

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

PRINTED: 11/03/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>05/07/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN VILLAGE NORTH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7464 NORTH SHERIDAN ROAD</b> <b>CHICAGO, IL 60626</b>		
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W 331	Continued From page 39 10) A thorough investigation of the two cited deaths, by 5/9/08.  Although the Immediate Jeopardy is removed, noncompliance continues at the time of exit since the facility has not fully implemented their plan and has not had an opportunity to evaluate its' effectiveness.	W 331			
W9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  390.620a) 390.1040a) 390.1040b) 390.1040i)1)2)5)6)7)8) 390.1040j) 390.1040k)2)3) 390.1040m) 390.1040n)1) 390.1040aa)2) 390.3240a)  Section 390.620 Resident Care Policies  a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. These written policies shall be formulated with the involvement of the medical advisory committee and representatives of nursing and other services in the facility. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.  Section 390.1040 Nursing Services	W9999			

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W9999	Continued From page 40  a) The facility shall have a written program of Nursing Services, providing for a planned medical program, encompassing nursing treatments, rehabilitation and habilitation nursing, skilled observations, and ongoing evaluation and coordination of the resident's individual habilitation plan.  b) There shall be a sufficient number of nursing and auxiliary personnel on duty 24 hours each day to provide adequate and properly supervised nursing services to meet the nursing needs of the residents. There shall be at least one registered nurse seven days a week, for 8 consecutive hours. There shall be at least one registered nurse or licensed practical nurse on duty at all times and on each floor housing residents. Nursing staff personnel shall include registered professional nurses, licensed practical nurses, and auxiliary personnel as defined in Section 390.330 of this Part.  i) The responsibilities of the director of nursing shall include, at a minimum, the following: 1) Assigning and directing the activities of nursing and auxiliary service personnel. 2) Planning an up-to-date resident care plan for each resident in cooperation with the interdisciplinary team based on individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Services such as nursing, developmental, activities, dietary, and such other modalities as are ordered by the physician, shall be reflected 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	W9999			

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W9999	Continued From page 41 shall be reviewed every three months. 5) Developing and maintaining nursing service objectives, standards of nursing practice, written policies and procedures, and written job descriptions for each level of nursing and auxiliary personnel. 6) Coordinating health services and nursing services with other resident care services such as medical, pharmaceutical, dietary activities, and any other restorative and habilitative services offered. 7) Planning of inservice education, embracing orientation, skill training, and ongoing education for all nursing personnel covering all aspects of resident care and programming. The educational program shall include training and practice in activities and restorative and habilitative nursing techniques through out-of-facility or in-facility training programs. The director of nursing may conduct these programs personally or see to it that they are carried out. 8) Participating in the development and implementation of resident care policies and bringing resident care problems, requiring changes in policy, to the attention of the facility's policy development group.  j) Nursing care (including personal, habilitative and rehabilitative care measures) shall be practiced on a 24 hour, seven day a week basis in the care of residents. Those procedures requiring medical approval shall be ordered by the attending physician.  k) Nursing care shall include at a minimum the following: 2) All treatment such as: enemas, irrigations, catherizations, applications of dressing or bandages, supervision of special diets,	W9999			

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W9999	<p>Continued From page 42</p> <p>restorative and habilitative measures in Section 390.1620(a)(11) and other treatments involving a like level of skill, shall be properly administered.</p> <p>3) All objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical, nursing or psychosocial evaluation and treatment shall be provided.</p> <p>m) Skin care shall be given to prevent pressure sores, heat rashes or other skin breakdown. Each resident with pressure sores, heat rashes or other skin breakdown shall be checked at least every two hours and given care as needed including clothing and diaper change. Skin care shall be given with each diaper change.</p> <p>n) Skin care should be provided as follows: 1) Bathing, clean linens, diapers, and clothing each time the bed or clothing is soiled. Rubber, plastic, or other types of linen protectors (newspapers not acceptable) shall be properly cleaned and completely covered to prevent direct contact with the resident. If rubber, plastic, or other type of waterproof materials are used for protective pants, they shall not come in direct contact with the resident. Special attention shall be given to the skin to prevent irritations, skin rashes, or ulcerations.</p> <p>aa) Staffing shall be based on the needs of the residents, and shall be determined by figuring the number of hours of personal and habilitative time each resident needs on each shift of the day. This determination shall be made separately for both licensed nursing personnel and other personal and habilitative care personnel. Personal and habilitative personnel may include,</p>	W9999			

