

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6003941	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2010
NAME OF PROVIDER OR SUPPLIER HALSTED SHELTER CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 16044 SOUTH HALSTED STREET HARVEY, IL 60426		
(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) COMPLETE DATE
Z9999	<p>FINDINGS</p> <p>Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).</p> <p>This Requirement was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to comply with the "Food Service Sanitation" (77Ill. Adm. Code 700) for the following reasons:</p> <ul style="list-style-type: none"> -Dry food was not stored in National Sanitation Foundation Testing Laboratory (NSF) certified containers for food storage. -The kitchen was not equipped with the correct thermometer for taking temperature. -Hot food was not above 140 degrees Fahrenheit (F) -Lights not shielded in the dry food storage areas. <p>Findings Include:</p> <ol style="list-style-type: none"> 1. 3/17/2010, during a kitchen tour 22 black plastic garbage containers and plastic storage bins for clothes were observed storing food in the dry storage areas. Also, two ceiling light bulbs were observed not shielded in the dry food storage areas. 2. 3/17/2010, a meal observation was done in the basement dining room of building 48. A large container of fried chicken was observed sitting on top of the stove at the time the observation began. The chicken was to be served for the noon meal, hot. The sign posted with the meal 	Z9999		

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z9999	<p>Continued From page 1</p> <p>times stated that lunch was to start at 11:30am. The first resident was not served lunch until 12:09pm. At approximately 11:50am, E4 (Cook) was asked to take the temperature of the chicken waiting to be served. E4 pulled out a thermometer that only read the temperature from 120 degrees Fahrenheit (F) to 220 degrees F. E4 stuck the thermometer in the chicken. The temperature of the chicken was below 120 degrees F. because the dial never moved.</p> <p>Section 330.2010 Kitchen Equipment, Utensils, and Supplies</p> <p>Each facility shall provide an adequate number of dishes, glassware, and silverware of a satisfactory type to serve all the residents in the facility at each meal</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to provide dishes and silverware to serve food at meal time to residents.</p> <p>Findings Include:</p> <p>1. 3/17/2010, a meal observation was done in the basement dining room of building 48. The observation started at approximately 11:25am. At 12:09pm, resident were served lunch on paper plates with plastic spoons. No knives or forks were observed. One resident asked for a fork to eat his lunch with. Only plastic forks were brought out for the resident to eat with. R1 was observed eating with regular silverware was asked where she had gotten her spoon, fork and</p>	Z9999		

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Z9999	Continued From page 2 napkin? R1 said that the spoon and fork are her own personal silverware. 3/17/2010, during the Daily Status meeting, E6 (Site Manager) was told about the lack of real silverware. E6 stated that the facility had gone to using paper and paper, exclusively. Section 330.2210 Maintenance a) Every facility shall have an effective written plan for maintenance, including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: (B) 1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor coverings, such as tile or linoleum; loose handrails or railings; loose or broken window panes, and any other similar hazards. (B) 5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition. 6) Maintain the grounds and other buildings on the grounds in a safe, sanitary, and presentable condition. (B) This requirement was not met as evidenced by: Based on observation, the facility failed to have an effective maintenance department for the following reasons: -rodent proofing exit doors	Z9999		

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Z9999	Continued From page 3 -standing pooling water in basement stairwell -standing pooling water in backyard -ill fitted kick plate preventing closure of exit door. - Findings Include: 1. 3/17/10, during a tour of the facility that started at approximately 10am, the following observations were made: -Standing pooling water was observed at the bottom of the basement stairwell in front of the back exit door of Building (BLDG)48. The drain in the stairwell was clogged with dirt and slit, thus causing the water not to drain. The facility called in a outside plumbing contractor that discovered a busted pipe that allowed the drian to fill with dirt and not drain. -Standing pooling water was observed in the backyard of BLDG 48 near the entrance to the basement dining room. The pooling water was caused by the gutters draining water off the roof into a deep impression in the backyard. The area had not been grade to drain the water from the gutters correctly. -In BLDG 52, the door to R6's room had large splinters of wood hanging from it. Inside the room peeling bubbling paint on the ceiling was observed. -The 2nd floor back exit door needed rodent proofing to BLDG 48. -The wooden kick plate on the bottom of the back exit door of BLDG 52 was too wide for the door and stopped the door from properly closing. -The ceiling lights in R6, R11 and R7's rooms were not shielded. -R12 and R13's room had a one and half inch hole through the wall. The steel forms on the edges of the closet door were exposed because of the missing wall plaster	Z9999		

