

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014773</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/04/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ALDEN OF WATERFORD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2021 RANDI DRIVE AURORA, IL 60505</b>
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S 000	Initial Comments  Annual Certification Survey	S 000		
S9999	Final Observations  Statement of Licensure Violations  300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)3)  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  a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  04/19/24
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S9999	<p>Continued From page 1</p> <p>comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>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 care needs of the resident.</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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 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>	S9999		

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S9999	<p>Continued From page 2</p> <p>These Requirements were not met evidenced by:</p> <p>Based on interview and record review the facility failed to send a resident to the hospital in a timely manner when they became aware of the resident's critically low potassium level (2.4mmol (millimoles)/L (liter) with a reference range of 3.3-5.1). This failure resulted in R76 going into cardiac arrest, requiring CPR (Cardiopulmonary Resuscitation) and expiring at the hospital on 3/14/24. This applies to 1 of 3 residents (R76) reviewed for quality of care in the sample of 18.</p> <p>The findings include:</p> <p>R76's EMR (Electronic Medical Record) shows that R76 was last admitted to the facility on 2/20/24 with diagnoses including Syndrome of Inappropriate Secretion of Antidiuretic Hormone, Arteriosclerotic Heart Disease, Hypothyroidism, Acute and Chronic Respiratory Failure with Hypoxia, Chronic Obstructive Pulmonary Disease and Fractured Left Femur.</p> <p>R76's Lab Results Report dated 3/14/24 shows that he had a Basic Metabolic Panel drawn at 1:03 PM. The results showed a critically low potassium level of 2.4mmol (millimoles)/L (liter) (Reference Range 3.3-5.1). This result was called to the facility by the lab at 4:49 PM on 3/14/24.</p> <p>R76's Progress Notes written by V10 and dated 3/14/24 at 7:42 PM state, "Clinical labs called the facility and spoke with this RN regarding abnormal lab results. This writer paged (R76's Primary Physician's) office and spoke with (V9-Nurse Practitioner). (V9) advised RN to send</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>resident out to the ER (Emergency Room). (Local Private Ambulance) was called around 5:15 PM and ambulance stated a pickup time around 1-2 hours later. Vital signs were taken and vital signs were as followed: BP (blood pressure): 123/60, HR (heart rate): 100, Respirations: 18, O2 (oxygen): 94% on 4L (liters) O2. Temperature: 98.8 degrees Fahrenheit. Upon arrival of (Local Private) ambulance around 7:13 PM resident observed unresponsive. Compressions were started immediately. This RN called 911 at 7:15 PM. Another RN called (R76's son) at 7:15 PM as well. Paramedics walked into the scene at 7:22 PM. Resident transported to the ER at 7:34 PM. (R76's son) notified of resident's transfer to the ER. (Primary Physician) paged and notified around 7:55 PM."</p> <p>R76's Progress Notes dated 3/14/24 at 11:06 PM state, "Called (Local Hospital) ER at 11:00 PM for an update on resident. ER nurse notified this writer (that) resident expired in ER."</p> <p>On 4/2/24 at 3:15 PM, V10 (RN) stated, "He (R76) was going to be sent out for a critical lab. The Nurse Practitioner (V9) said to send him out. I called (Local Private Ambulance) and they said their ETA (estimated time of arrival) was 1-2 hours. The call went in before 6:00 PM and (Local Private Ambulance) was here when we noticed (R76) had coded. I last saw him at 6:30 PM- 6:40 PM. So, he (R76) typically would call out for the nurse. He was alert and oriented x 1-2. I remember the night nurse came in early like 6:30 PM that day. (Local Private Ambulance) arrived around 7:00 PM. (Local Private Ambulance) found him but I think I initiated CPR. They transported him to the hospital. The lab called me for the potassium (level). It did not seem urgent. His VS (vital signs) were stable. The labs were</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>done early in the day and he was the basically the same all day. He had a poor appetite. There was no active change with him. Even his O2 (oxygen) was okay. (V9) knows the facility and she knows that we use (Local Private Ambulance). She never sounded like we needed to send him out right away. If the potassium was low then it would cause heart issues. I would think there would be a change in his vital signs. There was no change since the AM. I had him all day."