

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

PRINTED: 11/06/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145696</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/19/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>NILES NSG &amp; REHAB CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9777 GREENWOOD</b> <b>NILES, IL 60714</b>		
(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	
K 066	Continued From page 53 contracts. Residents were informed of consequences of non-compliance. 10) 5/23/08: Completed re-evaluation of all resident smokers to assure that assessments and current plans of care were appropriate and accurate. All smokers were determined to be "unsafe" and unable to possess smoking materials. 11) 5/27/08: The smoking policy had been discussed with all family members either face or via telephone. 12) 5/28/08: The safe smoking policy and procedure was discussed during the resident council meeting.  B) On 5/15/08 at 215 P.M., it was observed, the outside courtyard used for smoking had cigarette butts strewn about the entire walking path and containers at the seating areas where an open ashtray instead of self closing cover devices. The indoor smoke room (Canteen) was not being used due to remodeling of wall paint and new ceiling tiles.	K 066			
K9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS (NH 08-C0207) 300.340a)1)F)ix) 300.610a) 300.670b) 300.1210a) 300.2820a)2)A) 300.3240a)  Section 300.340 Incorporated and Referenced Materials a) The following regulations and standards are incorporated in this Part: 1) Private and professional association	K9999			

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K9999	Continued From page 54 standards: F) For new facilities (see Subpart N), the following standards of the National Fire Protection Association (NFPA), which may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, Massachusetts 02169: ix) NFPA 101, Life Safety Code - 2000 Edition  Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.  Section 300.670 Disaster Preparedness b) Each facility shall have policies covering disaster preparedness, including a written plan for staff, residents and others to follow.  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	K9999			

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K9999	<p>Continued From page 55</p> <p>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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.2820 Codes and Standards</p> <p>a) Each facility shall comply with the applicable provisions of the following codes and standards. Any incorporation by reference in this Section of federal regulations or of any standards of a nationally recognized organization or association refers to the regulations and standards on the date specified and does not include any editions or amendments subsequent to the date specified.</p> <p>2) Codes and standards</p> <p>A) National Fire Protection Association (NFPA), Standard No. 101: Life Safety Code, 2000 Edition (New Health Care Occupancies), including all appropriate references under Chapter 33, and excluding Chapter 5, Performance Based Options, and all other references to performance based options.</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. (Section 2-107 of the Act)</p> <p>These Requirements were not met as evidenced by:</p>	K9999			

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K9999	<p>Continued From page 56</p> <p>Based on observation, document review and interview, the facility failed to:</p> <ol style="list-style-type: none"> <li>follow its written fire safety plan and have a safety plan that incorporated all items outlined in NFPA 101, 2000 Edition, Sections 19.7.2.1, 19.7.2.2 and 19.7.2.3.</li> <li>conduct fire drills at unexpected times under varying conditions, at least quarterly on each shift for all staff and evaluate staff performance during fire drills as required for NFPA 101, 2000 Edition, Section 19.7.1.2, 19.7.2.2 and 19.7.2.3.</li> <li>properly install battery operated smoke detectors and to properly test and maintain battery operated smoke detectors in accordance with 42 CFR 483.70 (a)(7) and NFPA 101, 2000 Edition, Sections 4.2.3, 4.5.1, and 4.6.12.1 and 9.6.2.10.1 and NFPA 72, 1999 Edition, Sections 2-3.4.3.1 and 8-3.5.</li> <li>have a smoking policy enforced in accordance with NFPA 101, 2000 Edition, Section 19.7.4.</li> </ol> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 5/14/08, R1, R2 and R3 shared Room 330 on the third floor of the facility. On 5/14/08 at approximately 11:00P.M., there was a fire incident in Room 330. On 5/15/08 at approximately 10:05 A.M., signed statements dated 5/14/08 and 5/15/08 for 22 employees working either 5/14/08 (day or 3 P.M. to 11 P.M. shifts) and 5/14/08-5/15/08 (11P.M.-7 A.M. shift) were presented to IDPH Surveyors (Z6, Z7, Z8) and CMS Surveyor (Z1) during a meeting with E1 (Chief Operating Officer), E2 (Administrator) and E3 (Maintenance Director). Excerpts from those</li> </ol>	K9999			