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Z9999	Continued From page 4 Section 330.2230 Laundry Services a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either through an in-house laundry or a contract with an outside service. An adequate supply of clean linen shall be defined as the three sets of sheets, draw sheets, and pillow cases required to provide for the residents' needs. Additional changes of linen may be required in consideration of laundering and transporting soiled linens. If an in-house laundry service is provided, then the following conditions shall exist: This requirement was not met as evidenced by: Based on observation and interview, the facility failed to have an effective Laundry Service. Residents are required to wash their own bed linen. The facility is failing to make sure that residents are maintaining clean linen on their beds. Findings Include: 1. 3/17/10 and 3/18/10, soiled linen was observed on E7's bed. Soiled linen was, also, observed on R11's bed, 3/18/10. 3/17/10, during the Daily Status Meeting, E6 (Site Manager) stated that residents are responsible for washing their own linen. 3/18/10, at approximately 11am, R7 was interviewed and asked about the soiled linen on his bed. R7 stated that he is given clean linen by staff and maybe the reason why his linen wasn't clean the last two days is because he is in	Z9999		

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Z9999	Continued From page 5 and out of the facility. 3/18/10, during the Daily Status Meeting, the facility's laundry service and maintenance of clean linen on the beds of residents were discussed. The facility staff stated that R7 washes his own linen and knows that he has to. Staff was asked, how do they monitor that resident are keeping up with such task as maintaining clean linen on their beds? No clear answer was given. Section 330.2410 Furnishings d) A satisfactory reading lamp, or equivalent, shall be provided for each bed. e) Each bed shall be provided with a minimum of one clean, comfortable pillow. f) Each bedroom shall be provided with a mirror, unless there is a mirror in a bathroom opening into this bedroom. Each lavatory shall be provided with a mirror. h) Dining room furnishings shall be provided for each resident which are well constructed, comfortable, in good repair, and of satisfactory design for the residents. There shall be a sufficient number of tables. j) For each bed there shall be furnished: 1) A minimum of two adequately sized dresser drawers. 2) A comfortable chair. 3) An individual towel rack. 4) A satisfactory reading light over, or at the side of, the bed.	Z9999		

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Z9999	Continued From page 6 6) A satisfactory bedside cabinet. This requirement was not met as evidenced by: Based on observation, the facility failed to provide all resident rooms with reading lamps, towel racks, comfortable chair, mirrors, bed side tables or two dresser draws for each resident. Findings Include 1. During tours of the facility, made 3/17/10 and 3/18/10, the following observations were made: -R7 and R9's room did not have a mirror, towel racks, two reading lamps, two bed side tables or 2 comfortable chair. -R8 and R10's room did not have a mirror, towel racks, 2 reading lamps and 2 comfortable chairs. -R11's room had no mirror, no towel rack, no readings lamps and no comfortable chair. -R12 and R13's room did not have a mirror, towel racks, two reading, two lamps, two comfortable chairs and chest of draws. Section 330.3670 Bedrooms a) Every existing facility shall meet the following requirements for bedrooms: 2) Each multiple bedroom used for residents shall have at least 60 square feet of floor area, not including any space taken up by closets, for each resident's bed. There shall be a three foot minimum distance between beds.	Z9999		

