

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/07/2021
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NAME OF PROVIDER OR SUPPLIER ST CLARA'S REHAB & SENIOR CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1450 CASTLE MANOR DRIVE LINCOLN, IL 62656
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S 000	Initial Comments Facility Reported Incident of 9/27/2021 -IL138616	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.1210b) 300.1220b)8) 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 300.1210 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	S9999	Attachment A Statement of Licensure Violations	

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X8) DATE _____

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S9999	<p>Continued From page 1</p> <p>care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>8) Supervising and overseeing in-service education, embracing orientation, skill training, and on-going education for all personnel and covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative/rehabilitative nursing techniques through out-of-facility or in-facility training programs. This person may conduct these programs personally or see that they are carried out.</p> <p>These requirements were not met as evidenced by:</p> <p>Findings include:</p> <p>The American Red Cross CPR/AED (Automated External Defibrillator) for Professional Rescuers and Health Care Providers handbook documents, "Unconscious choking: If a ventilation attempt does not make the chest clearly rise: 1. Re-tilt the head and give another ventilation. 2. If the chest still does not rise clearly, give 30 chest compressions. 3. Look for an object inside the mouth. 4. If you see an object, remove it. 5. Give two ventilations. Provide care as needed: If the ventilations still do not make the chest clearly rise, repeat steps 2-5. If the ventilations make the chest clearly rise, check for breathing and a pulse for no more than 10 seconds: If unconscious but</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>breathing, place in a recovery position; If unconscious and no breathing but there is a pulse, give ventilations; If unconscious and no breathing or pulse, begin CPR."</p> <p>The facility's Emergency Care for Choking policy, no date available provided by V1 (Administrator) on 10/4/21, documents, "Unconscious victim: Give 30 compressions pushing down at least two inches on the center of the chest. Place one hand on top of the other. Push hard. Open the airway and check the mouth for objects. Remove the obstructing object only if you see it. With the airway open attempt to give two breaths. If unsuccessful, return to compression. Repeat steps until victim starts breathing or until emergency medical help arrives."</p> <p>The facility Assessment, dated 12/20, documents, "The facility must have sufficient nursing staff with appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident."</p> <p>R1's POLST (Practitioner order for Life-Sustaining Treatment) form, dated 2/11/20, documents, Cardiopulmonary Resuscitation (CPR): If patient has no pulse and is not breathing. Do not attempt Resuscitation/DNR; When not in cardiopulmonary arrest: Medical interventions (If patient is found with a pulse and/or breathing): Comfort-focused Treatment: Primary goal of maximizing comfort: Relieve pain and suffering through the use of medication by any route as needed; use oxygen, suctioning and manual treatment of airway obstruction."</p> <p>R1's Speech Therapy Evaluation and Plan of</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Treatment, dated 8/25/20, documents, "Definite risk for: choking, frequently coughing up food during swallow, aspiration, delayed or slow swallow reflex and wet or gurgly voice quality after swallowing liquids."</p> <p>The Facility's report to the State Agency, dated 10/1/21, documents, "(On 9/27/21), (R1) was experiencing an acute respiratory illness. CNA (Certified Nursing Assistant) was assisting (R1) at mealtime, (R1) began to cough expelling food and phlegm. Nursing assessment done. Heimlich maneuver was initiated. 911 was called and ambulance arrived. (R1) assessed. (R1) was without vital signs. (R1) was a DNR (Do Not Resuscitate). Family was present at the time of the occurrence and requested no further treatment. Coroner notified, arrived at facility and released body to funeral home."</p> <p>Local ambulance report, dated 9/27/21, documents, "Chief complaint: arrest secondary to choking incident. Dispatched by 911 to facility, for (R1) who is choking and facility staff are attempting to give the Heimlich maneuver. Facility staff reports that (R1) was eating in the common area, visiting with family, when he began to choke on food. Staff report they attempted to give the Heimlich maneuver but were unsuccessful. Staff reports they moved (R1) from the common eating area to his room. It is unclear the timeline of events provided by facility staff and what was done in the dining area versus (R1's) room prior to ambulance arrival. (R1) is found laying supine in his bedroom. There is no chest rise and fall, eyes are open and face is cyanotic and mottled around he sides. (R1) has secretions with green baby pea pieces in his mouth, on his clothes and on the floor. No radial pulses nor carotid pulse found upon multiple palpations by both</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>paramedics. (R1) chest is auscultated and there are no heart sounds nor breath sounds. Paramedic prepares to cut (R1) shirt open to apply fast patches and paramedics asks facility