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MIDWEST REHAB & RESPIRATORY	**727 NORTH 17TH STREET BELLEVILLE, IL 62226**

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F 322	Continued From page 17	F 322		
F9999	. FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1030a) 300.1035a)3)4) 300.1210c) 300.1210d)2) 300.3240a)	F9999		

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F9999	Continued From page 18 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a 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. Section 300.1030 Medical Emergencies a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as: 2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest). 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:	F9999		

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F9999	Continued From page 19 3) procedures for providing life-sustaining treatments available to residents at the facility; 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; Section 300.1210 General Requirements for Nursing and Personal Care c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on record review and interview, the facility	F9999		

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failed to follow a Do Not Resuscitate (DNR) advanced directive for 1 of 3 residents (R1) reviewed for advanced directives in a sample of 6. This failure resulted in R1 receiving Cardiopulmonary Resuscitation (CPR) at the facility, was hospitalized for 4 days and the family had to make a decision to withdraw care. R1 expired on 12/1/12.

Findings include:

R1 was admitted to the facility on 8/26/08 with diagnoses, in part, of acute and chronic respiratory failure, acute renal failure, diabetes mellitus, dementia, congestive heart failure, and tracheostomy with ventilator support according to the "Physician's Order" sheet for Nov. 1 through Nov. 30, 2012. R1 has a Physician order for "DO NOT RESUSCITATE".

R1 was assessed on the 11/10/12 Minimum Data Set (MDS) as able to usually understand in her ability to understand others. E8, Respiratory Therapist, (RT), stated in an interview on 12/12/12 at 10:20 AM that R1 could answer yes/no questions even though she couldn't talk. E8 stated R1 did watch television in her room in her recliner. E6, Licensed Practical Nurse, (LPN), stated on 12/12/12 at 10:07 AM that R1 would respond if spoken to even though she could not speak. E6 stated R1 would eat but had to be fed.

The "Illinois Department of Public Health Uniform Do-Not-Resuscitate (DNR) Order Form" signed and dated on 9/24/08 by Z2, appointed Durable Power of Attorney for Health Care, documented Z2 had selected the following:

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F9999	Continued From page 21 "1. FULL CARDIOPULMONARY ARREST (When both breathing and heartbeat stop): Do Not Attempt Cardiopulmonary Resuscitation (CPR) (Measures to promote patient comfort and dignity will be provided) 2. PRE-ARREST EMERGENCY (When breathing is labored or stopped, and heart is still beating): ...Do Not Attempt Cardiopulmonary Resuscitation (CPR) (Measures to promote patient comfort and dignity will be provided)." Z1, Physician, signed the DNR order on 9/25/08. The facility's "CPR Code Status" documented Z2 selected on 12/12/08 "No CPR: In the event of cardiopulmonary arrest, CPR (cardiopulmonary resuscitation) will NOT be initiated in the facility". Z2 did not select "NO TRANSFER: The resident will not be sent to the hospital. The resident will be given comfort and supportive measures at (Facility) as ordered by the physician". E6, LPN, stated in an interview on 12/10/12 at 10:45 AM that to check for a resident's advanced directive status the nurse would have to check in the resident's medical record. E6 stated the code status used to be on the Medication Administration Record but now they have to check the chart. E7, Nurse Manager, stated in an interview on 12/10/12 at 10:47 AM that the residents have a red or green dot on the chart and on the resident's name by the outside door. Red means "Do Not Resuscitate" and green means full code. E6, who was present during this interview, stated she was not aware of the red and green dots.	F9999		

