STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145070	A. BUILDING _____ B. WING _____	C 10/26/2005

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE HEALTH CARE OF BERWYN	**3601 SOUTH HARLEM AVENUE BERWYN, IL 60402**

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300.1210a)
300.2040b)
300.2040e)

Section 300.1210 General Requirements for Nursing and Personal Care
a) The facility must 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 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.

Section 300.2040 Diet Orders
b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered.
e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).

Based on interviews and review of records, the facility failed to ensure that appropriate care and services were provided for one resident (R1) with a known chewing and swallowing problem. The facility failed to follow physician's order for

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the right food consistency . R1 had a physician order for pureed diet, but was given a half peanut butter sandwich with regular bread that resulted to a choking incident on 10/14/05 at 3:25 A.M. This resulted in R1 needing the Heimlich maneuver and CPR (cardio-pulmonary resuscitation). R1 was transported to immediate care hospital via paramedics . R1 left the facility with no vital signs and was pronounced dead at the hospital at 4:00 A.M. on 10/14/05.

R1 was a 58 year old female with multiple diagnoses of bipolar disorder, anxiety, CVA (cerebral vascular accident) with multiple strokes and Dysphagia. Record showed that R1 had behaviors, mood problems and anxiety attacks. Most current MDS (Minimum Data Set) dated 7/ 15/05 showed that R1 had chewing and swallowing problems. MDS showed also that R1 was on a mechanically altered diet. Further review of this record also showed that R1 has " some/all natural teeth lost-does not have or does not use dentures (or partial plates)." Current POS (physician order sheet) showed a physician order for "Pureed Diet." Review of R1's current care plan indicated that R1 was identified with chewing and swallowing problems and that R1 was placed on pureed food consistency diet as a result. Further review of the care plan also indicated that R1 is to be encouraged not to take and eat food from other resident's tray which was a identified behavior.

Review of facility's "Incident/ Accident Report' dated 10/14/05 indicated that on 10/14/05 at 3:25 A.M., R1 choked on a peanut butter sandwich and that Heimlich maneuver and CPR were initiated. Per this record, R1 had remained

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F9999	Continued From page 12 pulseless and without respiratory effort throughout the entire process of resuscitation. Further review of this record showed that R1 was taken to the hospital and left facility with no vital signs(no pulse, no breathing , no blood pressure appreciated). R1 was pronounced dead at the hospital at 4:00 A.M. on 10/14/05. R1's caused of death was stroke after the acute medical emergency (choking). When interviewed on 10/19/05 at 11:00 A.M., Z1(attending physician) stated that facility informed him that R1 had a cardiopulmonary arrest on 10/ 14/05. Z1 also stated that R1's immediate caused of death was stroke. When interviewed on 10/20/05 at 10:15 A.M., E3 (certified nurse assistant) stated that she had given a regular 1/2 peanut butter sandwich to R1 on 10/14/05 at approximately 3:30 A.M. E3 stated that R1 was hungry and asked for food so E3 gave R1 a peanut butter sandwich. E3 also added that she took the regular peanut butter sandwich from a tray that was placed on the 3 North nursing station counter unlabelled. As E3 added, she assumed that it was okay for R1 to have a regular food consistency since she had seen R1 eating regular food before. E3 added that she had been taking care of R1 for quite sometime and that no one had informed her that R1 was supposed to be on a pureed diet. As E3 finally stated, she just found out during the surveyor's investigation that R1 was supposed to be on pureed diet because it was the current topic of discussion at the facility. E3 left R1 with E 4 (certified nurse assistant) still eating her peanut butter sandwich.	F9999		

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F9999	Continued From page 13 When interviewed on 10/19/05 at 12:10 A.M., E4 (certified nurse assistant) stated that she saw R1 in the 3 North dining room on 10/14/05 at around 3:30 A.M. As E4 stated, R1 was finishing her regular peanut butter sandwich. E4 also stated that she thought R1 had finished and swallowed her peanut butter sandwich when R1 proceeded to walk to go to her room(room 303). As E4 added, R1 suddenly turned around to go back to the dining room and started to cough loudly in the hallway. When R1 reached the dining room and sat on a chair, R1 was forcefully coughing and then seconds later, R1 collapsed and lost consciousness as E4 described. Further stated by E4 that she delivered back blows at R1's back, checked mouth and saw 3 chunks of peanut butter sandwich lodged. E4 also added that she then immediately called for "Code Blue." When interviewed on 10/19/05 at 12:30 P.M., E9(staff nurse) stated that she responded to a "Code Blue" on 10/14/05 at around 3:25 A.M. on the third floor dining room. E9 stated that when she arrived at scene, E4 and E13(staff nurse) were lowering R1 to the floor. E9 noted that R1 had some food on top of her chest and the food smelled like peanut butter. As E9 added, R1 was not breathing and had no pulse so a Heimlich maneuver and CPR was implemented. Per E9, R 1 had no spontaneous response, no response from the CPR, no pulse, no breathing and had not regained consciousness. Further added by E 9 that R1 left the facility with paramedics and still had no vital signs (pulse, breathing). R1 was pronounced dead at the hospital at 4:00 A.M. on 10/14/05 . During the interview, E9 described R1 to be very	F9999		

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demanding, had declined in mental status as evidenced by increased confusion. Per E9, R1 required monitoring for meal time because R1 was a fast eater and she needed to be reminded to slow down to chew properly and not eat too fast . Finally stated by E9 that R1 also is on modified diet due to swallowing difficulty.

During the investigation, interviews with E5,E6(certified nurse assistant), E7,E8(rehabilitation aides)E10 E11(staff nurses) have all stated that R1 had poor safety awareness, had episodes of anxiety attacks,restlessness, was fast eater and " inhales food." Related to these described behaviors, R1 required supervision and redirection regardless of diet served because she also had the behavior of fast eating and poor chewing.

When interviewed on 10/19/05 at 3:00 P.M., E11(staff nurse) stated that she was aware that R1 was on pureed diet, however would still have still given her a regular peanut butter sandwich as long as she monitored R1.

When interviewed on 10/20/05 at 11:00 A.M.,E10 (staff nurse) stated that she had given R1 a regular peanut butter sandwich in the past even though she knew that R1 was on pureed diet due to swallowing difficulty. Further stated by E10 that she did not inform E3 and E4 about R1's pureed diet.

When interviewed on 10/24/05 at 3:40 P.M., E14 (registered dietician) stated that R1 is on pureed diet and that the peanut butter sandwich that was given to R1 on 10/14/05 should have been pureed, mechanically altered, blenderized or

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F9999	Continued From page 15 have been processed with a food processor to attain a pureed consistency. R1's current "Nutritional Assessment" dated 7/14/05 showed a nutritional assessment indicating that R1 has diagnoses of Dysphagia (difficulty in swallowing) and pureed diet order was appropriate. R1's current care plan also indicated that R1's was on pureed diet due to chewing and swallowing problem. Further review of R1's record showed no indication that there were any further swallowing evaluations for R1 . When interviewed on 10/24/05 at 2:30 P.M. , E15 (speech pathologist) stated that R1's last evaluation for swallowing was done on 7/2004. Per E15, it is a protocol to have a swallow evaluation prior to upgrade of diet/food consistency.	F9999		