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S 000	Initial Comments Complaint Investigation: 2353366/IL159044	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1210b) 300.1210c) 300.1210d)2)6) 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 care and personal care shall be provided to each resident to meet the total nursing and personal	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 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: 2) All treatments and procedures shall be administered as ordered by the physician. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. These requirements were not met as evidenced by: Based on interview and record review the facility failed to ensure a resident received continuous oxygen therapy during a shower for 1 (R3) of 3 residents reviewed for physician's orders in the sample of 3. This failure resulted in R3 becoming unresponsive requiring emergent care with subsequent hospitalization and admission during which time R3 expired. The Findings Include: R3's hospital Discharge Summary record documents in part - Admission: 02/27/23; Discharge: 03/02/23. Discharge Diagnoses: micturition syncope, syncope and collapse, elevated troponin level not due to acute coronary	S9999		

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S9999	Continued From page 2 syndrome, weakness, pulmonary fibrosis, and chronic respiratory failure with hypoxia ... Hospital Course: He has a history of pulmonary fibrosis and is on chronic oxygen at 2-2.5 L (liters) at all times ... he worked with physical therapy who recommends disposition to skilled nursing facility. The patient was agreeable to placement ... R3's Face Sheet documents R3 was admitted to this facility on 03/02/23 with admission diagnoses to include - Pulmonary fibrosis, chronic respiratory failure, COPD (chronic obstructive pulmonary disease), and dependence on supplemental oxygen. R3's admission MDS (Minimum Data Set) dated 03/09/23 section C (cognitive patterns) documents a BIMS (brief interview for mental status) of 15, indicating R3 was cognitive. Section G (function status) documents R3 required limited physical assistance of one person for all ADLs (activities of daily living) and supervision/set-up only for meals. R3 is also assessed to require the physical assistance of one person in part for bathing activity. R3's Care plan dated 03/06/23 includes - Focus: (R3) has an ADL self-care performance deficit r/t (related to) impaired balance, limited mobility, supplemental oxygen dependency. Goal: (R3) will improve current level of function through the review date. Interventions/Tasks: BATHING/SHOWERING: Avoid scrubbing & pat dry sensitive skin; Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse; (R3) is able to wash his face; (R3) requires extensive assistance by one staff with showering twice a week and as necessary. CNAs (Certified Nursing Assistant) to ensure that (R3) receives at least one shower per	S9999		

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week, if two are unable to be given; provide sponge bath when a full bath or shower cannot be tolerated ... Date Initiated: 03/06/2023. Revision on: 03/23/2023. Canceled Date: 03/23/2023 ... Focus: (R3) has COPD, pulmonary fibrosis, chronic resp (respiratory) failure - guaifenesin 1200mg (milligram) 1 tab every 12 hours congestion/COPD; pro-air inhalation 90 base 2 puffs every 4 hours as needed for COPD/Pulmonary fibrosis; albuterol inhalation 2 puffs every 4 hours as needed for COPD/pulmonary fibrosis/shortness breath ... Goal: ... will display optimal breathing patterns daily through review date. Interventions/Tasks: ... OXYGEN SETTINGS: O2 (oxygen) via concentrator at (@) 2L NC (liters nasal cannula) with all activity. Date Initiated: 03/02/2023. Revision on: 03/23/2023. Target Date: 03/19/2023. Canceled Date: 03/23/2023.

R3's March 2023 Physician's Order Sheet included an order for O2 via concentrator @ 2L NC with all activity every shift (Use Code: C-Continuous, I-at Intervals, N - Not in Use) with a start date of 03/2/2023 and discontinued on 3/15/2023.

