

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6002133	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/18/2022
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NAME OF PROVIDER OR SUPPLIER EVERGREEN NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1115 NORTH WENTHE EFFINGHAM, IL 62401
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S 000	Initial Comments Complaint Investigation: 2252590/IL145349	S 000		
S9999	Final Observations Statement of Licensure Violation: 300.610a) 300.696a) 300.696d)5) 300.1010h) 300.1210d)3) 300.1630b) 300.1630c) 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 300.696 Infection Prevention and Control a) A facility shall have an infection prevention and control program for the surveillance, investigation, prevention, and control of healthcare-associated infections and other infectious diseases. The program shall be under	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	<p>Continued From page 1</p> <p>the management of the facility's infection preventionist who is qualified through education, training, experience, or certification in infection prevention and control.</p> <p>d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):</p> <p>5) Guidelines for Preventing Healthcare-Associated Pneumonia</p> <p>Section 300.1010 Medical Care Policies</p> <p>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</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.1630 Administration of Medication</p> <p>b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>c) Medications prescribed for one resident shall not be administered to another resident.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to notify the primary care physician when a decline in condition occurred for 1 (R2) of 3 residents reviewed for notification in the sample of 11. This failure resulted in R2's physician not being notified of R2 having an oxygen saturation of 69%, complaints of not feeling well, and increased fatigue which resulted in R2 being admitted to the hospital with a diagnosis of Altered Mental Status and Low Blood Pressure, causing R2 to be hospitalized on 3/30/2022 and R2's subsequent death from Cardiac Arrest,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>Sepsis with Multi-Organ Failure, and Pneumonia.</p> <p>Findings Include:</p> <p>R2's admission record with a print date of 04/06/2022 documents that R2 was admitted to the facility on 10/16/2020 with diagnoses that include Acute Respiratory Disease, Respiratory Failure, Unspecified with Hypoxia.</p> <p>R2's Minimum Data Set (MDS), dated 01/13/2022, documents under section C, R2's Brief Interview for Mental Status (BIMS) summary score is 15 which indicates R2 is cognitively intact.</p> <p>R2's progress notes document the following: 03/30/2022, 3:54 a.m. documents, "Resident had gotten up to use toilet, without O2 (Oxygen), while trying to get back to bed, resident became very weak and confused, asking where we are and if we are in Australia. This nurse and CNA (Certified Nursing Assistant) assisted resident back to bed. Upon assessment, O2 Saturation 69%, titrated O2 up to 5L (liters) over a period of 20 minutes to get O2 Sat (Saturation) up to 92% on NC (nasal cannula) and on big O2 tank and off the O2 concentrator, BP (Blood Pressure) was initially 138/76, P (pulse) 116, at 3:25 a.m., currently BP 128/80, P88, resident is becoming more lucid, able to tell nurse where she is and room number. Will continue to monitor."</p> <p>03/30/2022, 5:20 a.m., "Resident condition continues to improve, Resident O2 Sat (Oxygen Saturation) remains at 92% on 5L per NC (nasal cannula), BP currently 116/68, P94. Will continue to monitor."</p> <p>03/30/2022, 12:20 p.m., "resident not wanting to</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>eat lunch, continues to say she doesn't feel well, O2 Sat 92% on 3L/NC, increased to 4L able to get O2 up to 95%. Resident kept saying just doesn't feel well."</p> <p>03/30/2022, at 4:27 p.m., "resident sleeping this nurse not able to get resident to wake well, CNA able to get resident awake and up to sitting position, resident not wanting to eat, resident not answering questions. Vitals WNL (within normal limits), pulse at 92, O2 back to 92% on 4L, increased to 5L, able to get O2 Sat back to 95%, color pale, resident continues to say doesn't feel well."</p> <p>03/30/2022, 7:25 p.m. documents, "resident color gray, not able to get a good BP, resident not answering questions, holding chest, best BP 118/in the 50's faint, pulse irregular and at 99-110, O2 Sat 95% on 5L/NC, lethargic, area around mouth has blue tint, resident looking gray."</p> <p>R2's progress notes, 03/30/2022, 7:29 p.m., "resident full code, sent to ER (Emergency Room) for evaluation, notified ambulance, left with resident."</p> <p>R2's progress notes do not document R2's physician was notified of the changes in R2's condition.</p> <p>On 04/07/2022 at 10:45 AM, V10, (Licensed Practical Nurse), stated she went into the room to help R2's roommate to the bathroom and while she was in the room, R2 got up by herself and went to the bathroom. V10 stated when R2 came out of the bathroom her incontinence brief was still down around her knees and she was confused. V10 stated she assisted R2 back to</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>bed and checked her vital signs. V10 stated R2's Blood Pressure was better than it had been all night. V10 stated she checked R2's oxygen saturation because R2 didn't wear her oxygen to the bathroom. V10 stated R2's oxygen saturation was only 69% and she put oxygen on via a concentrator and started titrating the oxygen up. V10 stated it wasn't cutting it, so she had the CNA, (V18), go get a pure oxygen tank and titrated it to 5 liters and R2's oxygen saturation went up to 92%. V10 stated she stayed with R2 about 15 minutes to ensure her oxygen saturation stayed about 90%. V10 stated she checked R2's oxygen saturation about every 15 minutes after that. When asked if she notified R2's physician, V10 stated she thought she remembered only one other time R2's oxygen saturation had dropped like that, and it was over a year ago when R2 had pneumonia. V10 stated R2's oxygen saturation did not drop like that routinely. When asked again if she had notified R2's physician of this occurrence, V10 stated, "No, I passed it on to the AM (morning shift) nurse."