| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145316 | A. BUILDING _____ B. WING _____ | C 08/26/2005 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMBASSY CARE CENTER, INC.** | **555 KAHLER WILMINGTON, IL 60481** |

| (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 |
|---|---|---|---|---|
| F 309 | Continued From page 8<br>facility management on 8/16/05 to licensed nurses instructing them about a revision of the facility's policy for Emergency Procedures for Head Injury: Notify the physician as soon as possible and contact the emergency medical squad. Notify family or significant other as soon as resident's condition warrants. The facility expects to complete this inservice by 8/25/05.<br><br>4). Immediate inservicing was initiated by the facility management on 8/16/05 to licensed nurses instructing them about a new facility policy for Shirt to Shift Communication. The purpose of this policy is to ensure that all pertinent information regarding residents is communicated to the on-coming shift of aides and nurses. The facility expects to complete this inservice by 8/25/05. | F 309 | | |
| F9999 | FINAL OBSERVATIONS<br><br>LICENSURE VIOLATIONS<br>300.610a)<br>300.610c)2)<br>300.1010h)<br>300.1010i)<br>300.1210b)3)<br>300.1210b)6)<br>300.1210o)<br>300.3240a)<br>300.3240e)<br><br>Section 300.610 Resident Care Policies<br>a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a | F9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145316 | A. BUILDING _____ B. WING _____ | C 08/26/2005 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMBASSY CARE CENTER, INC.** | **555 KAHLER WILMINGTON, IL 60481** |

| (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 | Continued From page 9 | F9999 | | |

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. These policies shall be in compliance with the Act and all rules promulgated thereunder . These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.
c) These written policies shall include, at a minimum the following provisions:
2) Resident care services including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic service (including laboratory and x-ray).

Section 300.1010 Medical Care Policies
h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.
i) At the time of an accident or injury, immediate treatment shall be provided by personnel trained in first aid procedures.

Section 300.1210 General Requirements for

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145316 | A. BUILDING _____ B. WING _____ | C 08/26/2005 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMBASSY CARE CENTER, INC.** | **555 KAHLER WILMINGTON, IL 60481** |

| (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 | Continued From page 10<br>Nursing and Personal Care<br>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:<br>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.<br>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.<br>Section 300.3210 General<br>o) The facility shall also immediately notify the resident's family, guardian, representative, conservator and any private or public agency financially responsible for the resident's care whenever unusual circumstances such as accidents, sudden illness, disease, unexplained absences, extraordinary resident charges, billings, or related administrative matters arise.<br><br>Section 300.3240 Abuse and Neglect<br>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)<br>e) Employee as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that an employee of a long-term care facility is the perpetrator of the abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome | F9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145316 | A. BUILDING _____ B. WING _____ | C 08/26/2005 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMBASSY CARE CENTER, INC.** | **555 KAHLER WILMINGTON, IL 60481** |

| (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 | Continued From page 11<br>of any further investigation, prosecution or disciplinary action against the employee. (Section 3-611 of the Act)<br><br>Based on record reviews and interviews the facility failed to notify R3's medical doctor immediately after a fall on 7/18/05 and throughout the day of R3's change in status. The facility staff did not perform neurological checks and monitoring of R3 at regular intervals. Pertinent information was not relayed to oncoming nurses and nurses aides when the shift changed on 7/18/05. EMS (emergency medical system) was not notified for more than 1 hour after finding R3 unresponsive in the early hours of 7/19/05. R3 was transported to a local hospital and expired later that day (7/19/05) due to a Cerebral Hemorrhage.<br><br>The findings include:<br><br>A History and Physical Examination report dated 5/9/05 from the hospital found in R3's medical record states that R3 is a 53 year old male with diagnosis of Pathogenic Polydipsia with resulting Hyponatremia. Other diagnosis include Seizures, Hypertension, and Schizoaffective disorder. This report also states that, "His review of systems cannot be done because his cognition is so poor that he cannot understand questions. He cannot hear questions and answer questions appropriately." A history and physical completed by R3's doctor dated 5/15/05 states that R3 has advanced cognitive impairment and is extremely hard of hearing. The Nurses notes at the time of admission dated 5/24/05 state that R3 would not follow simple commands and was unable to focus . R3 wanders into other residents' rooms and | F9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145316 | A. BUILDING _____ B. WING _____ | C 08/26/2005 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMBASSY CARE CENTER, INC.** | **555 KAHLER WILMINGTON, IL 60481** |