R3's progress note dated 03/15/23 at 5:51 PM documents - Therapy notified this nurse resident O2 was dropping in the 80's when they were trying to work with him and while he was sitting. This nurse checked resident tubing for kinks and checked O2 stat, it was 98% (percent) on 2L NC. Resident was anxious and kept holding breath O2 started dropping in the high 80's. Therapy asked if resident had anything for anxiety this nurse could give and then resident requested anxiety medication. This nurse had resident answer questions and O2 went to 93%. Checked MAR (Medication Administration Record) and resident

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has Buspirone 10 mg TID (three times daily) for anxiety but no PRN (as needed) medication. Notified V14's (Primary Care Physician- PCP) office. (V14's) office called back and said new order for O2 on 3L NC. Order entered and O2 put on 3L. No new order for anxiety medication. Will continue to monitor.

R3's new order for O2 via concentrator @ 3L NC with all activity every shift (Use Code: C-Continuous, I-at Intervals, N - Not in Use) was started 03/15/2023, discontinued on 03/22/23. R3 is prescribed ProAir HFA (hydrofluoroalkane) Inhalation Aerosol Solution 108 (90 Base) MCG/ACT (microgram per actuation solution for inhalation) (Albuterol Sulfate) 2 puff inhale orally every 4 hours as needed for bronchospasms, start date 03/02/2023.

R3's March 2023 MAR confirms R3 was receiving oxygen therapy per physician's orders documented predominantly as continual use with intermittent interval use of oxygen recorded mainly in the morning hours.

R3's progress note dated 03/21/23 at 5:56 PM documents, "This nurse was on hall passing medicines when a CNA (Certified Nursing Assistant) came to get me telling me need a nurse. I went into (hall) shower room and found resident non-responsive. I immediately called 911. The CNA told this nurse he had wanted a shower. I had another CNA go get his Oxygen concentrator this nurse put 3L O2 nasal cannula on resident. Had another nurse check code status and determined he was a DNR (do not resuscitate). This nurse waited with resident to monitor him till EMS (emergency medical services) could arrive. EMS arrived approximately (8:20 PM) then left with resident approximately

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ten minutes later. Notified (V14) via on call service. Notified family via telephone." Author: (V6) Licensed Practical Nurse/LPN.

R3's local hospital Ambulance Report dated 03/21/23 contains the following information - Dispatched AS: Unconscious/Fainting ... Date: March 21, 2023, ... Onset: 8:08 PM (approximate); At Patient: 8:14 PM; Leave Ref: 8:27 PM; ... Transfer Care Destination: 8:46 PM; Available: 9:03 PM; Call Completed: 9:03 PM ... Narrative: 911 Dispatch to (nursing home) ... for a 90-year-old male unresponsive agonal breathing. Upon arrival to nursing home staff brought EMS (emergency medical service) to bathing room where EMS found patient sitting in shower chair with CNA holding patient up with nasal cannula with oxygen going at 2 LPM (liters per minute). Staff state patient was taking a shower and talking with no problem. CNA stated she turned around to grab a towel and turned back and patient head was slumping down and not responding to stimuli. Patient loaded on stretcher and secured with straps, times 5, and loaded and secured in ambulance. Unit 14 with (V20 - Medic) responding and (V21 - Medic) along with (local) first responders. V20 got in ambulance to assist with care of patient. V20 started IV (intravenous) normal saline 18 gauge in left AC (antecubital). Accu check was 151. Patient placed on cardiac monitor showing sinus tachycardia. Initial oxygen saturation was 80%. Patient placed in non-rebreather 15 LPM (liters per minute) with a SP02 (saturation of peripheral oxygen) increase to 97%. Patient blood pressure is elevated, and a repeat was done to confirm BP (blood pressure). Patient pupils are 3 with no response to light. Sternum rub done with no response to painful stimuli. Nursing staff was able to get paperwork together with medical history and a state issued