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K9999	<p>Continued From page 57 statements are as follows:</p> <p>E7: "...I had 330. I saw (R1)...I emptied his bedside urinal... went in the room at ten to eleven...(R1) was in bed sleeping. I was in the room changing (R2)...(R3) was not in the room. After that I went to room 331, went to nursing station to wash my hands, and then went to punch out. I did not smell any smoke in...room or on the floor. There was no smoke and no alarm went off while I was in the building. I punched out at 10:59pm." [Note: "59" was written over with "00" to show 11:00pm]. Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E7 clocked out at "23:00" on 5/14/08.</p> <p>E4: "I came at 11:05 pm. I was near elevator. I heard alarm so I took the stairs up. There was a lot of smoke already. (E20) and (E25) were already running around the floor. I saw the smoke coming from 330. I opened the door and saw a lot of smoke and water coming down. The other rooms did not have as much smoke. The nurses were nearby so I went to other rooms and helped..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E4 clocked in at "23:04" on 5/14/08.</p> <p>E5: "At 11 pm, I heard the alarm go off. I was on second floor. I called reception. I heard code red basement and third floor. I ran to third floor with a fire extinguisher. There was a lot of smoke. I ran back to reception to call 911. I ran on second floor and told everyone to come up to third floor. I ran back to the third floor..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E5 clocked in at "06:54" on 5/14/08.</p>	K9999			

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K9999	<p>Continued From page 58</p> <p>Review of the facility's "Timeclock Exception Report:" for 5/14/08 through 5/15/08 shows E5 clocked in at "01:58" on 5/15/08.</p> <p>E6: "I came here at 11pm and went to 4th floor. I heard the alarm go off. I put all the chairs and residents into the room. When I heard the code red I ran to third floor. There was so much smoke. I thought the smoke was coming from 329. I went in but there was so much smoke..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E6 clocked in at "23:06" on 5/14/08.</p> <p>E9: "I walked in about 11:10 pm, I saw the fireman just walked [sic] in the building. Receptionist told me the fire alarm was on....came down screaming there is a fire on the 3rd floor. We ran up to the floor. Smoke was everywhere. It was hard to see. There was so much smoke we could not get the fire door open in the hallway. The aides tried to go in the rooms but it was so hard for them to see. When the fireman tried to open the door it was hard for them too..." The facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 did not show a clock in time for E9 on 5/14/08.</p> <p>E10: "I came on the 5th floor at 11 pm and made my room checks. I changed one patient and then went to the linen closet. When I left the linen closet the hallway [sic], I heard the fire alarm. I saw smoke and staff started running around. The nurse told me there was a fire. After I checked on my patients...I went down to the 3rd floor. The hallway was full of smoke..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E10 clocked in at "23:05" on 5/14/08.</p>	K9999			

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K9999	Continued From page 59  E12: "When I came around 11:05 pm, there was one fire truck outside. I asked the receptionist what happened. He said there was a fire. (E5)...and a couple of aides came down yelling there was a fire. We all went upstairs. There was a lot of smoke. People were all crying because we were scared and there was a lot of smoke..." The facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 did not show a clock in time for E12 on 5/14/08.  E13: "I got here about 7 minutes to 11 pm. I went up to 2nd floor...I saw the lights ...flickering...The fire alarm went on...I heard a page to go to 3rd floor. I ran to the floor and saw a bunch of smoke...The smoke was so bad. They started to scream to call 911..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E13 clocked in at "23:00" on 5/14/08.  E14: " I came in at 11 pm and was trying to punch in. As I was going up to 2nd floor I heard a code red. I thought I heard 4th floor so I ran up there, then ran back to 2nd floor. Someone told me then 3rd floor so I took the fire extinguisher and ran to 3rd. The smoke was so heavy...I could not see well because of the smoke. The fire department then came. I went with them to room 330. I could not get anyone out because I could not see...." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E14 clocked in at "23:09" on 5/14/08.  E15: "I worked 3-11 shift yesterday on 3rd floor... I did not smell any smoke and did not hear any alarms go off while I was on the floor or in the	K9999			

