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S 000	Initial Comments Complaint #1741740/IL92741 Statement of Licensure Violations	S 000		
S9999	Final Observations 300.610a) 300.1035a) 300.1035d) 300.1035e) 300.1210a) 300.1210b) 300.1210d)2) 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. d) Any decision made by a resident, an	S9999	**Attachment A** **Statement of Licensure Violations**	

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agent, or a surrogate pursuant to subsection (c) of this Section must be recorded in the resident's medical record. Any subsequent changes or modifications must also be recorded in the medical record.

e) The facility shall honor all decisions made by a resident, an agent, or a surrogate pursuant to subsection (c) of this Section and may not discriminate in the provision of health care on the basis of such decision or will transfer care in accordance with the Living Will Act, the Powers of Attorney for Health Care Law, the Health Care Surrogate Act or the Right of Conscience Act (Ill. Rev. Stat. 1991, ch. 111½, pars. 5301 et seq.) [745 ILCS 70]

Section 300.1210 General Requirements for Nursing and Personal Care

a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)

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

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S9999	Continued From page 2 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 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 These requirements were not met as evidenced by: A. Based on interview and record review the facility failed to ensure that all staff has knowledge of the conditions that require the initiation of Cardio Pulmonary Resuscitation (CPR) for one of three residents (R2) reviewed for Advance directives/CPR in the sample of 25. This failure resulted in the facility staff failing to follow R2's Advance Directives by initiating CPR for R2 who subsequently expired. This failure also has the potential to affect 16 of 25 residents (R3, R5, and R8-R21) reviewed for Advanced Directives who have full code status in the sample of 25. B. Based on interview and record review, the facility failed to incorporate and communicate the resident's choice for Advance Directives into resident's treatment, care and services. This	S9999		

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failure has the potential to affect 19 of 23 residents (R2, R3, R5, and R8-R23) reviewed for Advance Directives in the sample of 23.

C. Based on interview and record review, the facility failed to ensure staff maintain current CPR certification for healthcare providers. This had the potential to affect the 52 residents living in the facility.

A. Findings include:

1. Facility's CPR Policy, undated, revised on 10/06 documents in part, "Cardiopulmonary Resuscitation. It is the policy that CPR shall be initiated and maintained by qualified staff, in cases of recognized cardiac and/or pulmonary arrest to sustain or support a resident's cardiac and/or pulmonary function until advanced life support systems are available. Cardiopulmonary resuscitation shall be initiated on all residents except those who have designated through advanced directives and/or have a specific physician order for 'DNR (Do not resuscitate),' 'No Code,' or 'No CPR'." The Policy documents "The following procedure shall be directed by a licensed nurse in the event of cardiac distress: 1. Assess for cardiac distress. 2. Assess resident status (vital signs, color, consciousness, responsiveness) treat as indicated. 3. Call emergency rescue services unless resident is of No Code status. If 'No Code' status, notify physician and proceed as ordered. 4. If respirations are nonexistent or cease, initiate artificial respirations. 5. If pulse is absent, initiate artificial circulation/chest compression. 6. Continue CPR until: a. Advanced life support systems are available, operable and resume care. b. The resident responds. c. A physician orders CPR to be discontinued. 7. Document all

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observations and occurrences in the medical record."

The AHA publication titled Circulation, Nov. 2010, Ethical Aspects of CPR and ECC, Part 3, S665, Withholding and Withdrawing CPR documented "While the general rule is to provide emergency treatment to a victim of cardiac arrest, there are a few exceptions where withholding CPR might be appropriate, as follows: Situations where attempts to perform CPR would place the rescuer at risk of serious injury or mortal peril. Obvious signs of clinical death (e.g., rigor mortis, dependent lividity, decapitation, transaction, or decomposition.) A valid, signed, and dated advanced directive indicating that resuscitation is not desired, or a valid, signed, and dated DNAR (do not attempt resuscitation) order."

R2's Minimum Data Set (MDS), dated 3/1/17, documents R2 had a Brief Interview for Mental Status (BIMS) score of 15, indicating cognition intact. Cognitive Assessment dated 3/18/17 also documents R2 as having a BIMS of 15.

R2's History and Physical dated 3/1/2017 documents in part, "History of Present Illness. (R2) is a 69 year old male. He remains a FULL CODE status."

R2's "Do-Not-Resuscitate (DNR) Practitioner Orders for Life-Sustaining Treatment (POLST) Form," undated, Section A, documents Cardiopulmonary Resuscitation (CPR) is checked for "Attempt Resuscitation/CPR."

R2's "Profile Face Sheet," undated, documents Advanced Directives "Resuscitate Full."