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F9999	Continued From page 22 E1, Administrator, stated in an interview on 12/10/12 at 12:10 PM that there is no policy and procedure for the red and green dots on the door and chart. E32, Corporate Nurse, stated in an interview on 12/12/12 at 11:15 AM that there was no policy and procedures for the use of the red and green dots for code status. E32 stated there was no policy and procedure for what to do for an unresponsive resident. The "(Facility) Daily Ventilator Documentation Record" dated 11/27/12 documented by Z3, Respiratory student, and E3, RT, at 7:10 PM for R1 "found pt (patient) unresponsive, immediately notified respiratory, respiratory notified nursing. No reading on pulse ox (Oximetry), called ambulance, sent to hospital. Admitting dx (diagnosis): unresponsive CVA (cerebral vascular accident)". The nurses note by E10, LPN, dated 11/27/12 at 7:10 PM documented "Called to resident room...RT (related to) resident in chair unresponsive O2 (oxygen) 81 % RT (Respiratory Therapist) began to bag resident while this nurse called (ambulance) to transfer to ER (emergency room)". E3, RT, stated in an interview on 12/10/12 at 12:10 PM that R1 was unresponsive when she walked into the room and she shook R1 with no response. E3 stated the pulse ox had no reading and there was no pulse when she checked for a pulse. E3 stated she didn't know the code status so they did CPR on R1 and "bagged" her with the ambu-bag until the EMT's (emergency medical technicians) arrived. E3 stated the nurse did the	F9999		

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chest compressions. E3 stated she did not recall any red or green dots on the door and the nurse went to check on the code status in the chart. E3 stated they had to do what was needed until they found out the code status. E3 stated R1 was a no code, but they got a heart rate and because R1 was a "transport" she had to be sent out. E3 stated the "No Transport" document was not signed so that meant R1 had to be transported to the hospital.

E3 stated in an interview on 12/11/12 at 11:45 AM that Z3, Respiratory student, had found R1 and called her in. E3 stated she checked R1's pulse on her neck and wrist, there was no pulse, and no reading on the pulse oximetry machine. E3 stated she did not have a stethoscope to check for the pulse. E3 stated R1 was in a chair and she did do a few chest compressions on R1 in the chair. E3 stated they did not move R1 to a flat surface. E3 stated E13, LPN, started chest compressions and once they had a pulse they only bagged R1. E3 stated E10, LPN, went to check for the code status. E3 did not recall if there was a red or green dot on the door.

E8, RT, stated in an interview on 12/11/12 at 11:40 AM that they usually start CPR on a resident found with no pulse until they can find out if the resident has a DNR status. E8 stated they have to check the chart to find out and would lose a few minutes finding out the status. If the resident was a full code that would mean a few minutes lost to start CPR. E8 stated there are "dots" on the door but they have to check the chart to be sure.

E1, Administrator, stated, in an interview on

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12/11/12 at 12:10 PM that there is no policy and procedure regarding the red or green dots to indicate code status. E1 stated there is no policy and procedure regarding what to do if an unresponsive resident is found by staff.

E10, LPN, stated in an interview on 12/10/12 at 2:15 PM that she was called to the room for R1. E10 stated her pulse oximetry reading was zero and she was not sure she could hear a pulse. E10 stated she went to check for the code status. E10 stated she only saw staff "bagging" R1. E10 stated R1 was a DNR but the "No Transport" had not been checked so they had to send her out. E10 stated she did not see any staff do chest compressions.

E13, LPN, stated in an interview on 12/11/12 at 12:25 PM that she did not have a stethoscope to check for a pulse for R1. E13 stated she felt the carotid pulse and "pushed deep" to feel it as R1 was a heavy person. E13 stated she was not sure if there was a faint pulse. E13 stated she was going to do chest compressions but R1 was in a chair and she needed to be on a flat surface and they did not put her on the floor. E13 stated E3 started chest compressions in the chair and it was back as far as it would go. E13 stated respiratory was bagging R1 and when E10 came back and said R1 was a DNR they had already stopped compressions and were just bagging her. E13 stated when the EMT's got there they were "getting on them" because R1 was a DNR but they had to send R1 out due to the transfer status. E13 stated they have to check the chart to make sure what the code status is.

E28, Corporate Nurse, stated in an interview on

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12/12/12 at 12:45 PM that she was not sure why this incident of resuscitating R1 when she was a DNR was an Immediate Jeopardy. E28 stated staff have to be "proactive" when there is a code and someone has to be in charge. E18 stated they don't have a lot of codes at the facility and it is "chaotic" during a code and staff just respond.