</p> <p>On 04/12/2022, at 11:25 a.m., V3, (Assistant Director of Nursing), (ADON), stated that R2 had an order to wear oxygen at night and was known to take the oxygen off and if she assessed her and her oxygen saturation was low (69%), she would have reapplied the oxygen on her and if after 20 minutes or so, R2's oxygen level would not have come up above 90%, she would have notified the physician at that time, but only if she couldn't get her oxygen level back up.</p> <p>On 04/07/2022, at 1:00 p.m., V14, (Physician), stated that she was notified on 3/29/2022, in regards, to R2 receiving her roommate's medications. V14 stated she ordered R2's Blood Pressure be monitored every two hours,</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>increased water intake, and to notify her if R2 had a decline in her condition or Blood Pressure readings. V14 stated she was not notified again about R2's condition until 03/30/2022, around 7:00 p.m.</p> <p>On 04/12/2022, at 10:00 a.m., spoke with V17, (Medical Director), and asked him, "If a resident has a decline in condition where they become lethargic, confused and their O2 Saturation drops to 69% and it takes the nurse after applying oxygen 15-20 minutes to get the O2 Saturation above 90%, is that a time when a physician should be notified about this change in condition?" and V17 stated, "Yes."</p> <p>R2's medical record document, titled, "Hospital Admission Summary", dated 03/30/2022, at 7:33 p.m., documents in part "(R2) with a past medical history of: Atrial Fibrillation (A-FIB), Asthma, Congested Heart Failure (CHF), Hypertension (HTN), presenting to the Emergency Department via Emergency Medical Service (EMS) from the nursing home with Altered Mental Status and Hypotension...The patient appears altered on exam. She is responsive but unable to provide many answers." This same hospital admission summary documents R2 was admitted to the hospital on 03/30/2022 with admission diagnoses of Sepsis and Altered Mental Status.</p> <p>R2's hospital record dated 04/03/2022, documents under Assessment/Plan: "Sepsis secondary to Multifocal Pneumonia and Colitis with Multi-Organ Failure, initiated Levofloxacin and Zosyn for HAP (Hospital Acquired Pneumonia) and Colitis, added Micafungin, as clinically rapidly deteriorating despite broad-spectrum antibiotic coverage and RN (Registered Nurse-V15) reports mold growing</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>from oral mucosa and denture, s/p (status post) Sepsis bolus, patient is approaching Euvolemia, turn down Dextrose 5% Lactated Ringers (D5 LR) rate, copious sputum noted, initiate Mucomyst, Albuterol neb (nebulizer), and chest PT (Physical Therapy). Despite these measures, patient continues to deteriorate rapidly. Discussed goals of care with next of kin, (sister), who is the only remaining relative the patient has, sister is now ready for patient to transition to comfort care, given her advanced age, poor previous level of functioning, and overwhelming infection, which is unlikely to resolve despite broad-spectrum antibiotics." Under Hospital Course, R2's hospital discharge summary documents, "91-year-old female (R2) presented with Sepsis secondary to Multifocal Pneumonia with Colitis and Multi-Organ Failure. Despite broad-spectrum antibiotics and aggressive fluid resuscitation, the patient continues to deteriorate rapidly. Nursing staff noticed the patient's dentures were full of mold raising suspicion for fungal infection contributing to Refractory Sepsis. Micafungin was empirically initiated also without clinical response after 2 days. The patient's mental status continues to worsen to obtundation. Given advanced age, very poor previous functioning prior to admission, multiple comorbidities, and overwhelming infection with Multi-Organ Failure, this patient carries a grave prognosis. Multiple discussions on goals of care held with family which is the patient's niece in-law and sister. Eventually the patient was made comfort care on 04/03/2022, afternoon, and passed away peacefully on 04/04/2022 at 12:35 a.m." This hospital record documents Hospital associated Pneumonia which would indicate R2 developed Pneumonia after her admission to the hospital, however her chest x-ray documents R2 had Multifocal Pneumonia on 03/30/2022, her day of admission to the</p>	S9999		

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S9999	<p>Continued From page 8 hospital.</p> <p>R2's Death Certificate documents R2's expired on 04/04/2022 and lists the causes of death and appropriate interval between onset and death as a) Cardiac Arrest, 3 min; b) Sepsis with Multi-Organ failure, 3 days; and c) Pneumonia, 5 days.</p> <p>Facility Policy, "Sepsis", dated 02/2018, under "Assessment and Recognition", 1. A nurse will assess a resident with a suspected infection and document related findings. Assessment date will include k) Description of any new or worsening decline in functional status, including confusion, incontinence, falling, decreased mobility, reduced food intake and lack of cooperation with staff. 2. The nurse will report findings to the physician or provider.</p> <p>(A)</p>	S9999		