FORM APPROVED Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: \_ IL6012579 B. WING 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **180 WEST IMBODEN** IMBODEN CREEK SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PRÉFIX **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) S 000 Initial Comments S 000 Complaint Investigatino 2363641/IL159382 S9999l Final Observations S9999 Statement of Licensure Violations: 300.610 a) 300.1030 b) 300.1210 b) Section 300.610 Resident Care Policies 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 300.1030 Medical Emergencies 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.

Illinois Department of Public Health

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Section 300.1210 General Requirements for

Nursing and Personal Care

including a face mask and/or cannula; an airway: and bag-valve mask manual ventilating device.

The facility shall provide the necessary

care and services to attain or maintain the highest

TITLE

Attachment A

Statement of Licensure Violations

(X6) DATE

PRINTED: 06/08/2023 **FORM APPROVED** Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING IL6012579 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **180 WEST IMBODEN** IMBODEN CREEK SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 1 S9999 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. These requirements are not met as evidenced by: Based on interview and record review, the facility failed to provide and properly maintain essential lifesaving medical equipment during a respiratory medical emergency for R1. R1 did not receive effective rescue breathing for 12 minutes during CPR (Cardiopulmonary Resuscitation) due to the absence and/or availability of a mechanical ventilation device or mouth shield for staff use during a respiratory medical crisis. R1 subsequently died of Acute Cardiopulmonary Arrest. These failures have the potential to affect (13) additional residents (R4 - R11 and R15 -R19) who have chosen to be a Full Code. Findings include: R1's POLST (Physician Orders for Lift Sustaining Treatment), signed by R1, dated 12/15/21. documents R1 is a Full Code, meaning R1 has chosen to have full life sustaining measures attempted, including cardiopulmonary resuscitation, in the event of a medical

Illinois Department of Public Health

emergency.

R1's medical record documents on 4/28/23: CNA (Certified Nursing Assistant) entered (patient) room and noted that (patient) had been incontinent of loose stool. She assisted (R1) to

VZ6011

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6012579 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **180 WEST IMBODEN IMBODEN CREEK SENIOR LIVING** DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 2 S9999 bed and (R1) began to have difficulty breathing. 9:35 AM (R1) was noted to have difficulty breathing, nurse notified. 9:36 AM, (V6 Licensed Practical Nurse) entered (R1) room. (R1) noted to be in respiratory distress, responded to nurse that he was trying to breathe, (R1) become unresponsive with no pulse. 9:37 AM CPR (Cardio Pulmonary Resuscitation) initiated, call for help, and (V12 LPN) called 911, 9:38 AM, (Nurse practitioner V4) reported to (R1) room. 9:40 AM, (R1) pulse 40, oxygen saturation 80% on 5 liters on oxygen. 9: 42 AM, (R1) again unresponsive, no pulse compression began again, oxygen increased to 15 liters per (V4). 9:44 AM no pulse. 9:46 AM no pulse. 9:47 AM (local fire department on scene, take over CPR. 9:48 AM EMS (Emergency Medical Services) arrived. 10:02 AM, EMS departed building with (R1) transporting to (local hospital). Contacted (local hospital) update for (R1) condition. (R1) expired, Pronounced at 10:31 AM." On 5/15/23 at 11:20 AM V10 Certified Nursing Assistant/CNA, stated, "(R1) was fine the morning of 4/28/23, (R1) had went down to breakfast meal, and came back to his room, (R1) needed to use the restroom and was a mechanical lift, I went and got the lift and someone to help me, we (V9 and I) had started getting (R1) up with the mechanical lift and (R1) (become incontinent) everywhere. I told (R1) we were just going to put him in bed and get him cleaned up. Once in bed (R1) started having trouble breathing, (V9) notified (V6), (V6) came to the room immediately, (V6) was explaining to (R1) to breathe through his nose, instead of his mouth. While (V6) was talking to (R1), (R1) became unresponsive, the nurses then started doing chest compressions, I went out of the room looking for an oxygen tank, I don't recall ever