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W9999	<p>Continued From page 43</p> <p>in addition to licensed nurses, such persons as aides, orderlies, therapists, teachers, and any other person providing direct habilitative care to residents.</p> <p>2) It is the responsibility of each facility to determine the staffing needed to meet the needs of its residents. It is the responsibility of the Department to verify that the staffing provided by the facility is sufficient to meet the needs of the residents.</p> <p>Section 390.3240 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 Regualtions were not met as evidenced by:</p> <p>Based on record review, interview and observation it was determined that the Facility failed to ensure that 96 of 96 residents (R1-96) residents, received adequate health care monitoring and services when they failed to:</p> <p>1) Ensure that one certified nurses aid (CNA) (E11) followed the plan of care for one resident (R1) who sustained a fractured femur during a transfer lift.</p> <p>2 ) Provide updated "Q" (care reference) cards for staff, specifically resident transfer requirements, according to the facility's corrective action plan following the incident of R1's fractured femur.</p> <p>3) Provide care plans to ensure that appropriate,</p>	W9999			

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W9999	<p>Continued From page 44 individualized care was delivered, according to policy.</p> <p>4) Implement policies and procedures for the treatment and prevention of skin breakdown for 9 of 9 residents with pressure sores (R8,9,10,11,12,13,14,15,16), including ongoing review and assessments .</p> <p>5) Ensure that the CNA's were aware of and were providing all residents (R1-96) with nursing care in accordance to their needs.</p> <p>6) Ensure that the emergency carts were checked daily and adequately stocked for emergency use, according to policy.</p> <p>Findings include:</p> <p>1, 2, 3 ) Facility policy titled, "Job Description / Certified Nurses Aid" requires, "GGG. Reviews care plans to ensure appropriate nursing care."</p> <p>According to the Individual Program Plan (IPP) dated 4/17/07, R1's date of birth is 6/28/72. His IQ is 56 and his diagnoses include Profound Mental Retardation and Cerebral Palsy. He is able to communicate his needs by facial gestures or with his communication board. He is wheelchair bound and dependent on others for all his needs and he functions at an adaptive level of 9 months. R1's IPP includes a physical therapy assessment, dated 5/17/07, that two staff are to assist with his transfers.</p> <p>An incident report, dated 3/8/08, and R1's nursing and physicians' notes, contained the following documentation. On 3/8/08, a Certified Nurses' Aid (CNA) (E11) accidentally bumped</p>	W9999			

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W9999	<p>Continued From page 45</p> <p>R1's right (Rt) knee on the bed frame while lifting R1 from the wheelchair to bed. This was reported to and assessed by the nurse immediately. A portable x-ray report of the right knee, dated 3/9/08, stated that it was a limited study due to R1's contractures and that marked Osteoporosis was seen, however it was negative for a fracture. On 3/15/08, R1 was sent to the Emergency Department (ED) because of complaints of pain and swelling in the injured knee. The facility's transfer report sent to the ED with R1, indicated that the right knee was to be assessed. An x-ray was taken at the ED and the written discharge instructions listed the diagnosis as a "Rt. knee contusion with effusion" and prescribed anti-inflammatory medication, twice daily.</p> <p>E1, Administrator, was interviewed on 4/11/08 at 2:00 PM. She stated that the facility also received a verbal report from the ED nurse that there was no fracture.</p> <p>On 3/23/08, R1 was seen by his physician, who referred him to an orthopedic specialist. As preparation for the clinic appointment the specialist ordered a repeat x-ray which was done on 4/1/08. This x-ray revealed an acute fracture of the distal (towards the knee) femur. R1 was immediately admitted to the hospital and received non-surgical treatment, a cast, for the fracture.</p> <p>R1 was interviewed on 4/15/08 at 3:00 PM. He used his communication board and spelled out sentences, along with gestures. His response was that E11 bumped R1's leg while transferring him from the wheelchair to the bed, that it was accidental and that E11 had never mistreated R1 in the past.</p>	W9999			

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W9999	<p>Continued From page 46</p> <p>E11 was interviewed by phone, on 4/17/08 at 3:30 PM. He stated that he no longer works for the facility and that he did transfer R1 by himself. He stated that on the evening of the incident, the CNA's were short staffed and that he had 12 residents to care for. He said that he usually transfers his assigned residents by himself because it is busy, but did ask for help if needed. He stated that he was not aware that two people should have assisted with R1's transfers.</p> <p>Based on interview with E2, Director of Nursing (DON), on 4/22 at approximately 1:30 PM, there was no care plan, or reference "Q" card, in place for E11 to review at the time of the incident.</p> <p>According to E1's (Administrator) interview on 4/11/08 at 2:00 PM, E11 was counseled immediately after the incident about proper transfer technique of R1. She stated E11 is no longer employed at the facility, not due to the incident, but because of absenteeism.</p> <p>The facility's investigation concluded with the following plan of action, "4/2/08, Facility beginning a thorough review of all transfer recommendations for all residents. Will make appropriate changes to resident 'Q' cards (reference cards) when audit complete."</p> <p>E2, DON, was interviewed on 4/22 and 4/23/08, at approximately 1:30 PM. He said that in the past, the CNAs and nurses referred to the "Q" cards for each resident's plan of care, but the cards are currently outdated and not being used. He stated there are no care plans for staff reference of the individualized care required for each resident. He stated that the CNA's are</p>	W9999			



