

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>146068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUNNY ACRES NURSING HOME</b>		STREET ADDRESS, CITY, STATE, ZIP <b>19130 SUNNY ACRES ROAD PETERSBURG, IL 62675</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0578  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview, and record review, the facility failed to follow and develop an advanced directive for two (R1 and R3) of four residents reviewed for advanced directives in a sample of four. Findings include: Facility Change in DNR/Code Status- Medical Care Policy, dated [DATE], This facility will give all due diligence to respect the wishes of the resident or resident's valid surrogate regarding ongoing or emergent care. This facility will seek to obtain an original signed attending practitioner's order, if it is not reasonable possible for the attending practitioner to provide an immediate order, the facility will accept the attending practitioner's verbal order by two facility licensed nursing staff. The facility will act upon the orders as received as outlined above. Facility Residents' Rights for People in Long-term Care Facilities, revised [DATE], documents You have the right to make a Durable Power of Attorney for Health Care, Living Will, Declaration for Mental Health or Do Not Resuscitate Order. 1. R1's Electronic Health Record (EHR) documents R1 was admitted on [DATE] and discharged on [DATE]. R1's EHR Physician order [REDACTED]. R1's Physician order [REDACTED]. R1's Care plan, dated [DATE], documents R1's advanced directive is unknown. On [DATE] at 10:25am, V3 Licensed Practical Nurse (LPN) verified R1's EHR face sheet, POS, and Care plan did not match R1's POLST form. On [DATE] at 8:42am, V6 Registered Nurse (RN) stated I was (R1's) nurse when (R1) coded on [DATE] and we performed CPR (Cardiopulmonary Resuscitation). (R1's) chart did not have her code status indicated on the facesheet in PCC (Point Click Care) so we treat all residents as a full code until we know otherwise. (R1) was a full code according to the chart facesheet so that is what I did. I did not have time to go through the chart to find her code status when it should be on the facesheet in PCC. After calling family and locating her POLST form in PCC it was determined (R1) was a DNR and CPR was stopped. 2. R3's EHR documents R3 was admitted on [DATE]. R3's EHR has no POLST form. R3's paper POLST form located at the nurses desk in a black binder documents R3 is a full code. R3's POLST form is not signed by R3, R3's power of attorney, any nursing staff, or R3's physician. On [DATE] at 10:25am, V3 Licensed Practical Nurse (LPN) stated We look for code status on the computer in point click care (PCC) on the residents facesheet, and if it is not their then we check the black binder paper chart at the nurses desk that has the paper POLST forms. A residents' POLST form code status is filled out on admit and I see (R3's) is not complete. On [DATE] at 11:40am V2 Director of Nursing (DON) and V1 Administrator both verified R3's POLST form did not have any of the required signatures. At that same time, V1 Administrator stated We need to change a few things. On [DATE] at 11:40am V2 DON stated We are working on streamlining how to find code status in PCC to make sure it is always listed on the face-sheet bar where their names are to find right away. All residents are asked about advanced directives on admission and try to get the Physician signature as soon as possible. We need to work on getting all them signed and in the charts.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.