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K9999	<p>Continued From page 60</p> <p>building." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E15 clocked out at "23:05" on 5/14/08.</p> <p>E16: "I was on the fourth floor tonight. When I punched in I heard the fire alarm and a page for 3rd floor. I ran up the staircase. There was so much smoke I could hardly see...told us to check on the residents to make sure they are safe. It was hard to see because of the smoke...The fire department came about ten minutes later." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E16 clocked in at "22:55" on 5/14/08.</p> <p>E18: " I came at 11 pm. Once I walked in the lobby I heard the alarm go off. I asked (E27) what was going on. I went to 2nd floor...I heard code red to the 3rd floor. I started to go to close the doors but the smoke was so bad. I could not see. I ran back down to get more help. Everyone then came to the 3rd floor..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E18 clocked in at "23:10" on 5/14/08.</p> <p>E19: " I was coming from 5th floor to 2nd floor...Once I got to the 2nd floor I heard code red 3rd floor...I ran to 3rd floor with a fire extinguisher..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E19 clocked in at "14:54" on 5/14/08.</p> <p>E20: "Two or three minutes I was on the floor before I heard the fire alarm. I was on 3rd floor coming on the 11-7 shift. I told...I would close the doors on the low side....started to close doors on the high side...told me the smoke was coming</p>	K9999			



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K9999	<p>Continued From page 61</p> <p>from this side...The smoke was coming from room 330...It was had [sic] to see because of the smoke. Everyone was coughing..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E20 clocked in at "22:55" on 5/14/08.</p> <p>E21: "After I punched in, I went to the 4th floor. I put my bag down and heard the alarm. I went to 3rd floor...The smoke was so bad and I could barely see...It was so hard to see and breathe..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E21 clocked in at "23:04" on 5/14/08.</p> <p>E22: "I punched in and was waiting for the elevator. I heard the fire alarm and ran upstairs to 3rd floor. I saw the smoke...The smoke was coming from 23-30, that side." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E22 clocked in at "23:02" on 5/14/08.</p> <p>E24: "I was on third floor. I worked on 305, 309, 304, 315. I did not smell any smoke. I left the floor at 10:59 pm. No alarm went off while I was in the building." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E24 clocked out at "23:00" on 5/14/08.</p> <p>E25: "I came in at 10:59 pm and punched in. I went upstairs to 2nd floor to check my...I then went to 3rd floor. I put my bag down. I went to room 323. The patient was sleeping. Then I went to room 324, 325, 326, all were sleeping. I then went out to the hallway and heard the fire alarm. I looked at the hallway and saw a bunch of smoke. I called the nurse and yelled fire, fire.</p>	K9999			

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K9999	<p>Continued From page 62</p> <p>The 3-11 nurse was at the nursing station...came up running and started yelling to call 911. Everyone came running up. ..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E25 clocked in at "22:59" on 5/14/08.</p> <p>E26: "I worked 3-11 shift yesterday. I left the facility before any alarms went off. I did not smell any smoke..." Review of the facility's "Timeclock Exception Report" for 5/14/08 through 5/15/08 shows E26 clocked out at "23:05" on 5/14/08.</p> <p>On 5/15/08 at 11:30 A.M., Z5 (Fire Department personnel ) was interviewed via telephone. Per Z5, the fire alarm was received at the fire station at 11:05 P.M.on 5/14/08, firefighters arrived at the facility at 11:09 P.M., and that R1 and R2 were removed from Room 330 by responding firefighters.</p> <p>On 5/16/08 at 3:05 P.M., E4 was interviewed by Z6 via telephone. E4's statements during that time were: E4 went to Room 330, the door was closed, E4 opened the door, E4 saw smoke and water. E4 looked inside Room 330 but did not go inside Room 330 because E4 was " so scared." E4 stated the room was very dark with a lot of smoke. E4 left the door to Room 330 open. E4 went to other Rooms (329, 331, 322 and dining room), went inside those rooms, opened the windows in those rooms but closed the doors to those rooms. E4 wanted to go inside Room 330 but was "scared." E4 felt "bad."</p> <p>On 6/04/08, at 3:23 P.M., the fire alarm system was manually activated. The alarm sounded, and time was verified on the Timeclock located on the first floor south corridor with the fire</p>	K9999			