R2's Physician's Orders Medication and

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S9999	Continued From page 5 Treatments signed by physician dated 2/17/17 documents, "Code Status Full Code." R2's Admission Nurse's Notes, dated 2/17/17 at 4:00 PM, documents R2 as having "full code is status." R2's Care Plan dated 2/17/17 does not list R2's code status. R2's Nurse's Note dated 3/19/17 at 8:35 PM documents in part, "(R2) had call light on & (and) requested a pain pill because his back was hurting. P.P. (pain pill) given & (R2) thanks this nurse for P.P. (R2) was watching T.V." On 3/19/17 the Medication Administration Record dated 3/19/17 documents R2 received Hydrocodone/Acetaminophen 5/325 (milligrams/mg) tablet at 8:30 PM. There is no entry listed in the "Medication Notes" for 3/19/17 at 8:30 PM showing reason and/or result of medication given. R2's Nurse's Note dated 3/19/17 at 8:40 PM documents, "CNA (Certified Nursing Assistant) went down to answer (R2) call light again. CNA came running to N.S. (Nurses Station) & (and) said (CNA) thought res (resident) had expired. This nurse (E18, Licensed Practical Nurse, LPN) & other nurse (E25, LPN) went to asses res (resident). Eyes were open, (no) pulse, (no) respirations. (R2) pronounced dead @ (at) 8:43P.M." R2's Nurse's Note dated 3/19/17 at 8:50 PM documents, "Coroner was called & gave o.k. to call F.H. (funeral home)." There is no further documentation in R2's chart after the 3/19/17 8:50 PM Nurse's Note.	S9999		

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On 3/28/17 at 2:20 PM, E18, LPN, stated, she was working on the evening shift (2:00 PM through 10:00PM). E18 stated E8 (CNA), E20 (CNA), E26 (CNA) and E25 (LPN) were also working. E18 stated R2 requested a pain pill. E18 further stated E20 "came to let myself and (E25) know (R2) was gone. Went down and checked (R2) and (R2) was already gone and myself and other nurse pronounced (R2) dead. I called the coroner and funeral home and faxed over note to explain resident had expired to MD (physician)." E18 stated "No CPR was performed because (R2) was already gone, as pupils were fixed, and was very obvious (R2) was gone." E18 further stated in part, "Don't know policy on CPR as it relates to a full code. Don't know policy on full code after someone is obviously deceased and doing CPR. I did not do CPR or call 911 either. (R2) was a full code. All happened about within half of an hour, and time was around 8:15 PM." E18 further stated she knew R2 was a full code when E25 told her of R2's code status at the nurse's station.

On 4/6/17, at 10:38 AM E18, LPN, confirmed during a telephone interview, CPR would be started for a resident having difficulty breathing, motionless, not responding. E18 stated she would get someone to get backboard and have someone call 911. E18 stated "I would see if the CNAs were CPR certified and one of them would do compressions and 1 CNA would do ambubag."

On 3/29/17 at 2:30 PM, E25, LPN, stated she and E18 were working on 3/19/17 on the evening shift. E25 states at about 8:15 PM, E20 came to get her to assess R2. During that time, E18 came into the room and took over care for R2. E25 further stated, "(R2) was cyanotic in (R2's)

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face, fingers and feet, eyes opened, pupils fixed, mouth open, no pulse, no respiration, cool to touch." E25 stated no sternal rub was performed, no rigor mortis was noted, and no CPR was performed. E25 stated she then went to the nurse's station to call the funeral home. E25 stated she only looked at the Face Sheet and not R2's Advanced Directive because E18 was in charge. E25 stated she informed E18 of R2's full code status when E18 came from R2's room to the Nurse's Station. When ask when do you do CPR, E25 responded "When a resident is a full code only." E25 also stated she knows when to code a resident by the resident's Advanced Directive.

On 3/30/17 at 9:00 AM, E8, CNA, verified she was working on 3/19/17 on both the evening and midnight shift. E8 stated between 8:15 PM and 8:30 PM, E20 came into the resident's room in which she and E18 were and stated R2 was gone. E8 stated both she and E18 went down to R2's room. E8 stated E25 came into the room and E18 left the room to look for contact information. E8 stated, "No CPR was initiated by anyone." E8 stated after R2 was assessed by E18, she and E20 prepared R2 for the arrival of the funeral home.

