Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008338	(X2) MULTIPLE CONSTRUCTION A. BUILDING: ______ B. WING ______	(X3) DATE SURVEY COMPLETED C 09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALEM VILLAGE NURSING & REHAB	1314 ROWELL AVENUE JOLIET, IL 60433

(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 2276933/IL150698	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610 a) 300.1035 e) 300.1210 b) 300.3240 a) 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 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]	S9999	**Attachment A** Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008338	A. BUILDING: ______ B. WING ______	C 09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALEM VILLAGE NURSING & REHAB	1314 ROWELL AVENUE JOLIET, IL 60433

(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		

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.

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 regulations are not met as evidenced by:

Based on interview and record review, the facility failed to respond promptly to an unresponsive resident. This failure resulted in a 20 minute delay in starting CPR (Cardio-Pulmonary Resuscitation) to one resident (R1) who subsequently expired.

This failure has the potential to affect all 99 residents (R2, R3, R5, R7-R102) in the facility who have chosen to have CPR initiated.

The findings include:

R1's Face Sheet showed he was 60 years old and was admitted 5/22/2022.

R1's August 2022 Physician Order Sheet (POS)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008338	A. BUILDING: ______ B. WING ______	C 09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALEM VILLAGE NURSING & REHAB	1314 ROWELL AVENUE JOLIET, IL 60433

(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		

Continued From page 2

showed R1 had diagnoses of stage 3 kidney disease, epilepsy, urinary retention, diabetes, schizophrenia, and orthostatic hypotension.

R1's POS showed a 5/24/2022 order for "Full Code" (to provide CPR).

R1's 8/19/22 COVID-19 test showed he was Covid positive.

R1's 8/29/22 nursing progress note showed R1 expired in the facility on 8/29/22 at 10:30 AM.

On 8/31/22 at 11:10 AM, V4 (Certified Nursing Assistant - CNA) stated she worked on 8/29/22, and while she was delivering breakfast trays, she found R1 on the floor, and he was not responding to her verbal cues. V4 stated she did not go all the way into R1's room to check on him or take his vital signs. V4 stated she closed R1's door (as a COVID-19 precaution) and looked for the nurse (V3- LPN- Licensed Practical Nurse) to notify her R1 was on the floor and was not really responding. V4 stated she thought the nurse was passing medications, but she found her in the breakroom behind the nursing station, and told her R1 was on the floor and minimally responsive. V4 stated while she was looking for V3, V7 (Occupational Therapist) stopped, and she told V7 that R1 was on the floor and they needed to get him up. V4 stated she found R1 on the floor around 9:15 AM.

On 8/31/22 at 10:30 AM, V7 (Occupational Therapist) stated she arrived to R1's room at 9:20 AM (five minutes later) for a therapy evaluation, and R1's door was closed. V7 stated she saw the CNA (V4) talking to someone in the nurse's station. V7 stated she went into R1's room and found R1 with agonal breathing (gasping for air,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008338	A. BUILDING: ______ B. WING ______	C 09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALEM VILLAGE NURSING & REHAB	1314 ROWELL AVENUE JOLIET, IL 60433

(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 generally from stroke or cardiac arrest), and he was unresponsive to verbal cues. V7 stated, "I am concerned about how long (R1) had been on the floor with minimal response and the door closed .... They should have initiated code blue earlier to save that resident." On 9/14/22 at 11:45 AM, V7 clarified when she found R1 on the floor on 8/29/22 at 9:20 AM, it was about a minute later V4 (CNA) came to the room, and then a minute after that, V3 (LPN) came in. V7 stated V3 tried to check R1's vital signs, and R1's blood pressure would not register. V7 stated V3 texted the unit manager and asked what she should do. V7 stated while V3 was on the phone with 911, V9 (Unit Manager) came and started CPR on R1. V7 stated, "There was a substantial delay in initiating CPR." On 8/31/22 at 12:55 PM, V3 (Licensed Practical Nurse) stated she saw R1 on the floor after V4 notified her, which was around 9:30 AM. V3 stated she was on her break in the break room. V3 stated she ran to R1's room and he had agonal breathing and only responded to a sternal rub. V3 stated she could not get a blood pressure and his pulse was weak, and she contacted the Unit Manager (V9) and called 911. V3 stated V9 started CPR because of R1's breathing. V3 stated "it took six minutes to start CPR since I was notified ... I don't know how long it took to find me after (R1) was found on the floor." On 9/14/22 at 11:00 AM, V9 (Unit Manager) stated V3 had texted her and the other manager (V15) to come downstairs at 9:39 AM (24 minutes after V4 [CNA]) found R1 unresponsive on the floor. V9 stated, "We immediately went to (R1's) room and found (R1) with agonal breathing ...	S9999		