staff is (R1) has a DNR. Staff provides (R1's) paperwork and here is a signed and valid DNR in (R1's) records. EKG (Electrocardiogram) patches applied to (R1) and a 4 lead is obtained showing PEA (Pulseless Electrical Activity). Pulses checked again and still none are found. EKG printed off to give to coroner. Paramedic contacts 911 dispatch and requests that the coroner be notified. (R1's) family members are still present in the hallway and verify that they do not want resuscitation efforts made. (R1's) eyes are assessed with no reaction to light or movement, and it is noted that one pupil is larger than the other. (R1) disconnected from monitor and a blanket is placed across (R1) for privacy." The report also documents, "Estimated time of collapse to 911: 5 minutes. Estimated time of arrest: 8-10 minutes. Call received: 5:22 p.m. Dispatched 5:24 p.m. On scene: 5:26 p.m. At patient: 5:28 p.m. In field pronouncement: 5:37 p.m."</p> <p>On 9/29/21 at 1:55 p.m., V26 (LPN-Licensed Practical Nurse) stated, "(V27 CNA-Certified Nursing Assistant) started feeding (R1). He coughed a little bit and was spitting the food out. (V27) would prompt him to spit it out when he was coughing so he didn't choke. I was in that area for approximately 10 minutes because I was giving other residents in that area medicine as well. When I left, he was still occasionally coughing. I went around the corner, but I was still able to visualize him. I gave medications to two residents, on that hall when (V27) came to get me because she thought (R1) was choking. I got to (R1) and his face was red, and he had both</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>hands on his chest clutching his chest. When I got to him he was unresponsive, leaning back in his chair. I moved his hands and performed the Heimlich. While he was sitting in the chair I was standing on his right sided and using my right hand only I thrust under his ribs three times. He didn't bring anything up. When nothing came up, we (V26, V27, V28-CNA) took him to his room in the wheelchair, and lowered him to the floor. We had (R1) on his left side. I tried three thrusts with my right hand from sitting beside him and still didn't bring anything up. Other nurse (V29,LPN) came with backboard and we rolled him onto his back. I thrust under his ribs using both hands while he was laying on his back. The girls (V27 & V28) stayed with him and I called 911. The girls asked if they needed to start CPR while I was gone and I told them no, as long as he had a pulse, not do CPR. When I returned (V27) said she still felt his pulse. I felt and it was weak, but it was still there. The paramedics appeared after I got back to the room. The paramedics took over. They hooked (R1) up to the monitor. He did have a heartbeat when he was hooked up, but it was very low. The male paramedic asked the code status. The paramedic asked to see the DNR paper I got it for him he said ok and handed it back to me. Shortly after that, one paramedic listened to his chest and shook her head so the other one listened and shook his head and pronounced (R1) expired."</p> <p>On 9/30/21 at 10:23 a.m., V27 CNA stated, "I took (R1) out to the dining area. The nurse asked me to assist (R1) with his meal. Prior to feeding him, he was coughing. I asked the nurse about the coughing and she stated it was because of pneumonia. It was concerning that he was coughing and coughing. He took the first bite and he wasn't chewing well. So I gave him time to</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>chew. By the third bite he didn't want to eat any more. I stopped feeding him. He was speaking with his family. (R1) started coughing up phlegm. Then he stopped coughing entirely. I was sitting there, talking with daughter, when all of a sudden (R1) started coughing uncontrollably. He was holding his chest. I got the nurse (V26). She came and he was trying to talk but couldn't talk. The nurse started to attempt to do the Heimlich maneuver using one arm and nothing came up. We took him to his room and laid him on the floor on his left side and we were doing back slaps. The nurse stood over him and did thrusts as well. A little bit of food came up with the back slaps. The crash cart was in the room. (V26) tried to do a mouth sweep, then (V29) brought the crash cart into the room. They did not put oxygen on him or use the suction machine. I felt a pulse, but I went to start CPR. (V26) saw me, said he is a DNR, and told me to stop CPR. Then, (V26) left the room. The whole time (V26) was out of the room we (V27 & V28 CNA) were doing back slaps until the ambulance got there and took over."</p> <p>On 10/4/21 at 11:30 a.m. V28 stated, "(R1) started choking in the dining room. We took him to his room and laid him down on the floor. He was not responding. Once we got him on the floor, we turned him on to his side and continued the Heimlich by doing back slaps. The nurse (V26) left the room, and we (V27 & V28) just continued the back slaps. (V27) attempted to start CPR, but before she could start compressions, (V26) came back in and told her to stop because (R1) was a DNR. We were checking him for a pulse the whole time, and he still had a pulse. (R1) did not have oxygen on, and they never tried to suction him. Not long after the nurse got back, the ambulance came and said (R1) had passed away. V28 also stated, "If a</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>resident is unresponsive and choking you continue to do the Heimlich with the back slaps or getting your arms around them if you're able to."