Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ______ B. WING ______	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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
S 000	Initial Comments Annual Licensure and Certification	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1035a)4) 300.1035a)5) 300.1210b) 300.1210c) 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 300.1035 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:	S9999	**Attachment A** **Statement of Licensure Violations**	

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed | TITLE | (X6) DATE: 08/05/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ______ B. WING ______	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 1	S9999		

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.

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. Restorative measures shall include, at a minimum, the following procedures:

c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.

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 were not met as evidenced by:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ______ B. WING ______	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 2	S9999		

Based on interview and record review, the facility failed to verify a resident's advance directive regarding cardiopulmonary resuscitation (CPR) as directed by the facility's policy and procedures for one of 21 residents (R103) reviewed for advance directives in a sample of 31. This failure resulted in facility staff not performing cardiopulmonary resuscitation on R103, contrary to R103's advance directive to be resuscitated as documented in the resident's medical record. R103 expired in the facility.

Findings include:

The Cardiopulmonary Resuscitation (CPR) policy/procedure (2012) documents the following, "Purpose: To ventilate and establish circulation for a resident with absence of respirations and pulse. Do not perform CPR unless: The resident has stopped breathing; The resident is unresponsive and does not have signs of circulation and respirations, such as pulse, normal breathing or coughing. Determine responsiveness by tapping or gently shaking the resident and shouting, 'Are you okay?' Delegate a specific individual to check the resident's orders and care plan for CPR or no CPR order; have individual call paramedics, attending physician administrative personnel per facility procedure and report back to you as soon as possible. Place the resident on his or her back, supporting head and neck, on a hard surface. Perform CPR if the resident is unresponsive and not breathing or no normal breathing (i.e only gasping)"

The Do Not Resuscitate (DNR) Order policy and procedure (6/2019) documents: "In order to optimize patient care, code orders are written for the following purposes: To resuscitate patients according to their wishes and in keeping with best

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ______ B. WING ______	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 3	S9999		

medical practice as determined in discussion with their physicians. To give clear instructions to nursing staff that will assist them in carrying out the above goal. All residents will be 'Full Code' until such time as the universal DNR form is provided to the facility and has been duly signed by the resident, physician and responsible party (where appropriate)."

The facility's Change of Condition Policy and Procedure, dated 6/2019, documents, "The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. The nurse will continue to document follow up notes on condition status and/or treatment orders. Documentation should reflect at minimum the following: Specific changes in condition; Communication with family/legal guardian about changes; Communication with physician; Orders received from physician; Follow-through of physician orders."

R103's POLST (Practitioner Orders For Life-Sustaining Treatment) Form, dated 5/9/17, documents, "If patient has no pulse and is not breathing: Attempt Resuscitation/CPR."

R103's Admission Record, dated 7/13/18, documents that R103 is a Full Code, and that V8 is R103's primary emergency contact.

R103's Incident/Accident Report, dated 6/6/19, documents, "On 6/6/19 at 7:05 p.m., CNA (unidentified) Care givers report to this writer (V5) that R103 is unresponsive. Upon investigation the following is observed. R103 is sitting on toilet and is unresponsive. Unable to auscultate/palpate pulse or respirations. Paramedics called at 7:08 p.m. Paramedics here at 7:13 p.m."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ______ B. WING ______	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 4	S9999		

R103's Progress Note documented the following on 6/6/2019 at 19:05 (7:05 PM): "CNA caregivers report to this writer (V5, RN) that resident (R103) is unresponsive. Upon investigation the following is observed. Resident is sitting on the toilet and is unresponsive. Unable to auscultate/palpate pulse or respirations."

R103's Progress Note documented the following on 6/6/2019 19:08 (7:08 PM): "EMT (Emergency Medical Transport) are called at this time."

R103's Progress Note documented the following on 6/6/2019 at 19:13 (7:13pm): "EMT are here at this time."

R103's Progress notes dated 6/6/2019 at 23:43 (11:43pm) documents the following regarding R103: "At 1915 (7:15 pm) this writer (V6, Registered Nurse/RN) returned from dinner break and noted EMTs (Emergency Medical Transport) in (R103's) room. (V6, RN) was told by EMTs that she (R103) had passed away minutes ago."

