

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6014872</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>09/20/2023</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BETHANY REHAB &amp; HCC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3298 RESOURCE PARKWAY DEKALB, IL 60115</b>
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S 000	Initial Comments  Complaint Investigation: 2317556/IL164290	S 000		
S9999	Final Observations  Statement of Licensure Violations: 300.610a) 300.610c)2) 300.1030a)2) 300.1030b) 300.1030c) 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.  c) The written policies shall include, at a minimum the following provisions:  2) Resident care services, including physician services, emergency services, personal care and nursing services, restorative services, activity services, pharmaceutical services, dietary services, social services, clinical records, dental services, and diagnostic services (including	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>laboratory and x-ray);</p> <p>Section 300.1030 Medical Emergencies</p> <p>a) The advisory physician or medical advisory committee shall develop policies and procedures to be followed during the various medical emergencies that may occur from time to time in long-term care facilities. These medical emergencies include, but are not limited to, such things as:</p> <p>2) Cardiac emergencies (for example, ischemic pain, cardiac failure, or cardiac arrest).</p> <p>b) The facility shall maintain in a suitable location the equipment to be used during these emergencies. This equipment shall include at a minimum the following: a portable oxygen kit, including a face mask and/or cannula; an airway; and bag-valve mask manual ventilating device.</p> <p>c) There shall be at least one staff person on duty at all times who has been properly trained to handle the medical emergencies in subsection (a) of this Section. This staff person may also be conducted in fulfilling the requirement of subsection (d) of this Section, if the staff person meets the specified certification requirements.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>resident to meet the total nursing and personal care needs of the resident.</p> <p>These Regulations are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to have staff on duty trained in the use of emergency medical equipment. The facility failed to ensure their policy was followed to use the AED (Automated External Defibrillator) during CPR (Cardiopulmonary Resuscitation). This failure resulted in R1 expiring at the facility.</p> <p>This applies to 24 of 24 (R1, R3-R24) residents in the sample of 24 reviewed for emergency care/CPR.</p> <p>The findings include:</p> <p>The facility face sheet shows R1 was admitted to the facility on 9/7/23 with diagnosis of a stage 4 pressure ulcer to the sacral region, type 2 diabetes, obesity, acute respiratory failure, sepsis, pneumonia, heart failure, hypertension, atherosclerotic heart disease and anemia in chronic kidney disease. The facility assessment dated 9/9/23 shows him to require extensive ADL (Activities of Daily Living) assistance. R1's Physician orders for September 2023 shows him to be a full code.</p> <p>On 9/16/23 at 8:30 AM a crash cart was observed on the north hall of the facility. A sign in sheet for checking the crash cart for supplies showed it was checked on 9/9/23, 9/10/23, 9/11/23 and 9/12/23. The crash cart observed on the south hall had a sign in sheet for checking the crash cart for supplies shows it was checked on 9/1/23, 9/2/23, 9/3/23, 9/4/23, 9/5/23, 9/7/23, 9/13/23,</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>9/14/23, 9/15/23 and 9/16/23. At 1:25 PM the logs to the crash carts were no longer on the cart. A copy of the logs was requested from the DON (Director of Nursing) at 1:25 PM and I was provided with the logs completely filled in and up to date.</p> <p>On 9/16/23 at 8:40 AM, a white box labeled AED was observed on the wall behind the south nursing station. The box was empty.</p> <p>On 9/16/23 at 2:15 PM the facility AED was observed with the battery out. Attached to the AED were 2 used pads. V2 DON said these pads were used during the mock code on Thursday. The pads are attached to the AED and held in place by a removable clear cover that says PULL on it. There was no maintenance tag attached to the AED. V2 DON said there were no additional pads available in the facility.</p> <p>A nursing note for R1 dated 9/9/23 at 3:05 AM shows on 9/9/23 R1 was found in his bed not breathing and had no pulse. A code blue was called, Cardio Pulmonary Resuscitation (CPR) was initiated and 911 was called. When Emergency Medical Services (EMS) arrived, they took over CPR and notified the hospital and were told to stop CPR and a time of death was recorded as 2:22 AM.</p> <p>The EMS report shows they arrived at the facility to find R1 unconscious and not breathing. They took over CPR. Facility staff said R1 was last seen at 11:00 PM and CPR had been going on for 20 minutes and that they had already pronounced him expired but were still providing CPR to the resident. The crew was informed the resident was a full code. EMS crew noted R1 to have mottled skin and was cool to touch. The hospital was</p>	S9999		

