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
	IL6014781	A. BUILDING: ______ B. WING ______	C 06/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTHPOINT NURSING & REHAB CENTER	1010 WEST 95TH STREET CHICAGO, IL 60643

(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: 2284227/IL147453	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1210b) 300.1210c) 300.1210d)1 300.1610a)1 300.3240a) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

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.

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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:

1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.

Section 300.1610 Medication Policies and Procedures
a) Development of Medication Policies
1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.

Section 300.3240 Abuse and Neglect

a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These Requirements were NOT MET as evidenced by:

Illinois Department of Public Health

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S9999	Continued From page 2 Based on interviews and record review the facility failed to ensure (R3) one of five sampled residents received medication for treatment of seizure disorder. As a result, on 5/02/2022 R3 was found unconscious experiencing seizures. According to R3's death certificate the seizure activity contributed to R3's death. Findings include: According to the face sheet R3 was admitted to the facility on 6/17/2019 with a diagnosis of seizures, R3's Minimum Data Set (MDS) assessment dated 03/09/22 for Significant Change in Condition indicated R3 had a seizure disorder or epilepsy since June 4, 2020. Review of R3's care plan on 6/02/22 at 2:45 pm - Care Plan updated on 3/9/2022-Resident is at risk for seizure activity related to seizure disorder. Resident will not have any injuries related to seizure activity thru next review. Monitor resident for seizure activity, Medication levels as ordered per MD, Administer medication as directed and follow Pharmaceutical recommendations R3's progress notes by V5 (Nurse) dated 5/2/22 at 9:30 am, R3 was noted with seizure activity. V/s obtained. B/P- 80/50. R-20 p-111 spo2 (oxygen level) -85% on room air. Oxygen applied. Spo2-92% on room air. Resident positioned on her side. Resident seizure activity prolonged. MD made aware. (V14) (Nurse Practitioner- NP) gave order to send R3 to nearest hospital for evaluation. 911 arrived. Resident transferred to nearest hospital. Family called. No answer. Left voice mail (v/m). Will continue to call family throughout shift.	S9999		

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S9999	Continued From page 3	S9999		

The surveyor conducted the following staff interviews regarding R3's hospital transfer on 5/02/2022 and the service provided for the prevention for any seizure activity for R3.

On 6/02/22 at 3:47 pm, during a telephone interview with V2 (Former Assistant Administrator), V2 said she was doing rounds and upon getting off the elevator she saw the expressions of staff faces. V2 said she can feel and tell something was going on, V2 said she asked V5 (nurse) and V5 said R3 was having a seizure. I went to the room, I saw V1 (Administrator), V4 (Dietary Manager) and a new oriented nurse (V7). Three different oxygen tanks were sent to R3's room, the first 2 tanks were empty; V4 ran out of the room to get a third tank which she retrieved from the second floor. R3 was still in a seizure with her body jerking. Surveyor asked V2 why they did not call a code blue, rapid response or 911. V2 stated "V1 (Administrator) told me No, we are not calling 911. I left the room to go find the nurse to tell her to call 911. When I came back, V1 pulled the door up tightly and would not let me come back in. I saw how long it was taking to get help for R3, so I ignored V1's command and called 911 anyway. V2 said she wished she had called 911 right away." V2 stated R3 had not received her seizure medication (Keppra) since R3 was discharged to the hospital in March. V2 stated "R3's seizure medication (Keppra) was not reordered after her return back to the facility on April 2, 2022." Surveyor asked V2 if R3's seizure medication was to be carried over from the (POS) Physician Order Sheet in March to the new POS for the month of April 2022. V2 stated "Yes"
During a face- face interview on 6/02/22 at 11:02 am with V3 (Director of Nursing), surveyor asked

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S9999	Continued From page 4	S9999		

V3 if she knew R3 did not get Keppra (seizure medication) for the entire month of April, May 1st and May 2, 2022. V3 stated she was not aware of that. Surveyor asked V3 if she was aware the facility did not re-order the Keppra medication when R3 returned to the facility on April 2, 2022, after a hospital stay. V3 said no, she was not made aware of R3 not getting her seizure medication.