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K9999	<p>Continued From page 63</p> <p>department's recorded signal. Per E2, no adjustments had been made to the Timeclock since the time of the fire incident.</p> <p>An undated facility document titled, "Fire Safety" was reviewed on 5/21/08. The document stated in part, "Hampton Plaza provides safety training for all staff on an ongoing basis. Fire drills are conducted for all working shifts on a quarterly basis. ...Fire Instructions..."Code Red, be alert, calm and quick in taking the following action: ...*remove all residents away from immediate danger, *close all windows and doors throughout the facility..."</p> <p>A copy of a facility document with a notation of "(Rev 7/2004)" titled "Fire Policy &amp; Procedure" was reviewed on 5/21/08. Page 1 of the document stated, "Purpose: The primary purpose of the Fire Policy and Procedure is to provide a course of action for all personnel to follow in the event of a fire. Procedure: R-Rescue anyone in immediate danger. A-Alert other staff members of the fire and location over the intercom system. Pull the nearest fire alarm. The Person in Charge shall contact the fire department by call 911. C-Contain the fire. Close all doors and windows adjacent to the fire...E-Extinguish if the fire is small...Special Note: The most common cause of death in a fire is smoke, and not the flames, Keep low to the floor and avoid inhaling too much smoke..." Pages 2 and 3 of the document listed duties for "Person in Charge," "Nursing, Dietary, and Housekeeping/Laundry Personal [sic]," "Maintenance Personnel", and "Administrator."</p> <p>Duties for the "Person in Charge" included, "...1. Call the fire department at 9-1-1. Give exact</p>	K9999			

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K9999	<p>Continued From page 64</p> <p>location of the fire and its extent. 2. Call the Administrator. 3. Assist with residents if evacuation is necessary. 4. Assign a staff member to meet the fire department in order to direct them to the fire. Assign a staff member to keep a roster of residents if evacuation is necessary...."</p> <p>Duties for Nursing, Dietary, and Housekeeping/Laundry Personnel included, "1. One Dietary staff member is to go directly to the scene of the fire, taking extra fire extinguishers. 2. Remove all residents from immediate danger... 4. Stay close to residents to provide reassurance and provide comfort measures. 5. Close all doors and windows..."</p> <p>Duties for "Maintenance Personnel" included, "1. Go directly to the scene of the fire, taking extra fire extinguishers. 2. Check to be sure that all ventilating or blower equipment is shut off...."</p> <p>Duties for the "Administrator" included, "...2. Coordinate staff movement for highest efficiency. 3. Assist with resident movement in coordination with the charge nurse..."</p> <p>A copy of a facility document with a notation of "(Rev 7/2004)" titled, "Evacuation Policy &amp; Procedure" was reviewed on 5/21/08. Page 1 of the document stated, "Purpose: The purpose of an Evacuation Policy and Procedure is to inform the facility's employees of the steps that should be taken in the event of a partial Evacuation or a total facility Evacuation. Depending on the location of the fire, residents may be evacuated to another portion of the building, rather than total facility evacuation..." The "Procedures" section stated when the situation requires evacuation,</p>	K9999			

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K9999	<p>Continued From page 65</p> <p>the facility call tree" is to be put into effect in order to obtain available persons to evacuate the residents to safety..." Page 4 of the document, "Types of Evacuations" section, lists partial evacuation, "1. Remove residents from the immediate area of danger..."</p> <p>On 5/21/08 a copy of a facility "In-Service Training Validation Form" dated 6/12/07 was reviewed. The "Title/Topic" was "Fire Policy &amp; Protocol." Comments documented in the "Outline of In-Service Information" were: "When a fire alarm is triggered, all staff's first and foremost priority is the residents!!! All residents must be secured behind closed doors. No matter what floor you are on, when an alarm goes off, you must assist with the residents on that floor and make sure they are safe. Do not leave the floor, or go down the stairs (unless carrying a fire extinguisher) or punch out and leave the building. Do not go anywhere until the "All Clear" has been called.</p> <p>Per interview of E2, on 5/28/08, the facility did not have any other fire policies/procedures and no Housekeeping, Dietary or Maintenance staff were on duty at the time of the fire incident.</p> <p>NFPA 101, Section 19.7.2.1.states, "For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the</p>	K9999			