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S9999	Continued From page 4  notified with condition and a snapshot of the asystole rhythm strip and was directed to pronounce his death at 2:22 AM. Facility staff stated when two nurses are present that they are able to pronounce the resident after resuscitation efforts.  On 9/16/23 at 10:52 AM, V6 Registered Nurse (RN) said she was the nurse working on R1's unit the night he coded. She said she is an agency nurse and did not come on duty until 12:30 AM. A nurse from the second shift stayed until she got there. The outgoing nurse had checked vitals on R1 at 10:59 PM and they were within his normal limits. V6 said she could not remember what time it was, but when she went into his room to give him his intravenous antibiotic he was not responding. V6 said she checked for pulses and found none. V6 called for the other nurse to come, and CPR was started and called 911. V6 also called the manager on duty for guidance as to what to do. V6 said she did not know the policy and procedure for finding a resident without a pulse. V6 said when she was looking for supplies and making phone calls her coworker, V7 was doing CPR. V6 said she could not find the back board so the mattress R1 was lying on was deflated. V6 said the Automated External Defibrillator (AED) did not have any pads available for her use.  On 9/16/23 at 11:50 AM, V7 Licensed Practical Nurse (LPN) said she was called to R1's room for a code blue. V7 said she assisted with CPR until the EMS got there. V7 said no back board could be found so the mattress was deflated. V7 said she never saw an AED.  On 9/16/23 at 4:13 PM, V8 Certified Nursing Assistant (CNA) said she was the CNA assigned	S9999		

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S9999	<p>Continued From page 5</p> <p>to R1 that night. V8 said she had not had any interaction with R1 since coming on shift. V8 said she saw R1 from the doorway during shift change. V8 said during the code she was asked to go wait for the EMS to come to the door.</p> <p>On 9/16/23 at 2:55 PM, V9 LPN said she was the manager on call for the facility and was called by the agency nurses at the facility regarding R1 not breathing and had no pulse. V9 said V6 told her she did not know what to do. I told her to start CPR and do it until EMS got there. V9 said V6 told her she could not find the crash cart and did not know where to look for it. V9 said V6 just kept saying she did not know what to do.</p> <p>On 9/18/23 at 5:40 PM, V4 Paramedic said he responded to the facility and found R1 receiving CPR from two facility nurses. V4 said R1 was cool to the touch and the nursing staff said R1's last time observed alive was at 11:00 PM and it was now after 2:00 AM. V4 said they took over CPR, attached the heart monitor and found he did not have a heart rhythm. V4 said CPR was completed for two more minutes and another rhythm was observed as absent. V4 said the local hospital was called and R1 was pronounced expired. V4 said after the resident's death was pronounced, he stopped and spoke with the nurses, and they told V4 they were agency nurses and did not know the facilities protocol for declaring a resident deceased. V4 said they told him usually two nurses can pronounce a resident death.</p> <p>On 9/16/23 at 1:10 PM, V2 DON said there were pads for the AED that night because the AED alarms if no pads are attached to it. The agency nurses must not have known how to use the AED. I would expect the staff to use the AED in a code</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>situation. The nurses are to follow AHA (American Heart Association) guidelines for completing a code blue. The last pads for the AED were used during a mock code blue on 9/14/23 and new pads have been ordered but not yet in the facility.</p> <p>On 9/16/23 at 1:36 PM, V1 Administrator said the facility has no policy for the AED and expects the staff to use the manufacturer's guidelines for its use.</p> <p>On 9/18/23 at 1:46 PM, V5 Medical Director said R1 had an immense cardiac history and was known to have heart arrhythmia. V5 said if the facility has an AED, it should be used, and the staff should be trained to use it. V5 said all equipment needed for a code situation should be maintained and staff trained to use it. V5 said due to R1's health and unknown time without a pulse an AED would likely not have been helpful but should have been used on R1 since one was available.</p> <p>The manufacturer's guidelines for the AED shows the AED should be stored with spare pads in the carrying case. A maintenance tag provided with the AED should be used to record the expiration dates of the installed pads. Do not leave the AED without pads installed, the defibrillator will start chirping and the button will start flashing. The single use pads must be replaced after being used.</p> <p>The facility policy dated 2/2021 for Emergency procedure for cardiopulmonary resuscitation shows personal have completed training on the initiation of CPR/basic life support in victims with sudden cardiac arrest. 4. maintain equipment and supplies for CPR in the facilities at all times. 1. The facilities procedure for administering CPR</p>	S9999		

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S9999	Continued From page 7  shall incorporate the steps covered in the current American Heart Association guidelines for CPR. The adult life support algorithm for healthcare providers provided to this writer on 9/16/23 at 1:36 PM shows to obtain the AED and emergency equipment and to use as soon as it is available.	S9999		