| (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 | Continued From page 12<br>needs to be followed by staff on a continuous basis.<br><br>The incident report dated 7/18/05 at 11:00am shows R3 was in another resident's bathroom (R 1). "Resident (R1) was pulling him (R3) by the arm and he fell. Hematoma noted to 'left' occipital .' The Facility Neurological Assessment (not dated) shows that R3's blood pressure was 189/ 111 after the fall. This same assessment also shows that R3 had questionable orientation, was drowsy, and complained of pain and headache.<br><br>Interview with Z2 (physician) on 8/16/05 at 10:30 am stated that he (Z2) received one phone call from the director of nurses (DON) no earlier than 2:00 or 3:00pm on 7/18/05 in regards to this incident. The DON informed him that R3 had gone into a female resident's bathroom and the female resident (R1) pulled R3 out of the bathroom causing R3 to fall and hit his head. Z2 stated that R3 could not hear well or understand what was being said to him because of his cognitive impairment. Z2 stated that he was not informed of R3's elevated blood pressure following the head injury during this call. Z2 also stated that during this call the facility informed him that there were no apparent injuries other than a bump to R3's head, everything seemed fine and that the facility would follow up with appropriate neurological checks. Z2 said that the next time he heard anything about R3 was when the hospital called in the early morning the next day to tell him (Z2) of the cerebral hemmorage. Z 2 stated that R3 had been his patient for a couple of years and R3's blood pressure was never a problem. Z2 said that R3 was in the hospital on average of two times a month due to his (R3) | F9999 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145316 | A. BUILDING _____ B. WING _____ | C 08/26/2005 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMBASSY CARE CENTER, INC.** | **555 KAHLER WILMINGTON, IL 60481** |

| (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 | Continued From page 13 | F9999 | | |

polydipsia. R3's medical records will show that the blood pressure was not a problem in the hospital nor in the nursing facilities for the past 2 years. Z2 also stated that "All this talk about an elevated blood pressure causing a cerebral hemorrhage is ridiculous. I believe the cerebral hemmorage was caused by the fall."

Review of R3's Death Certificate lists R3's cause of death as brain death and cerebral hemorrhage .

Review of the facility's policy for Head Injuries states to monitor the resident and observe if the resident becomes very sleepy and difficult to arouse. It also states to notify the doctor, supervisor/DON or designee with any abnormal findings and to file in the Nurses's Notes a narrative summary of the findings. This same policy also states that vital signs and neurological signs are to be taken as follows:

a. Blood pressure (BP) & pulse every 5 minutes x 4; check pupils

b. Blood pressure (BP) & pulse every 30 minutes x 2; check pupils

Review of nurses note entered by E7(nurse) and dated 7/18/05 at 11:00am (time of incident) states that R3 fell and has a hematoma to the left occipital. R3 appears very sleepy.

Interview with E7 on 7/28/05 at 1:30pm stated that she took R3's vital signs immediately following the fall and found R3's blood pressure to be elevated at 189/111. E7 stated she was unable to reach the doctor personally at about 11 :10am so she (E7) left a message on Z2's answering machine that R3 had fallen and the

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145316 | A. BUILDING _____ B. WING _____ | C 08/26/2005 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMBASSY CARE CENTER, INC.** | **555 KAHLER WILMINGTON, IL 60481** |

| (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 | Continued From page 14 | F9999 | | |

blood pressure was elevated. E7 stated that she discovered a hematoma on R3's left occipital at 11:30am when she took R3's vitals. E7 stated that she made another call to Z2 and left a message saying that all vitals and neuros were now normal at 11:30am. On 7/28/05 (11:30am), E7 stated that R3 was not behaving in his usual manner after the head injury which was to rest for a half to one hour and then get up to smoke and drink coffee. E7 stated that R3 had not gotten out of bed from the time the incident occurred (11:00 am) until the time E7 left around 3:00pm. E7 stated that no report was given to oncoming staff because a nurse was not on the unit when she left. E7 stated she left a message with the nurse on West wing to tell the DON that she (E7)had left. E7 stated that she did not notify the doctor, DON, or anyone else of R3's hematoma and behavior change in regard to R3 sleeping all day.