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Z9999	<p>Continued From page 7</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation, the facility failed to provide all residents living in multiple resident rooms with 60 square feet of space.</p> <p>Findings Include:</p> <p>1. The following resident bedrooms* were measured, 3/18/10 and found to be less than 60 square feet (sq. ft.) of living space per resident.</p> <p>R7 & R9 -approximately 53.57 sq. ft. per resident. R8 & R10 - approximately 59.58 sq. ft. per resident. R11 & (No roommate) - approximately 52.42 sq. ft per resident. R12 & R13 - approximately 53.31 sq. ft per resident. R4 & R14 - approximately 56.42 sq.ft per resident.</p> <p>* All resident rooms measured were observed with 2 beds in each room. The rooms had to be identified by their occupants because their are no other identifying labels on the doors such as numbers.</p> <p>Section 330.3690 Kitchen</p> <p>Every existing facility shall:</p> <p>h) Have future installations of equipment of an institutional type in compliance with the adopted standards of the National Sanitation Foundation Testing Laboratory .(B)</p>	Z9999		

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Z9999	Continued From page 8 This requirement was not met as evidenced by: Based on observation, the facility failed to store dry food in NSF certified storage units. Findings Include: 1. 3/17/2010, during a kitchen tour 22 black plastic garbage containers and plastic storage bins for clothes were observed storing food in the dry storage areas. Also, two ceiling light bulbs were observed not shielded in the dry food storage areas. Section 330.2410 Furnishings d) A satisfactory reading lamp, or equivalent, shall be provided for each bed. e) Each bed shall be provided with a minimum of one clean, comfortable pillow. f) Each bedroom shall be provided with a mirror, unless there is a mirror in a bathroom opening into this bedroom. Each lavatory shall be provided with a mirror. h) Dining room furnishings shall be provided for each resident which are well constructed, comfortable, in good repair, and of satisfactory design for the residents. There shall be a sufficient number of tables. j) For each bed there shall be furnished: 1) A minimum of two adequately sized	Z9999		

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Z9999	Continued From page 9 dresser drawers. 2) A comfortable chair. 3) An individual towel rack. 4) A satisfactory reading light over, or at the side of, the bed. 6) A satisfactory bedside cabinet. This requirement was not met as evidenced by: Based on observation, the facility failed to provide all resident rooms with reading lamps, towel racks, comfortable chair, mirrors, bed side tables or two dresser draws for each resident. Findings Include 1. During tours of the facility, made 3/17/10 and 3/18/10, the following observations were made: -R7 and R9's room did not have a mirror, towel racks, two reading lamps, two bed side tables or 2 comfortable chair. -R8 and R10's room did not have a mirror, towel racks, 2 reading lamps and 2 comfortable chairs. -R11's room had no mirror, no towel rack, no readings lamps and no comfortable chair. -R12 and R13's room did not have a mirror, towel racks, two reading, two lamps, two comfortable chairs and chest of draws. Section 330.1510 Medication Policies a) Every facility shall adopt written policies	Z9999		

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Z9999	<p>Continued From page 10</p> <p>and procedures for assisting residents in obtaining individually prescribed medication for self-administration and for disposing of medications prescribed by the attending physicians. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility.</p> <p>Based on record review, the facility failed to follow their policy on Self Administration of Medications for 6 residents in the sample (R1-6).</p> <p>Findings include:</p> <p>Review of clinical records for R's 1-6 showed physician orders for self administration of drugs.</p> <p>Facility policy for "Self Administration of Medications Procedure" states the following:</p> <p>Responsibility: Licensed Nurses</p> <p>1. Residents who request to self-administer drugs will be assessed at the time of admission or thereafter, to determine if the practice is safe, based on the results of the "Resident Assessment-Self Administration of Medications" tool..</p> <p>4. Persons authorized to administer medications are responsible for documenting resident's understanding of the use of emergency and routine drugs, signs symptoms and response to use and based on observations of resident self administration.</p> <p>9. Residents who self-administer shall be monitored at least semi-annually by licensed nursing personnel.</p> <p>None of the records reviewed had an assessments or other documentation regarding</p>	Z9999			