</p> <p>On 4/3/24 at 11:00 AM, V9 (Nurse Practitioner) stated, "They were to send him to the ER. They should have called 911. With a potassium that low that would have been urgent. They never called me back to say that it was going to be 1-2 hours."</p> <p>On 4/3/24 at 11:45 AM, V2 (Director of Nursing) stated, "It is not acceptable to wait 1-2 hours for the ambulance. They called me and they told me that they were in the process of putting him on the gurney from (Local Private Ambulance) and he coded. I was told the staff started compressions and one of my staff was really upset with (Local Private Ambulance) because they stood back and didn't help. 911 came and took over. They transported him to the hospital. (R76's) potassium was critically low and with that level, I would have called 911. They should have called (V9) back and let her know."</p> <p>On 4/3/24 at 12:30 PM, V11 (Agency RN) stated, "I am part of the rapid response team at my other job so when I was leaving and I heard the code blue I went up to see what was going on. (V10) had started CPR and the EMTs (Emergency Medical Technicians) from (Local Private Ambulance) were digging around and trying to find things in their bag on the floor. I took over</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>CPR because (V10) was getting tired and then the ambulance guy started yelling at me to, "Stop CPR, stop CPR!" I yelled back, "Why?". I don't know why he was telling me to stop but I didn't stop. Then they put in an IV (intravenous) and then 911 showed up. Eventually, an AED (Automated External Defibrillator) was applied but I don't know who did it. The 911 paramedics gave some medications through the IV and then they took over the scene. I think I heard one of them say that they felt a pulse but by that time we had been working on him for almost 20 minutes. They then loaded him on the gurney and transported him to the hospital."</p> <p>R76's POLST Form (Practitioner Order For Life Sustaining Treatment) shows that R76 requested: "Selective Treatment: Primary goal is treating medical conditions with limited medical measures. Do not intubate or use invasive mechanical ventilation. May use non-invasive forms of positive airway pressure, including CPAP and BiPAP. May use IV fluids, antibiotics, vasopressors and antiarrhythmics as indicated. Transfer to the hospital if indicated."</p> <p>The (City) Fire Department Patient Care Record dated 3/14/24 shows that 911 was called at 7:14 PM, arrived at the facility at 7:19 PM, and arrived to (R76) at 7:21 PM. This document states, "In summary, (engine #) were dispatched for the pulseless and not breathing person. Upon our arrival the crew found staff and (Local Private Ambulance) ambulance crew working a cardiac arrest patient. CPR, IO (intraosseous), and 2 rounds of epi (epinephrine) were given PTA (prior to arrival). Patient has a DNR (Do not Resuscitate) with selective measures only. Selective measures are not to intubate or advanced airway done. The crew placed the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>AutoPulse on the pt. (patient) 20 minutes into CPR the pt. had a rhythm change from asystole to PEA (Pulseless Electrical Activity). The crew moved the patient onto the stretcher, fully secured the patient, and then moved the patient into the back of the ambulance. (Local) Hospital was contacted and gave no further orders..."</p> <p>The facility policy entitled Change of Condition dated 9/2020 states, "The attending physician or physician on call/NP and responsible party will be notified with changes in a resident's condition. ... 43. Follow suggested guidelines for reporting clinical problems based on the AMDA (American Medical Directors Association) Guidelines."</p> <p>The AMDA Guideline Form entitled Laboratory Tests/ Diagnostic Procedures (taken from the AMDA Clinical Practice Guideline- Acute Changes in Condition in the Long Term Care Setting 2003) states, "**Report Immediately Potassium &lt; (less than) 3.0, &gt; (greater than) 6.0 mg/dl (deciliter)...."</p> <p>AA</p>	S9999		