

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2023
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NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (GENEVA)	STREET ADDRESS, CITY, STATE, ZIP CODE 2388 BRICHER ROAD GENEVA, IL 60134
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S 000	Initial Comments	S 000		
	Annual Licensure Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations I of IV: 330.720e)3) 330.1155b) 330.1160c) 330.1160d)			
	Section 330.720 Admission and Discharge Policies e) No person shall be admitted to or kept in the facility: 3) Who has serious mental or emotional problems based on medical diagnosis;			
	Section 330.1155 Unnecessary, Psychotropic, and Antipsychotic Drugs b) Psychotropic medication shall not be prescribed without the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106.1(b) of the Act) Additional informed consent is not required for reductions in dosage level or deletion of a specific medication. The informed consent may provide for a medication administration program of sequentially increased doses or a combination of medications to establish the lowest effective dose that will achieve the desired therapeutic outcome. Side effects of the medications shall be described.			
	Section 330.1160 Vaccinations c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident in accordance with the recommendations of the Advisory Committee on			
			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>Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated.</p> <p>d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>A. Based on interview and record review, the facility failed to follow their admission screening policy to prevent the admission of a resident with serious mental/emotional problems. This applies to 2 of 2 residents (R102 and R105) reviewed for SMI (Serious Mental illness) in a sample of 5.</p> <p>B. Based on interview and record review the facility failed to have informed consents for psychoactive medication prior to administration. This applies to 4 of 5 residents (R102, R103, R104, R105) reviewed for psychotropic consents in a sample 21.</p> <p>C. Based on interview and record review, the facility did not follow their policy when they did not offer the recommended pneumonia vaccinations and document vaccination information in the resident's medical record. This applies to 4 residents (R101, R102, R104, R105) in a sample of 21.</p> <p>The findings include:</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>A. Facility Screening Guidelines for Move-In Memory Care Communities, dated January/2022, shows diagnoses that are not likely appropriate for move-in to the facility include: "Primary mood, anxiety, personality, and psychotic disorders." The document shows, " Primary mood, anxiety, personality, and psychotic disorders are likely not appropriate; primary dementia (such as Alzheimer's disease) with psychotic symptoms is likely acceptable for move-in; longstanding psychosis with secondary dementia is likely not appropriate for move-in."</p> <p>R102's clinical record showed R102 was admitted to the facility on August 18, 2021.</p> <p>R105's clinical record showed R105 was admitted to the facility on September 19, 2022.</p> <p>Facility Diagnosis Report printed June 1, 2023 shows on admission date:</p> <p>August 18, 2021 R102 had diagnoses that included dementia with behavioral disturbances, unspecified focal traumatic brain injury, and Schizoaffective disorder.</p> <p>September 19, 2022 R105 had diagnoses that included Alzheimer's dementia with behavioral disturbances, major depression, insomnia, and Bipolar disorder.</p> <p>R102's transfer records on admission showed R102's diagnoses included unspecified focal traumatic brain injury without loss of consciousness, schizoaffective disorder, and unspecified dementia with behavioral disturbances.</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R105's admission psychiatric note by V9 (Geriatric Psychiatrist) dated September 22, 2022, showed R105's diagnoses list showed major depression and bipolar disorder unspecified.</p> <p>On June 20, 2023 at 10:09 AM, V1 (Executive Director) said the facility had no residents with a SMI (Severe Mental Illness) diagnosis in the facility.</p> <p>B. 1. The face sheet showed R102 was admitted to the facility on August 18, 2021 and has diagnoses including unspecified dementia with behavioral disturbance, unspecified focal traumatic brain injury without loss of consciousness, and unspecified schizoaffective disorder.</p> <p>R102's Physician Order Sheet (POS) showed an order for Lorazepam (antianxiety) 2mg (milligrams) mg/ml (milliliter), take 0.5 ml(s) = 1mg by mouth every eight hours as needed for anxiety.</p> <p>R102's Electronic Health Record (EHR) did not show a psychotropic medication consent for this medication.</p> <p>On June 21, 2023 at 1:45 PM, V10 (Nurse Consultant) stated, no consent was found for R102's Lorazepam, after the facility was asked to provide a consent for the medication.