STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6014906	A. BUILDING: _____ B. WING _____	C 03/02/2022

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PEARL OF HILLSIDE,THE	4600 NORTH FRONTAGE ROAD HILLSIDE, IL 60162

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S 000	Initial Comments Complaint Investigation 2290856/IL143058	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1035 e) 300.1210 b) 300.3240 a) 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 300.1035 Life-Sustaining Treatments e) 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 (Ill. Rev. Stat. 1991, ch. 111½, pars. 5301 et seq.) [745 ILCS 70]	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by: Based on interview and record review, the facility neglected to provide services to provide CPR (cardiopulmonary resuscitation) or call a code blue for a full code resident (R3) after the resident was found unresponsive. This failure affected one resident in a total sample of seven. This failure resulted in CPR not being initiated on R3 until paramedics arrived to the facility approximately 9 minutes after R3 was found without a pulse or not breathing. R3 was pronounced dead after not being able to be revived by paramedics. Findings Include: R3 is a 74 year old with the following diagnosis: cerebral infarction, heart failure, and end stage renal disease. R3 admitted to the facility on 1/12/22. A Nurse Practitioner note, dated 1/14/22, documents R3 is a full code. (A resident being a	S9999		

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full code means in the event a resident's heart stops beating and/or breathing stops, then all efforts of resuscitation will be provided to keep them alive.)

A Nursing progress note, dated 1/15/22, documents at 9:05 PM, the CNA (Certified Nursing Assistant) (V5) called the nurse (V13) into the room. The nurse noted R3 was unresponsive while lying in the bed with foam in R3's mouth. The CNA stayed with R3 and the nurse called 911. The nurse was about to start to do CPR (cardiopulmonary resuscitation) when the paramedics came into the room and took over. The paramedics left the facility unable to revive R3. The time of death is recorded as 9:36 PM, and was called by the physicians at the hospital through the paramedics.

The Fire Department Report, dated 1/14/22, documents the paramedics were dispatched to the facility due to R3 being found unresponsive. While in route to call, dispatch notified the crew (paramedics) over the radio that CPR had been declined. The crew was led to R3 and upon arrival, no one was in the room doing CPR. R3 did not have a valid DNR (Do Not Resuscitate). There was another staff member on scene who said he (V13) was not the nurse. R3 is unresponsive, apneic, and pulseless, and is warm to touch. CPR was initiated by the crew and continues throughout the call without interruption. R3 remained in asystole (no heart beat) during resuscitation efforts. After working on R3 for 20 minutes, the hospital was contacted and given report. The physician at the hospital ordered to seize any further resuscitation attempts, and noted the time of death as 9:36 PM. The crew was dispatched at 9:08 PM, they were in route at 9:09 PM, they were on scene at 9:11 PM, and

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S9999	Continued From page 3	S9999		

they were at R3's bedside at 9:14 PM.

On 2/15/22 at 2:22PM, V5, Certified Nursing Assistant/CNA, stated, "I was her (R3) CNA that night. I don't remember the last time I saw her because we are in and out of rooms all the time checking on people. I went in to round on her and I saw she wasn't responding to me. I didn't check for a pulse and I can't remember if she was breathing or not. She just looked asleep and wasn't responding to touch. I went and told the nurse. The nurse came in the room and went to call 911. I don't remember what we did after that. I can't say if we did CPR or not. If you see something wrong with someone then you go tell the nurse and start CPR right away. Someone calls 911 and then you just keep doing CPR until they get there."

On 2/16/22 at 10:43AM, V6 (Paramedic) and V7 (Paramedic) were interviewed together via phone call. V6 stated, "While we were en route to the facility, we got notified by the dispatcher that CPR had been declined. We asked if they were a DNR and the dispatch told us no. I asked why CPR hadn't been started and whoever called in said because no one else was able to open the door for us while they did CPR." V7 stated, "A man opened the door for us but told us that he wasn't her nurse. He directed us down to the room and no one else was in there; only the woman (R3) in the bed. I immediately checked for a pulse and breathing which both were absent. Another worker said she last saw her alert at around 7 PM. She still felt a little warm and was not stiff in any areas that I could tell so we ran the protocol for a full arrest. A full arrest protocol is starting CPR and getting sometime of airway in the patient to get the oxygen and try to get IV access to give medications. We also put the AED

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(automated external defibrillator) to see if there was any heart activity but we never got any. After doing 20 minutes of the full arrest we called the emergency medical response team at the hospital and they told us to end it because she couldn't be revived and there was no changes after the 20 minutes of us working on her. Anyone who gets CPR training knows that when you find anyone not responding and doesn't have a pulse to start as fast as you can while calling for help."

On 2/16/22 at 1:23 PM, V10 (CNA) stated, "The person who finds them like that is responsible for doing CPR and calling for help. It can be the CNA, nurse, doctor, or anybody. You start doing chest compressions first and then 2 breaths when you are done with those. You don't stop until 911 comes. If they are a full code, then CPR needs to be done."

On 2/16/22 at 1:27 PM, V11 (Agency Nurse) stated, "If I find someone down I start doing CPR as I'm yelling out for other people to come help me or I hit the code alarm. When someone comes into the room, I let them know I need the crash cart and to call 911. Once I get the cart in the room, I get the board under the resident and keep doing compressions while someone else give them breaths. It is 30 compressions then 2 breaths and start over again. You never should leave the person alone and never stop until the paramedics get there. You don't start CPR if they are a DNR but if they are a full code then CPR has to be done as soon as you realize they are unresponsive without a pulse."