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: IL6012579 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 WEST IMBODEN IMBODEN CREEK SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 3 S9999 seeing the crash cart (emergency supply cart, E-cart) in (R1's) room, I remember hearing one of the EMS workers say something about no crash cart being in the room." On 5/15/23 at 11:30 AM V9 CNA stated, "(V10) needed assist with (R1), (R1) had to use the bathroom after breakfast. (R1) was a (mechanical lift for transfers). As (V10) and I went to transfer (R1), (R1) said it is too late and had an (incontinent episode), so we placed (R1) in bed to be cleaned up, (R1) was talking about an upcoming doctors appointment. I had my back turned to (R1's) head, looking towards (R1's) feet, then when I turned around I noticed (R1's) face had turned blue, I ran out and got the nurse (V6). she came to (R1's) room and was doing patient teaching with (R1) on how to breath, (R1) was talking then and said "I am trying", then all of the sudden (R1) went unresponsive. (V6) said get the crash cart, it was at the end of the hallway in the utility room, the cart was locked and the nurses (V12 LPN and V13 LPN) took over trying to find a key for it, I went back to R1's room, I do not remember seeing the crash cart being brought into (R1's) room," On 5/15/23 at 12:15 PM V4 Nurse Practitioner stated, "I was working with another patient on the hallway, I heard (V6) in (R1's) room talking loudly so I knew something was going on, I finished wheeling the other resident down the hallway and I popped in the Directors room and I heard someone say "we need the crash cart". I immediately went to (R1's) room, (V6) was in the room, (R1) was in his bed, (R1) was placed into a reclined position, (R1) had no pulse, (V6) started compressions, The crash cart was locked and unavailable, so we got a oxygen canister and non-rebreather mask to put (R1) on 15 liters of

Illinois Department of Public Health

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING IL6012579 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 WEST IMBODEN IMBODEN CREEK SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) \$9999 Continued From page 4 S9999 oxygen, we did pick a thready pulse back up around 40 to 60 beats per minute, but lost rhythm again, continued CPR until EMS arrived." On 5/15/23 at 12:21 PM, V5 (Registered Nurse, Former Director of Nursing) stated, "I was told on 4/28/23 after putting (R1) to bed, (R1) was having trouble breathing, the nurse (V6) then did patient teaching with him on breathing through the nose. (R1) had his oxygen on, (R1) said back to her "I am trying" and then went unresponsive. Staff got assistance and started CPR. I went into the room and (V4 NP) was doing compressions at that time and had (R1's) oxygen concentrator up to 5 liters, at one point someone brought in an oxygen tank and (R1) was placed on 15 liters of oxygen on a non-rebreather mask. There was a crash cart. we could not find the keys to open the cart. I did not know where they were. I ended up finding them later that afternoon, in a drawer, not labeled. I started in January of 2023, I had never been orientated to where the keys to the (emergency cart) were at, I had not seen any forms or any type of check off lists being completed for the (emergency) cart. While (R1) was in (cardiac arrest) the crash cart was never able to be opened or brought into (R1's) room. There was a partial backboard (cardiac board) that was located at the nurses station and brought down to the room, but they were already doing compressions so they didn't use it." On 5/15/23 at 12:35 PM V6 LPN stated, "(R1) was fine that morning, had went to the dining room for breakfast, blood sugar was stable, had taken medications and needed to go to the bathroom. I told (V10). Later (V9) alerted me that (R1) was short of breath, (R1) is a mouth breather, I went down to (R1's) room, (R1's) head of bed was elevated, (R1) was on 4 liters of

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C IL6012579 B. WING 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **180 WEST IMBODEN** IMBODEN CREEK SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 5 S9999 oxygen per nasal cannula and was mouth breathing. I did patient teaching with (R1) to breathe through his nose, and (R1's) eyes rolled, pupils became fixed, I did a sternal rub and R1 groaned once, then had no pulse. (R1) was a full code, (V12) went to call 911, (V17 LPN) and I were taking turns doing chest compressions, (V4) came in room, (V5, V17) and myself were alternating doing chest compressions, someone brought in the back board, but we didn't need it or use it, we had already started doing compressions. (R1) had a regular bed mattress. We did not have the crash cart, someone had brought in an oxygen tank and we had a non-rebreather mask on (R1). We did not have an (bag valve mask) and rescue breathing was not done, we did get a pulse back briefly and lost it. We were doing 2 minute pulse checks. It took 12 minutes for EMS to arrive after they were called, EMS never got a pulse back. I think the key to the crash cart was found later, I don't know how or why the crash cart was locked, 3rd shift nursing responsibilities are to check the crash cart. Before the crash cart was like a tote, then back in December/January 2023 the prior DON changed it into this cart, no one knew where the key was kept for it." On 5/15/23 at 12:45 PM V12 LPN stated, (V9) came to the door and asked (V6) and I to come take a look at (R1). (R1) was in bed, (R1) looked really short of breath, (V6) was doing patient teaching with (R1) on breathing, I went to morning meeting. (V9 and V10) then reported that (R1) had coded, I notified 911 and was printing paperwork off, I got back down to (R1's) room they were switching off doing chest compressions. (V4) was in the room leading the code, staff continued to switch off doing compressions until EMS arrived. I did a round of