Review of the facility's neurological assessment for this incident (not dated) shows that E7 obtained R3's vital signs and performed neuro checks initially at the time of the incident (11am), then 1/2 hour later at 11:30am and 12:00pm. Then two hours passed before E7 took R3's vitals at 2:00pm. E7 did not follow facility policy as to the frequency of vitals and neuro checks described above. Interview with E7 on 7/28/05 at 1:30pm states that she thought this was correct sequence of monitoring for vitals and neuros.

The facility Neurological Assessment for R3 shows that no vital signs or neuros were taken on R3 for 6 hours on the day of the incident, from 2: 00:pm to 8:00pm.

On 8/1/05 R3's nurse's aide (E5) who came in

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145316 | A. BUILDING _____ B. WING _____ | C 08/26/2005 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMBASSY CARE CENTER, INC.** | **555 KAHLER WILMINGTON, IL 60481** |

| (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 | Continued From page 15 | F9999 | | |

from 2:00pm to 10:00pm on 7/18/05, stated at 2: 30pm (7/18/05) that the nurse from the day shift did not inform her (E5) that R3 had fallen and sustained a head injury earlier in the day. E5 stated that usually the aides just come in and start working. On 7/18/05, E5 said that after the day nurse left at 3:00pm, there was no nursing coverage from 3:00pm until 5:00pm. E5 stated that she did wonder why R3 was not getting up to smoke and eat as usual and that she was sorry she (E5) had not asked about his behavior.

On 8/3/05 at 2:35pm, E3 (nurse) stated that she received a call from the facility in the early afternoon of 7/18/05 asking if she could come in and work the night shift. E3 stated she would come in at 7:00pm. E3 stated that when she arrived at 7:00pm she was told that the 4:00pm med pass had not been done. E3 stated that the the assistant director of nursing was to have passed the 4:00pm meds because E8 (ex-DON) had an interview to do at the time. E3 said that she was not informed about R3 having had a head injury earlier in the day. E3 passed the 4 : 00pm meds at 7:00pm . When E3 brought R3 his medication around 7:00pm, E3 said that R3 responded by fluttering his eyes and groaning, then he went back to sleep without taking his meds. E3 stated that she wondered why he wasn't acting his usual way, walking around facility, in and out of residents' rooms, looking for cigarettes and beverages, but thought maybe R3 had been given some medication that made him sleepy. On 8/18/05 at 9:30am, E3 stated that the routine every night is for the nurse from east wing to go assist the nurse on west wing for about 1 to 1 1/2 hours to do tasks such as take vitals and set out various supplies for feeding

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 145316 | A. BUILDING _____ B. WING _____ | C 08/26/2005 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMBASSY CARE CENTER, INC.** | **555 KAHLER WILMINGTON, IL 60481** |

| (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 | Continued From page 16 | F9999 | | |

tube residents. E3 stated that when she went back to the east wing about 1:00am, she asked the CNA to check on R3. The CNA came back and stated that R3 did not look well. E3 stated that R3 was not responsive to pain or any stimuli.

Interview with E3 on 8/03/05 at 2:35pm stated that when she came back to the unit from helping the nurse on the other wing it was around 1:00am . E3 stated that she (E3) asked the CNA to check on R3 at that time and the aide came back and told E3 that R3 did not look good. E3 said she went to check on R3 and found him to be non-responsive to any stimuli and R3 was exhibiting deep, deep respirations. E3 stated that she called for help to the other nurse on duty and that is when she (E3) found out that R3 had sustained a head injury earlier in the day. E3 stated that she thought perhaps R3 was in a diabetic coma. E3 stated that after administering oxygen she (E3) could not locate R3's medical record to call the doctor and family. E3 then contacted E11 ( Assistant Director of Nursing by phone and was told to send patient out to the hospital.

Review of Emergency Medical Services (EMS) report dated 7/19/05 and completed by the local fire department shows that the facility contacted the local EMS at 2:25am in regard to R3's status. Medic documented that R3 was totally unresponsive when they arrived. Also documented by the medic was that limited information was available because the facility could not find R3's chart. This EMS report also states that R3 was receiving oxygen per nasal canula because the nurse stated that she could not find an oxygen mask.