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
	IL6015911	A. BUILDING: _____ B. WING _____	C 03/20/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BELMONT VILLAGE OAK PARK	1035 MADISON STREET OAK PARK, IL 60302

(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 Complaint Investigation # 1791178/IL92103	S 000		
S9999	Final Observations Statement of Licensure Violations SECTION 330.710 RESIDENT CARE POLICIES Section 330.710 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 with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. b) All of the information contained in the policies shall be available for review by the Department, residents, staff and the public. c) The written policies shall include, but are not limited to, the following provisions: 2) Resident care services including physician services, emergency services, personal care services, activity services, dietary services and social services.	S9999	**Attachment A** **Statement of Licensure Violations**	

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S9999	Continued From page 1	S9999		

This Requirement was not met as evidenced by:

Based on interview and record review, the facility failed to follow a written emergency service for 1 of 3 residents in the sample. Cardiopulmonary Resuscitation (CPR) was not provided to R1 by staff, 2/26/2017.

Findings Include:

3/17/2017 at 2:39, Z1 (Emergency Medical Technician/EMT) said during interview, he responded to a 911 called from the facility 2/26/2017. Z1 found R1 on the floor with a pillow under her head and 2 staff members present in the room. No one was performing CPR (Cardiopulmonary Resuscitation) on R1. Z1 ask if R1 had a DNR (Do Not Resuscitate) order. A staff member holding a clip board said "No".

3/9/2017 at 1pm, E2 (Director of Resident Care Services) was interviewed. E2 was in the facility at the time of the incident. R1 was admitted to Hospice care the morning of 2/26/2017. Staff did not immediately start CPR because they thought Hospice had gotten Z2 (R1's Power of Attorney/POA) to sign a DNR.

3/9/2017, E1 (Executive Director) and E2 were asked for a copy of R1's DNR order. No signed DNR order was presented.

3/9/2017, R1's Face Sheet under "Code Status" said "Provide CPR"

3/20/2017, at 11:50am, E3 (Licensed Practical Nurse/LPN) was interviewed. 2/26/2017, R1 was assigned to E3. E3 was at lunch when staff was called to R1's room. E3 when she got to R1's

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S9999	Continued From page 2 room, the EMT, E2, R1's PAL (Direct Caregiver) and another nurse. E3 was asked what was R1's "Code Status" 2/26/2017. E3 said she was made aware that R1 had been admitted to Hospice that morning, but no one had told that her "Code Status" had changed from "Provide CPR" to DNR. (B)	S9999		