</p> <p>2. The face sheet showed R103 was admitted to the facility on February 25, 2023 and has diagnoses including vascular dementia with psychotic disturbance, and non-compliance with</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>other medical treatment and regimen due to unspecified reason.</p> <p>R103's Physician Order Sheet (POS) showed an order for Lorazepam (antianxiety) 2mg (milligrams) mg/ml (milliliter), take 0.5 ml(s) = 1mg by mouth every six hours as needed for anxiety. R103's Electronic Health Record (EHR) did not show a psychotropic medication consent for this medication.</p> <p>On June 21, 2023 at 1:45 PM, V10 (Nurse Consultant) stated, no consent was found for R103's Lorazepam, after the facility was asked to provide a consent for the medication.</p> <p>3. R104's admission POS (Physician Order Sheet) shows was admitted to the facility on May 30, 2023 with diagnoses that included: dementia, depressive disorder, hypertension and orthostatic hypotension.</p> <p>R104's admission medication orders included psychoactive medications; Venlafaxine (Antidepressant) ER 37.5mg(milligrams) daily, Lamotrigine (Anticonvulsant, also used to treat bipolar disorder) 125 mg., Quetiapine (Seroquel, Antipsychotic) 200mg three times per day, Seroquel 25 mg twice a day PRN (as needed) and Belsomra (used for the treatment of insomnia) 20 mg.</p> <p>R104's MAR (medication administration record) shows Venlafaxine, Lamotrigine, Seroquel 200 mg and Belsomra being administered daily from May 31,2023 through June 21, 2023. The dose of Venlafaxine dose was changed May 31, 2023 to 75 mg. according to the telephone order</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>clarification.</p> <p>There were no consents for R104's psychoactive medication for Remeron (Antidepressant), Seroquel 25 mg PRN dose and Venlafaxine in the chart upon initial review.</p> <p>On June 21, 2023 at 1:45 PM V10 (Nurse Consultant) stated there were no consents for the Remeron, Seroquel PRN dose and Venlafaxine for R104.</p> <p>R104 was administered Remeron and Venlafaxine from May 31, 2023 through June 21, 2023 without an informed consent.</p> <p>4. R105's clinical record showed he was admitted to the facility on September 19, 2022. R105 had diagnoses that included unspecified dementia with behavioral disturbances, major depressive disorder, and bipolar disorder.</p> <p>R105's Physician order set dated September 19, 2022, showed R105's medications included Divalproex (Depakote, Anticonvulsant, also used to treat bipolar disorder) Extended Release 500 mg (milligram) tablet and Trazadone (Antidepressant) 50 mg tablet.</p> <p>R105's June MAR (Medication Administration Record) showed the nursing staff administered R105's Divalproex 500 mg, and R105's Trazadone 50 mg every night in the month of June 2023.</p> <p>On June 21, 2023, the facility was asked to provide R105's consent forms for psychotropic medications. Facility was unable to provide consent forms for R105's Divalproex and</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>Trazadone medications.</p> <p>On June 21, 2023 at 3:57 PM, V2 (Resident Services Coordinator) said the residents require a consent for psychotropic medications. We will call the family member/ POA (Power of Attorney) to let them know what psychotropic medication(s) the physician has ordered and why the medication(s) was/were ordered. If the resident is not able to consent for themselves, we must get a consent signed by the POA for each medication. Residents who are admitted to the facility already taking a psychotropic medication, we need to get a consent for them to take the medication while in this facility.</p> <p>Facility provided policy titled, "Psychotropic drug use, long-term care" dated May 22, 2023 showed "Clinical policies and procedures provide guidance and do not set the standard of care for nursing practice in our organization. Licensed staff are responsible for following applicable state laws, practice acts, administrative codes, declaratory statements and/or other guidance issued by their state licensing boards ..." as well as applicable.</p> <p>C. 1. The face sheet shows R101 was a 78-year-old male when admitted to the facility on June 30, 2021.</p> <p>R101's Electronic Health Record (EHR) shows (R101's Power of Attorney - POA) signed the facility Move-In Consent for Immunizations on June 21, 2021, for the one-time pneumonia vaccine to be administered.</p> <p>When the facility was asked to provide documentation for R101's pneumonia</p>	S9999		