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C IL6012579 B. WING 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 WEST IMBODEN IMBODEN CREEK SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) S9999 Continued From page 6 S9999 chest compressions. I was not part of looking for the key to the crash cart key, I would have went to the DON and asked for it, I am not sure where to have looked if the DON wasn't here or where staff should have looked." R1's death certificate documents, date of death: April 28, 2023. Cause of death: Acute Cardiopulmonary Arrest. On 5/16/23 at 9:00 AM V15 Regional Nurse Consultant stated, "they (facility) should be completing the (Emergency cart) checklist at night. When someone goes unresponsive in cardiac arrest nurses are to check code status, call for help, do not leave the patient, start chest compressions if by self. If with a team switch out. perform 30 chest compressions and then 2 rescue breaths, 911 should be notified. Use a backboard if available." The facility did not provide any documentation of the Emergency cart being checked or inventoried from January 2023 through 4/27/23. The facility provided an undated list of all residents with Full Code Status, which included R4, R5, R6, R7, R8, R9, R10, R11, R15, R16, R17, R18 and R19. The facility's policy, with a revision date of 5/3/23, titled "Policy for Emergency Care (E-cart)" documents, "purpose: to organize and maintain emergency cart (e-cart) to ensure adequate needed equipment for CPR procedures. Policy: All emergency equipment in the e-cart will be checked monthly by the DON. The e-cart should be locked. Once a month the e-cart should be opened and checked for outdated supplies. Internal and external equipment should be

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING IL6012579 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP, CODE **180 WEST IMBODEN** IMBODEN CREEK SENIOR LIVING DECATUR, IL 62521 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) S9999 Continued From page 7 S9999 checked by ensuring proper function of equipment. E- carts will be maintained and supplied in accordance with the crash cart minimum requirements list which include respiratory equipment. All nurses should be familiar with e-cart contents and locations. New employees will be orientated to all emergency bags/kits and procedures and training programs will be provided to maintain competence in emergency response. E-cart location, supplies and emergency procedures shall be re-informed each time during the mandatory in-services. Equipment includes: Ambu bag with CPR mask." The facility policy, with a revision date of February 2018, titled "Emergency Procedure- Cardio Pulmonary Resuscitation" documents, "1-Sudden cardiac arrest is a loss of heart function due to abnormal heart rhythms. Cardiac arrest occurs soon after symptoms appear. I -If an individual is found unresponsive, briefly assess for abnormal or absence of breathing. If sudden cardiac arrest is likely, begin CPR: a- instruct staff member to active the emergency response system (911), d- initiate the basic life support (BLS) sequence of events: 2- The BLS sequence of events is referred to as "C-A-B" (chest compression, airway, breathing). 3- Chest Compressions, 4- Airway: tilt head back and lift chin to clear airway, 5- Breathing: After 30 chest compressions provide 2 breaths manually. 6- All rescuers, trained or not, should provide chest compressions to victims of cardiac arrest. Trained rescuers should also provide ventilations with a compression-ventilation ratio of 30 to 2." https://cpr.heart.org/en/resources/what-is-cpr. documents, "For healthcare providers and those trained: conventional CPR using chest compressions and mouth-to-mouth breathing at a

Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ IL6012579 B. WING 05/18/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **180 WEST IMBODEN** IMBODEN CREEK SENIOR LIVING DECATUR, IL 62521 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S9999 Continued From page 8 S9999 ratio of 30:2 compressions-to-breaths." What to Know About Non-Rebreather Masks dated 5/1/21 documents: A non-rebreather mask is a special medical device that helps provide you with oxygen in emergencies. These masks help people who can still breathe on their own but need a lot of extra oxygen. The Facility provided documentation that V4, V5. and V6 had certifications and were trained in Cardiopulmonary Resuscitation. (A)