STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING C B. WING IL6015044 08/16/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **1000 FALCON POINT PLACE** HIGHVIEW IN THE WOODLANDS ROCKTON, IL 61072 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE **REGULATORY OR LSC IDENTIFYING INFORMATION**) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Z 000 COMMENTS Z 000 Incident Investigation Report of 7/29/12/ IL #58859 Z9999 FINDINGS Z9999 LICENSURE VIOLATION 330.4240 Section 330.4240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) This requirement was not met as evidenced by: Based on interview and record review the facility neglected to immediately call 911 when a resident started to choke on a hot dog. The facility also neglected to ensure that the Heimlich Maneuver was performed according to the guidelines of the American Heart Association, under which staff are trained and certified, when the resident became unresponsive during the choking episode. The resident expired due to choking on 7/29/12. The findings include: The Physician's Order Sheet dated July 2012 shows that R101 has diagnoses including Dementia and Obsessive/Compulsive Disorder. This same document shows that R101's meals should be, "Servings in small bowls with smaller spoon, one item at a time; History of choking, eats too fast." The Nurse's Notes dated 7/28/12 at 6:00 PM Illinois Department of Public Health TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Illinois Department of Public Health

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Illinois D	epartment of Public	Health				FORM	APPROVED
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
		IL6015044				08/1	6/2012
NAME OF F	PROVIDER OR SUPPLIER			DRESS, CITY, ST			
HIGHVIE	W IN THE WOODLAN	NDS		CON POINT F N, IL 61072	PLACE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE	(X5) COMPLETE DATE
Z9999	Continued From page 1			Z9999			
	with staff. Observer grab item and show of panic on residen picked up glass of out of mouth. Resident writer following. Re- room door. Writer s assist at sitting pos- with Heimlich contri- Resident lowered to sweep started by w and bun removed. results. Color ashe scene. resident wa Ambulance and wri- bed once personne passed. Police office On 8/1/12 at 2:30 F said watch (R101) resident. I was look looking at me I wa table next to him. I (R103). From my p lunge forward and I was shoving food in and he had a look of water (glass) and th came back out. He hit the hallway, he of his breath, he was r We pulled him to a Heimlich- I got noth we tried to stand hi Heimlich. He was r head was slumped and I felt for a caro sweep, a CNA was	101) in dining room p d to lunge at tablema we into mouth. Staff n it's face. Resident fla water without success dent ran from dining p sident collapsed outs started Heimlich, staff sition, staff stood up r nuing without success o floor in sitting positi rriter. 1/4 of unchewe Back thrusts continue n, nonresponsive. 91 s limp with no vitals. iter placed resident in el deemed resident has cer on-site called core PM, E3 (LPN) stated, while she went to get sing at (R101) and he as facing (R101) sittin went around the table peripheral vision I saw before I could turn ar n his mouth. (R101) s of fear on his face. H hrough it in his face, to bolted for the door. V collapsed. He was try n't unresponsive at th seated position and ning. I told staff to get m up and continued not bearing weight an forward. We laid hin tid pulse- absent. I di doing back blows. I ot dog from his airwar	tes plate, oted look iling arms, is, water room with side dining f came to esident is. ion. Finger ed hot dog ed without 1 on n room on ad oner." "My CNA t another e to help v (R101) ound he stood up e took it just When he ving to get is time. did the t help and the d his n down id a finger removed				

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		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	FICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		- C 08/16/2012	
	PROVIDER OR SUPPLIER	120013044			TATE, ZIP CODE	00/1	10/2012	
	ROVIDER OR SUPPLIER							
HIGHVIE	W IN THE WOODLAN	IDS		CON POINT N, IL 61072	PLACE			
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Z9999	Continued From page 2			Z9999				
	the stethoscope to pupils were fixed. I not start CPR. The not attempt CPR. I made the decision On 8/1/12 at 3:00 F started serving arou an eye on R101 wh resident). When I w saw was (R101) ha food in his cheeks. (tablemate's) plate. choking at that time (E3) said, 'Oh, I see shoulder, I didn't w back blows so I jus some food from his floor. He bent dowr back in his mouth. started to gag like f grabbed the water mouth- he complete the gurgle. I alerted was choking. (R10 chair and I told him air, he was very wid him go.' (R101) wa back. He got up an heard the thud. (E3 He was grayish in of His eyes were rolle We tried picking hir was on the other (to the Heimlich using that I couldn't hold 'put him down' so w	listen for apical pulse said, 'This man is de paramedics arrived- When I realized he w	ead.' I did they did they ther st thing I unt of off of o signs of ot' and on his or give pulled ed on the d put it llow- he v up. He ne in his ould hear bvious he ut of his dn't get aid, 'Let fighting ay. I oth ran. e blue. et him up.' osition- he d (E3) (E3) did d (E3) (E3) said ck. I					
		id no, he wanted him						

Illinois Department of Public Health STATE FORM

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Illinois D	epartment of Public	Health				FORM	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		- C 08/16/2012		
		IL6015044				08/1	6/2012
NAME OF F	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
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Z9999	 (E5) got there, ther (R101) up. It was a food came out- he (R101) was too hea floor- I started to le said, 'Call 911.' (E9 called from there. T came very fast. Wir was better. I ran to Paramedics/Police when I left for the d one of them said to have done abdomin know.''' On 8/1/12 at 1:30 F she would expect s choking. E2 stated, Breathing, Circulati do better with (R10 cheeks were not fu better leverage if (F a large girth. I gues we are in panic mo The Fire Departme the time of dispatch year old male found particles in mouth. choke, CPR perfort unsuccessful in dis efforts ceased whe arrival crew given I On 8/1/12 the facilit American Heart As CPR Certification C 	room to get (E5- CN re were 3 of us trying a little more effective a still had food in his m ave to get more help 5) had her cell phone The girls from the oth th more of us holding the front door to let t in. (E3) was still doir foor. After the EMTs o me, 'You know you nal thrusts' and I said PM, E2 (DON) was as staff to do when a res on thrusts' and I said PM, E2 (DON) was as staff to do when a res on). They thought the foot. They though the foot. (F1) up. (E3) said, (R1 III. (E3) thought he co R101) was upright. (F1) so we all act different de." ent Report dated 7/29 h at 5:56 PM and stat d pulseless/apneic w Per staff patient beg- med prior to arrival. S lodging foreign body on DNR was produced	to hold and a little nouth. nim to the and (E3) e so she er side g him up it he ng thrusts got there, could d, 'I sked what ident is (Airway, ey could 01s) buld get R101) had ly when 1/12 shows tes, "65 ith food an to Staff was . Rescue d. Upon	Z9999			
Illinois Depa	rtment of Public Health		f	S899			ation sheet 1 of 5

PRINTED: 10/30/2012 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			A. BUILDING	LE CONSTRUCTION	– COMPL	(X3) DATE SURVEY COMPLETED C 08/16/2012		
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Z9999	Basic Life Support you find a respons perform abdomina down. Choking vio responsive and the In this circumstanc caused the victim's for a foreign object victim is unrespons response system,	age 4 for Healthcare Provid- ive choking victim lyir I thrusts with the pers- ctims initially may be en may become unres- ce you know that chok s systems and you kn t in the pharynx. If the sive, activate the eme open the airway, remo- ee it and begin CPR." (A)	ng down, on lying sponsive. ing ow to look adult rgency ove an	Z9999				

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