On 3/29/17 at 11:00 AM, E20, CNA, stated on 3/19/17, R2 turned on his call light about 10 minutes after 8:00 PM and was requesting a pain pill. E20 stated while she was in another resident's room, R2's light came back on and she could not get to R2, and stated it was about 15 minutes later when she entered R2's room. E20 stated once she entered R2's room, R2's mouth and eyes were open, and R2 was lying on R2's back and R2's face was facing the door. E20 stated she tried to speak to R2, but received no

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response. E20 stated she went to the nurse's station to retrieve a nurse, but was unable to find one. E20 stated she saw a medication cart down B Hall and that's when E18 and E25 went and assessed R2.

On 3/29/17 at 9:10 AM, E2 stated, "Expectation for the nurse in the case of a resident's Advanced Directive is to follow the directive. Currently, Advanced Directives can be either on colored paper or be white. No distinguishing between full code or DNR (Do Not Resuscitate) or Special Interventions. The nurses have to read to determine code status."

On 4/4/17 at 10:03 AM, E29 (Regional Director) stated with regard to the list of residents that are full codes, she directed the Social Services Director to do an all chart audit. E29 stated the 16 current residents identified as full code status were R3, R5, and R8 through R21.

On 4/4/17 at 11:40 AM, Z2 (Physician) stated he expects nurses and CNAs to perform CPR based on the Advanced Directive of the residents and the expectation is for staff to be trained with current certification to perform CPR. Z2 further stated he was aware R2 was a full code.

On 4/4/17, 52 current residents' charts were reviewed. Of those 52, 16 residents had full code status (R3, R5, and R8-21).

B. Findings include:

Facility's Advance Directive Policy, dated 1/2008 and revised on 11/9/13, documents regarding Procedure "3. After confirming the accuracy of

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provided documents, the document will be sent for appropriate signatures. No order for 'No Code' or 'DNR' shall be effective until the Uniform-Do-Not-Resuscitate (DNR) Advanced Directive Form is signed by resident/responsible party and physician order is received and documented. 4. Advance directives specifying full code/Attempt Resuscitation/CPR, or the absence of determination shall be recorded as a 'Full Code.' Code status shall also be recorded on the resident's Physician Order Sheet." The Policy documents "9. Implementation of a code is as follows: i) Direct and non-direct care staff upon finding a resident non-responsive shall remain with that resident as is possible while signaling for assistance. ii) The nurse shall be summoned to respond, and upon review of chart documents determine code status. iii) The nurse shall evaluate the code status and notify appropriate staff for task assignment. If CPR is indicated only certified personnel shall administer CPR." The Policy documents "11. Facility shall provide education to all employees regarding advanced directives and the implementation of such."

On 3/28/17 at 3:15 PM, E1, Administrator, stated he wasn't aware of how to determine resident's code status and relies on the DON to know that. E1 stated R2's Advanced Directive was not signed by the physician.

On 3/28/17 at 3:00 PM, E2, Director of Nursing/DON, stated she was not sure of the policy on CPR as it relates to a full code.

On 3/29/17 at 9:10 AM, E2 stated, "Expectation for the nurse in the case of a resident's Advanced Directive is to follow the directive. Currently, Advanced Directives can be either on colored

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paper or be white. No distinguishing between full code or DNR (Do Not Resuscitate) or Special Interventions. The nurses have to read to determine code status."

On 3/30/17 at 9:30 AM, E1, Administrator, stated the process for informing staff of changes to a resident's Advanced Directive is done when the family either brings in the paperwork and/or during the Care Plan conference. E1 stated E3, MDS Coordinator, was responsible for updating the information for Advanced Directives and Face Sheets. E1 further stated if a resident has an Advanced Directive citing as a Full Code and Advanced Directive is requested by the resident and/or Power of Attorney (POA) to be a DNR, the resident is a Full Code until the Advanced Directive is signed by the physician.

On 3/31/17 at 10:01AM, E3 stated she was not aware of a system on how to readily identify code status other than on the Face Sheet and/or Advanced Directive, and if the both did not match, was unsure, and would seek guidance from the DON.

On 3/30/17 at 10:20 AM, E2 states in part, "(R2) does not have a listed code status and should have been listed on Care Plan as a full code," as all Advanced Directives are to be listed on all residents Care Plans. E2 stated R2's Physician Orders and Medications and Treatments Sheet signed by the physician documents R2 code status as full code.

On 3/30/17 at 11:00 AM, E2 stated, "(R2) is a full code because there is no documentation that states otherwise. All Advanced Directives for DNR/Full Code must be signed by MD. If not signed, resident is a Full Code. (R2's) Advanced

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Directive is not signed."

On 4/4/17, 52 current residents' charts were reviewed for Advance Directives. Of the 52 reviewed, two residents, R22, R23, had no identifying information on or in their chart to determine if they were full code status or DNR. 16 residents' charts (R3, R5 and R8-R21) did not contain an identifying mechanism for staff to readily determine their code status which was full code. 5 of these 16 residents, R3, R8, R12, R13, had incomplete/blank DNR forms in their records. 2 of these 16 residents (R13 and R15) had no identifying stickers (red or green) located on their charts signifying full code status.