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Z9999	Continued From page 11 self administration of drugs. Section 330.1710 Resident Record Requirements b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. 1) Record entries shall be made by the person providing or supervising the service or observing the occurrence that is being recorded. 3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports. Based on record review and interview, the facility failed to document and administer sliding scale insulin as ordered by the physician, and failed to document the site where the resident injects the insulin for 2 sampled residents (R3, R4) Findings include: 1. R3 has diagnoses that include diabetes mellitus, hypertension and Schizophrenia. The resident's "Diabetic Flow Sheet" has a sheet of notebook paper with the resident's sliding scale order written on it. This paper documents the the following: Humalog: 200-250 - 4 units	Z9999		

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Z9999	<p>Continued From page 12</p> <p>251-300 - 6 units 301-350 - 8 units 351-400 - 10 units 401 and above - call physician</p> <p>The flow sheet shows blank areas for glucose monitoring for 2/15/10, 2/28, 3/13, 3/14, 3/15, 3/16, 3/17/10.</p> <p>From 2/16 - 2/22/10 the glucose monitoring is as follows:</p> <p>2/16 =260 mg/dl 2/17 = 218 mg/dl 2/18 = 243 mg/dl 2/20 = 256 mg/dl 2/21 = 265 mg/dl 2/22 = 280 mg/dl 3/18 - 217 mg/dl</p> <p>All of these values required insulin to be given and no insulin dose is documented.</p> <p>None of the documentation shows the site where the insulin was injected or that the sites are being rotated daily.</p> <p>2. R4 has diagnoses that include diabetes mellitus and Schizophrenia.</p> <p>The resident's "Diabetic Flow Sheet" book has a sheet of notebook paper with the resident's sliding scale written on it. This paper shows the the following:</p> <p>Humalog: 200-250 - 4 units 251-300 - 6 units 301-350 - 8 units</p>	Z9999		

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Z9999	<p>Continued From page 13</p> <p>351-400 - 10 units 401 and above - call physician</p> <p>The flow sheet shows blank areas for glucose monitoring for: 2/15, 2/19, 2/21, 2/22, 2/23, 2/25, 2/26, 3/13, 3/14, 3/15, 3/16.</p> <p>None of the documentation shows the site where the insulin was injected or that the sites are being rotated daily.</p> <p>Per E1 (Asst. Administrator) on 3/18/10, the residents draw up there own insulin and administer it in their rooms for privacy.</p> <p>Section 330.1720 Content of Medical Records c) In addition to the information that is specified above, each resident's medical record shall contain the following: 2) A physician's order sheet that includes orders for all treatments, diet, activities and special procedures or orders required for the safety and well-being of the resident. The physician's order sheet shall also include a record of the medications prescribed for the resident by the physician, and a statement that the resident is capable of self-administering these medications.</p> <p>Based on record review, the facility failed to have orders for 2 residents (R3, R4) for their diets, glucose monitoring and how often to test, and the type, dosage and administration guidelines for their insulin usage.</p> <p>Findings include:</p> <p>1. R3 has diagnoses that include diabetes mellitus, hypertension and Schizophrenia.</p>	Z9999		

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Z9999	<p>Continued From page 14</p> <p>The clinical record does not show a transcribed order on the physician order sheet (POS) for daily insulin or sliding scale insulin even though the resident receives both. There is also no order that states how many times a day the resident should be testing his glucose. There is no order for the type of diet the resident should be on. The resident's "Diabetic Flow Sheet" has a sheet of notebook paper with the resident's sliding scale insulin written on it but no other information.</p> <p>2. R4 has diagnoses that include diabetes mellitus and Schizophrenia.</p> <p>The clinical record does not show transcribed orders on the physician order sheet (POS) for daily or sliding scale insulin use. There is also no order that states how many times a day the resident should be testing his glucose. There is no order for what type of diet R4 should be on.</p> <p>The resident's "Diabetic Flow Sheet" has a sheet of notebook paper with the resident's sliding scale order written on it but no other information.</p>	Z9999			