Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6001317	A. BUILDING: ______ B. WING ______	C 03/31/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN MEADOWS OF CAHOKIA	2 ANNABLE COURT CAHOKIA, IL 62206

(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
S 000	Initial Comments Complaint Investigation: 2242411/IL145121	S 000		
S9999	Final Observations Statement of Licensure Violations 300.620a) 300.3300a) 300.3300b) 300.3300j) 300.3300k) Section 300.620 Admission, Retention and Discharge Policies a) All involuntary discharges and transfers shall be in accordance with Sections 3-401 through 3-423 of the Act. Section 300.3300 Transfer or Discharge a) A resident may be discharged from a facility after he or she gives the administrator, a physician, or a nurse of the facility written notice of his or her desire to be discharged. If a guardian has been appointed for a resident or if the resident is a minor, the resident shall be discharged upon written consent of his or her guardian or if the resident is a minor, his or her parent unless there is a court order to the contrary. In such cases, upon the resident's discharge, the facility is relieved from any responsibility for the resident's care, safety or well-being. (Section 2-111 of the Act) b) Each resident's rights regarding involuntary transfer or discharge from a facility shall be as	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1	S9999		

described in subsections (c) through (y) of this Section.

j) The planned involuntary transfer or discharge shall be discussed with the resident, the resident's representative and person or agency responsible for the resident's placement, maintenance, and care in the facility. The explanation and discussion of the reasons for involuntary transfer or discharge shall include the facility administrator or other appropriate facility representative as the administrator's designee. The content of the discussion and explanation shall be summarized in writing and shall include the names of the individuals involved in the discussions and made a part of the resident's clinical record. (Section 3-408 of the Act)

k) The facility shall offer the resident counseling services before the transfer or discharge of the resident. (Section 3-409 of the Act)

These Requirements were not MET as evidenced by:

Based on interview and record review the facility failed to permit readmission after an acute care hospitalization for 1 of 3 residents (R2) reviewed for involuntary discharge in the sample of 4. This failure resulted in causing R2 undue stress and worry regarding placement status and/or being placed in a facility that is not within proximity of family, and R2 remained in the hospital while waiting for his appeal.

Finding includes:

On 3/30/2022 at 9:15 AM, V1, Administrator stated, "The only involuntary discharge I have was on (R2). We could no longer meet his

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S9999	Continued From page 2 medical needs. This is my first involuntary discharge. He was on a CPAP (Continuous positive airway pressure) machine and now he has a BIPAP (Bi-level positive airway pressure) machine, and we can no longer meet his medical needs because if he would stop breathing, we would not be able to perform CPR (Cardiopulmonary Resuscitation) on him." R2's Physician Order Sheet (POS) dated February 2022 document a diagnosis of morbid obesity, type 2 diabetes mellitus, Anemia, Acute on chronic diastolic (congestive) heart failure, COPD, Acute respiratory failure, other abnormalities of breathing, impulse disorder, shortness of breath, delirium due to known physiological condition, chronic kidney disease. R2's Minimum Data Set dated 3/11/2022 document Discharge assessment- return anticipated. Unplanned discharge. R2 was documented as having memory problems and some difficulty in new situations only. R2's Care Plan with date of initiated 2/3/2020 does not document any behaviors. R2's Care Plan documents R2 requires extensive assistance for bed mobility, transfers, dressing, toilet use and personal hygiene. The Care Plan documents R2 uses at CPAP with Oxygen at bed. He sleeps in a sitting/upright position due to shortness of breath when lying flat." R2's Care Plan with a date initiated of 2/3/2020 document, "(R2) is at risk for shortness of breath related to OSA (obstructive sleep apnea) and obesity hypoventilation syndrome, COPD with episodes of exacerbation. History of acute on chronic hypoxic and hypercapnic respiratory failure. He uses CPAP with oxygen at bedtime. He sleeps in a sitting/upright position due to shortness of	S9999		

