

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/30/2007
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145970	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/25/2007
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NAME OF PROVIDER OR SUPPLIER SOUTH SHORE NUR & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2649 EAST 75TH ST CHICAGO, IL 60649
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F9999 Continued From page 17
LICENSURE VIOLATIONS

300.1210a)
300.1210b)1)
300.1210b)4)
300.1620a)
300.3240a)

Section 300.1210 General Requirements for Nursing and Personal Care
a) The facility must 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 assessment and plan of care. 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.
b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:
1) Medications including oral, rectal, hypodermic, intravenous and intramuscular shall be properly administered.
4) Personal care shall be provided on a 24-hour, seven day a week basis.

Section 300.1620 Compliance with Licensed Prescriber's Orders
a) Medications shall be administered as ordered-by the licensed prescriber and at the designated time.

Section 300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not neglect a resident.

These regulations are not met, as evidenced by

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F9999	<p>Continued From page 18 the following:</p> <p>Based upon record reviews and staff, consultant, and physician interviews the facility failed to provide supervision and staff monitoring for one resident (R1) in the sample with an identified behavior impairment. The facility also failed to administer psycotropic medications as ordered. R1 jumped from the third floor window of his assigned room. R1's injuries as documented included Lumbar Fracture, Right Heel Fracture, Left Tibia Fracture, and Chest and Back Pain with an admission to the Neuro Intensive Care Unit.</p> <p>Findings Include:</p> <p>R1 is a 59 year old male admitted to the facility on 09/12/07 from a local hospital at approximately 8:00pm per nurses notes. The nurse notes dated 9/14/07 in part denote:</p> <p>"4:45pm- Resident up at elevator states he is leaving facility refuses to be redirected....left facility with aggressive and agitated behaviors."</p> <p>"5:45pm- Resident returned back to facility...new orders written..order for resident to have [electronic monitoring device] applied, psych evaluation..."</p> <p>The History and Physical Examination completed by Z1 (R1's physician)dated 9/18/07 in part depicts: Past History: Psychiatric: Depression; Schizophrenia Physical Examination: Clenching on his teeth- Pt. Agitated</p> <p>The nurses notes of 9/19/07(no time noted) for</p>	F9999		