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W9999	<p>Continued From page 47</p> <p>given a pre-printed general assignment sheet that includes the names of the residents for which they are responsible and their general unit duties, but these forms do not list the residents' specific needs.</p> <p>The Clinical Coordinator, E3, was interviewed on 4/22/08 at approximately 1:00 PM. She concurred that the "Q" cards are currently outdated and that there are no care plans in place at this time. She stated that the nurses refer to the physician order sheet (POS) for the most current plan of care and verbally inform the CNA's about the residents' specific needs. The CNA's also communicate among themselves, however there is nothing in writing, other than the general assignment sheet, provided to the CNA's.</p> <p>During the interview on 4/17/08, E2, DON, said that on the evening of the incident, the second floor where R1 resides, had a census of 53. He stated that staffing should have been 6 CNA's, but that only 5 were working, and he confirmed that E11 was assigned to twelve residents. According to E2, the current census on the second floor is similar to the day of the incident, and that includes the following residents: 46 are wheelchair bound and dependent on staff for almost all needs (R1, 2, 5, 6, 7, 12-27, 30-34, 36-44, 46-60), 38 are non-verbal.(R12, 13, 16, 18-27, 29, 31, 35, 37-44, 46-58, 60), 9 are on behavior programs (R14, 15, 25, 26, 29, 40, 43, 44, 59), 1 is an elopement risk (R29), and 1 wanders (R35). He also said that at the time of the injury the facility had only two mechanical lifts, one for the second floor and one for the first.</p> <p>E5, Lead CNA, was interviewed on 4/17/08 at</p>	W9999			

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W9999	<p>Continued From page 48</p> <p>approximately 12:00 PM. She stated that CNA's have been instructed to use a mechanical lift or a two man lift when required, however the CNA's have complained that these options are difficult because of short staffing and being in a hurry to get other duties completed.</p> <p>4, 5 ) Facility policy titled "Certified Nurses Aid: Job Description" requires, "Does a complete check of skin condition when dressing...turning / repositioning. Turns and repositions bedfast and chairfast residents at least every two hours."</p> <p>Facility policy # N-3925 "Daily Skin Check Worksheet" requires, "3) At the time of the daily bath, the CNA is to complete a head to toe inspection of the skin with any alterations in skin condition on the Daily Skin Check Worksheet. 4) The nurse reviews the form daily and initials any noted alterations in skin. 5) Update resident plan of care as needed."</p> <p>Facility policy #N3925, "Treatment and Prevention of Skin Breakdown" requires, "II. Inspect skin under devices every shift. E) Educate staff and develop appropriate treatment plan. G) Evaluate and revise plan of care...Document skin risk and needed interventions in the Individual Program Plan (IPP). V. When an ulcer is present, daily monitoring...should include: An evaluation of the ulcer status... An evaluation of the dressing. VIII. QA Assurance Review: A. Ongoing auditing and tracking of ulcers...with results forwarded to QA / CQI meetings. B. Monitor effectiveness of educational programs in terms of measurable outcomes such as healing of existing ulcers,</p>	W9999			

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W9999	<p>Continued From page 49</p> <p>reducing...new ulcers...C. Skin committee and / or interdisciplinary team meetings..."</p> <p>D) Facility policy #N3210 "Quality Assessment and Assurance (QA) Committee" requires, "Objective: This skilled nursing facility carries out quality assessment and assurance of the services provided in the facility to all residents on an ongoing basis. The QA Committee has an overall objective of identifying issues...and develops and implements appropriate plans of action to correct identified quality deficiencies."</p> <p>The weekly Master Skin Audit Flow sheet, last dated 4/10/08, was reviewed with the E2, Director of Nursing (DON) on 4/18/08. The sheet contained the names of 8 residents with current pressure sores, 7 of those were obtained in the facility (R8,10,11,12,13,14,15).</p> <p>According to the facility's census, the Inspection of Care (IOC) for 2007, and nurses' notes, R8 is 14 yrs. old with a date of birth (dob) of 8/11/93. His diagnoses include Profound Mental Retardation, he has a tracheostomy and is wheelchair dependent. A nurses note, dated 3/19/08, contained documentation that an open blister measuring 3.2 x 3 cm, with bleeding noted, was discovered on the right (Rt) heel.</p> <p>According to the facility's census and IOC, R9 is 55 yrs. old, with a dob of 8/28/52. His diagnoses include Profound Mental Retardation, he has a tracheostomy with a ventilator and is wheelchair dependent. The skin audit flow sheet documented that R9's pressure sores on his sacrum and left (Lt) ischium (hip) were hospital acquired on 9/4/07 and were still present on 4/10/08 at Stage IV, full thickness skin</p>	W9999			