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S9999	Continued From page 6 DNR (do not resuscitate) for patient. EMS continued to monitor patient with oxygen decreased to 10 LPM and SP02 continuing at 97%. Patient transported to (hospital) ER (emergency room) due to possible signs of stroke. Continue to monitor patient with no other changes noted. Patient care and report given to (hospital) ER nursing staff (RN) without incidence. Patient placed in ER room 1 at (hospital). All times are approximate ... Impression/Diagnosis: Altered level of Consciousness. Initial Patient Acuity: Emergent (yellow) ... On 04/25/23 at 2:06 PM, V3 (CNA) stated on 03/21/23 she went to R3's room and told him it was his shower day. V3 stated, "I asked if he wanted a bed bath or shower. R3 looked at me and stated, you know I haven't had a shower since I've been here, I'm sticky. I want a shower." V3 stated he had bed baths but there's nothing like a shower and today he felt like getting one. V3 stated she took R3 from him room without his oxygen to the shower room. V3 stated from his room to the shower room, to the time he became unresponsive, it was about 10 minutes. "I did a quick one for him because I know the oxygen situation. He wanted his head washed really good. He was greasy. I know oxygen patients can't be off of oxygen long. I'm terrified to take the oxygen machine into the shower because of electrical concerns. I monitored his 02 stats the whole time and they were "high" (mid to high 90's). I don't do that kind of paperwork, but I used the 02 sat monitor on his finger. He was talking with me the whole time and he said, Baby, are we about done? I told him yes and we were drying off and getting dressed. I had him out of the shower, he was in the shower chair. I turned to my left to grab his shirt and went to put his shirt	S9999		

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on, and he had his arms up to put the sleeve holes, I got his arms in and then his arms fell into his lap. I called for help immediately. I stuck my head in the hall and V10 (CNA) was right there in the hall (we were using that shower room because they were working on skilled back shower room water). I told him to get the nurse STAT - unresponsive. I never left him alone in the shower. Not even a minute later V6 came in. I'm pretty sure someone took his vital signs, but I don't remember. I think that someone could stay off oxygen for 10 minutes, but in my experience, I didn't think 10 minutes would be that long. What scared me was that he had been talking to me." When asked what electrical concerns one might have with portable oxygen, V3 stated was thinking of the concentrator machines in the room. V3 stated she was not aware she could take a portable with her. V3 stated, "I did not know that that R3 was required to be on continuous oxygen ... We have residents who take their oxygen off to go to the dining room, but I was assuming he was the same way. This was the second time I had ever worked with R3, and it was never conveyed to me he was continuous oxygen." When asked if R3 had ever sustained a fall while a resident, V3 stated not that she knew of.

On 04/25/23 at 11:50 AM, V6 (LPN) stated she was assigned to the skilled back hall on 03/21/23 when she was called to the 300-hall shower room by V3 (Certified Nursing Assistant - CNA) stating they needed her assistance with a resident in distress. V6 stated when she entered the shower room R3 was sitting in the shower chair just outside the shower itself. His dentures were protruding from his mouth. V6 stated V3 relayed to her that she was drying R3 off and he started not breathing very well. V6 noted R3's oxygen

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was not with him in the shower room and stated she immediately told "the male staff" to go and get his oxygen, then V6 called 911. When asked if R3 had experienced a fall at any time, V6 stated he had not, he remained in the shower chair until EMS (emergency medical services) got there. V6 confirmed R3 had not moved from that spot. V6 was also not aware R3 had ever experienced a fall while a resident. V6 continued to state she asked V3 what R3's code status was, but V3 did not know how to read the board. V6 explained each resident hall had a status board color coded to reflect DNR (Do Not Resuscitate) or Full Code status. V6 stated, at this time the nurse working the 300-hall was able to confirm R3's code status was DNR. The male staff returned with R3's 02 concentrator (it seemed to be approximately 2-3 minutes from the time I walked in the shower room until it was placed back on him). When R3's 02NC (oxygen per nasal cannula) concentrator was placed back on, his color returned. V6 stated she kept calling R3's name and he would gasp but did not speak. V6 stated, "He was still in distress, and I was praying the ambulance would get there quick." V6 stated this was her account of the incident from the time she became involved until the time EMS arrived to transport R3 to the hospital. V6 added that prior to this incident, R3 was a cognitive resident with confusion, but could hold a conversation with her and could tell her exactly how he liked his pills. V6 confirmed R3's shirt was on when she entered the shower room, but no pants at that time. When asked if any vitals were taken during the incident, V6 stated no, she had been on the phone with 911. EMS did take R3's vitals and V6 thought 02 was 100% on NC. R3 was not a dirty man, and you could tell he took care of himself. It's routine for CNAs to give showers while nurses give medications. V6 stated, "Had I realized he was being taken down