Z1, Physician, stated in an interview on 12/11/12 at 11:30 PM that CPR should not have been done on R1. Z1 stated the staff were "stuck" because they had done CPR and got a heart beat before they found out R1 was a DNR. Z1 stated the family then had to make the decision at the hospital to discontinue treatment and take R1 off the ventilator.

The hospital "Emergency Room Visit Report" dated 11/27/12 documented R1 was unresponsive at the facility. The "Clinical Impression" for R1 was documented as "CVA (cerebral vascular accident) due to cerebral artery occlusion".

The hospital "Pulmonary Consultation" 11/28/12 documented "This patient is an 84-year-old unfortunate female who was ventilator dependent at a chronic vent facility that evidently was in a code 3 status and had a cardiac arrest, but was resuscitated and did have CPR". The "Assessment/Plan" documented R1 was "status post cardiac arrest with ischemic stroke".

The hospital "Neurological Consultation" dated 11/28/12 documented R1 had "presented to the emergency room by the EMS this early morning with unresponsiveness. The patient lives in a chronic ventilator facility (facility) and

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patient has been on a DNR status and apparently in the facility she was found by the student respiratory tech, who could not feel her pulse and the nurse started CPR in the facility because of pulselessness. The CPR was stopped and the EMS called. The EMS apparently first notified about the cardiac arrest. Upon arrival of the EMS, the pulse oximetry read 99% and the heart rate was 63. The EMS was informed that the CPR was started and subsequently stopped prior to their arrival...".

The hospital "Discharge Summary" dated 12/1/12 documented R1 presented to the hospital with acute on chronic respiratory failure, with altered level of consciousness after having CPR at ECF (Extended Care Facility), though per family she was no-code". The summary documented "given her poor overall status and the diminished likelihood that she would be able to breath without the vent given her anoxic brain injury the family decided to withdraw care. We initiated the process on 12/1/12, and the patient died later in the afternoon on comfort care measures".

Z2, Power of Attorney, stated in an interview on 12/6/12 at 4:10 PM that R1 was on a vent at the facility. Z2 stated R1 was not suppose to be resuscitated but staff at the facility did resuscitate her and she went to the hospital. Z2 stated they had to make the decision to take her off the vent at the hospital. Z2 stated they shouldn't have resuscitated R1.

The Facility "Do Not Resuscitate Order" policy states "Our facility will not use cardiopulmonary resuscitation and related emergency measures to maintain life functions on a resident when there is

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F9999	Continued From page 27 a Do Not Resuscitate Order in effect". The "Advance Directive" policy states "Advance directives will be respected in accordance with state law and facility policy. The policy defines "Do Not Resuscitate" as "Indicates that, in the case of respiratory or cardiac failure, the resident, legal guardian, health care proxy, or representative (sponsor) has directed no cardiopulmonary resuscitation (CPR) or other life-saving methods are to be used". (A) 300.1210b) 300.1210d)5) 300.3240a) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall 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 resident care plan. 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat	F9999		

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F9999	Continued From page 28 pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on record review, interview, and observation, the facility failed to assess, monitor and calculate sufficient calories and hydration according to actual body weight for nutrition provided by a gastrostomy tube feeding for 1 of 3 residents (R6) reviewed for gastrostomy tube feeding in a sample of 6. This failure resulted in R6 losing 24 pounds in a 5 month period (12 % significant weight loss), hospitalization for severe dehydration and development of a stage 4 pressure ulcer. The findings include: According to the Physician's Orders, R6 was admitted to the facility on 6/01/2012 with diagnoses, in part, of ventilator dependent	F9999		

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support, cerebral vascular accident, acute kidney injury, gastrostomy tube feeding and anemia.

The Minimum Data Set dated 12/4/12 assessed R6 as totally dependent for all activities of daily living and was receiving a gastrostomy tube feeding.

E33, Registered Dietitian (RD), documented on 6/7/12 under " Dietitians Progress Record " that R6 was receiving a tube feeding of Nutren 2.0 with 165 cc ' s (cubic centimeters) given every 4 hours with 100 cc ' s of water every 4 hours. E33 documented R6 ' s weight at 220 pounds. The note documented that E33 discussed R6's weight status with the Certified Dietary Manager (CMD) and would verify R6's weight prior to estimating his nutritional needs and she would monitor and refer R6 as needed.