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S9999	Continued From page 3 breath when laying down." R2's Care Plan Intervention, dated 10/26/2020, documents "continue the use of CPAP every night shift with 2 liters of oxygen bleeding into the device. Advised the patient to use H20 (water) with CPAP device, so the air is humified and decrease the incident of hemoptysis in the morning, every night shift for SOB (shortness of breath) when lying flat." R2's Progress Note dated 3/11/2022 at 5:30 PM, " Text: Patient was transported to (Hospital) by EMS (Emergency Medical Service) x (times) 3 assist at 5:30 pm. Patient was experiencing SOB (shortness of breath), altered mental status, and he defecated all over himself/floor trying to get to the bathroom. Patient stated, 'How did I get into the bathroom.' EMS did not let us clean him up before getting on the stretcher. After being on the stretcher he was unconscious briefly. Pulse ox (oxygen saturation) 93 right before EMS showed up." R2's Notice of Involuntary Transfer or Discharge and Opportunity for Hearing for Nursing Home Residents documents, Date of Notice given to R2 was on 3/18/202. This was 7 days after he was transported to the hospital for a change in condition. The Notice documents the discharge was an Emergency Transfer or Discharge. The Notice documents ""This facility seeks to transfer or discharge you pursuant to the regulations of the Health Care Financing Administration for states and Long-term care facilities, 42 CFR 483.15 (c)(1) (i) (A)." After this statement was a hand-written comment "His health status has worsened to a point we can no longer meet his needs." The Notice documents "On the date of transfer or discharge, you will be relocated to Facility, TBA (To Be Determined)."	S9999		

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S9999	Continued From page 4 On 3/30/2022 at 9:32 AM, V2, Director of Nurse's stated, "I talked with (V6) the Case Manager from the hospital and when (R2) went out to the hospital he was on a CPAP (continuous positive airway pressure) machine and his respiratory changed. When he got to the hospital, they said they (R2) needed a full mask with a BiPAP (bilevel positive airway pressure) machine instead of the CPAP machine. They said he needed a BIPAP machine with setting of 22/10. (V6) acknowledged that the setting was high. (V6) advised me to talk with our medical director (V7) and so I talked with (V7's) nurse practitioner. (V8) and we told the hospital we had concerns over (R2's) BIPAP settings, the full mask. If the mask would become dislodged or if (R2) was not wearing it and he would stop breathing, we would not be able to be effective in doing CPR because he weighs over 500 pounds and the CPR would not be effective. When he was wearing the CPAP machine it was not an issue but with the BIPAP machine we felt it would be a concern. If he would be unresponsive, we do not feel that we could successfully code him. We are dealing with a high level of care. Because he may need oxygen immediately, I believe he needs a facility that has vents and respiratory specialist. We do not take vents here. We are dealing with high level of respiratory care." R2's Progress Notes dated 3/15/2022 at 10:49 AM, "Late Entry: Note Text: Call received from (V6), Case manager Hospital concerning R2's respiratory care needs. He stated that (R2) is on a BiPAP machine with a full-face mask and would be discharged with it. He stated his settings would be 22/10 and explained the consequences of the mask not worn or dislodged during the night. He asked if I would review the concerns with (R2's primary care Physician) and call him back	S9999		

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S9999	Continued From page 5 tomorrow." R2's Progress Notes dated 3/16/2022 at 10:55 AM, "Call placed to (V6) at hospital to inform him that the facility cannot support the level of respiratory care needed for (R2). (V6) stated that he will assist in placing (R2) in a suitable facility and will let us know where it is so that we can transfer his belongings to his new locations." On 3/30/22 at 9:50 AM, V6, Case Manager at hospital, stated, "I have not been involved in this case since it was reported, but I can tell you what I know. We got (R2) here, and I cannot remember the exact time frame, but they thought he was retaining carbon dioxide. (R2) had been on continuous positive airway pressure (CPAP) at the nursing facility but had been requiring bilevel positive airway pressure (BiPAP) here in the hospital. At first, we questioned whether the facility CPAP was working appropriately. The Director of Nursing (DON) was notified that the CPAP may not be working properly and was notified for need of BiPAP with settings of 22 and 10. The DON and I spoke a couple of times. She and administration stated they would not be able to take resident back because of his new BiPAP need. Then the social worker got involved due to concern of resident being 'dumped' at the hospital. We let the DON and administrator know and from there the social worker took over. (R2) is still here at the hospital on another floor." On 3/31/2022 at 11:15 AM, V6 stated, "I talked with (V2) and told her about (R2's) BiPAP machine and the full mask and his settings. I never mentioned anything about reviewing any concerns or issues with (R2's) BiPAP machine with his physician. I do not discuss medical or device. I never said anything about the mask	S9999		