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S9999	<p>Continued From page 7</p> <p>vaccination, V10 (Nurse Consultant) provided R101's Progress Note dated January 19, 2023 that showed according to R101's immunization history, he was given the pneumonia vaccine Pevnar 13 (PCV13) on August 13, 2015 and on June 16 2021.</p> <p>The facility policy titled Screening and Vaccinations (Date: May 2022) showed: Pneumococcal Vaccine Recommendations:....if the resident had the PCV13, without the Pneumococcal Polysaccharide Vaccine (PPSV23), to wait one year and offer the PPSV23 vaccinationOversight and Tracking ...Documentation in the medical record should include at a minimum that the patient/resident or their representative has received education regarding the benefits and side effects of the vaccine and that the patient/resident either received or did not receive the vaccine due to medical contraindications or refusal and the reason for refusal.</p> <p>There was no documentation in R101's medical record that showed R101 was provided or arranged for administration of the recommended pneumococcal vaccination. R101's medical record did not show if the PPSV23 was offered and administered, refused, or medically contraindicated.</p> <p>2. The face sheet shows R102 was a 90-year-old female when admitted to the facility on August 18, 2021.</p> <p>R102's Electronic Health Record (EHR) shows (R102's POA) signed the facility Move-In Consent for Immunizations on August 12, 2021, for the one-time pneumonia vaccine to be administered.</p>	S9999		

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S9999	Continued From page 8 R102's EHR shows R102 received the Pneumococcal Polysaccharide Vaccine (PPSV23) on October 1, 2016 and October 18, 2016. The facility policy titled Screening and Vaccinations (Date: May 2022) showed: Pneumococcal Vaccine Recommendations:...if the resident had the PPSV23, without the PCV13 or PCV15, to wait one year and offer the PCV20 vaccinationOversight and Tracking ...Documentation in the medical record should include at a minimum that the patient/resident or their representative has received education regarding the benefits and side effects of the vaccine and that the patient/resident either received or did not receive the vaccine due to medical contraindications or refusal and the reason for refusal. There was no documentation in R102's medical record that showed R102 was provided or arranged for administration of the recommended pneumococcal vaccination. R102's medical record did not show if the PCV20 was offered and administered, refused, or medically contraindicated. 3. The face sheet shows R104 was a 72-year-old male when admitted to the facility on May 30, 2023. R104's Electronic Health Record (EHR) shows (R104's Representative) signed the facility Move-In Consent for Immunizations on May 23, 2023, for the one-time pneumonia vaccine to be administered.	S9999		

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S9999	<p>Continued From page 9</p> <p>R104's EHR does not show any documentation that a previous pneumonia vaccination was given and does not show the facility offered and administered a pneumonia vaccination.</p> <p>The facility policy titled Screening and Vaccinations (Date: May 2022) showed: Pneumococcal Vaccine Recommendations: ...If no prior vaccination or vaccination status unknown, offer PCV20 and no additional vaccines are required after PCV20Oversight and Tracking ...Documentation in the medical record should include at a minimum that the patient/resident or their representative has received education regarding the benefits and side effects of the vaccine and that the patient/resident either received or did not receive the vaccine due to medical contraindications or refusal and the reason for refusal.</p> <p>There was no documentation in R104's medical record that showed R104 was provided or arranged for administration of the recommended pneumococcal vaccination. R104's medical record did not show if the PCV20 was offered and administered, refused, or medically contraindicated.</p> <p>On 6/21/23, V2 (Resident Services Coordinator) vaccination that were offered/provided/refused should be documented in resident's medical record. V2 stated the facility had not monitored residents closely regarding who needed additional pneumonia vaccinations to be able to provide the recommended vaccination at the appropriate timeframe.</p> <p>4. The face sheet shows R105 was a 70-year-old male when admitted to the facility on September</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>19, 2022.</p> <p>R105's Electronic Health Record (EHR) shows (R105's POA) signed the facility Move-In Consent for Immunizations on September 19, 2022, for the one-time pneumonia vaccine to be administered.</p> <p>R105's EHR does not show any documentation that a previous pneumonia vaccination was given, and does not show the facility offered and administered a pneumonia vaccination.</p> <p>The facility policy titled Screening and Vaccinations (Date: May 2022) showed: Pneumococcal Vaccine Recommendations: ...If no prior vaccination or vaccination status unknown, offer PCV20 and no additional vaccines are required after PCV20Oversight and Tracking ...Documentation in the medical record should include at a minimum that the patient/resident or their representative has received education regarding the benefits and side effects of the vaccine and that the patient/resident either received or did not receive the vaccine due to medical contraindications or refusal and the reason for refusal.</p> <p>There was no documentation in R105's medical record that showed R105 was provided or arranged for administration of the recommended pneumococcal vaccination. R105's medical record did not show if the PCV20 was offered and administered, refused, or medically contraindicated.</p> <p>During interview, V1 (Executive Director) stated, the facility gets the resident's immunization information upon admission. V1 stated, V12 (Facility Doctor) reviews the immunization record and determines if and what pneumonia</p>	S9999		