On 6/03/2022 at 2:46 pm the surveyor conducted a phone interview with V5 (nurse). The surveyor asked V5 what happened on 5/02/2022 with R3. V5 said I came in the room, and they gave me the oxygen, I applied the oxygen to R3 who was having a seizure and turned R3 onto her side. R3's saturation levels went up to 93% but she was still not responsive, and her body was twitching/jerking. R3 never stopped breathing so I did not call a code blue. I called the doctor and let him know R3 was still seizing. He told me to send her out to the hospital. I was told by someone, I don't remember, that 911 had already been called.

Surveyor asked V5 if she was familiar with R3's history of seizures and that R3 did not have any seizure medication for the month of April. V5 said no, I am new to the facility but not a new nurse, I have been a nurse for 10 years. Surveyor asked V5 how many times she had been R3's nurse, V5 said twice and she was not aware that R3 was supposed to get seizure medication.

During a telephone interview on 6/3/2022 at 2:12 pm with V6 (nurse), surveyor asked V6 if she was aware of the incident with R3 on 05/02/2022. V6 said yes, I was on the third floor and I feel very sad about the incident. Surveyor asked what she meant by that statement. V6 said there was no

Illinois Department of Public Health

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S9999	Continued From page 5 code blue or rapid response call. I am not saying that the outcome may have been different, but as a more experienced nurse if a code was called other nurses could have responded and given more interventions like administering some Ativan. I certainly would have done more than apply oxygen and place R3 on her side. On 06/07/2022 at 12:45 pm, V7 (Certified Nursing Assistant - CNA) stated she was the CNA who provided care to R3 on 5/02/2022. V7 stated "I went to feed R3, when I walked in the room I sat the tray down, R3 was having a seizure. I went around the corner to get the nurse (V5) who was new here and I am new. Surveyor asked V7 if the call light was working, V7 said she didn't think to pull the call light. V7 said V5 came in, I told her R3 was having a seizure, V5 did the vitals, and they were low, the blood pressure number on the bottom (diastolic) was 50. The oxygen levels was in the 60's. The Administrator (V1) was in the room observing. Surveyor asked V7 approximately how long was R3's seizure before the paramedics arrived. V7 stated " R3 was seizing at least 40 minutes, I was trying to clean her up because I knew when the ambulance came she was going out to the hospital. On 06/07/2022 at 2:38 pm, V9 (Primary Physician) was interviewed via phone. The surveyor asked V9 if he was familiar with R3's incident on 05/02/2022. V9 said yes. The surveyor asked, V9 what would he expect the nurse to do when one of the residents has a seizure? V9 stated "It is pretty standard if there is a resident that has a seizure, especially one like R3 who has a history of seizures, I am called immediately, and the resident is sent out to the hospital immediately." Surveyor asked V9 if he received a call from the	S9999		

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S9999	Continued From page 6	S9999		

facility about R3 having a seizure for over 40 minutes and never recovering consciously. V9 stated "I did not get a call and that was way too long to have the resident in a seizure without being in the hospital. The resident has the potential to aspirate." V9 said I do have a nurse practitioner who may have received the call. Surveyor asked V9 if he was aware that R3 had not received her Keppra medication the entire month of April, May 1st and May 2, 2022. V9 responded, perhaps you mean the nurses forgot to transcribe the order but was giving the patient the medication? The surveyor responded by letting V9 know there was no order transcribed or Keppra medication noted on the MAR (medication administration record) with signatures indicating the medication was given or refused by nurses. V9 said that is a problem and I hope the facility uses this incident for in-services.

According to R3's POS (Physician Order Sheet) and MAR (Medication Administration Record) noted R3 had no orders for Keppra. There was no Keppra documented on the MAR or any signatures of nurses administering Keppra medication to R3 the entire Month of April, May 1st and May 2. 2022. Review of R3's progress notes, behavioral notes and care plan noted no concerns with R3 refusing her seizure medication.