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W9999	<p>Continued From page 50</p> <p>involvement. The audit sheet contained measurements that, on 3/7/08, the sacral wound was 5 x 4.5 centimeters (cm) and the ischial wound was 3 x 3 cm, and that on 4/10/08, 1 month later, the wounds had increased in diameter to 6 x 6 cm and 4 x 4 cm.</p> <p>According to the facility's census, IOC and nurses' notes, R10 is 18 yrs. old, with a dob of 10/27/89. Her diagnoses include Profound Mental Retardation and she is wheelchair dependent. A nurses note first documented, on 3/7/08, that R10 had a Rt. heel blister at 6x4 cm and a Lt. heel blister at 2x1 cm.</p> <p>According to the facility's census, IOC and nurses' notes, R11's year of birth is 1956. His diagnoses include Profound Mental Retardation. He has a tracheostomy with a ventilator and is wheelchair dependent. The skin audit flow sheet documented that as of 4/10/08, R11 had pressure sores on the right knee, right ear, and two on the lower back. All were hospital acquired on 4/2/08, except one on the lower back which, according to the audit sheet, was discovered at the facility on 4/9/08, at Stage II (open top layer of skin) with a measurement of 4x2 cm.</p> <p>According to the facility's census, IOC and nurses' notes, R12 is 36 yrs. old, with a dob of 7/29/61. Her diagnoses include Profound Mental Retardation and she is wheelchair dependent. The skin audit flow sheet and the nurses notes documented that R12 has two pressure sores, both found at Stage II, one on the back of her head from 3/2/08 at 0.5 x 0.5 cm, and one on her coccyx from 4/3/08 at 3 x 0.4 cm.</p> <p>According to the facility's census, IOC and</p>	W9999			

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W9999	<p>Continued From page 51</p> <p>nurses' notes, R13 is 31 yrs. old, with a dob of 9/12/76. Her diagnoses include Profound Mental Retardation and she is wheelchair dependent. On 2/23/08, the discovery of a buttocks pressure sore at Stage II, 3 x 2 cm, was documented in the nurses' notes.</p> <p>According to the facility's census, IOC and nurses' notes, R14 is 18 yrs. old, with a dob of 12/22/89. Her diagnoses include Profound Mental Retardation and she is wheelchair dependent. The skin audit flow sheet documented that a sacral pressure sore was discovered at a Stage II, 2x1 cm, on 3/30/08.</p> <p>According to the facility's census, IOC and nurses' notes, R15 is 25 yrs.old, with a dob of 6/29/82. Her diagnoses include is Profound Mental Retardation and she is wheelchair dependent. The skin audit flow sheet documented that a pressure sore was discovered at a Stage II level, 2x1 cm, on 2/26/08.</p> <p>R16's record was reviewed on 4/25/08. According to the facility census and the current IPP, R16 is 18 yrs. old, with a dob of 6/26/89. Her diagnoses include Profound Mental Retardation and she is wheelchair dependent. She was admitted to this facility on 2/14/08. The nurse's admission note stated that a complete body check was done with no skin breakdown found. Less than 2 months later, nurses' notes dated 4/6 and 4/7/08, indicated that a blister was found on the Rt. big toe and a scab on the Lt. big toe with redness around the area. There were no measurements. The notes lacked further documentation of these skin alterations after the 4/7 note. R16 was not listed on the weekly Master Skin Audit Flow sheet.</p>	W9999			