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K9999	<p>Continued From page 66 health care occupancy's fire safety plan."</p> <p>NFPA 101, Section 19.7.2.2 states in part, "A written health care occupancy fire safety plan shall provide for the following:...</p> <p>(3) Response to alarms (4) Isolation of the fire (5) Evacuation of the immediate area..."</p> <p>NFPA 101, Section 19.7.2.3 states, "All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person...."</p> <p>These sections of the Code and the facility policies were not followed during the fire incident of 5/14/08: 1) Staff responding to the fire did not perform the first step in the facility's policy of, "R-Rescue anyone in immediate danger..." Staff did not follow the facility's "Fire Safety" policy which states, "...remove all residents away from immediate danger..." Staff did not follow the facility's "Evacuation Policy &amp; Procedure" which states, "...Remove residents from the immediate area of danger." Staff did not follow the facility's "Fire Policy &amp; Procedure" which listed duties of nursing staff to include, "...Remove all residents from immediate danger..." Staff did not follow Sections 19.7.2.1, 19.7.2.2 (5) and 19.7.2.3 of the Code which requires evacuation of the immediate area of a fire. R1 and R2 were removed from Room 330 by fire department staff. R1 and R2 were then sent to the hospital where</p>	K9999			

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K9999	<p>Continued From page 67</p> <p>both expired. Review on 5/21/08 of the facility's "Accident/Incident Report" dated 5/15/08, showed R1 required assistance with activities of daily living, with "mobility status" of "wheelchair." Review on 5/21/08 of the facility's "Accident/Incident report" dated 5/15/08, showed R2's "mobility status" was "ambulatory."</p> <p>2) Section 19.7.2.2 (3) [response to alarms] was not followed as once the alarm sounded, staff interview statements reveal that staff left the upper floors of the facility and went down to the lower level reception area, then returned to the upper floors.</p> <p>3) Section 19.7.2.2 (4) [isolation of the fire] was not followed as staff responding to the alarm did not contain the fire. A staff member admitted opening the door to Room 330 and leaving it open before proceeding down the hallway. This led to the spread of smoke from room 330 into the hallways. Staff did not follow the facility's "Fire Safety" policy stated responding staff are to, "...close all ...doors throughout the facility..." Staff did not follow the facility's "Fire Policy &amp; Procedure" which listed duties of nursing staff to include, "....close all doors..."</p> <p>4) Sections 19.7.2.1 and 19.7.2.2 (4) [isolation of the fire] were not followed as staff responding to the alarm did not contain the fire. A staff member admitted that after going to Room 330, he/she proceeded down the hallway and opened windows. Staff did not follow the facility's "Fire Safety" policy which stated responding staff are to, "...close all ...doors throughout the facility..." Staff did not follow the facility's "Fire Policy &amp; Procedure" which listed duties of nursing staff to include, "....close all...windows...."</p> <p>2. On 05/15/08 at approximately 1:35 P.M. while</p>	K9999			

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K9999	<p>Continued From page 68</p> <p>accompanied by E3, the facility's "Record Of Floor Staff Meeting" fire drills from June 20, 2007 to May 16,2008 were reviewed. The facility did not produce documentation that the fire drill for the fourth quarter, first shift of 2007 was conducted. Following review of the fire drill documentation, E3 was interviewed on 5/15/08 at approximately 1:42 P.M. During that time it was confirmed that documentation for the fire drill of fourth quarter first shift of 2007 was not provided for the surveyor to review. A typical "Record of Floor Staff Meeting" dated 6/20/07 at 11:00 A.M., listed a "Summary of Minutes": "*call the fire dept. to put us out of svc for fire drill; *pull alarm box in...emergency door; *announce by receptionist [sic] red code 3x; *all doors on all floors..automatically close; *elevators doors were closed; *staff from each floor responded right away w/exting. to were [sic] red code is;*all hallway are clear...obstruction; *all resident were on [sic] their respective rooms; *reset alarm; *announce all clear 3x; *call fire dept. to put back on svc." Drills with same or similar "Summary of Minutes" were noted for 5/22/07 at "0400," 8/22/07 at "0500," 9/20/07 at "10:00am," 10/19/07 at "3:30pm," 12/14/07 at "0530," 1/16/08 at "4:00pm," 2/8/08 at "12:30," 3/7/08 at "0530," and 4/16/08 at "4:00."</p> <p>NFPA 101, Section 19.7.1.2, states, " Fire drills in healthcare occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m.</p>	K9999			



