for patient/resident with an unwitnessed cardiac event" The Guideline Procedure documents "1.) Cardiopulmonary Resuscitation (CPR) will not be performed after an unwitnessed cardiac arrest if ALL of the following are present: a.) pupils are fixed and dilated b.) mottled discoloration of the body c.) absence of reflexes d.) Loss of bowel and bladder sphincter control. e.) absence of vital signs (pulse, respirations, and blood pressure) with presence of other symptoms listed above." The Guideline documents "2.) Before a decision to not resuscitate is made, A through E must be verified by two licensed nurses one of which must be a registered nurse. 3.) The findings shall be documented in the medical record along with the signature of both licensed nurses. The attending physician will be notified." The facility's presumed Death Criteria does not address the clinical signs of irreversible death as defined by AHA. The Facility's Guideline "Advance Directives and DNR", revised on 7/9/21, documented the following under section entitled "Resident Presumed Dead": "1. CPR will not be performed after an unwitnessed cardiac arrest if the following are present: a. Pupils fixed and dilated; b. Mottled discoloration of body; c. Absence of reflexes; d. Bowel and bladder sphincter control absent; e. Absence of vital signs (blood pressure and pulse) with the presence of the other symptoms listed above." The Guideline documented "Before a

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decision not to resuscitate is made, two licensed

If continuation sheet 8 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
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	nurses must verify adocumented in the signatures of both rephysician will be not	A to E. These finding must be nursing notes, along with the nurses. The attending tified." This Guideline does signs of irreversible death as	03333	184 184			
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