</p> <p>On 9/30/21 at 2:10 p.m., V26 stated, "I did not instruct the CNAs (V27 & V28) to continue the Heimlich. They asked about doing CPR and I said no. They should have continued the Heimlich. When I got back to the room, I had just enough time to check for a pulse, and he still had one. During this incident no suctioning was done on (R1). The machine had not been set up." V26 verified that R1's POLST documented, "Comfort-focused Treatment: Primary goal of maximizing comfort: Relieve pain and suffering through the use of medication by any route as needed; use oxygen, suctioning and manual treatment of airway obstruction."</p> <p>On 10/5/21 at 12:35 p.m., V29, LPN stated, "I was working in the area of where (R1) started choking, and I could hear what was going on. So, I immediately grabbed the crash cart, and checked (R1's) chart for his code status. (R1) was a DNR. I took the crash cart to the room even though (R1) was a DNR, and I knew we wouldn't need to use the crash cart for any reason because of the DNR. (R1) did not have oxygen on nor did anyone suction him at any time." V29 also stated, "If a resident is choking and unresponsive, I would call for help, get the person in a Heimlich position and attempt thrusts. I would keep attempting this until the paramedics got there to take over. I don't think you do chest compressions on a choking person especially if they are a DNR."</p> <p>The facility's daily assignment sheet, dated 9/27/21, documents that six nurses and 11 CNAs were working when R1's incident occurred. Of</p>	S9999		

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S9999	<p>Continued From page 8</p> <p>those staff members three CNAs', V15, V18, and V20, CPR certifications were expired. On 9/30/21 at 1:30 p.m., V2 (Director of Nursing) stated, "(V15, V18, and V20) are not up to date on their CPR certification."</p> <p>On 9/30/21 at 9:50 a.m., V2 (Director of Nursing) stated, "All of our nursing staff should be CPR certified."</p> <p>On 10/4/21 at 12:55 p.m., V2 provided a list of all nursing staff. V2 marked off employees that are no longer working here. V2 provided copies of current CPR certifications, and confirmed that the following staff members CPR certifications had expired and were not renewed: CNAs: V6-V8, V11-V18, V20, V21, V23, V24; RNs: V9, V19; LPNs: V10, V22, V25. V2 also stated that V13 is the facility's primary transporter of residents.</p> <p>On 9/30/21 at 2:22 p.m., V18 (CNA) confirmed that her CPR certification was not up to date. V18 stated, "If a resident was choking I would do Heimlich maneuver. If the person was unconscious, I would do CPR if they didn't have a pulse. If they had a pulse, and they are unconscious I would call 911 and do nothing else until the ambulance gets here."</p> <p>On 10/4/21 at 1:45 p.m., V31 LPN stated, "If a resident was choking and unresponsive I'd check their airway and see if something is lodged. If they are unresponsive and lodged. I would start CPR. If you tried the Heimlich and mouth sweep and nothing was successful, I would continue with CPR. However, if the resident is a DNR you can't do CPR because they are a DNR. So we would stop and wait for 911 to get here. We should apply oxygen though and attempt to suction the resident to see if that would remove the object."</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>On 10/4/21 at 2:10 p.m. V32, CNA stated, "If a resident was unresponsive and heart was still beating, I would continue with Heimlich. I don't start CPR unless their heart stops beating."</p> <p>On 10/4/21 at 2:20 p.m. V23, CNA stated she wasn't sure if her CPR certification was expired or not.</p> <p>On 10/4/21 at 2:25 p.m., V14, CNA stated, "My CPR certification is expired and I haven't renewed it. If a resident is unresponsive and choking, I just keep doing the Heimlich until its dislodged or CPR if their heart stops beating."</p> <p>On 10/4/21 at 12:55 p.m., V2 stated, "R1's POLST states for comfort measures to provide oxygen, suctioning and manual treatment of removal. I know that he was already supposed to be on oxygen when this was happening, and the manual treatment was the Heimlich. I believe they were attempting to set up suctioning, but never suctioned him. They said (R1) had a pulse, and they did the Heimlich. I do not know if they did any chest compressions."</p> <p>On 10/4/21 at 1:00 p.m., V3 (Assistant Director of Nursing) confirmed that R1 was not suctioned after choking. V3 stated, "I would need more guidance regarding whether to do chest compressions. I'm not able to answer if chest compressions on a unconscious choking resident should be started if they are a DNR, even if their heart is still beating."</p> <p>On 9/30/21 at 11:15 a.m., V30 (R1's Physician and acting Medical Director) stated, "(R1) had a history of choking for the last few months. With his Dementia, he would pack the food in and talk</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>while he ate. He was a big guy so there was no way to get your arms around him. Putting him on the floor and doing abdominal thrusts while lying on his back was the best option." V30 also stated, "The important thing is to keep attempting to dislodge the object. I would expect that the facility nursing staff would all be up to date on their CPR certification. I presume that (R1) passed away due to aspiration and choking."</p> <p>R1's Certificate of Death Worksheet (dated 10/7/21) documents R1's Cause of Death as Aspiration and documents R1's Manner of Death was Accidental.</p> <p>(B)</p>	S9999		
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