A Dietary Assessment was not done until 6/28/12 when E33 documented on that R6 ' s weight was 220 pounds with an ideal body weight as 154 pounds plus or minus 15 pounds. The assessment documented R6 ' s albumin as 2.8 g/dl (grams/deciliter) which indicates moderate visceral protein deficiency according to the " Enteral Feeding Assessment Guide " . E33 assessed R6's nutritional needs, based on an adjusted weight of 170.5 to 177.5 pounds instead of actual weight of 220 pounds. E33's calculations were 2170 calories, 93 grams of protein, and 2500 cc's (cubic centimeters) water per day. R6 ' s nutritional needs, based on actual weight of 220 pounds, were calculated by the Department as 2498-3123 calories, 120-150 grams of protein and 3000-3500 cc ' s water. According to the manufacturers ' nutritional

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information, Nutren 2.0 that E33 recommended for R6 on 6/7/12 contained 1980 calories, 79 grams of protein and 1293 cc ' s of water. E33 did not reassess R6 ' s calorie, protein and fluid needs in the "Dietitian's Progress Record" or the "Dietary Assessment" again through 12/13/12.

Laboratory results dated 7/21/12, documented R6's Blood Urea Nitrogen (BUN) was 46 mg/dl (milligrams/decaliter) with normal 7-27 mg/dl. On 7/21/12 the Physician Order Sheet, POS documented an increase in flushes from 300 cc's every 4 hours to 400 cc's every 4 hours.

Laboratory results dated 8/27/12 documented R6's BUN was 23 and creatinine was 0.7 mg/dl (normal 0.5-1.5 mg/dl).

Laboratory results dated 9/27/12 documented BUN was 24 and the creatinine was 0.7.

On 9/27/12, the BUN was 24 and the creatinine was 0.7. On 9/27/12 the tube feeding flushes were decreased to 200 cc's every 4 hours on the POS.

On 10/11/12, E33 documented R6's BUN was 40 and to "monitor". On 10/25/12 E33 documented no information regarding the BUN and "will monitor status". E33 documented R6 ' s weight at 194.8 pounds. E33 did not calculate and document R6's nutritional needs based on his current weight.

The "Weekly Pressure Ulcer QI Log" dated 10/22/12 documented R6 developed four facility acquired pressure ulcers on 10/1/12. On 10/22/12 the pressure ulcers on the right and left

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	145290	A. BUILDING _____ B. WING _____	C 12/19/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDWEST REHAB & RESPIRATORY	**727 NORTH 17TH STREET BELLEVILLE, IL 62226**

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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buttocks, and left ankle were stage 2. The right ankle was unstageable. On the pressure ulcer log dated 12/3/12 documented R6 had a stage 4 pressure ulcer to the right ankle, an unstageable pressure ulcer on the left ankle and a stage 2 pressure ulcer to the right ischium. There was no documentation that E33 was contacted to assess R6 for additional nutritional needs based on the development of pressure sores.

On 11/8/12, E33 documented R6 ' s weight at 194.1 pounds and recommended a change in the tube feeding to Nutren 60 cc's/hour for 23 hours with a 200 cc water flush every 4 hours. Per manufacturer this provided 2760 calories, 110 grams of protein, 2166 cc's water.

According to the nutritional needs calculated by the Department, nutritional needs for R6 at 194 pounds were 1888-2360 calories, 114-132 grams of protein, 2645-3086 cc's of water which did not meet R6's hydration needs.

The POS documented the physician ordered a "stat BMP" (blood metabolic panel) on 11/13/12. On 11/13/12 the physician ordered R6 sent to the emergency room due to abnormal labs. The lab results documented R6's BUN was 113, creatinine 1.2, sodium 168 (normal 135-145 mEq/L (milliequivalents/liter) and potassium was 5.2 (normal 3.5-5.3 mEq/L).

The Emergency Room report documented R6 "presents from (facility) with severe dehydration and a UTI (urinary tract infection). The patient has a chronic indwelling (catheter), gtube and trach". R6 was admitted to the hospital and was discharged on 11/23/12.