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
	IL6008338	A. BUILDING: ___ B. WING ___	C 09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALEM VILLAGE NURSING & REHAB	1314 ROWELL AVENUE JOLIET, IL 60433

(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 (V3) was on the phone with 911 ... I was the first to start CPR ..." V9 stated she does not remember who took over CPR after her, and "I don't know why the nurse didn't start the code earlier with his agonal breathing." The 8/29/22 Ambulance Run Report showed EMS (Emergency Medical Service) received a 911 call from the facility at 9:42 AM (three minutes after the text to V9) and arrived at the scene by 9:50 AM. The report confirmed cardiac arrest occurred prior to EMS arrival, R1 had no respirations or pulse, and the first cardiac rhythm monitored was asystole (without cardiac activity). On 8/31/22 at 1:40 PM, V2 (Director of Nursing - DON) stated, "The CNA could have yelled for help when she found (R1) on the floor with a minimal response instead of looking for the nurse to avoid delay. A quick response to (R1's) change in condition when (V4) found him on the floor with the minimal response could have impacted the resident outcome." On 8/31/22 at 2:10 PM, V5 (R1's Attending Physician) stated staff members "should have activated code blue and responded to (R1's) change in condition without delay," adding facility Administration should be proactive to have staff members respond promptly to changes in residents' conditions. On 9/15/22 at 12:10 PM, V5 added, "In general, when the facility finds a resident with respiratory distress or with agonal breathing, they should intervene promptly and follow their code blue policy." On 9/15/22 at 2:10 PM, V1 (Administrator) stated, "We have 99 full code residents." Advance	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008338	A. BUILDING: ______ B. WING ______	C 09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALEM VILLAGE NURSING & REHAB	1314 ROWELL AVENUE JOLIET, IL 60433

(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		

Directives and Code Status Report, dated 9/15/2022, lists 99 residents with their full names floor where they reside and room number. All 99 residents on the list are designated as "Full Code."

The facility's Code Blue Policy documented:
"Code Blue is activated/called for any person experiencing respiratory distress or cardiac arrest."
"The employees providing direct patient care are competent to recognize the need for and use of designated emergency equipment in resuscitation effort through basic life support training."
"Procedures:
1. Staff identifies a resident /patient/visitor and employee in distress.
2. First responder relays message to a second staff member. One staff member stays with the victim and prepares to initiate CPR per BLS (Basic Life Support Training)
3. Second responder looks in the victim's chart and verifies code status.
If a full code:
a. Second responder activates the Code Blue protocol by calling the receptionist/security guard at ext. 400/401
b. Receptionist/Security guard will
1. Use the PA system and announce "code blue - floor and room number" (three times) and then summon the elevator to the main lobby for arrival of paramedics
2. Call 911. Report Code Blue at facility/room
c. After the second responder activates Code Blue, he/she takes the victim's chart, (if a resident) and the crash cart to the location of the code.
d. One nurse for each floor in the facility shall respond to the Code Blue
e. Primary Nurse delegates the following

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008338	A. BUILDING: ______ B. WING ______	C 09/21/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SALEM VILLAGE NURSING & REHAB	1314 ROWELL AVENUE JOLIET, IL 60433

(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 1. Compressions 2. Equipment a. Oxygen and tubing b. Ambu-bag c. Suction d. Backboard (if necessary) e. Stethoscope and Sphygmomanometer 3. Recorder 4. Assessment of victim - vital signs and nothing of injuries 5. Notification of Physician" (AA)	S9999		