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S9999	Continued From page 6	S9999		

dislodging or any other concerns. I never said I would find placement as I do not do even do placement that would be our social worker. Those notes are incorrect, I never said any of that stuff other than the BiPAP and settings."

On 3/30/2022 at 10:09 AM, V9, Hospital Social Worker, stated, "I am working with (R2) and plan on calling in on his hearing next week if he is ok with that. The last time (V6) and I spoke with the administrator, they stated they will not accept him back to the facility because of his bilevel positive airway pressure (BiPAP) requirements. Usually, the BiPAP is not reason for exclusion from nursing homes. The facility said they were worried (R2) would rip the BiPAP off at night and have a cardiac arrest, and they do not have the means to successfully code him. Here in the hospital, (R2) has been compliant with the BiPAP and does not rip it off. He only wears it while sleeping and does not rip it off if he is sleeping. (R2) thinks the facility wants him out of there because he has Medicaid and does not have a lot of money or family connections within the facility. (R2) wants to go back to the facility. He has been ready to go back to the facility for a couple of weeks. I have sent out other referrals without success. (R2) is worried about his belongings and seeing his family, especially if he goes to another facility."

On 3/30/2022 at 10:48 AM, V10, Licensed Practical Nurse (LPN), stated, "The day (R2) was sent to the hospital, the nurse giving me report said he had been having a decreased level of consciousness. The first moment I saw (R2), I knew something was wrong. He was sitting on the toilet, swaying, with feces on the floor. I immediately checked his oxygen saturation, and it was below 90%. I asked another nurse to help

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S9999	Continued From page 7	S9999		

me, and we called the ambulance. (V8), Nurse Practitioner, was there. The ambulance came and (R2) actually lost consciousness on the stretcher and they had to put oxygen on him. I called the hospital to check on him and they said there might be a malfunction with (R2's) continuous positive airway pressure (CPAP), and they were going to arrange for (R2) to have a new CPAP when he came back to the facility. (R2) did have attention seeking behaviors, so it was hard to distinguish whether there was an issue or whether he just wanted to talk at times. In this case, I could tell right away that something was very wrong with him. I was told (R2) may not come back to the facility because we can't provide him the care he needs."

On 3/29/2022 at 11:35 PM, V4, Ombudsman stated, "(R2) is a sex offender and he has been in the (Facility) for over 2 years. I have not gotten any complaints about him. We have an appeal scheduled on 4/4/2022 for his involuntary discharge. His sister is nurse and said she would take him, but she has children and because of the children she is not allowed to have the children near (R2). The family is upset. They are worried and afraid he would be sent out of state or far away if they cannot find somewhere else to place him. It is tough because he is young, history of sex offender, not everyone is going to jump to take him. I have not received anything about him for 2 years. Why now? Bariatric part has not changed, prior (R2) wore a CPAP. (R2) wants to go back to the facility so his family can see him. The sister lives within an hour. And the family visits. If he would not find a facility closer this could potential affect his mental well -being if he was not able to see his family. It is a tough case. The (Facility) is trying to claim that because of the BiPAP it would make it difficult to