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K9999	<p>Continued From page 69 (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms."</p> <p>Section 19.7.1.2 was not followed as there was no evidence fire drills were evaluated the efficiency, knowledge and response of facility staff in implementing the facility's fire emergency plan. There was no evidence of evaluation of evacuation of residents in immediate danger, evacuation of smoke compartment, or floor.</p> <p>3. On 05/15/08 at approximately 12:35 P.M. while accompanied by E2 (Administrator) and E-3 (Maintenance Director) it was observed in a typical room similar to room 330, such as rooms 430 and 530, (having interior dimensions of approximately 19 feet, one inch by 19 feet, four inches) and other resident rooms of floors two through five were equipped with single station battery powered smoke detection devices installed in the 90's and located approximately 19 inches below the ceiling. This is below the maximum allowable distance of 12 inches from the ceiling to the center of the smoke alarm device. A battery test for sound was conducted by pressing the test button and the signal functioned. E1 (Chief Operating Officer) stated to Z1 and IDPH surveyors (Z6, Z7, Z8) that the existing battery powered smoke detectors were in place when the current owners took ownership in the "90 's."</p> <p>On /15/08 at 1:53 P.M., Z1 observed a battery operated smoke detector mounted 19 inches from the ceiling in Room 328. On /15/08 at 1:55 P.M., Z1 observed a battery operated smoke detector mounted 21-1/2 inches from the ceiling in Room 331. On 5/19/08 at 9:30 A.M., Z1</p>	K9999			

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K9999	<p>Continued From page 70</p> <p>observed a battery operated smoke detector mounted 20 inches from the ceiling in Room 430. On 6/4/08 at approximately 11:45 A.M., Z1 observed a battery operated smoke detector mounted 21 inches from the ceiling in Room 330. Room 330 was the site of a fire incident on 5/14/08 at approximately 11:00 P.M.</p> <p>On 05/15/08 at approximately 10:23 A.M., Z1 and Z8 requested the monthly battery smoke detector log from E2. E2 could not provide a monthly battery smoke detector log nor a replacement schedule.</p> <p>E3 was interviewed at 12:45 P.M. on 05/15/08 and stated that the resident rooms had "out dated" smoke detectors that were not installed in accordance to Code as per wall mount height and were not at the center of room ceiling mounted to provide full coverage of total area.</p> <p>42 CFR Subpart 483.70 (a) (7) requires a long term care facility that is not fully sprinklered to install at least, battery-operated single station smoke alarms in resident sleeping rooms and common areas. The Centers for Medicare &amp; Medicaid Services (CMS), Survey and Certification Memorandum 05-25 (S&amp;C-05-25) dated April 14, 2005, stated all nursing homes that are not fully sprinklered are required to comply with the regulation and that facility fire plans must be modified and staff trained in response to the alarm from a smoke detector. Detectors shall be installed in accordance with the manufacturer's recommendations, but at a minimum, one shall be installed in each resident sleeping room. The detectors shall be tested weekly and batteries changed at least semi-annually, or, if the battery has a longer life</p>	K9999			

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K9999	<p>Continued From page 71</p> <p>in accordance with the manufacturer's recommendations. CMS expects that facilities will keep records of all maintenance, testing and battery changing and have such records available at the time of any inspection.</p> <p>42 CFR Subpart 483.70 (a) (7) requires a long term care facility that is not fully sprinklered to install at least, battery-operated single station smoke alarms in resident sleeping rooms and common areas. The Centers for Medicare &amp; Medicaid Services (CMS), Survey and Certification Memorandum 05-25 (S&amp;C-05-25) dated April 14, 2005, stated all nursing homes that are not fully sprinklered are required to comply with the regulation and that facility fire plans must be modified and staff trained in response to the alarm from a smoke detector. Detectors shall be installed in accordance with the manufacturer's recommendations, but at a minimum, one shall be installed in each resident sleeping room. The detectors shall be tested weekly and batteries changed at least semi-annually, or, if the battery has a longer life in accordance with the manufacturer's recommendations. CMS expects that facilities will keep records of all maintenance, testing and battery changing and have such records available at the time of any inspection.</p> <p>NFPA 77, Section 2-3.4.3.1 states, "Spot-type smoke detectors shall be located on the ceiling not less than 4 in. (100 mm) from a sidewall to the near edge or, if on a sidewall, between 4 in. and 12 in. (100 mm and 300 mm) down from the ceiling to the top of the detector."</p> <p>NFPA 101, Section 4.2.3 states, "Systems Effectiveness. Systems utilized to achieve the</p>	K9999			

