

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

PRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RIVER PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST NEW YORK STREET AURORA, IL 60505</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	
F 495	Continued From page 78 demonstrated competence through satisfactory participation in a State-approved nurse aide training and competency evaluation program or competency evaluation program; or has been deemed or determined competent as provided in §§483.150(a) and (b).  This REQUIREMENT is not met as evidenced by: Based on Record Review and Interview the facility failed to ensure that individuals employed as nurse aides have been deemed competent. This is for 2 of ten Nurse Aide files reviewed. (E22, E23)  Findings Include;  The personnel record of E22 lacks documentation of transfer of competency from the state of Indiana to the state of Illinois. E22 was hired on 7/10/08. In an interview with E24, the director of Human Resources, he stated that no paperwork has been done to transfer E22 to the Illinois Certified Nurse Registry(CNA). The personnel record of E23 was reviewed. The CNA Registry states she was a "no show" for the competency exam and she works part-time as a Certified Nurse Assistant. In an interview with E24, he stated that E24 did work full-time for the required hours but could not provide any documentation to verify the same.	F 495			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.610a)	F9999			

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

PRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RIVER PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST NEW YORK STREET AURORA, IL 60505</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	
F9999	<p>Continued From page 79 300.1210b)6)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 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>These Regulations are not met, as evidenced by the following:</p> <p>Based on observation, record review and staff interview, the facility failed to implement their current smoking plan in a consistent and timely manner, assess risk factors after each infraction with an individualized approach in the medical record, and develop a care plan that deals with</p>	F9999			

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

PRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RIVER PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST NEW YORK STREET AURORA, IL 60505</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	
F9999	<p>Continued From page 80</p> <p>residents who continued to smoke in individual rooms. The facility had multiple episodes of breaking the smoking rules. This occurred on all three shifts. Surveyors noted smoking in resident rooms continued for these identified noncompliant residents (R23 and R5) with no supervision or intervention.</p> <p>Observations began on the initial tour 12/8/08 and 12/9/08, when R23 was observed smoking in his room and cursing when asked about it. Staff escorting surveyor came into the room after the observation with room still full of smoke. Surveyor also noted evidence of smoking such as cigarette ashes and butts on the floor and strong odor of fresh cigarette smoke noted in the room. E7 acknowledged that R5 is noncompliant and had been smoking in his room. CNAs and staff on the floor also identified R23 as constant noncompliant smoker and that both residents are reported regularly to Psychosocial department. There were no documented interventions on these incidents. Surveyors identified multiple smoking infractions per observation that were acknowledged by staff. It was determined that present facility smoking approaches were not effective and not applied consistently and timely to safeguard the facility residents from danger due to inappropriate and unsupervised smoking.</p> <p>On recheck 12/11/08 at 9:30 am, surveyors observed 11 cigarette butts and ashes around R23's bed, around his room and two in his bathroom. Two of the cigarette butts were on a plastic cup in a garbage can with other papers next to his bed and his roommate. This condition was shown to staff and E1, who determined the roommate was doing it. The facility could not show what monitoring was initiated.</p>	F9999			

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

PRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RIVER PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST NEW YORK STREET AURORA, IL 60505</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	
F9999	<p>Continued From page 81</p> <p>During the initial tour, cigarette smoke smell was noted on the 3rd floor east hallway with staff and residents present. No staff were checking from where the cigarette smoke was coming. Upon entering room, R5 was noted smoking a cigarette sitting on the bed. R5 immediately stepped on the cigarette and started cursing. The condition was shown to E7. E7 acknowledge the presence of cigarette smoke and the regularity of this occurrence. R5 started cursing when asked about it. E7 indicated that R5 gets upset when confronted about smoking. Staff had no intervention on his inappropriate behavior and no documentation of the behavior.</p> <p>On 12/9/08 at 9:30 am, smoke was again noted coming out of R5's room. R5 was sitting down on his bed and was asked if he was just smoking. R5 responded with statement "What's it to you! Get the f--- out of my room." This condition was expressed to E7 who also came into the room and acknowledged that there was smoke in the room and R5 started cursing and telling staff to get out of room.</p> <p>Staff interviews of E7, E8 and E9 were done. All indicated that R5's noncompliant behavior occurs regularly and that these are reported to the Psychosocial service department regularly. The rest of the time, they see evidence of the smoking such as cigarette smell and cigarette butts and ashes on the floor but do not make reports regularly as he is not caught smoking all the time.</p> <p>Review of R5's record shows last safe smoking assessment was done on 7/22/06 which reflected that he was a safe smoker. R5 had multiple</p>	F9999			

