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
	IL6006712	A. BUILDING: _____ B. WING _____	11/20/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RENAISSANCE CARE CENTER	1675 EAST ASH STREET CANTON, IL 61520

(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 Certification Survey Complaint Investigation 1928347/IL117471	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.1035a)4) 300.1035a)5) 300.1210b) 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	S9999	**Attachment A** **Statement of Licensure Violations**	

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of such rights. Included within this policy shall be: 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:

These requirements were not met as evidenced by:

Based on interview and record review, the facility failed to complete the CPR (cardio pulmonary resuscitation) checklist and initiate CPR for a resident whose advance directive indicated full code status for one of 15 residents (R47) reviewed for advance directives in a sample of 33. This failure resulted in one resident (R47) not receiving CPR and expiring in the facility.

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Findings include:

The facility's Initiation of C.P.R. policy revised 9-5-18 documents the following: "To provide guidelines for facility licensed professional staff to follow to ensure appropriate initiation of CPR and to prevent initiation of CPR on a resident who is assessed to be clinically dead and cannot respond to CPR. Licensed professional staff, upon finding a non-responsive resident, who is a full code status, will conduct a thorough assessment to determine if resuscitation efforts should be initiated. 1. When a resident is not a DNR (Do Not Resuscitate), having a full code, or CPR only status, it is through the assessment process, that no less than two (2) licensed professionals will determine whether or not resuscitation efforts are warranted. 2. Upon finding the resident, at least two (2) licensed staff will be called to the resident room/location of resident. 3. The licensed professionals will assess the following to determine if there are clinical, biological and irreversible signs of death. a. Temperature of skin (On scale of 1-10, 10 being the coldest). If skin is "ice cold" and there are no signs of vitals, proceed through the checklist. If skin is warm to touch initiate CPR immediately if resident is a full code, or CPR only status. b. Pupils fixed and dilated (Shine a flash light into the eyes of the expired resident to adequately assess for any reaction). c. Any visible, spontaneous signs of respirations, pulse, movement. d. Attempt to obtain blood pressure. e. Check upper/lower extremities for mottling (pooling of blood). f. Assess nail beds for capillary refill and/or cyanosis. g. Check around resident oral cavity for cyanosis. h. Check arm, legs, jaws, for rigidity. 4. There must be a minimum of two (2) licensed professionals who are conducting the assessment together. If there is a physician in the

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facility page them to the room immediately."

R47's POS (Physician's Order Sheet) for November 2019 documents R47 has diagnoses including: Cerebral Palsy, dysphasia, cognitive communication deficit, pressure ulcers, acute kidney failure and urinary retention. R47's POS documents R47 is a full code. R47's POLST (Physician Orders for Life-Sustaining Treatment) form dated 5-13-19 documents R47 was a full code.

R47's MDS (Minimum Data Set assessment) dated 10-24-19 documents R47 cognitively intact with no problems with memory/orientation.

R47's nursing notes dated 11-4-19 at 6:01 am document that a CNA (Certified Nursing Assistant) notified V6 (Registered Nurse/RN) that R47 appeared to not be breathing. V6 "entered room. Resident skin yellowish. No visible breath sounds noted. No apical heart rate or breath sounds noted after a minute of listening for each vital sign. (V7, LPN/Licensed Practical Nurse) confirmed absence of breath sounds and heart rate at 0601."

On 11-14-19 at 9:43 AM, V6 stated on 11-4-19 about 6:00 am she was coming on duty when a CNA said R47 had passed. V6 went to his room and R47 was yellowish, waxy and cold with no pulse or respirations. V7 came and also checked R47's vital signs which were absent. V6 stated R47 was a full code even though he was on hospice. V6 stated she did not start CPR because R47 was cold and "gone." On 11-14-19 at 2:26 PM, V6 stated R47 did not have rigor mortis or lividity when she assessed him. V6 does not remember checking R47's pupils, taking his blood pressure, checking for mottling or capillary refill.

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V6 stated R47's nail beds looked white and did not notice cyanosis.

On 11-14-19 10:45 AM, V7 stated she worked the night of 11-3-19 with R47. V7 stated R47 was in pain that night and was up and watching TV. V7 stated R47 was alert when she gave him morphine at about 5:30 am for pain. About 6 am, V6, another nurse, called her to R47's room. R47 was cold and had no heart beat and no respirations. V7 stated she knew R47 was a full code. V7 stated based on R47 being cold and having no pulse or respirations, they did not initiate CPR.

R47's November 2019's MAR (Medication Administration Record) documents Morphine 5 mg (milligrams) was given orally at 5:37 am by V7.

On 11-15-19 at 9:40 am and 10:15 am, V12 (Certified Nursing Assistant/CAN) stated she worked the day shift with R47 on 11-3-19. V12 stated R47 was up watching TV, in an ok mood and was "being normal." V12 stated R47 went out for breakfast and lunch with his brother on Saturday, 11-2-19.

On 11/19/19 at 11:47 AM, in a follow-up interview, V6 verified that she knew R47 was a full code and that she did not check for mottling and that R47 looked yellow and waxy. V6 stated she moved R47's hands off his chest to listen for a pulse. V6 stated she couldn't remember turning R46 to check for lividity.

On 11/19/19 at 1:37 P.M., in a follow-up interview, V7 stated she does not recall turning R47 to check for pooling of blood and V7 also stated R47 wore socks and (pressure relieving boots) and

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stated those were not removed to check for mottling. V7 also stated she could not recall R47 having rigor mortis. V7 denied attempting to take R47's blood pressure. V7 stated there was a light already on in R47's room and that she waved her hand over R47's eyes to check pupillary response. V7 did not use a flash light.

On 11/19/19 at 11:24 A.M., in a follow-up interview, V11 (Registered Nurse) stated she stepped into R47's room with V7, V6 and V7 listened with a stethoscope to R47's heart and lungs. V11 stated, "R47's lips were blue and he was cold to the touch. (V6 and V7) both pronounced R47 and I made the phone calls after that. I did not witness R47's pupils being checked or his blood pressure being checked. He was very pale. I did not see anyone sternal rub him while I was in the room. CPR was not initiated because he was cold, blue lips, and no pulse or respirations." V11 stated she was aware that R47 was a full code.

On 11/22/2019 at 11:46 AM, V24 (R47's Attending Physician's Nurse) verified R47 was a Full Code.

According to the Mayo Clinic article titled, "Cardiopulmonary Resuscitation First Aid" dated 2/16/2018 documents, "If you're well-trained and confident in your ability, check to see if there is a pulse and breathing. If there is breathing or pulse within ten seconds, begin chest compressions. If you have previously received CPR training but you are not confident in your abilities, just do chest compressions at a rate of 100 to 120 a minute. CPR can keep oxygenated blood flowing to the brain and other vital organs until more definitive medical treatment can restore the normal heart rhythm."

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S9999	Continued From page 6 On 11-14-19 at 1:30 PM, V9 (Hospice team manager) stated R47's hospice records indicate R47 was a full code at the time of passing. He was admitted to hospice at 10-18-19 for malnutrition and was declining, becoming weaker with less intake. V9 stated if a resident is a full code at the facility, they need to be coded unless family or the physician says not to. On 11-14-19 at 8:15 am, V10 (R47's family) stated hospice talked with him and R47 several days before R47 expired. V10 stated R47 was declining in health but they told hospice they were not ready yet to make R47 a DNR (Do Not Resuscitate). (A)	S9999		