STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145173	A. BUILDING _____ B. WING _____	04/14/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN HEATHER REHAB & HCC	**15600 SOUTH HONORE STREET HARVEY, IL 60426**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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) COMPLETION DATE
F9999	FINAL OBSERVATIONS Licensure 300.1030a)1) 300.1210a) 300.3240a) The advisory pyhsician or medical advisory committee shall develop policies and procedures to be followed during various medical emergencies that may occur from time to time in long term care facilities. These medical emergencies include, but are not limited to, such things as: Pulmonary emergencies (for example, airway obstruction, foreign body aspiration, and acute respiratory distress, failure or arrest.) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. 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.	F9999		

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F9999	Continued From page 29 An owner, licensee, administrator, employee or agent of a facility shall not neglect a resident. Based on clinical record review, interviews and facility policy the facility failed to promptly initiate CPR to a resident R11 that was assessed not breathing and without a pulse 01-19-04 at 1:10 pm. Per documentation CPR was initiated on 01-19-04 at 1:17pm. Findings include: 1). On 04-07-05 surveyor reviewed R11's closed record which documented R11 to be a 65 year old female with diagnosis including CHF, history of multiple CVA's, Coronary Artery Disease and trach tube. Per nurse note dated 01-19-04 at 1: 10pm documentation stated assessed resident not breathing. 1:15pm informed DON, code blue paged. CPR initiated, 1:17 paramedics arrived, CPR continued. 1:45pm transported to ER. 2:55 pm hospital called facility to inform them R11 expired. Review of R11's physician's progress notes dated 04-03-04 documented R11 to be a full code. Per review of the physician discharge form R11's final diagnosis was Cardiopulmonary Arrest. Per review of the facility CPR policy dated 06/97, CPR should be initiated by any trained member of the nursing department. Per review of E6's (CNA) personal file E6 has a current CPR certification dated January 12, 2005 through January 12, 2007. On 04-08-05 at 4pm surveyor interviewed E6 who stated she did not remember R11's arrest.	F9999		

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F9999	Continued From page 30 E6 informed surveyor she was CPR certified. Surveyor asked E6 if a resident stopped breathing what would she do. E6 responded she would run out the door to the nurse station calling code blue. E6 stated she would not start CPR. E 6 stated she has never "bagged a trach" and has never been instructed to do so. On 04-07-05 at 2pm surveyor interviewed E7(LPN) who stated on 01-19-04 E6 found R11 not breathing. E7 stated she assessed R11 with not breathing and an absent pulse. E7 stated E6 stayed with the resident while she went to get the DON. E7 stated after she called the code she returned and started CPR. On 04-08-05 surveyor interviewed Z3 (former DON) who stated she did not recall R11. Z3 stated she remember being called to a code with only E6 and E7 present. Z3 stated she remembers being summoned by E7 as she walked past stating "I need you". Z3 stated she did not recall who was performing CPR. On 04-07-05 at 5pm surveyor interviewed Z2(R 11's attending physician) who stated he did not remember R11. Z2 stated CPR should have been performed with an Ambu bag and started right away. Z2 stated the sooner the CPR started the better. 300.2010 a)1) Each facility shall have a full-time person, suited by training and experience, who has been	F9999		

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F9999	Continued From page 31	F9999		

designated by the administrator to be responsible for the total food operation of the facility. This person shall be on duty a minimum of 40 hours each week. This person shall be either a dietician or a dietetic service supervisor as defined by 300. 330.

This requirement was not met as evidenced by:

Based on interviews and record reviews, the facility failed to employ a qualified person as the director of food service and the facility failed to provide food and diet consultation from a qualified dietitian. The findings include:

During initial tour of the kitchen with E13 (Food Manager), E13 stated that she is currently in school and is the food service manager. Surveyor asked E13 who else in the kitchen was certified in food sanitation and she stated only herself. E13 stated that she worked the day shift. E13 further stated that her duties include in-servicing staff, preparing meals and following diets. The surveyor requested a copy of E13's food service manager certificate.

Record review of E13's personal file indicated that E13 was appointed food service manager by the facility on November, 2004. The facility presented documentation to the survey team that showed a manager's certificate examination completed by E13 from the National Restaurant Association, an unapproved course. A Department of Public Health food service sanitation certification for E13 was also presented to the survey team. The facility could not provide documentation of a certification from the Department of Public Health for E13 from an approved dietary manager's course in food

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F9999	Continued From page 32 management. E1(Administrator) also was unable to provide documentation for food certification in sanitation for any of her 7 kitchen staff. Review of facility records indicated that the facility has a licensed dietitian on consult for eight hours in two weeks. However, E14 (dietitian) stated during interview that she is only a clinical dietician consultant for the facility and does not provide staff in-services, menu planning or review, or any kitchen procedures. She stated that she has nothing to do with the food part of the facility. " I do high risk charting. " She also stated that she does not provide food preparation, storage, safety or sanitation . The facility has no other listed dietitian. E1 stated during interview that (E13) is not qualified to be food service manager; "She has not registered for the manager course, she is not qualified for manager". E1 further stated that E13 was supposed to register for food service manager classes , but didn't, "She does not qualify to be food service manager." E13 stated, "'I will just step down" as food service manager, "I am not in school." The facility could not provide documentation of any other dietician or food service manager to provide staff in-services , food preparation , safety or sanitation to the dietary staff.	F9999		