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The hospital "Discharge Summary" dated 11/23/12 documented R6 "presented from (facility) with severe dehydration and UTI". The summary documented as the "Hospital Course" that on admission R6 was hypernatremic with a "total water deficit of 9 L (liters) on admission" The summary documented "Nutrition was consulted for recommendations regarding his G-tube feeds, as he was not being adequately given water, so specific recommendations were sent home with him when he left regarding his tube feeds to prevent further episodes of hypernatremia." The summary documented R6 was septic due to a UTI with acute renal failure which resolved with rehydration.

On readmission to the facility on 11/23/12 the hospital "Discharge Instructions" documented under "Diet Comments" for R6 ' s tube feeding as "Oxepa 45 ml/hr with 50 ml water flushes per hour". According to the manufacturers information Oxepa which provides 1.5 calories per cc. This would provide 1552.5 calories per day according to manufacturer ' s information.

The hospital tube feeding instructions was not followed by the facility. The 11/2012 POS documented an order for Fibersource HN at 45 cc's per hour with 200 cc's of fluid every 4 hours. This provided 1242 calories, 55 grams of protein and 2049 cc's of water according to manufacturers information.

On 11/26/12 the lab report documented R6's BUN at 26, creatinine at 0.8 and sodium at 140.

On 11/29/12 E33 recommended to increase his

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tube feeding to Fibersource HN 75 cc's per hour with 200 cc's flush every 4 hours and Prostat Supplement 30 cc's three times per day. E33 did not assess R6 ' s nutritional needs for calories, protein or water. This tube feeding recommendation would provide 2760 calories, 155 grams protein and 2766 cc's water per manufacturers information.

On 12/5/12 lab report documented R6's BUN was elevated at 61 and creatinine was within normal limits of 1.4. R6's weight was documented at 184.6 by E33 on 11/29/12.

On 12/11/12, E33 documented R6 had a 16.9% significant weight decrease in 6 months. The nutrition notes documented multiple pressure ulcers with a stage 4 on the right ankle, stage 2 to right ischium and unstageable to the left ankle. E33 documented R6's BUN was elevated at 61. E33 documented she would continue with feeding/flushes as ordered and as needed. There were no assessments done to address R6 ' s nutritional needs or any recommendations to change the tube feeding or flush.

Observation on 12/11/12 at 2:40 PM was made on R6's tube feeding. The tube feeding of Fibersource HN for R6 was hung at 9:45 AM on 12/11/12 with a 1500 cc bag. The bag documented the tube feeding rate was 75 cc's per hour. At 2:40 PM there was 1300 cc's of tube feeding in the bag and there should have been only 1125 cc's. The tube feeding pump was off and E20, Licensed Practical Nurse, came in at 2:42 PM and saw the pump off and restarted it. E20 stated she was not sure why the pump was off.

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F9999	Continued From page 34 The "Intake Output Record" documented R6 received 600 cc's on the 7 AM -3 PM shift and 641 cc's for the 3 PM til 11 PM shift. The " Intake Output Record " did not reflect the decrease in tube feeding amount due to the pump being turned off. There is no documentation in the nurse ' s notes or on the Intake record regarding the discrepancy. R6 does not receive Dilantin or any other medication requiring the tube feeding be shut off for any length of time, according to the "Physician Orders". E32, Corporate Nurse, stated in an interview on 12/1312 at 3:30 PM that she was not sure why the tube feeding pump was off or why R6 had lost weight and was admitted to the hospital on 11/13/12 for severe dehydration. E32 stated she would check with the dietitian. The E33's Progress Record dated 12/13/12 E33 documented that she spoke with the corporate registered nurse regarding R6's status. E33 documented that she wanted to provide adequate nutrition without problems with tolerance. Changed R6's feeding to Nutren 2.0 at 60 cc/hr and increase flushes to 300 cc every 4 hours. This will provide 2760 allegories, 110.4 gm protein and 966 fluids plus 1800cc from flushes. These calculation were not based on R6's weight of 184 pounds. The 12/13/12 assessment by E33 did not assess R6's calorie, fluid and protein needs. (B)	F9999		