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K9999	<p>Continued From page 72</p> <p>goals of Section 4.1 shall be effective in mitigating the hazard or condition for which they are being used, shall be reliable, shall be maintained to the level at which they were designed to operate, and shall remain operational."</p> <p>NFPA 101, Section 4.5.1 states, "Multiple Safeguards. The design of every building or structure intended for human occupancy shall be such that reliance for safety to life does not depend solely on any single safeguard. An additional safeguard(s) shall be provided for life safety in case any single safeguard is ineffective due to inappropriate human actions or system failure."</p> <p>NFPA 101, Section 4.6.12.1 states, "Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction."</p> <p>NFPA 77, Section 8-3.5 states, "Unless otherwise recommended by the manufacturer, smoke alarms installed in accordance with Chapters 18, 19, or 21 of NFPA 101, Life Safety Code, shall be replaced when they fail to respond to tests conducted in accordance with 8-3.4 but shall not remain in service longer than 10 years from the date of installation."</p> <p>NFPA 101, Section 9.6.2.10.1 states, "Where required by another section of this Code,</p>	K9999			

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K9999	<p>Continued From page 73</p> <p>single-station smoke alarms shall be in accordance with the household fire-warning equipment requirements of NFPA 72, National Fire Alarm Code, unless they are system smoke detectors in accordance with NFPA 72, National Fire Alarm Code, and are arranged to function in the same manner."</p> <p>These requirements were not followed as evidenced by:</p> <ol style="list-style-type: none"> <li>1) 42 CFR Subpart 483.70 (a) (7) and 9.6.2.10.1 were not followed as the facility did not have a maintenance program for battery-operated single station smoke alarms.</li> <li>2) Section 2-3.4.3.1 was not followed detectors were observed located between 19 and 21 inches below the ceiling instead of the maximum allowable distance of 12 inches to the center of the device.</li> <li>3) Section 4.2.3 was not followed as the facility could not confirm reliability or age of the devices nor provide maintenance logs.</li> <li>4) Section 4.5.1 was not followed as a secondary system without regular maintenance would not be a reliable safeguard system.</li> <li>5) Section 4.6.12.1 was not followed as the battery operated smoke detector safety system was not maintained.</li> <li>6) Section 8-1.2.4 was not followed as the battery operated smoke detectors were not located in a position to operate.</li> <li>7) Section 8-3.5 was not followed as the battery operated smoke detectors were in place longer that 10 years.</li> </ol> <p>4. On 5/14/08, R1, R2 and R3 shared Room 330 on the third floor of the facility. R1 and R3 smoked cigarettes; R2 did not. On</p>	K9999			

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K9999	<p>Continued From page 74</p> <p>5/14/08 at approximately 11:00 P.M., there was a fire incident in Room 330. Based on staff interview, at the time of the incident, R3 was downstairs smoking on the first floor patio area.</p> <p>On 5/15/08 at 3:33 P.M., Z1 (CMS Surveyor) interviewed R4. During that interview, R4 stated: R4 and R1 were roommates from 2/13/08 until 4/1/08. R1 had at least one cigarette each day in the room R1 and R4 shared. R4 alerted staff to this a number of times and staff responded by stating the two had a conflict and moved R4. R4 stated R1 routinely put cigarettes out and put them in his pocket.</p> <p>On 5/15/08 at 4 P.M., E5 was interviewed by Z9 (Niles Police Department). During that interview, E5 stated that "smoking was a common problem with (R1)".</p> <p>On 5/15/08 at approximately 4:10 P.M., R4 was interviewed by Z8 (IDPH surveyor). During that interview, R4 stated that R4 resided in Room 330 from February until April of 2008 but was relocated because R4 complained "too much about (R1) always smoking in the room". R4 stated that due to R4's numerous complaints to facility staff about R1 smoking at all times, staff relocated R4 to another room on the second floor.</p> <p>On 5/21/08, R6's written statement of 5/15/08 was reviewed. Per R6's written statement, " I saw (R1's) son come here yesterday. This was about 11 am before lunch. I saw (R1's) son bring him outside the smoking room. He took him into the phone room so no one would see him give him cigarettes. He gave him a pack of cigarettes and a lighter...(R1) then came back in</p>	K9999			