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S9999	<p>Continued From page 11</p> <p>vaccination is needed, provides and order, and administers the vaccination.</p> <p>"B"</p> <p>Statement of Licensure Violations II of IV: 330.790c)1)</p> <p>Section 330.790 Infection Control c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):</p> <p>1) Guideline for Hand Hygiene in Health-Care Settings</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow their policy for hand hygiene and gloving for medication administration. This applies to 3 of 3 residents (R119, R120, R121) reviewed for medication administration in a sample of 21.</p> <p>The findings include:</p> <p>On June 21, 2023 at 9:20 AM, V11 (Licensed Practical Nurse) came from another unit and set up the work station to administer medications. V11 took R119's blood pressure with a universal cuff, then proceeded to prepare R119's oral</p>	S9999		

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S9999	<p>Continued From page 12</p> <p>medication without doing hand hygiene, administered the medication to R119, returned to the cart and did not do hand hygiene.</p> <p>On June 21, 2023 at 9:27 AM, V11 took R120's blood pressure with a universal cuff, then proceeded to prepare and administered R120's oral medication without doing hand hygiene. R120 had an order to apply a Lidocaine 5% patch to the left flank. V11 prepared the patch at the medication cart, and did not perform hand hygiene or put on gloves before the medication was prepared. V11 led R120, by the arm, into the unit bathroom and did not do hand hygiene and wore gloves before the patch was applied to R120. V11 did wash hands prior to leading R120, by the arm, back to the unit living room.</p> <p>On June 21, 2023 at 9:43 AM, V11 did not perform hand hygiene before R121's oral medication was prepared and administered. R121 had an order to apply Calmoseptine Cream to the coccyx area. After V11 entered R121's room and administered his oral medication, V11 put on gloves that she carried to the room, without doing hand hygiene, and proceeded to apply the cream to R121's coccyx. V11 took off the gloves and washed her hands.</p> <p>On June 21, 2023 at 10:10 AM, V11 stated, hand hygiene should be done before and after contact with each resident. V11 stated, she was not sure what the policy was for wearing gloves when applying medication patches.</p> <p>On June 20, 2023, during interview for infection control, V1 (Executive Director) stated, she did not know the policy for hand hygiene/gloving for medication administration.</p>	S9999		

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S9999	<p>Continued From page 13</p> <p>During interviews on June 21st and 22nd, 2023, V2 (Resident Services Coordinator) stated, hand hygiene should be done prior to preparing medication and prior to next resident. V2 stated, it is the expectation for the nurse to wear gloves during transdermal medication administration. V2 stated, the expectation is for hand hygiene to be performed prior to and after gloving.</p> <p>The facility policy titled Medication Administration: Transdermal Drugs (Original Date: June 2021) showed, Purpose: To provide safe and accurate medication administration for system or local effect by way of applying to skin ...Procedure: ...2) Perform hand hygiene. 3) Prepare medication ...7) ...Transdermal Disk: Don latex-free non-sterile gloves. Open package, remove disk. Remove clear plastic back ...Apply to dry, hairless area. 8) Remove and discard soiled glove in trash. 9) Perform hand hygiene.</p> <p>The facility policy titled Medication Administration: Medication Pass (Original Date: June 2021) showed, Purpose: To safely and accurately prepare and administer medication according to physician order and resident needs ...Procedure: 1) Perform hand hygiene ...8) Administer medication ...11) Perform hand hygiene.</p> <p>"C"</p> <p>Statement of Licensure Violations III of IV: 330.920c) 330.1940e) 330.1940f)</p> <p>Section 330.920 Consultation Services c) The facility shall obtain consultation, as needed, from a dietician if therapeutic diets are</p>	S9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015424	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2023	
NAME OF PROVIDER OR SUPPLIER ARDEN COURTS (GENEVA)		STREET ADDRESS, CITY, STATE, ZIP CODE 2388 BRICHER ROAD GENEVA, IL 60134		
