

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

PRINTED: 07/30/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/16/2008
NAME OF PROVIDER OR SUPPLIER BRIDGEVIEW HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8100 SOUTH HARLEM AVENUE BRIDGEVIEW, IL 60455		
(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) COMPLETION DATE	
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.1210a) 300.1210b)4) 300.1210b)5) 300.1220b)2)3) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:</p> <p>4) Personal care shall be provided on a 24-hour, seven day a week basis.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24 hour, seven day a week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p>	F9999			
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.

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F9999	<p>Continued From page 1</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Requirements were not met as evidenced by:</p> <p>Based on observations, interviews and record review the facility failed to provide necessary care and services to one resident in the sample (R3) with a pressure ulcer. This failure resulted</p>	F9999			

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F9999	<p>Continued From page 2</p> <p>in R3 developing a Stage IV pressure ulcer in the facility that required hospitalization for treatment.</p> <p>Findings include:</p> <p>R3 is a 79 year old resident with the following diagnosis: Prostate Cancer, Dementia, Anemia, Gout and Parkinson's Disease. R3 was last readmitted to the nursing facility on July 24, 2007 and the nursing assessment dated July 24, 2007 notes, "no open areas or breakdown." R3's Braden Scale for predicting pressure sores indicates the resident was at "moderate risk." The scale was last completed March 18, 2008. On January 11, 2008 the resident was noted with a Stage II pressure ulcer to Left and Right Buttocks. A treatment was ordered and then on March 6, 2008 an ulcer measuring 2 x 1 centimeter (cm) was noted on the right buttocks. The next nursing notes dated April 12, 2008 state the following: "resident receiving treatment for Stage III to the right ischium, shallow with necrotic tissue in the center...noted with black slough during dressing change, MD informed." On April 14, 2008 the treatment record documents the sore as "Right Ischium Stage III. Necrotic tissue remains. Slight odor." The weekly wound record provided to the surveyor on April 18, 2008 describes R3's wound as "Stage IV 3 by 3 with black Eschar, red surrounding area." The weekly wound report was dated April 11, 2008.</p> <p>On April 18, 2008, R3 was observed at meal time on the fourth floor at 12:00 PM. R3 was noted to be seated in an adult reclining chair with a table attached. R3 was noted to be thin and refusing to eat his tray. R3 consumed less than 10% of his meal tray. According to E6 (charge nurse)</p>	F9999			

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F9999	<p>Continued From page 3</p> <p>and E5 (Unit Coordinator), R3 is a poor eater. At 1:30 PM, R3 was given a sandwich and ice cream and ate a small amount. At 1:45 PM staff removed the tray and at 2:00 PM R3 was taken to his room. The resident was placed in bed and E3 (Assistant Director of Nursing), E4 (Nurse Aid) and the surveyor observed R3's wound. Prior to removing the dressing, the wound area was noted to be soiled with fecal material. R3 did not have a urinary catheter and the diaper was noted to be wet. When the dressing was removed, fecal matter and soiling was noted in the wound area. The wound was noted to be filled with black slough and was deeper and larger than the 3 x 3 cms. E3 verified that R3's wound was a Stage IV to unstageable wound. E3 also verified that the wound had started in the facility and the condition had declined.</p> <p>The physician was contacted on April 18, 2008 and gave the following orders: "Appointment at the wound clinic, Albumin levels, Complete Blood Count and Basic Metabolic Panel. Insert catheter and add Jueven (Dietary Supplement) one packet twice daily." R3 was noted with a low Albumin of 2.6 mg/dl (normal 3.3 to 5.2 mg/dl) and a elevated Blood Urea Nitrogen.</p> <p>R3 was noted to have no padding or pressure relieving device on his chair. R3 did not have a special pressure relieving mattress on his bed. According to E3, R3 should have these interventions in place. A review of R3's plan of care dated March 3, 2008 indicates that the plan of care had not been updated to reflect the deterioration in the pressure sore from a Stage II to a Stage IV. R3's Minimum Data Set (MDS) dated March 11, 2008 indicates that R3 has only two Stage II pressure ulcer. The Registered</p>	F9999			

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F9999	<p>Continued From page 4</p> <p>Dietitian (RD) also had not been informed of the resident's wound and the last note in the medical record was dated March 11, 2008 and does not address the resident's skin issue.</p> <p>R3 was discharged to the hospital on April 24, 2008 for debridement of the wound and infection. Z2 (Physician) was interviewed by phone on April 25, 2008 and stated that the resident was sent out of the facility for debridement of the wound. Z2 also stated that the family did not want to pay for the extras for wound care not covered by the insurance such as a special mattress and nutritional supplements. Z2 stated that the family was "penny pinching."</p> <p>The facility failed to provide R3 with adequate care and services to prevent the development of a pressure ulcer. This failure led to R3 developing a pressure sore that deteriorated into a Stage IV ulcer that required debridement and hospitalization.</p> <p>(A)</p>	F9999			