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K9999	<p>Continued From page 75</p> <p>there asking others if they wanted a cigarettes [sic] or a light."</p> <p>On 5/22/08 at approximately 9:45 A.M., Z6 (IDPH surveyor) interviewed E17. During that interview, E17 stated that on 5/14/08, E17 did not give a "punch card" to R1 or R1's son and that approximately 10 cigarettes were given to R1's son on 5/14/08.</p> <p>On 5/21/08, the facility's cigarette "punch card" form utilized by the facility was reviewed. The form had an area for the resident name and date. Times listed for a cigarette were 10 and 11am; then 12, 1, 2, 3, 4, and 5 pm. The last line on the card stated, "Evening Cigarettes". Review of "punch cards" for R1 revealed cards only for May 5 and May 8, 2008. Only the 1P.M. box was checked on both cards. When requested, no punch card was provided for R1 for 5/14/0808.</p> <p>NFPA 101, Section 19.7.4 states, "Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in a other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking... (2) Smoking by patients classified as not responsible shall be prohibited... (3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is</p>	K9999			

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K9999	<p>Continued From page 76 permitted."</p> <p>The facility's undated "Smoking Policy" stated, " No smoking-unless in designated areas...Residents who need supervision while smoking will have all smoking material kept at nursing station or with Social Services, and will only smoke when supervised.....Supervision-Residents on smoking restriction will be given a punch card (see punch card) to be punched after resident is given one cigarette per hour. Staff will monitor residents on restriction while residents are smoking."</p> <p>An undated " Smoking, Care of Residents Who Smoke" policy was reviewed. The policy has 13 procedure steps:</p> <ol style="list-style-type: none"> <li>1. Post Facility Smoking Policy and Designated Smoking Areas.</li> <li>2. Post Designated Smoking Times.</li> <li>3. Review Facility smoking Policy with residents and legal representative on admission, obtain their signature and provide them a copy of the policy. Place a signed copy in the chart.</li> <li>4. Complete a Supervised Smoking Assessment HCM 4135 on all residents who smoke upon admission and quarterly thereafter.</li> <li>5. Residents assessed as requiring supervision during smoking shall be prohibited from smoking except under direct supervision.</li> <li>6. Residents assessed as independent smokers are permitted to smoke unsupervised in the designated areas during posted smoking times.</li> <li>7. Residents assessed as independent smokers may lose the privilege if they are assessed to be unsafe to continue smoking unsupervised or provide smoking materials to residents who require supervision.</li> <li>8. Cigarettes and lighters will be kept at the nurses' station or by facility staff.</li> <li>9. Smoking is</li> </ol>	K9999			



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K9999	<p>Continued From page 77</p> <p>not allowed in resident room or corridors. 11. No resident will be allowed to smoke with oxygen tanks near (hooked to wheelchair) whether the tank is on or off. 12. Non-combustible ashtrays and receptacles will readily available in each smoking area. 13. Any resident who does not abide by the facility smoking policy may be discharged to another facility of their choice."</p> <p>The facility failed to follow its own smoking policies and the Code: 1) Staff did not provide direct supervision of a resident with a history of unsafe smoking practices. 2) Staff did not ensure that residents requiring direct supervision only smoked designated areas. 3) Smoking paraphernalia were not always kept at the nurses' station or by facility staff.</p> <p>On 5/15/08 at 215 P.M., it was observed, the outside courtyard used for smoking had cigarette butts strewn about the entire walking path and containers at the seating areas where an open ashtray instead of self closing cover devices. The indoor smoke room (Canteen) was not being used due to remodeling of wall paint and new ceiling tiles.</p> <p>(A)</p>	K9999			