On 3/29/17 at 10:50 AM, E19, LPN, stated she received training on Advanced Directives and CPR by reading the paperwork, and staff are now to go by the "red sticker," meaning DNR and "green sticker," meaning full code as of 3/29/17 or 3/30/17. E19 further stated if the Advanced Directive and Face Sheet doesn't match to refer to the Advanced Directive.

On 3/29/17 at 11:00 AM, E20, CNA, stated she was unaware how the facility determines Advanced Directives on residents.

On 3/29/17 at 12:20 PM, E15, CNA, stated staff would start CPR on everyone while someone verifies the code status in the resident's chart. E15 stated if the resident's chart documents "DNR" staff would stop CPR.

On 3/29/17 at 12:32 PM, E21, CNA, stated "DON told us to go down start CPR, and someone else goes and checks the chart. If that resident is a DNR, then if find out resident not CPR, then you stop CPR."

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On 3/29/17 at 1:25 PM, E23, Registered Nurse, stated she would go to the chart, under Advanced Directive or on the Physician's Order Sheet to find current code status. E23 stated that on 3/29/17, the DON was putting an alert system on the outside of the charts and orange stickers for DNR on those residents that are not a full code but staff are still responsible to check code status.

On 3/29/17 at 1:45 PM, E13, CNA, stated if find a resident unresponsive and no vital signs, she would "1. Start CPR, 2. Yell help, hit call light, 3. Someone lets me know code status. 4. If come back and say a DNR, I'd stop."

On 3/29/17 at 2:06 PM, E24, CNA, stated the facility has initiated a star system on resident's charts. E24 further stated, "Green means go, means do CPR. Red means no CPR."

On 3/29/17 at 3:05 PM E26, CNA, stated in part, she attended "CNA class 3 years ago. Nothing here yet. CPR certification is expired. (E2) just told me charts will have a star, red for no code, green for full code." E26 further stated, "Go down and find someone not breathing, no vitals, unresponsive get the nurse and she needs help with CPR, absolutely help that nurse do CPR. Only stop CPR when nurse calls it."

On 3/30/17 at 9:00 AM, E8, CNA, stated on 3/29/17 after finishing the night shift, E2 in-serviced her on CPR. E8 further stated she is not sure where to look in the chart for any resident's code status.

On 3/31/17 at 11:30 AM, E23, RN, stated if there is a chart and don't know the Advanced Directive, she would initiate CPR, and if unaware of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6003842	A. BUILDING: _____ B. WING _____	C 04/11/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW ROSE REHAB & HEALTH	410 FLETCHER JERSEYVILLE, IL 62052

(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
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code status, that resident will receive CPR. E23 stated she would go to the Physician's Order Sheet to check the code status because that is signed by the physician monthly. E23 is not aware of the facility policy on CPR or Advanced Directives.

On 3/31/17 at 12:18 PM, E28, CNA, stated she had no training upon hire on Advanced Directives, CPR, and code status of residents. E28 stated "(E2) went over with me on 3/29/17 CPR and code status and where to look for things. I would look for code status in the care plan. Right now, this week, have stars on charts too, but go by the care plan." E28 was not aware of any policies on CPR or Advanced Directives and was not sure where the Advanced Directive was kept on residents.

C. Findings include:

On 3/30/17 at 9:45 AM, E1, Administrator, stated the facility did not have a policy for CPR Certification for staff, but that E23, Registered Nurse (RN), taught the course for CPR Certification for a nominal fee, and staff can get the certification.

On 3/30/17 at 1:50 PM, E2 stated not all staff was currently certified in CPR and E18's, Licensed Practical Nurse, CPR certification expired on 2/2017 and facility did not have a copy of E25's, LPN, CPR Certification. E2 further stated E18 had been employed at the facility since 02/2010 and E25 had been employed since 08/2015.

On 4/4/17 at 10:03 AM, E29, Regional Director, stated some of the nurses were not CPR certified

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S9999	Continued From page 14 and not all CNAs were currently certified. E29 confirmed E18 and E25 were not CPR certified. Facility's Advance Directive Policy dated 1/2008 and revised on 11/9/13, documents "If CPR is indicated only certified personnel shall administer CPR." The facility had no policy or procedure regarding staff maintaining current CPR certification for Healthcare providers. The Facility Data Sheet, dated 3/29/17, documents the facility has 52 residents living in the facility. (A)	S9999		