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 _____	04/13/2007

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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F 520	Continued From page 53 QA Committee) it was revealed that QA committee does meet quarterly. This committee is currently working on measures so that residents do not feed the squirrels. Facility monitors those residents going outside so they do not bring food to feed squirrels. During interview, Z2 admitted that he does not attend QA meetings.	F 520		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1035a)3)4)5) 300.1035b)2) 300.1220b)1)2) 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 300.1035 Life-Sustaining Treatments a) Every facility shall respect the residents' right to make decisions relating to their own medical treatment, including the right to accept, reject, or limit life sustaining treatment. Every facility shall establish a policy concerning the implementation of such rights. Included within this policy shall be: 3) procedures for providing life-sustaining treatments available to residents at the facility;	F9999		

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F9999	Continued From page 54 4) procedures detailing staff's responsibility with respect to the provision of life-sustaining treatment when a resident has chosen to accept, reject or limit life-sustaining treatment, or when a resident has failed or has not yet been given the opportunity to make these choices; 5) procedures for educating both direct and indirect care staff in the application of those specific provisions of the policy for which they are responsible. b) For the purposes of this Section: 2) "Life-sustaining treatment" means any medical treatment, procedure, or intervention that, in the judgment of the attending physician, when applied to a resident, would serve only to prolong the dying process. Those procedures can include, but are not limited to, cardiopulmonary resuscitation (CPR), assisted ventilation, renal dialysis, surgical procedures, blood transfusions, and the administration of drugs, antibiotics, and artificial nutrition and hydration. Those procedures do not include performing the Heimlich maneuver or clearing the airway, as indicated. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 1) Assigning and directing the activities of nursing service personnel. 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status,	F9999		

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F9999	Continued From page 55 and drug therapy. These REQUIREMENTS were not met as evidenced by the following: Based upon observation, interview, record review and facility CPR protocol/policy, the facility failed to: 1) initiate an immediate response to a person in cardiopulmonary arrest, 2) perform CPR using acceptable hand positioning; 3) provide ventilation support and provide ventilations at the appropriate intervals for a resident identified to be in cardiopulmonary arrest (R17) and 4) designate a staff member to be in charge of the code event. This failure resulted in R17 not receiving the proper CPR management during cardiac arrest and posed a threat to 68 residents out of a census of 89 that were determined to be a full code. R17 expired. The findings include: The hospital emergency room report states R17 arrived at the hospital emergency room on 4/5/07 at 10:36 AM in asystole and in full arrest from the nursing facility. R17 was pronounced dead in the emergency room at 10:42 AM. Surveyor observed E6(LPN) receiving a report from E7(CNA) stating that R17 was not responsive at approximately 10:03 AM on 4/5/07. E6, while standing at the medicine cart in the hallway, looked through medication administration records and then went to R17's doorway, looked into the room and then returned to the nurses station to look for R17's status to resuscitate or not. E6 removed the chart, called the Code Blue via intercom and returned to R17's room. E6 called out for E7 to bring the crash cart.	F9999		

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F9999	Continued From page 56 Surveyor followed E6 to the room of R17 and found E5(LPN) giving chest compressions. E6 continued to look in the chart for DNR status and did not attempt to assist E5 with the CPR code. R17 was observed on 4/5/07 at 10:05 AM by surveyor to have pink lips and skin, and to have one staff, E5, performing chest compressions incorrectly with both hands open side by side and flat on the left chest area of R17. The compressions exceeded 30 in number without E5 giving ventilations. The crash cart had now been pulled to outside the room. The resuscitator bag was not removed immediately and E5 was not asking for the resuscitator bag. Several other staff members arrived at approximately 10:07 AM, removed the back board from the crash cart and placed the back board on the bed. R17's head and body was raised up off the bed at this time. R17's lips were observed to have turned blue and face dusky. CPR was again initiated after the placement of the backboard. E10(Respiratory Therapist) was the staff that had removed the resuscitator bag from the crash cart and started to ventilate. E5 continued to do chest compressions with open hands, while E10 simultaneously ventilated with the resuscitator bag without alternating the compressions and ventilations. E8(Respiratory Therapist) arrived at the bedside at approximately 10:08 AM and went to the opposite side of the bed and relieved E5 of chest compressions. E8 correctly placed the heels of both hands over the sternum and began chest compressions. At 10:10 AM, E8 announced a pulse was obtained and compressions ceased. E10 stopped the ventilations per resuscitator bag until surveyor inquired, "is there a respiratory	F9999		