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to the shower room, I would have suggested he have his 02 with him. I would have rather he stayed in bed and had a bed bath because he gets out of breath with movement, but he has that right to a shower, and wanted one."

R3's hospital ED (emergency department) to hosp (hospital) admission dated 03/21/23 at 9:13 PM includes - ... History of Present Illness: Patient is unable to provide any history. History is obtained from ... over the phone, and by EMS, as well as nursing home staff. Nursing home staff states that the patient went to go take a shower and they found him unresponsive on the shower floor. They state they sat him up and then noticed that he was still unresponsive and was not doing anything so call EMS. EMS states that his blood sugar was okay however he has just been moaning ...

On 04/26/23 at 2:40 PM, V2 (Director of Nursing - DON) was asked about R3's hospital records documenting on HPI (history of present illness) that R3 was found on the floor unresponsive, as reported in part by nursing home staff. V2 reiterated R3 never sustained a fall, especially on 03/21/23 and the information obtained was either misunderstood or recorded incorrectly in the report.

R3's hospital ED (emergency department) record dated 03/21/23 at 9:13 PM documents in part that upon re-assessment at approximately 11:49 PM, R3 "began to become more awake and started pulling at his tube. ... told him that we would try him on the ventilator for a bit longer until we can blow off more C02. Patient nodded yes to this and (family) was agreeable with this plan in the ER. Soon after this the patient was extubated to Vapotherm (non-invasive high-flow respiratory

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support system) and is in no acute distress. He stated that he thought he was still in the nursing home. He is alert and oriented to person and time. He appears comfortable. He has no respiratory distress. He is given antibiotics for possible aspiration pneumonia. Patient was admitted stable to the floor under comfort care/palliative measures ... "

R3's Admission H & P (history and physical) dated 03/21/23 includes - "... patient was found unresponsive but had a pulse. There was no report of vomiting or diarrhea, seizure-like activity, fever or chills, chest pain or palpitations. Patient was in acute respiratory failure requiring intubation on ED presentation. (Blood gas) showed hypercapnic respiratory failure, chest x-ray showed interstitial versus chronic fibrotic lung changes. After discussion with ... according to ER report, patient was extubated and made a DNR/DNI (do not resuscitate/do not intubate). Patient placed on high flow oxygen instead and recommended to be admitted for non-aggressive medical management ... Disposition: Patient can be discharged back to nursing home with oxygen supplementation if needed, if he shows clinical signs of improvement ..."

R3's progress note dated 03/23/2023 at 8:30 AM documents V2 was updated on R3's condition and plans by family ... resident would be going home on hospice and not returning to facility.

R3's Discharge/Death Summary from (hospital) dated 03/21/23 to 03/24/23 includes - Presenting Problem/History of Present Illness: acute respiratory failure, unspecified whether with hypoxia or hypercapnia. Final Death Diagnosis: Acute on chronic respiratory failure with hypoxia and hypercapnia; community acquired

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pneumonia; C02 (carbon dioxide) narcosis; severe malnutrition; generalized weakness; pulmonary fibrosis; usual interstitial pneumonitis ... Hospital Course: The patient is a 90-year-old male who presented to (hospital) with acute on chronic respiratory failure with hypoxemia and hypercapnia, underlying pulmonary fibrosis and new infiltrates consistent with overlapping pneumonia. Presented distressed and was initially intubated until code status clarified with family in ER. Decision to extubate and provide comfort measures. He remained in the company of family and passed away in comfort on 03/24/23.