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W9999	<p>Continued From page 52</p> <p>E3, Clinical Coordinator, confirmed the above findings, and with this surveyor, checked the condition of R16's toes on 4/25/08, at 11:15 AM. The tips of the Rt. and Lt. great toes, and the inside of the upper Lt. toe, had approximately 1x1 cm areas that were dark in color and very hard to touch. E3 said that she had assessed R16's toes on 4/7 after being notified by the nurses, but did not find any blisters or redness, just the hardened formations, which have now increased in size. She stated that the resident rubs her toes against her shoes and the affected areas were from pressure. However, she had not add R16 to the weekly skin audit log because there was no blistering or redness noted upon her exam. She said that R16 is currently wearing slippers, not her shoes, to relieve the pressure, but that there is not a care plan for this skin alteration.</p> <p>A physician's progress note, written after 4/25/08, identified the cause of these skin alterations as "blisters." This was confirmed by E3.</p> <p>On 4/17/08, multiple weeks of "Daily Skin Check Worksheets" for the months 2/08, 3/08 and 4/08, were reviewed for the 9 residents with current pressure sores. According to the weekly skin audit sheet and the nurses notes, seven of those developed these pressure sores in the facility (R8,10,11,12,13,14,15, 16).</p> <p>For 7 of 9 (R8,11,12,13,14,15,16), the daily skin check worksheets were either blank or had "skin clear" checked even though the resident had ongoing pressure ulcerations. Three residents' worksheets (R12,15,16) were either blank or identified that the skin was clear on the day or the day following the discovery of a new pressure</p>	W9999			

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W9999	<p>Continued From page 53</p> <p>sore. The skin check worksheets were missing the required daily documentation by the CNA's and by the professional nursing staff. The above findings were confirmed by E2, the DON on 4/18/08.</p> <p>E3, Clinical Coordinator, was interviewed on 4/17/08 at 2:00PM. She stated that she and E2, the DON, are responsible for the skin treatment and prevention program. E3 stated she is aware that the daily skin worksheets are either not being completed or being incorrectly filled out by the CNA's and the nurses. She said that the nursing staff has been retrained but the problem continues, and that the CNA's have blamed the documentation problem on "time constraints."</p> <p>E5, Lead CNA, was interviewed on 4/17/08 at approximately 12:00 PM. She stated that a large number of the CNA's have voiced frustration from being short staffed and said that they do not have time to complete the daily skin worksheets.</p> <p>E1, Administrator, was interviewed on 4/22/08 at 2:00 PM. She stated that in early January '08, she was made aware that the CNA's were unhappy with staffing and is looking into it. She confirmed that there is a high turnover rate. She stated that problems identified with the CNA's are felt to be a compliance issue, not a problem with staff numbers. She stated there are future plans to possibly incorporate the activity and rehab aids into the staffing pattern, in an effort to help the CNA's.</p> <p>A review of the records, including the nursing notes, physician notes, and skin check forms, for the 9 residents with pressure sores was completed. The cause of pressure sores were</p>	W9999			

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W9999	<p>Continued From page 54 not identified for 5 of the 9 residents, R8,10,13,14,15.</p> <p>E2, DON, was interviewed on 4/18/08 at 3:15 PM. He stated that he and E3 are responsible for the skin care program, however there is no documentation regarding cause and trends of the current pressure sores. He said that the last QA meeting, which took place in 12/07, did not address cause and trends. He stated that there is a planned quality review process for skin care treatment and prevention, but it has not been implemented. On 4/25/08 at 11:30 AM, he stated the past care reference "Q" cards are outdated and that the planned special staffing meetings to develop care plans, have not taken place.</p> <p>E3, Clinical Nurse Coordinator, was interviewed on 4/22/08 at 1:00 PM. She stated that there has not been a QA meeting in 2008, however on 4/18/08 after meeting with this surveyor, she and E2 conducted a review of the pressure sores listed on the weekly audit sheet. She concurred that the "Q" reference cards are out of date and that right now there are no care plans, including ones for the treatment and prevention of pressure sores. She stated that the nurses refer to the physician order sheet (POS) for any pressure sore treatment or preventative measures and verbally inform the CNA's.</p> <p>6) Facility policy titled, "Emergency Carts" requires, "Carts will be kept locked when not in use. Emergency carts will be checked to assure the lock tab is not broken..On a daily basis the oxygen tank must be checked...."</p> <p>A tour of the facility was conducted on 4/30/08 at approximately 11:00 AM, with E3. The second</p>	W9999			



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W9999	Continued From page 55 floor crash cart was found unlocked and dusty, with paper garbage on top of it and in the drawers. A Crash Cart Checklist was hanging on the side of it, with the last written check date of 9/20/07. The first floor crash cart was also unlocked, with dust and grime on it. It did not have have a checklist. E2, DON, and E12, Respiratory Director, confirmed that both crash carts should be checked daily, and that there were no other checklists for either cart. E2 and E12 were unsure of the last time the carts were checked and which department was responsible for the checks.  <p style="text-align: center;">(A)</p>	W9999			