V10's CNA (Certified Nursing Assistant) Facility Investigation Written Statement, dated 6/6/19, documents, "(R103) had her call light on and when I came into her room she was already in her bathroom on the toilet. (R103) said she needed some help to put a gown on. (R103) didn't have any (adult brief) on so I told her stay put as I had to go get a gown and (adult brief) off my cart. As I returned she was on her left side leaning. I tried to help her sit up. I noticed she wasn't breathing right. I went to get help. (V11, CNA) came down and we tried to get her into her wheel chair, but she will still to heavy. (V11) left to get more help and (R103) was turning colors pale like. (V11, CNA) came back with crash cart, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ____ B. WING ____	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 5	S9999		

tried to hook her (R103) up by this time paramedics came, but myself, (V11), and (V7) still got her in wheel chair and paramedics took her. (R103) was already gone."

R103's (Emergency Medical Service) EMS Note dated 6/6/19 documented the following: "Dispatched to (the facility) for 'a female unresponsive (R103); CPR in progress.' Upon arrival on scene, as ALS (Advanced Life Support) was making their way to the patient's room, the nurse (V5, RN, Registered Nurse) passed by going in the opposite direction stating, 'I did a finger sweep.' Upon arrival at the patient's room, the patient (R103) was found in a wheelchair with her head tilted back, mouth agape. She had an (adult brief) around her ankles. She was ashen and mottled. She (R103) had a strong odor of urine on or about her person. There was a trail of what appeared to be urine on the floor leading from the washroom to the spot the wheelchair was situated. Patient (R103) was unresponsive, pulseless, apneic with dilated pupils. The seat of the patient's wheelchair was saturated in what appeared to be urine,and her shoes and socks were soaked in the same. (The local fire department) personnel were on scene when ALS arrived; they reported that the nurse (V5, RN) had told them that the patient had a DNR (Do Not Resuscitate), and that he (V5) was going to get it. They had no other information. The patient's top and bra were cut off and she was placed on cardiac monitor using Defibrillator pads. She was noted to be in asystole with no signs of life present. The patient was lifted out of the wheelchair and lowered to the floor. As the patient was placed on the floor the nurse returned with the form. The paperwork stated that resuscitation was to be attempted on the patient. ALS (Advanced Life Support) was never able to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ______ B. WING ______	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 6	S9999		

get a definitive time line as to how long the patient had been unresponsive. ALS contacted Medical Control by telephone due to the situation. Due to the lividity and the patient being in asystole with no signs of life, Medical Control agreed that CPR should not be attempted. (The Local Fire Department) personnel contacted the coroner's office. ALS cleared the scene with a DAS (Dead at Scene)."

R103's Interdisciplinary Discharge Summary, dated 6/6/19, states that R103 was discharged on this date with no pulse, respirations, or blood pressure.

On 7/24/19 at 12:25 pm, V12 (local paramedic) recalled responding to incident regarding R103 at (the facility) on 06/06/19. V12 stated the following: "Dispatch told us someone was unresponsive and that CPR was in progress. When I walked in there were two CNAs arguing in the doorway to the patient's room. Nothing was being done for the patient. She was sitting in a wheelchair with her head hanging back and her mouth was agape. She had no pulse, was not breathing, and was soiled in urine. The (local fire department) arrived at the same time that we did, and the first thing we said to each other was 'didn't they say CPR was in progress?' Nothing was being done. Me and the local fireman moved her onto the floor from the wheelchair that she was in. She wasn't hard to move, not a big lady. When we initially walked in the building, the nurse said the patient was a DNR and was getting the paperwork, and said someone did a finger sweep, and I'm not sure what the significance of that was. There was nothing on the resident. No ambu bag, I didn't see a crash cart around or a monitor/defibrillator. The first thing that touched her was our monitor. The monitor read asystole.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ___ B. WING ___	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 7	S9999		

And then the nurse handed me the paperwork indicating she was a full code. I don't even think he read the papers. I noticed some lividity to her back, so I went ahead and called Medcom (Medical Control), and she was pronounced dead."

On 7/24/19 at 3:30pm V11 (CNA) stated the following: "I went to (R103's) room to help V10 (CNA) get R103 off of the toilet. When I entered the bathroom (R103) did not look right. She was trying to talk but could not. I went and told (V5, Registered Nurse) that (R103) did not look right and he (V5) needed to check (R103) because she did not look right. (V5) said, 'Ok, I'm busy passing medications. I'll check her later.' (V11) then went back to (R103)'s bathroom where he (V11) found (R103) leaning and turning blue. (V11) then ran to get the crash cart and told (V5) to get in the room now. (V5) walked into (R103)'s bathroom, looked at (R103) and stated, 'She's (R103) gone' and walked back out of the room." V11 then stated, "She (R103) was not gone. She had agonal breathing and was gasping. (V5) did not help the CNAs do anything or help (R103) at all. (V5) did not listen to (R103), touch (R103) or direct us (CNAs) as to what actions we should take. Approximately seven minutes after (V5) left the room, (Emergency Medical Services) arrived."