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S9999	<p>Continued From page 14</p> <p>prescribed (see Section 330.1940(e)).</p> <p>Section 330.1940 Diet Orders</p> <p>e) Therapeutic diets shall be medically prescribed. Menus for such diets shall be planned by a dietitian. The facility shall provide supervision for preparing and serving the therapeutic diets, obtaining consultation as needed from a dietitian.</p> <p>f) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to provide dietitian consultation services per facility policy. This applies to 15 of 15 residents reviewed for therapeutic diets (R101, R102, and R106-R118) in a sample of 21.</p> <p>The findings include:</p> <p>On 6/20/23 at 12:00 PM during lunch, R116 was eating his mechanical soft diet in the dining room. R116's entrée was ground and R116 coughed intermittently throughout his meal as staff intermittently instructed him to take sips of liquid.</p> <p>Facility Food Diets document, updated 6/20/23, showed the following residents received Diabetic/Carbohydrate Control therapeutic diets: R101, R106, R107, and R108. The document shows the following residents received</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>mechanical soft therapeutic diets: R109-R116. The document shows R102 received finger foods diets and R116-R118 received pureed therapeutic diets.</p> <p>On 6/20/23 at 10:09 AM, V1 (Executive Director) stated the facility had received no consultation by a dietitian since June of 2022 because the contracted company had no dietitians to provide the facility. V1 stated she did not look for any alternative sources for dietitian consultation during the time. V1 stated only she and V2 review resident weight losses monthly.</p> <p>Dietitian Consultation Agreement, dated 4/14/22 and 4/14/21, shows the consultation service will provide 8 hours of consulting registered dietitian time each quarter. The contract shows the agreement shall be renewed automatically annually. The consultation agreement shows dietitian consultation was to include consultation on the provision of clinical nutrition care, evaluation clinical nutrition services and food service operations for compliance with regulations, review of a list of residents receiving therapeutic diets (No Salt Added, Carbohydrate Control., Pureed, Mechanical Soft, Low Lactose, ect), resident weights, and residents with physician consults to be seen by the dietitian.</p> <p>Facility document "Role of the Consultant Dietitian Section I-Organization, revised June 2020, shows, "A Consultant Dietitian will be retained and will perform services requested by the community, per state requirements"</p> <p>On 6/21/23 at 10:30 AM, V4 (Food Service Director) provided facility diet spread sheets which included the following diets: consistent carbohydrate, mechanical soft, pureed, and finger</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>foods.</p> <p>"C"</p> <p>Statement of Licensure Violations IV of IV: 330.1125a)3)4)</p> <p>Section 330.1125 Life-Sustaining Treatments</p> <p>a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit any life-sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be:</p> <p>3) procedures for providing life-sustaining treatments available to residents at the facility;</p> <p>4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject, or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices;</p> <p>The REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to schedule staff at the facility certified/trained in CPR (Cardiopulmonary Resuscitation) to be available to restore cardiopulmonary circulation for residents who had full code status. This applies to 5 of 5 residents (R101, R105, R106, R108, R120) reviewed for CPR in a sample of 21.</p>	S9999		

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S9999	Continued From page 17 The findings include: Facility resident roster, updated 6/21/23, shows R101, R105, R106, R108, and R120 had full code status. Facility CPR Policy, dated 6/2021, shows, "CPR is performed only by individuals who have been trained." Facility document CPR Certification List June 2023, undated, shows 13 facility staff were certified to perform CPR. Review of 14 days of worked staffing schedules, dated 6/6/23 to 6/20/23, shows there were no CPR certified staff working during the 11:00 PM to 7:00 AM shifts on 6/7/23, 6/8/23, 6/9/23, 6/12/23, 6/14/23, 6/17/23, and 6/18/23. On 6/21/23 at 1:05 PM, V1 (Executive Director) stated there were no CPR certified staff working on the 11 PM to 7 AM shifts on 6/7/23, 6/8/23, 6/9/23, 6/12/23, 6/14/23, 6/17/23, and 6/18/23. On 6/22/23 at 12:25 PM, V2 (Resident Services Coordinator) stated it was her expectation that there was a CPR Certified staff scheduled on all shifts at the facility. On 6/21/23 at 10:00 AM, V1 stated she believed the state regulation required one staff to be CPR certified working on each shift which was how she expected the facility schedule to be staffed. "C"	S9999		