On 2/16/22 at 1:57 PM, V13 (Nurse) stated, "I came in early that night around 7 PM. I was assigned on Parkview 1 and she (R3) was in the TCU so I was not her nurse. I don't believe there

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was a nurse over there. The CNA (V5) summoned me that I needed to go check on her because she wasn't responding. She (V5) came to get me down the hall on the other side because that is where I was assigned. I ran down to her (R3) room and she was not responsive. I checked for vital signs and she had none. I went to call 911 out at the nurse's station. I spoke with the dispatcher and she told me to start CPR and I told her I was going to as soon as I was off the phone with her. The CNA (V5) didn't start CPR. I don't know why she didn't start. When I got off the phone, I went back into the room and the CNA was cleaning her mouth because it had foam in it. I went to start doing CPR and that is when the paramedics got there. It was maybe like 5 minutes after I saw her before they arrived. I don't know how they got in the facility. I never seen her (R3) before this happened so I can't tell you what she was like before. I wasn't assigned to her. The CNA came to get me right after 9 PM. She was still warm when I was checking her. It was like it just happened because she wasn't cyanotic or anything. There was no time to call a code or bring in the crash cart because the paramedics got there as soon as I was off the phone. She was a full code. I didn't start CPR because I was the only nurse over there so I had to call 911."

On 2/17/22 at 3:55 PM, V14 (Medical Director) stated, "The first thing you do when someone is unresponsive is check for a pulse and if they are breathing. If they do not have either of those then you start CPR immediately. If you find them cold and clammy then that means they are already expired and there is no point to start CPR. If they are still warm, cardiac arrest just happened so immediate CPR should be performed. If the time they have been down is questionable but they still feel warm then you still do CPR. The benefit of

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S9999	Continued From page 6 doing CPR immediately is to bring circulation of blood back to the brain so it lessens the likelihood of significant brain damage. Blood flow to the brain means a better chance of recovery. One person can perform CPR until the ambulance arrives but two people are better. With two people one can do compressions while the other does breaths but one person alone can do both breaths and compression during CPR. The only reason you shouldn't do CPR is if someone is cold because there's no chance at reviving them or if they are a do not resuscitate. A full code means the patient still request chest compressions, intubation, medications, basically everything to save them. There's no reason CPR should not be started if they are a full code and still warm. A lot of these residents have a lot of comorbidities so their likelihood of surviving through this type of event is decreased but ethically to honor their decision we have to continue with CPR until we are sure they are unable to be brought back." The Physician Order Sheet, dated 2/15/22, documents R3's code status is a full code. This was ordered on 1/12/22. The policy titled, "Code Policy," dated 05/20/21 documents, "A code is initiated for all residents requiring emergency medical attention. Procedure: 1. Upon finding a person without respirations and/or a pulse, have another staff member check the code status while the person finding the resident initiate CPR ... 3. If the resident is not a DNR, than a cold blue or rapid response should be called. 4. When announcing a cold blue, state the unit, room number or place. 5. The crash cart which is located on each floor, is brought to the area where the code is	S9999		

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S9999	Continued From page 7 occurring. 6. As staff arrive, the DON or designee, should assign staff to the following items: someone to call 911, someone to assist with CPR, someone to notify the physician in family, someone to start the transfer form, get the paperwork together and notify the hospital, someone to hold the elevator on the first floor, if applicable, and someone to remove other residents from the area to ensure there is a clear path for the paramedics. 7. Once the resident is taken to the hospital, document the events leading up to the cold, as well as action taken during the cold, and the nursing notes." The policy titled, "Resident Right - Advance Directive Tracking Program," dated 3/21/21 documents, "In the event a resident experience is cardiopulmonary arrest, the nurse on duty shall immediately determine the resident's status as a code or no code. If the person is a full code, the nurse or designee shall begin cardiopulmonary resuscitation and direct someone to call 911." The policy titled, "Emergency Procedure - Cardiopulmonary Resuscitation," dated 01/05/22 documents, "Procedure: 1. If an individual (resident, visitor, or staff member) is found unresponsive and not breathing normally, a licensed staff member who is certified in CPR/BLS: Initiate CPR unless it is known that a do not resuscitate order that specifically prohibit CPR in or external defibrillation exists for the individual or there are obvious signs of irreversible death (e.g., rigor mortis) .... 4. Emergency procedure-cardiopulmonary resuscitation if an individual is found unresponsive, briefly sauce for abnormal or absence of breathing. If sudden cardiac arrest is	S9999		

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S9999	Continued From page 8 likely, begin CPR: instruct a staff member to activate the emergency response system (code) and call 911. Instruct a staff member to retrieve the automatic external defibrillator. Verify or instruct a staff member to verify the DNR or coach status of the individual. Initiate the basic life support sequence of events. The BLS sequence of events is referred to as "C-A-B" (chest compressions, airway, breathing). Chest compressions: follow initial assessment, begin CPR with chest compressions; push hard to a dust of at least 2 inches at a rate of at least 100 compressions per minute; allow full chest recoil after each compression; and minimize interruptions in chest compressions. Airway: tilt head back and live chin to clear airway. Breathing: after 30 chest compressions provide 2 breaths via Ambu bag or manually (with CPR shield). All rescuers, trained or not, should provide chest compressions to victims of cardiac arrest. Trained rescuer should also provide ventilation's. The AED arrives, assess for need and follow AED protocol as indicated. Continuous CPR/BLS until emergency medical personnel arrive." (AA)	S9999		