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F9999	<p>Continued From page 19</p> <p>R1 depicts in part the following: "...Resident in room with roommate was being argumentative...pushed resident (his roommate) to floor...Psych M.D. in facility to see resident."</p> <p>A review of the record did not contain a psych evaluation as per the physician orders of 9/14/07. E7 (social worker) was interviewed on 10/10/07 and stated, "I did not call on the 14th about the psych evaluation because most of the time when you call for one patient they do not come in just for one, so we usually wait until they come for their rounds weekly."</p> <p>The Initial Psychiatric Evaluation record by Z3 (nurse practionier of psychology) for R1 dated 9/19/07 depicts in part the following:</p> <p>"...pt.(patient) is anxious ; irritable ...mod restricted...eye contact poor...speech increased rate; pressured..."</p> <p>"Axis I- Generalized Anxiety Disorder; R/O (rule-out) Bi-Polar Disorder.." "Axis II- Personality Disorder.."</p> <p>Recommendations: "Per staff pt. withdrawn; guarded and isolated to self Continue PRN Ativan Start Risperdal 0.5mg q (every) HS (hour of sleep) Start Lexapro 5mg. qd (every day). Monitor response."</p> <p>E2 (Director of Nursing) accompanied surveyor to the third floor medication cart on 10/9/07 and found the following: Risperdal 0.5mg tab 24 tabs out of the 30 dispensed remained in the package and the</p>
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F9999	<p>Continued From page 20</p> <p>package of lexapro 5mg. tab had 27 tabs out of the 30 dispensed remaining in the container, the Ativan medication was not in the cart. E2 stated, "Ativan is a narcotic. They probably returned it to the pharmacy, but when they give medications they are to sign out on the MAR (medication administration record)."</p> <p>Z3 was interviewed on 10/9/07 and again on 10/10/07 and stated in part the following: "I work with the facility my focus is on psychology. I did not know about a previous psych evaluation order. I was here when they said he (R1) hit his roommate and they asked me to see him. No one had called earlier for a psych evaluation. I think R1 was an inpatient psych admission prior to coming here. R1 was exhibiting hypomania behavior when I saw him...he was irritable, anxious, restless not psychotic. I was ruling out Bi-Polar Disorder. If he is not getting the medications, the chances are not likely that he would get better."</p> <p>Nurses notes continued and on 9/25/07 10:00am in part denote: "2nd attempt to place [electronic monitoring device] to resident leg. Resident refused."</p> <p>The notes continued on 9/30/07 in part depicting: "10:55am-Notification given by staff that resident was out of building on ground. Res. observed with blood around mouth and on arm. Res. states, 'help me.' moving all extremities. 911 called." "5:40pm- Received a call from hospital stated resident admitted to Neuro Intensive Care Unit- Dx(diagnosis) Lumbar Fx.(fracture); Rt. (right) Heel Fx.; Lt. (left) Tibia Fracture and C/O</p>
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F9999	<p>Continued From page 21 (complaint) of chest and back pain."</p> <p>E3 (nurse) the writer of the 9/30/07-10:55am note was interviewed on 10/10/07 at approximately 11:30am and stated, "The CNA came running toward me, said he jumped. I ran outside and he was trying to get up. I called 911. He was saying, 'help me, help me.' He did not like it here. I only saw him twice. He did not want to be here."</p> <p>E4 and E5 (certified nurse aides) assigned to care for R1 were interviewed on 10/10/07 and in part stated:</p> <p>E5 stated, "He was normally argumentative. Hard to get him to do things. He was rude and paranoid. I was here, a patient's son saw him and told me. When I looked out the window he was on the ledge. I called out for the nurse and he jumped or fell down into the bushes."</p> <p>E4 stated, "He would snap on you."</p> <p>E6 (nurse) working the 3/11 shift was interviewed on 10/9/07 and stated, "He was agitated, always rude, withdrawn; stayed in bed."</p> <p>E7 (social worker) was interviewed on 10/9/07 and in part stated, "He was paranoid, a little agitated."</p> <p>Z1 (R1's physician) was interviewed on 10/10/07 and stated, "I did not know he was in the hospital. No one told me. I last saw him on 9/18/07. The nurse practitioner works with the psychiatrist. No one called me about problems. I was on vacation from 9/27 through 10/4/07. Z2 covered for me."</p> <p>Z2 (covering physician for Z1) was interviewed on 10/10/07 and stated, "I was available for</p>	F9999		
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F9999 Continued From page 22 F9999

problems. They never called me before the incident. They just called to tell me he jumped out of the window."

The nursing assessment in part rates R1 as follows:

Memory coded 1- for memory problem

Cognitive skills for daily decision coded a 2- moderately impaired decisions poor; cues supervision required

Mood and Behavior Patterns coded a 1 which indicates this type of behavior exhibited up to 5 days a week: Resident made negative statements; nothing matters; would rather be dead; what's the use regrets having lived so long; let me die. coded a 2 which indicates this type exhibited daily or almost daily (6-7) days a week: Persistent anger with self or others...anger at placement in nursing home.

The record of R1 does not contain a documented plan of monitoring for his known behaviors of agitation, which was one of the approaches to be implement as indicated in his nursing care plan. to determine patterns or changes in occurrences that may signal a need for dosage adjustment. In addition, the orders for the medications Ativan, Lexapro and Risperdal to assist with the demonstrated behaviors of R1 were not carried out as ordered.

The facility failed to implement measures of monitoring that could have assist R1 in the prevention of either jumping or falling from the third floor, and failed to administer medications that could have aided in decreasing agitated

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F9999 Continued From page 23 behaviors.

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