

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/27/2005
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145972 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 04/20/2005 |
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| NAME OF PROVIDER OR SUPPLIER PROVENA COR MARIAE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3330 MARIA LINDEN DRIVE ROCKFORD, IL 61114 | | |
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| F9999 | <p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.1030a)1) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the 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).</p> <p>300.1210a) 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.</p> <p>300.3240a) AN OWNER, LICENSEE, ADMINISTRATOR, EMPLOYEE OR AGENT OF A FACILITY SHALL NOT ABUSE OR NEGLECT</p> | F9999 | | | |

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| F9999 | <p>Continued From page 13</p> <p>A RESIDENT. (Section 2-107 of the Act)</p> <p>Based on interview and record review the facility failed to:</p> <p>A. Initiate cardiopulmonary resuscitation (CPR) to a resident who was a full code on 3/9/05 when the resident was found unresponsive, warm, and without a pulse (R1).</p> <p>B. Provide orientation to resource staff including the policy and procedure for code blue. This is for 1 of 58 residents in the facility.</p> <p>Findings include:</p> <p>The History and Physical dated 2/18/05 for R1 documented diagnoses including Hypertension, Dysphagia, Transient Ischemic Attack, Seizure Disorder, Depression, and Aspiration Pneumonia. The Minimum Data Set (MDS) dated 2/5/05 for R 1 documented no problems with short term memory, long term memory or decision making; extensive assistance needed for transfer, bed mobility, eating, and personal hygiene.</p> <p>Review of the Physician Order Sheet dated 3/1/05 through 3/31/05 for R1 documented code status as "Full Code."</p> <p>Review of an additional nurses note for R1 dated 3/9/05 documented, "R1 was found unresponsive in bed by certified nursing assistant (CNA). CNA reported event to myself. I (Z5 - Licensed Practical Nurse) and the CNA went in to assess the resident. Unable to obtain vital signs, no heart tones, no lung/breath sounds, No radial pulse present and no blood pressure. R1 remained unresponsive during assessment. R1 was unresponsive and flaccid. Lips were not</p> | F9999 | | | |

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| F9999 | <p>Continued From page 14</p> <p>cyanotic. Z6 (Registered Nurse - RN) came to assist and do a second assessment. R1 pronounced (dead) at 5:25am. Z6 spoke with coroner, physician and R1's family. CNA cleaned resident....</p> <p>A written statement by E6 (CNA) dated 3/9/05 for R1 documented, "Around 5am entered R1's room to clean her up. Noticed R1 was not responding. I went out into the hall and yelled for the nurse. Z 5 (LPN) came into room to check for pulse and body temperature. It was hard for Z5 to tell so she wanted a second opinion from second nurse Z6 (RN). Z6 entered and took a blood pressure and announced that R1 was gone. Both nurses left the room. I asked for help to clean resident from E9 (CNA). R1 was cleaned at 5:30am and the body was still warm and limp."</p> <p>During an interview conducted on 4/14/05 at 8:50 am, E9 (CNA) stated, "I didn't see R1 until after she was deceased. I was called from my unit to assist the other CNA (E6). R1's body was still warm and flexible. I don't know the initial state she was found in. I really don't know if someone needs CPR unless I ask the nurse."</p> <p>During an interview conducted on 4/14/05 at 9:08 am, Z5 (LPN) stated, "R1 passed away at 5:00 am. R1 had no vital signs, nothing. We were told not to do anything if you haven't seen them. I hadn't seen R1 in 2 hours. It was past the safety time to start CPR. Someone asked me why I didn't do CPR."</p> <p>During an interview conducted on 4/12/05 at 4:10 pm, Z6 (RN) stated, "Z5 (LPN) was at the end of the hall, frantic and said she thought R1 was</p> | F9999 | | | |

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| F9999 | <p>Continued From page 15</p> <p>gone and that she couldn't find her stethoscope. I told her I would be there in 10 minutes. I thought R1 was a do not resuscitate (DNR) because Z5 wasn't doing anything. Z5 did nothing, she's been a nurse a long time. Z5 should have done CPR. R1 was still warm when I saw her."</p> <p>During an interview conducted on 4/14/05 at 7:45 am, E8 (RN) stated, "I came in at 8:00am on 3/9/05 and was told R1 had expired. I read the nurses notes. I was concerned with the charting. There were 2 agency nurses on that night, Z5 (LPN) and Z6 (RN). Z6 charted for Z5 and said the coroner told her what to write so she charted Livormortis, pooling of blood and coffee ground emesis. I asked them to come back in because there wasn't enough charting. A late entry was done because the nurse originally wrote R1 was fine at 3:00 am and the next note was about the release of the body. Z5 needed to write what happened. No CPR was initiated. R1 was a full code. CNA's and nurses are supposed to know who is a full code. The policy states they should initiate CPR and call 911. They should have done CPR and called 911."</p> <p>During an interview conducted on 4/11/05 at 3:50 pm, E2 (Director of Nursing - DON) stated, "If I found someone with no pulse and not breathing I would start CPR. "</p> <p>During an interview conducted on 4/12/05 at 8:20 am, E1 (Administrator) stated, "yes" when asked if CPR should have been started for R1.</p> <p>During an interview conducted on 4/14/05 at 1:45 pm, Z6 (RN) stated, "I am pro patient. This was</p> | F9999 | | | |