According to R3's Physician Orders dated 9/29/2021 - Ordered by V9 (Primary Physician), Levetiracetam (Keppra) Tablet 1000 MG, Give 1000 mg, (milligram) by mouth two times a day for seizures as a Routine order. R3 had a medication dosage change on 02/20/2022 noted as a Routine order by V9 (Primary Physician), Levetiracetam (Keppra) Give 10 ml (milliliters) by

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S9999	Continued From page 7	S9999		

mouth two times a day for seizures.

On 06/08/2022 at 4:13 pm, via telephone interview with V13 (nurse), surveyor asked V13 if she was the admitting nurse for R3 on 04/02/2022 when R3 returned back to the facility from a hospital stay. V13 said yes she was the admitting nurse for R13. Surveyor asked V13 what is the procedure for verifying medication orders when a patient is admitted. "I call the doctor and let him know the patient has returned, (V14) Nurse Practitioner (NP) is the one we usually talk to. V14 will say continue with Discharged Medication Plan of Care. Surveyor asked V13 if a read back of the orders are done while speaking with V14, the response was no, not unless they ask.
Surveyor asked V13 how the facility ensure that previous significant medications like Keppra are re-ordered on return back to the facility, if there is no read back to the physician. V13 stated" We don't go back and look at discharged orders, it is too hard to go back and look for previous orders. When the physician says continue with discharged medication plan of care, we reconcile whatever medications are on the hospital discharge list.
Telephonic Interview with V14 (Nurse Practitioner) on 06/08/2022 at 3:33 pm, Surveyor asked V14 if V13 (nurse) spoke with him over the phone about R3's return to the facility on 4/02/2022 and medication orders. V14 said yes, I spoke with V13 and gave orders to continue with the hospital medication discharge plan of care. Surveyor asked V14 if a read back is done with the nurses on current and previous discharged medication such as Keppra for seizure. V14 stated "when a nurse call me I tell them to continue with discharged medication plan of care, I don't have time to read back all those

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S9999	Continued From page 8 medications, I expect the nurse and the hospital system to work and check the medications. The hospital should have had Keppra on their discharged medication plan of care. I don't verify any medication discharge or previous medications as you are asking." Telephonic interview with V9 (Primary Care Physician) on 06/08/2022 at 3:03 pm, Surveyor asked V9 how does he ensure that all medications orders are reconciled. V9 stated "I always verify the new orders and previous orders with the nurses. He stated he has the nurses to read off the medications and he will tell them what he wants them to transcribe for the patient." Review of the paramedic run sheet dated 5/2/2022: Dispatch time was 09:45:01 (9:45 am), Fire department arrived to the facility- 09:49:09 (9:49 am), Arrived to the patient (R3) - 09:52:00 (9:52 am), Left the nursing at 10:10:42 (10:42 am), Patient (R3) at Destination (Hospital) - 10:16:12 (10:16 am), Patient (R3) transfer of Care 05/02/22 - 10:24:52 (10:24 am). R3 's hospital emergency room (ER) record dated 5/02/2022 at 10:24 am, indicated: Patient (R3) suffered cardiac arrest and code blue immediately after arrival to the intensive care unit after presenting to the Emergency department with Status Epilepticus (seizures), Respiratory Failure and Sepsis due to pneumonia. Patient became pulseless and subsequent code blue was called: Hospital Intensive Care Unit Notes- 5/2/2022 at 11:03 am, Patient is a 54 year old female with history of seizure disorder on Keppra, hypertension, (CHF) Congestive heart Failure and (COPD) Chronic Obstructive Pulmonary Disease who presents to the ED (Emergency Department) via EMS (Emergency Medical Services from the nursing home for evaluation of (AMS) Altered	S9999		