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F9999	Continued From page 57 rate?" Then in response, E10 continued the ventilations per resuscitator bag. At 10:20 AM the 911 paramedics arrived, continued CPR and transported R17 to the hospital. R17 was a 53 year old readmitted to facility with a fracture of left leg on 4/3/07. Treatments included: Oxygen per nasal cannula at 2 liters. Dialyzer catheters to left upper chest area for dialysis. A cast applied to left foot and lower legs with CMS checks. R17 had a diagnosis of Atrial Fibrillation, End Stage Renal Disease, Bipolar Disorder and left CVA. Staff involved in the code were interviewed for their initial response to the code event. These interviews occurred on 4/5/07 between 1:00 PM to 3:00 PM. E11(CNA) stated, "I came into the room to assist the resident in the next bed to R17. I looked over at R17 and saw she was pale. We touched for pulse and she was cold. I let the two CNA's in the hallway know and they let E6 know. I am not CPR certified." E6(LPN) stated "the CNA, E7, stuck her head out and told me the patient looked blue. I was at the medication cart and grabbed her chart to see what was her code status. I then went to her room, checked to see if in arrest, and then came back to call the code. I went back to her room with chart and E5 was giving CPR." E9(Admissions Coordinator/CNA) stated, "I responded to the code when called over the intercom. I know there were people in the room, I can't say who. I entered the room. I checked for the pulse, repositioned her head. Someone	F9999		

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F9999	Continued From page 58 handed me the resuscitator bag, but I didn't know what to do. When I came in, no one was doing chest compressions and no ventilations. I left the room when others entered the room. I am CPR certified." E7(CNA) stated, "E11 said R17 isn't moving and not answering. We went into the room, looked at the resident. I told the nurse and got the crash cart. Respiratory therapy told me to go upstairs and get the pulse ox." E5(LPN) stated, "When I entered the room, I just assessed the patient to see if a pulse or no pulse and I initiated CPR. E6 was already in the room with the chart and E9 was performing. I started giving CPR at 15 compressions to 1 breath and I keep going like that. E8 is a Respiratory Therapist and came down from the second floor and took over the compressions from me. E8 felt a pulse at 112 beats. E10 was doing the ventilations at the time. E8 felt a pulse." E8(Respiratory Therapist) stated "We were told a code in room 117. Respiratory always responds to all codes in the building. I initiated getting her positioned to be bagged. She had vomited and the other nurse had turned head. E10 hooked the resuscitator bag to oxygen and we started bagging. There is a resuscitator bag in the crash cart and one hanging on the crash cart. The resuscitator bag we used came from the crash cart. We brought down the pulse oximeter. R17's initial oxygen level was down, but once we started bagging, her oxygen saturation increased and then we started slowly getting a pulse at 130/minute and then down to 113 per carotid and we continued to ventilate per (resuscitator bag)."	F9999		

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F9999	Continued From page 59 The Director of Nurses, E1, was interviewed regarding the recording of the events of the code and supervision of the code event on 4/5/06 after surveyors were told there was a discrepancy in the interviews of events between what surveyor witnessed and what staff stated to facility management. E1 stated "we did not record the code events as they occurred and we do not have supervision of the code team." The facility policy states CPR will be initiated by the first person on the scene and be alternated between all the staff present until ambulance arrives. The critical steps include: Check for response, activate emergency response system/AED, open airway using head tilt-chin lift, check for adequate breathing, gives two breaths, check carotid pulse, locate CPR hand position, deliver first cycle of 30 compressions at correct rate, give two breaths (One second each), deliver second cycle of compressions using correct hand position, give two breaths-(10 seconds), deliver third cycle of compressions of adequate depth with full chest recoil. This step is defined as correct if more than 23 compressions of adequate depth and with full chest recoil observed. This was not done during the code for R17. (A)	F9999		