STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145911	A. BUILDING _____ B. WING _____	C 08/17/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE MANOR-GIBSON CITY	**620 EAST FIRST STREET GIBSON CITY, IL 60936**

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F 309	Continued From page 5 continuous oxygen was placed at the nurses station, placed in the agency and nursing resource books by Director of Nursing on 8/10/05 . 6. The facility implemented new policies and procedures regarding Physician notification for change in resident condition. The policy includes criteria that would indicate the need for Physician notification for a significant change of condition. The policy includes that the Physician will be notified of an oxygen saturation level of 90% or below, unless ordered otherwise. It also includes a procedure to follow when the attending physician cannot be reached. This was done by Field Nurse Supervisor on 8/11/05.	F 309		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.1010 h) The facillity 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 weeght 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 or treatment of such accident, injury or change in condition at the time of notification. 300.1210 a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial	F9999		

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F9999	Continued From page 6 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. 300.1210 b)3) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 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. 300.3240 a) An owner, licensee, administrator, or employee or agent of a facility shall not abuse or neglect a resident. These requirements are not met as evidenced by the following: Based on record review and interview the facility failed to notify the Physician in a timely manner after a test revealed an abnormally low oxygen saturation level for 1 of 7 residents (R6) receiving oxygen. Facility staff failed to recognize critical vital signs, delaying notification of the Physician and medical treatment for R6. R6 expired at the hospital of Respiratory Fatigue and Carbon Dioxide Acidosis. Findings include:	F9999		

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F9999	Continued From page 7 According to the Hospital Emergency Room report dated 7/31/05, R6 arrived at the Emergency Room complaining of, "right shoulder discomfort, worse when attempting to move it." According to the report, R6 also came into the emergency room with oxygen running at 2 liters per minute around the clock for a diagnosis of (COPD) Chronic Obstructive Pulmonary Disease. The Impression recorded on the Emergency Room Report dated 7/31/05 states: "Right shoulder pain. Possible rotator cuff problem versus bursitis. COPD " The Emergency Room report of 7/31/05 shows that the plan from the Emergency Room Physician was to consult with Z3, Physician, because R6's Primary Care Physician could not be reached. According to the notes on the Emergency Room Report Z3 put R6 in a 23 hour bed, planning for an Orthopedic Doctor to evaluate R6 the next morning and possibly have an MRI, (Magnetic Resonance Imaging), of the right shoulder. During interview with family (Z4) on 8/09/05 at 4: 15P.M., it was determined that on the evening of 8/01/05 Z3 and Z4 decided that R6 would benefit by an admission to a long term care nursing center for physical therapy to the right shoulder for strengthening and eventually discharge back to home. Later that evening R6 was transferred to the facility. According to Nursing notes dated 8/01/05 at 1800 (6:00P.M.), R6 arrived at the facility with oxygen running at 2 liters per minute. According to the daily skilled nurses notes, on 8/01/05 at	F9999		

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F9999	Continued From page 8	F9999		

2330(11:30P.M.), while R6 was going to the bathroom R6 experienced dyspnea, (shortness of breath) and R6's oxygen saturation was recorded at 58% while being up to the bathroom. Then after being put back into bed the oxygen saturation went back up to 83 to 87% after increasing the oxygen to 3 liters per minute. There is no documented evidence that R6's physician was notified regarding this change of condition.

On 8/02/05 at 10:30A.M., according to nurses notes, R6's oxygen saturation level was 54%, and feet were cyanotic. R6 also complained of dyspnea. Nurses notes also record that an attempt was made to reach R6's Physician. On 8 /11/05 at 11:00A.M., interview with E3, Registered Nurse found that E3 had no success in reaching Z3 but no other attempts were made to reach R6's attending Physician. Interview with E3 found that no attempt to call another physician or R6's primary care physician was done during the rest of the day on 8/2/05, until the next shift. During interview with E5, Director of Nursing, on 8/11/05 at 2:30P.M., E5 said she was not made aware of R6's low oxygen saturation levels, and that Z4 was also not made aware of the low oxygen levels until 1:00P.M. on 8/2/05.

Interview with Z2, Physician, on 8/11/05 at 2:00P. M. found that Z2 was R6's Primary Care Physician. According to Z2, she was in the office that day and did not receive a call until 4:00P.M.. Z2 stated she was told that R6's oxygen saturation had been in the 50's all day. Z2 also stated that upon examination and with a chest x-ray, it showed that R6 became exhausted and referred to R6 as having Respiratory fatigue and

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F9999	Continued From page 9	F9999		

Hypercapnea, which is increased carbon dioxide in the blood system. Z2 also stated that she should have been called right away and if she was not able to be reached then she has standing orders to send patients to the hospital right away. On 8/11/05 at 2:00 P.M., Z2 stated during interview, "it may have helped if (R6) could have gotten to the hospital earlier."

On 8/2/05 at 1530(3:30P.M.), nurses notes record that R6's oxygen saturation level was 52% while on 3 liters of oxygen. According to nurses notes, R6 was "lethargic, short of breath, skin pale, cool, hands cool with some cyanosis, lower extremity cool to touch, feet cyanotic, lung sounds diminished at bases, and right upper lobe congested." Interview with E2, Registered Nurse, on 8/16/05 at 10:30A.M. found that Z2 was called and E2 suggested to Z2 to try a nebulizer treatment. When E2 tried the nebulizer treatment early on the 2nd shift it was found that R6 was too weak. E2 said she called Z2 back right away and an order was given to send R6 immediately to the hospital. R6 was transported to the hospital via ambulance at around 3:30 to 4:00P.M..

Per R6's nurses notes dated 8/2/05 at 1730(5:30 P.M.), R6 was admitted with an initial diagnosis of Respiratory Acidosis. R6 died at the hospital with the cause of death being Respiratory Fatigue and Carbon Dioxide Acidosis according to interview with Z2 on 8/11/05 at 2:00P.M..