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| F9999 | <p>Continued From page 16</p> <p>wrong. R1 should not have died. I feel awful."</p> <p>During an interview and tour conducted on 4/14/05 at 10:35am, E2 (DON) was asked what R6's code status was. E2 stated, "I would have to check his chart." E2 stated, "the crash cart was in the medication room and that nurses only have access to the crash cart." E2 stated residents charts are color coded. Pink charts were DNR and blue charts were full code.</p> <p>Multiple interviews were conducted on 4/14/05 between 10:45 and 11:50am regarding staff knowledge on residents code status, where emergency response equipment is stored, and what they would do if they found a resident unresponsive, warm and without a pulse. E13 (LPN) stated, "I would have to go check the chart to identify code status." E12 (LPN) stated, "The color of the chart identifies the code status." E12 was unable to state which color chart (pink or blue) was for residents that were full codes versus DNR. E12 stated, "I have to check my cheat sheets." E15 (LPN) stated, "If I discovered a resident pulseless, unresponsive and warm I would check vital signs and send someone for the chart." E16 (CNA) stated if she found a resident unresponsive, warm and without a pulse she would go and get a nurse. E16 stated the charts are colored but not sure of what the color means. E10 (CNA) stated, "It says in their chart which residents are full codes and DNR's. I believe we are allowed to do CPR but the nurse has to be there. I don't know where the crash cart is. I think it is in where the pyxis is." E10 stated if she found a resident unresponsive, warm and without a pulse she would go to the nurse and let them know and then go back to the</p> | F9999 | | | |

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| F9999 | <p>Continued From page 17</p> <p>room. E10 stated, "To be honest I haven't asked what to do. Maybe try to revive the resident." E 11 (CNA) stated, "We have to go to the desk and ask to look at the chart for code/DNR status." E 11 stated if she found a resident unresponsive, warm and pulseless she would call a nurse for help and then wait to find out the code status and then start CPR. E11 stated, "Someone would have to get the crash cart. Only nurses have access to the cart. It is locked in a room."</p> <p>A review of CPR cards and the facility's course roster showed E2, E6, E11, E13, E14, E15, E16, and Z5 are currently certified in CPR.</p> <p>The facilities Code Blue policy and procedure documented, "In a non witnessed arrest nursing will assess the resident for initiation of CPR. If the resident is found without a pulse and respirations but skin is assessed to be warm, CPR will be initiated and 911 called."</p> <p>Review of the Medical Certificate of Death for R1 documented the immediate cause of of death as Cardiac Arrhythmia.</p> <p>During an interview conducted on 4/11/05 at 10:30am, Z1 (physician) stated, "I was gone that week. I did not give the diagnosis of death for R1 , Z2 (physician) did."</p> <p>During an interview conducted on 4/14/05 at 10:35am, E2 stated , "The agency nurses orientation is done when they come in. Nothing is sent to the agency prior. They retain it better if they see it." At 1:35pm E2 stated, "The nurse going off duty will give the agency nurse an orientation. There is no orientation checklist for agency</p> | F9999 | | | |

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| F9999 | <p>Continued From page 18</p> <p>nurses. They do not sign a paper stating they have received an orientation here."</p> <p>During an interview conducted on 4/14/05 at 1:25 pm, E1 stated, "We don't have a personnel file for agency nurses. I don't think they have anything they sign for orientation."</p> <p>Review of an agency contract from Z5's employer with the facility stated, "It shall be the responsibility of the client to provide the agency with client information and policies so that a proper orientation may be given to nursing staff."</p> <p>During an interview conducted on 4/14/05 at 1:45 pm Z6 (RN) stated that she did not receive orientation to the facility. Z6 stated, "They just show you the medication cart and turn you loose. The previous nurse working shows you that and then leaves. It wasn't until 4 months after working there they told me what the charts meant . Pink is for DNR and Blue is for a full code." (A)</p> | F9999 | | | |