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S9999	Continued From page 8 do CPR because he is large but when I asked them how that was different than his CPAP, they just looked at me and had no answer. If he needed CPR, I do not think it would matter because if they can't do CPR with the BIPAP then what would be different with the CPAP? The facility DON told a social worker at (hospital) that they can no longer meet (R2's) needs now that he needs a bilevel positive airway pressure (BiPAP) machine, and the staff isn't trained. The ombudsman (I) spoke with the social worker, DON, and the Administrator about their refusal to take (R2) back and (R2) being a hospital dump. They argued that because the resident is on a BiPAP and is bariatric they cannot guarantee they can revive him if something happens. When I asked how they planned to revive him prior to needing this equipment there was no response. It was at this time, I explained the involuntary discharge process but specified they had to take him back until placement was found. The involuntary discharge was sent out 3/18/22 as an emergency discharge. The discharge had "N/A" written through the appeal page and there was nothing listed as a place of discharge. I informed them this was invalid. (V1) said says she has to think of her staff first and refused to resend." On 3/31/2022 at 10:26 AM, V13, R2's family, stated, "(R2) has been really stressed, not knowing when he is going to get out of the hospital and where he is going to live." V13 stated "(R2) said, 'I'm homeless.' I feel so bad for him. He really likes the staff at the facility, and I think he feels betrayed and the fact that his weight was mentioned is discrimination. Everyone knows he overindulges in food, and that is nothing new. My big concern is his respiratory status. Nobody from the facility contacted me to tell me he was going to the hospital, and nobody called to tell me he	S9999		

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S9999	Continued From page 9	S9999		

was being discharge. (V2) left me a voicemail to talk but she did not say anything about discharge. I was not aware of the upcoming hearing and did not get a letter. It would be a tremendous hardship if (R2) had to be placed far away from home. We are able to visit him now, but it would be much more difficult if he was farther away."

On 3/30/2022 at 2:40 PM, V15, Hospital Physician, stated, "(R2) started off on bilevel positive airway pressure (BiPAP), but we have been trying to transition him to continuous positive airway pressure (CPAP). It is really more of (R2's) preference to continue on the BiPAP than medical necessity. (R2) has been really anxious and feels more comfortable on the BiPAP. We are trying to get (R2's) anxiety under control with the hope of putting him back on the CPAP. CPAP is continual pressure and has more options with the face mask. BiPAP is more advanced and delivers different pressures and is typically a full-face mask. Generally, the progression of increased oxygen requirements if CPAP first, then BiPAP if respiratory status worsens. It is challenging to answer whether BiPAP would exclude a resident from returning to their nursing facility. It really depends on what other needs they may have and what the facility is able to provide. Cardiopulmonary resuscitation (CPR) would be provided the same for people wearing both CPAP and BiPAP. We would remove the mask and perform CPR. Obesity would make CPR more difficult, regardless of whether the resident has a CPAP or BiPAP."

The facility policy, "Residents' Rights for People in Long-Term Care Facilities" with a revision date of November 2018 documents, "Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of

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S9999	Continued From page 10 life. The facility must ensure that you are free from retaliation and discrimination in exercising your rights. Your facility must provide services to keep your physical and mental health, at their highest practical levels. You have the right to keep living in your facility. You must be given written notice if your facility wants you to move from the facility. The reasons for asking you to leave must only be for the following reasons: you are a danger to yourself or others; your needs cannot be met by the facility; your health has improved, and you no longer need the services of a long-term care facility; You have not paid your bill after reasonable notice; your facility closes. The notice must: tell you why your facility wants you to move; tell you how to appeal the decision to the Illinois Department of Public Health; provide a stamped and addressed envelope for you to mail your appeal in; and be received 30 days prior to the day they want you to move from a Medicare or Medicaid certified facility; be received 21 days prior to the day they want you to move from a State licensed facility. Before your facility can transfer or discharge you, it must prepare you to be sure that your discharge is safe and appropriate. You cannot be forced to leave your facility because you are applying for Medicaid, or you are on Medicaid and a Medicaid bed is available. It is important to ask the facility how many Medicaid beds it has available. You must be allowed to return to your facility after you are hospitalized as long as you still need that level of care. If you get Medicaid and are hospitalized for ten or fewer days, your facility must let you return when you leave the hospital even if the facility has given you a written discharge notice. If you are hospitalized for more than ten days, your facility must let you return if it has a bed available and you still need that level of care."	S9999		

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S9999	Continued From page 11 (B)	S9999		