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

PRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RIVER PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST NEW YORK STREET AURORA, IL 60505</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	
F9999	<p>Continued From page 82</p> <p>infractions as documented on behavior reports smoking in rooms not designated as smoking areas. Care plan remains the same with dates being renewed with the same approaches. R5 is listed as a dependent smoker, indicating that R5 should not have any cigarettes and lighting material as he is an unsafe smoker, but R5 continues to light his own cigarette in his room with minimal interventions.</p> <p>During interview, the psychosocial staff E16 and E17 indicated that staff on the floor are responsible for reporting incidents of suspected smoking and making reports about the suspected behavior. E17, who is not a PRSC, indicated "I am assigned to him because he is verbally abusive and uncooperative. He gets abusive when anybody catches him smoking and he does not listen to anybody but his brother. I call his brother to talk to him when he is abusive. When he is not compliant, we talk to him or call his brother." E16 indicated R5's behavior had increased since he transferred to the third floor. E16 and E17 offered no alternative plan for their interventions that are not working. E16 and E17 were not aware of what to do next.</p> <p>The smoking policy is described as follows: 16 listed infractions including smoking on undesignated area, possessing matches, evidence of smoking in rooms and bathrooms, buying or selling cigarettes from others. For residents involved in the dependent smoking program, the first offense will result in a one day restriction. Each additional offense will result in additional day of restriction (second offense, two day restriction, third offense, three day suspension....)</p>	F9999			

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

PRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RIVER PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST NEW YORK STREET AURORA, IL 60505</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	
F9999	<p>Continued From page 83</p> <p>Residents will be taken down every other hour in small groups to the smoke room by 3rd floor staff for a smoke and then brought back to the unit.</p> <p>There are no other provisions on habitual offenders. R5's documentation shows that protocols were not implemented and R5's infractions are not all documented.</p> <p>R24, the roommate of R5 indicated that R5 smokes all the time in the room. R24 indicated that he complained about the fact that R5 keeps the window open to get rid of the smoke and its very cold in the room especially at night. R24 stated that he had told staff about the window being open and they do not do anything about it because they are afraid he would curse them out which he does when they come in while he smokes. R24 also indicated R5 throws all the cigarette butts on the floor and in his garbage can between them.</p> <p>Review of R5's record shows no record of his behaviors and the type of interventions provided in the psychosocial or nursing documentation. There are no reassessments of this unsafe behavior since 2006 and facility has allowed this known unsafe practice to go on with no revision of the ineffective approaches.</p> <p>R23 was observed during initial tour 12/8/08 at 10:00 am in bed with ashes on his bed and on the floor. There were four cigarette butts on the floor around his bed and two Styrofoam cups full of cigarette butts at his bedside table. There were two cigarette butts in the bathroom and cigarette ashes on the sink and toilet bowl. R25 was at bedside stating he smokes but is given the cigarettes when he goes down to smoke.</p>	F9999			

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

PRINTED: 04/16/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145894</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/15/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>FOX RIVER PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>400 EAST NEW YORK STREET AURORA, IL 60505</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	
F9999	<p>Continued From page 84</p> <p>R25 indicated that his roommate smokes all night and it bothers him when he smells the cigarette as he would like to have one too. R23 did not respond when asked. Staff during the tour indicated that R23 has been caught smoking in his room. Staff were made aware of the cigarette butts and ashes noted on the floor. Room was rechecked in the afternoon and housekeeping cleaned out all the ashes and cigarette butts on the floor and in the garbage cans and cups. R23 was again checked at 10:00 am on 12/9/08. R23 had two cigarette butts on the floor around his bed and five around a chair in the room's common area with ashes all over. Again on recheck, housekeeping cleaned out his area and mopped the floor thereafter. R23 had the same conditions noted on 12/10/08. E1 was made aware of the conditions at 10:45 am including R23's infractions. E1 indicated that he had implemented an abatement plan that included confiscating all the smoking paraphernalia and cigarettes of all the residents and that all residents are going to be in a program with scheduled smoking time. As part of the facility abatement plan, E1 implemented a monitoring of the resident at risk every hour 24 hours a day with signed checklist.</p> <p>On 12/10/08 at 2:40pm, room 500 smelled like stale smoke.</p> <p>On 12/10/08 at 2:45pm during a private interview with R36 in his room, he stated, "R37, my roommate is a smoker. I've been woken up several times at night. He asks me for a 'light.' He smokes in bed. I am afraid he might fall asleep in bed while smoking. Sometimes the smoke is so thick in the room that I have to fan it out the window or door."</p>	F9999			