STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6000343	A. BUILDING: _____ B. WING _____	C 05/29/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANORCARE OF OAK LAWN WEST	6300 WEST 95TH STREET OAK LAWN, IL 60453

(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) COMPLETE DATE
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1010h) 300.1210b) 300.1210d)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures 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. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility 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 weight 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 for the care or treatment of such accident, injury or change in condition at the time of notification.	S9999		

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S9999	Continued From page 1 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: 3) 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. Section 300.3240 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) THESE REQUIREMENTS ARE NOT MET AS EVIDENCED BY:	S9999		

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S9999	Continued From page 2	S9999		

Based on interview and record review, the facility neglected to assess and provide nursing interventions to maintain stable vital signs and prevent a decline in condition for 1 of 5 residents (R1) reviewed for emergency response in the sample of 10. The facility failed to follow their policy and procedure by not notifying the physician of a decline in R1's condition and not providing additional oxygen during an emergency situation.

This failure resulted in R1 developing severe respiratory distress and low blood pressure requiring emergency transfer to the hospital, where R1 became pulseless, stopped breathing, and died.

FINDINGS include:

Incident Report 5/27/14 12:45am documents R1 was found sitting on the bathroom floor. Neurological checks were initiated and 1am vital signs are noted to be abnormal compared to R1's usual vital signs: blood pressure is low at 92/48, respiratory rate is fast at 33 breaths per minute, and oxygenation is low at 85%. Vital Signs Summary Report documents normal vitals signs for R1 are a blood pressure greater than 120-150/68-81, respiratory rate 17-20 breaths per minute, and oxygenation at 97%. Nurse Note 5/27/14 documents Z1(Physician) was notified of these initial vital signs and the administration of 2 liters oxygen by nasal cannula on 5/27/14 at 1:20am. Neurological Evaluation Flow Sheet 3am documents R1's oxygenation is higher at 89% and a respiratory rate of 27 breaths per minute. At 4am R1's vitals have worsened as evidenced

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S9999	Continued From page 3	S9999		

by an even lower oxygenation level of 77%, a lower blood pressure of 90/48, and a faster respiratory rate of 33 breaths per minute. At 5am, R1's vital signs continue to decline as evidenced by a blood pressure of 80/palp, indicating that the bottom number is so low that it cannot be detected, an even lower oxygenation of 73 %, and a continued fast respiratory rate of 30 breaths per minute. Nurse Note 5/27/14 documents that at 5am, R1 had the low blood pressure of "80/palp", 911 was called, oxygen was increased to a nonrebreather mask at 5 liters, an intravenous line was started, and oxygen was 73%. There is no evidence that supports Z1 was notified at 4am when R1's vital signs worsened and continued to decline at 5am.
On 5/28/14 at 10:40am, by phone, E9(Nurse) stated Z1 was notified of R1's initial vital signs after the fall. E9 stated she did not speak with or call Z1 again until after 5am, when 911 was called and R1 was transported to the hospital.
On 5/28/14 at 1:50pm, by phone, Z1 (Physician) stated he was informed of R1's vital signs after the fall. The nurse on duty that morning (E9) told him that R1 needed 2 liters of oxygen, but that he was alright at that time. Z1 stated R1 had worsening vital signs and deteriorating condition from 3am to 5am, but he was not notified of this change. The fast respiratory rate and low oxygenation indicate a worsening pneumonia. Z1 stated that during the initial call, he told the nurse to call him with any changes or send R1 out to the hospital if his condition worsens. The staff should have called 911 earlier, increased the oxygen, or phoned him sooner. If they would have called him sooner, Z1 would have sent R1 to the hospital for treatment. Hospital records 5/27/14 document R1 became pulseless, stopped breathing, and died at 7:25am in the emergency room after an unsuccessful attempt at resuscitation.

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S9999	Continued From page 4 Policy and Protocol for physician notification of abnormal vital signs documents report the following vital signs immediately: respirations greater than 28, oxygen saturation less than 90%. (A)	S9999		

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This plan of correction represents the center's allegation of compliance. The following combined plan of correction and allegation of compliance is not an admission to any of the alleged deficiencies and is submitted at the request of the Illinois Department of Public Health. Preparations and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.

F157
The facility will continue to immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or decision to transfer or discharge the resident from the facility as specified in 483.12(a)

Corrective action taken for residents found to have been affected by deficient practice
R1 no longer resides in the facility.

How the center will identify other residents having the potential to be affected by the same deficient practice.
Residents who experience a change of condition have the potential to be affected

What changes will be put into place to ensure that the problem will be corrected and will not recur.

Facility will ensure MD is notified of resident's change in condition

ADNS or designee will re-educate License Nurses on facility guidelines for change in condition including MD notification

QAC will re-educate Nurse Managers on the daily QAA process through which resident change in conditions is identified, tracked, and monitored for follow up

ADNS or designee will conduct audits of change in condition to ensure MD notification and timely intervention 5x/wk through the QAA process

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Quality Assurance Plan to monitor performance to make sure corrections are achieved and are permanent.

Corrective action results will be reviewed by the facility's QAA Committee for trending and analysis with further direction provided as necessary.

Date of Compliance **6-30-14**

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F309
The facility will continue to ensure each resident receives and the facility provides the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care

Corrective action taken for residents found to have been affected by deficient practice

R1 no longer resides in the facility.

How the center will identify other residents having the potential to be affected by the same deficient practice.

Patients who have experienced a change in condition have the potential to be affected

What changes will be put into place to ensure that the problem will be corrected and will not recur.

Facility will ensure nurse performs assessment of the resident experiencing a change in condition and implements nursing interventions as clinically indicated

ADNS or designee will re-educate License Nurses on resident assessment and implementation of nursing interventions as it relates to change in condition

ADNS or designee will re-educate License Nurses on facility guidelines as it relates to emergency management for a change of condition

ADNS or designee will audit residents who are experiencing a change in condition to ensure assessment conducted and interventions implemented as clinically indicated 5x/wk through the QAA process

Quality Assurance Plan to monitor performance to make sure corrections are achieved and are permanent.

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Identified concerns shall be reviewed by the facility's QAA Committee. Recommendations for further corrective action will be discussed and implemented as needed

Date of Compliance 6-30-14

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F224

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

Corrective action taken for residents found to have been affected by deficient practice

R1 no longer resides in the facility.

How the center will identify other residents having the potential to be affected by the same deficient practice.

Patients who have experienced a change in condition have the potential to be affected

What changes will be put into place to ensure that the problem will be corrected and will not recur.

Facility will ensure nurse performs assessment of the resident experiencing a change in condition and implements nursing interventions as clinically indicated

ADNS or designee will re-educate License Nurses on facility abuse and neglect guidelines

ADNS or designee will re-educate License Nurses on resident assessment and implementation of nursing interventions as it relates to change in condition

ADNS or designee will re-educate License Nurses on facility guidelines as it relates to emergency management for a change of condition

ADNS or designee will audit residents who are experiencing a change in condition to ensure assessment conducted and interventions implemented as clinically indicated 5x/wk through the QAA process

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Quality Assurance Plan to monitor performance to make sure corrections are achieved and are permanent.

Identified concerns shall be reviewed by the facility's QAA Committee. Recommendations for further corrective action will be discussed and implemented as needed

Date of Compliance 6-30-14