R3's Death Certificate records - ... 2. Date of Death: March 24, 2023, ... Cause of Death: a. Acute on Chronic Respiratory Failure (2 days). b. Community Acquired Pneumonia (4 days). 29. Manner of Death: Natural ...

On 04/25/23 at 1:23 PM, V8 (CNA) stated if a resident required continuous oxygen, you would make sure to take the portable 02 with the resident in the shower and only remove while washing the face to ensure the oxygen was off as short a time as possible because some residents have COPD (chronic obstructive pulmonary disease) and things like that.

On 04/25/23 at 1:30 PM, V9 (CNA) confirmed if a resident required continuous 02 you would take the portable to the shower and work around it. You would never not take the 02 with them to the shower, stating, "they could meet Jesus on the way."

On 04/25/23 at 3:05 PM, V16 and V17 (CNAs) were preparing shower sheets for their upcoming shift. When asked how a CNA would determine

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(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
S9999	Continued From page 12	S9999		

whether a resident required oxygen and whether it would be intermittent, as needed, or continuous, both stated the easiest thing would be to ask the nurse and that's what they would do. When asked how they would handle a situation in which a resident who was ordered continuous 02 for all activities asked for a shower, V16 and V17 both stated they would take the portable oxygen tank. The portable tanks do not need to be plugged in and residents use those all the time on the back of their wheelchairs, if necessary.

On 04/25/23 at 03:20 PM, V18 (CNA) stated CNAs access resident information on the kiosk or tablet Kardex where they do their charting. V18 was not sure if their information would define whether or not a resident required 02, but most CNAs would ask the nurse. V18 confirmed if a resident required continuous 02 for all activities, he would take a portable tank to the shower room. V18 stated he would be afraid to take them out of their room for the fear they may become short of breath, but if they requested a shower, he definitely would not take them without some form of 02.

On 04/26/23 at 8:19 AM, V11 (LPN) was in the back dining room at this time talking with two CNAs. V11 stated no residents in the dining room are currently ordered continuous 02. V11 showed this surveyor the room where portable 02 tanks are kept. V11 stated all staff are aware of this room and it's accessible to all who need it.

On 04/26/23 at 8:22 AM, V12 (CNA) was assisting a resident with mealtime. V12 stated if she had any questions regarding a resident's orders, she would ask the nurse. She stated if orders were for continuous 02 and that resident was up for a shower, she would take the portable

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008759	A. BUILDING: _____ B. WING _____	C 04/27/2023

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S9999	Continued From page 13 02 tank. On 04/26/23 at 8:25 AM, V13 (CNA) was at the hall kiosk charting on a resident. She stated currently there were no resident on continuous 02 on "her hall." V13 stated she asks the nurse regarding resident orders because they can't always see them. V13 confirmed she would not take a resident ordered continuous 02 for all activities to the shower room without a portable 02 tank. V13 confirmed all staff are aware of where the tanks are if there is not one in the resident's room. On 04/26/23 at 2:45 PM, V14 (Primary Care Physician) was provided information received through interviews with V3 and V6 who were involved in R3's incident on 03/21/23. This surveyor relayed V3 estimated R3 was without his oxygen about 10 minutes from the time R3 left his room for the shower until the time he became unresponsive and 02 was placed back on R3 in the shower room. When asked if V14 felt being off oxygen during this time would have contributed to an acute respiratory distress event, V14 stated, "In my mind the main thing with (R3) was he had end stage lung disease/pulmonary fibrosis." V14 stated that if R3 was without oxygen longer than 10 minutes, he would definitely think that could trigger an event. V14 stated anything less than 10 minutes would not contribute to acute respiratory distress. When asked if he thought this could have contributed to R3's death on 03/24/23 while in the hospital, V14 did not think the incident on 03/21/23 would directly relate to R3's death. V14 reiterated the time frame he was concerned R3 would have been without oxygen, stating R3 was oxygen dependent, and he had a terminal illness.	S9999		

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S9999	Continued From page 14 (A)	S9999		