On 7-24-19 at 12:00 PM V9 (CNA) stated, "On June 6, 2019 I was in the dining room serving trays and (V5/Registered Nurse) yelled at me 'go help (R103).' V10 (CNA) had the call light on wanting help and was yelling for help with (R103). (V11/CNA) was trying to get the defibrillator working but a piece was missing. When I arrived to (R103's) room, (V11) and (V10) tried to get (R103) off the toilet. The bathroom was too small so (R103) was transferred to the wheelchair.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ________ B. WING ________	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 8	S9999		

(V11) did a finger sweep. I was not sure whether (R103) was a full code or DNR (Do Not Resuscitate). (R103) was completely lifeless and gray. (V5, RN, Registered Nurse) stayed at the desk making phone calls the entire time and then finally went down to (R103's) room and stated, 'R103 is gone.' I did not witness any staff performing CPR on (R103). I did not perform CPR. Once EMS arrived, EMS transferred (R103) to the bed and began resuscitation efforts. (V5, RN) should have went to the room and helped us, and one of the CNA's could have called 911."

On 7-24-19 at 1:05 PM, V7 (CNA) stated, "On the night that (R103) passed away, (V5/Registered Nurse) came to me and said that there is a situation with (R103) and that I needed to go help. I was working on another hallway. When I went to (R103's) room, (R103) was on the toilet. (V5, RN) told us that she did not have a pulse. (V5) left the CNA's with (R103) and did not give us (CNA's) any direction. Myself, (V7, CNA), (V10, CNA), and (V11, CNA) transferred (R103) to the wheelchair. We did not think to put (R103) on the floor and start CPR. No one started CPR as we (CNA's) were told by (V5, RN) that (R103) did not need CPR. V7 stated, "I am not certified to do CPR."

On 7-24-19 at 10:51 AM, V6 (Registered Nurse/RN) stated, "I had left the building for break and when I came back (V5/RN) informed me that (R103), which was my resident, had passed away while I was gone. When I returned the EMT's (Emergency Medical Technicians) were already removing the electrocardiogram leads. I asked (V5, RN) if he had performed CPR (Cardiopulmonary Resuscitation) and he said 'no' he did not. (V5, RN) said he only did a finger sweep. I was disturbed that the nurse (V5, RN) did not start CPR immediately and had left (R103)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ____ B. WING ____	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 9	S9999		

unresponsive with a new CNA (V10, CNA) and another CNA (V11, CNA). The resident should have been lowered to the floor and CPR should have been started immediately by the nurse (V5) and CNA's. We do have a CPR board to use. (R103) did not have any signs of medical issues prior to becoming unresponsive."

On 7/24/19 at 10:40 am V5 (RN) stated the following: "The CNA (V11) reported to me (V5, RN) that the resident (R103) was unresponsive, so I went and grabbed the crash cart, the resident was on the toilet. She (R103) was unresponsive with no pulse. The CNA did a finger sweep and placed the ambu bag on her. I (V5, RN) then left the room, leaving the nursing assistants with her (R103), to call EMS and when I returned to the room EMS had her on the floor." V11 stated, "CPR was not initiated (for R103)."

On 7/24/19 at 12:30 PM, V2 (Director of Nursing) provided a list of current employee CPR certification. This list documents V9 (CNA), V11 (CNA) and V6 (RN) had current CPR certification. This list also documents neither V5 (RN) nor V10 (CNA) hold a current CPR certification.

On 7/25/19 at 2:45 PM, V2 stated she would expect nurses to provide direction and clarification to the CNAs in an emergent situation. V2 stated that V5 should have directed the CNAs on what to do for R103 on 6/6/19. V2 stated that V5 should have initiated CPR on R103 and sent V9, V10 or V11 (CNA) to check the POLST form and make appropriate calls to Emergency Medical Services. V2 stated that in the absence of the nurse (V5), one of the CNAs (V9, V10 or V11) could have gone to check the POLST form while one of the other CNAs initiated CPR. V2 stated that if R103 was too heavy to transfer off

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6007298	A. BUILDING: ______ B. WING ______	07/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHARON HEALTH CARE PINES	3614 NORTH ROCHELLE PEORIA, IL 61604

(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	Continued From page 10 the toilet, then the staff member should have immediately placed R103 on the floor to begin resuscitation. (A)	S9999		