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S9999	Continued From page 9 Mental Status. Per staff at the nursing home they noticed the patient with seizure-like activity this morning. Per EMS (Fire Department) they found the patient (R3) with tonic-clonic jerking motions, proceeded to give her 5 mg. (milligrams) of Versed. Afterwards EMS states that patient had not returned back to her baseline. Patient appeared to be tachypneic and saturating at 60% room air. Patient placed on non-rebreather mask and saturations improved to the mid 80's. Patient (R3) was intubated, Laryngoscope size: Mac 3, Tube size 7.5 mm, tube type- cuffed. Patient's still now notably altered and in acute respiratory distress. Patient hypoxic to 87% on 15 L non-rebreather. Patient (R3) not responsive to sternal rub or pain. Patient pupils fixed and constricted on arrival and she was subsequently given 4 mg. of Narcan to which she had no response. Shortly thereafter patient began having tonic- clonic jerking motions in the upper extremities and some concern for Status Epilepticus. Patient (R3) given 2 mg. of Ativan in seizure activity persisted. Patient respiratory status continued to decline. R3 is unresponsive, no spontaneous movement, pupils fixed and equal. R3's progress notes by V12 physician on ICU (Intensive Care Unit) dated 5/2/22 indicated: Unfortunately, despite our best and most aggressive efforts, the patient (R3) did not achieve ROSC (Return of Spontaneous Circulation) and ultimately passed. Time of Death was called 15:37 (3:37pm) on 05/02/2022. I discussed with patient's father over the phone and informed him of the clinical course. All questions were answered. R3's death certificate for recorded the following: Date of death was May 02, 2022 and noted	S9999		

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S9999	Continued From page 10	S9999		

causes of death as the following:

a. Status Epilepticus
b. None Adherence with Seizure medications
c. Aspiration Pneumonia

Facility Policy and Procedure - Change in Resident's Condition or Status: Dated 6/26/2011

Purpose: To ensure that the resident's attending physician and representative is notified of changes in the resident's condition and or status

Policy:

1. The nurse will notify the resident's attending physician when:

" There is a significant change in the resident's physical, mental and psychosocial status
" There is a need to alter the resident's treatment plan significantly
" The resident repeatedly refuses treatment or medications

3. A significant change in condition is a decline or improvement in the resident's status that

" Requires interdisciplinary review and or revision to the care plan

4. Except in medical emergencies, notification will be made within 24 hours of a change occurring in the resident's condition or status. During medical emergencies such as unstable vital signs, respiratory distress, uncontrolled bleeding and unresponsiveness 911 will be notified for transport to the hospital.

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S9999	Continued From page 11	S9999		

Medication Policy: Physician Orders - (Following Physician Orders) - No Date Noted

It is the policy of the facility to follow the orders of the physician. At the time of admission the facility must have physician orders for the resident's immediate care. The facility will have orders to provide essential care to the resident, consistent with the resident's mental and physical status upon admission.

Procedure:

1. The facility must have orders from the physician upon admission for:
" Dietary
" Drugs (if necessary)
" Routine care to maintain or improve the resident's functional abilities until staff can conduct a comprehensive assessment and develop an interdisciplinary care plan.

2. As assessments are completed, orders will be received from the physician to address significant findings of the assessments.

3. Orders that accompany the resident on admission will be clarified by the physician through actions of the nurse who will contact the physician for clarification upon the resident's admission.

Care Plan Policy and Procedures - Not Dated

Each resident will have a comprehensive assessment that will assist in the development of an individualized plan of care that may include goals and interventions aimed to improve or

Illinois Department of Public Health

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S9999	Continued From page 12 maintain the residents highest level of function, prevent decline, decrease risk of complications of medical conditions ,medications and diagnosis, decrease risk of injury or to promote comfort at end of life. 1. Each resident will have a comprehensive assessment completed by the Interdisciplinary team upon admission, quarterly and with significant changes and an individualized care plan will be developed and updated as needed with quarterly assessments, re-admissions, and changes in conditions. 8. Residents care plans will be reviewed and updated as needed with re-admissions, quarterly re-assessments, annually and with changes in conditions. (AA)	S9999		