

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

PRINTED: 03/10/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145899	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/12/2010
NAME OF PROVIDER OR SUPPLIER LEXINGTON OF ORLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 14601 SOUTH JOHN HUMPHREY DR ORLAND PARK, IL 60462		
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F 314	Continued From page 25 breakdown, reporting of skin break down completed 08/10/10. - Facility will review and revise as indicated the wound policy/guidelines and debridement policy. Any changes in policy/guidelines will be reviewed with medical director at QA meeting. - Wound doctor will follow-up on and participate in post plan of care on wounds that he/she completed mechanical debridement. -Wound report will be reviewed by QA at Qa meeting. Facility will obtain written consent prior to wound Dr. performing mechanical debridement within the facility. The facility has developed a QA audit tool to monitor compliance. Director of nursing or designee will complete audit daily for 2 weeks, three times a week for 2 weeks, then weekly x 4 weeks to ensure facility is improvising treatments as ordered and as assigned, documentation of treatments on TAR, transcribing treatment orders to TAR, completing weekly wound assessments, accurate documentation of wound site, and obtaining written consent and use of verbiage families can understand, 8 weeks assessment of wound response to treatment. Will review weekly wound report wound documentation to ensure accuracy and completion and Braden scale for wound history accuracy. Results of audit will be reviewed by QA committee. QA committee will determine continued frequency of monitoring.	F 314			
F9999	FINAL OBSERVATIONS	F9999			

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F9999	<p>Continued From page 26 LICENSURE VIOLATIONS</p> <p>300.1210a) 300.1210b)2) 300.1210b)3) 300.1210b)5) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 3) 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 evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24 hour, seven day a week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's</p>	F9999			

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F9999	<p>Continued From page 27</p> <p>clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>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 are not met as evidenced by:</p> <p>Based on record review, interviews, review of facility policy on pressure sores and review of hospital records, the facility failed to ensure that 1 sampled resident (R2) was free from neglect and failed to provide treatments and services in the areas of pressure sores as follows:</p> <ul style="list-style-type: none"> - Provide treatments to each pressure sore as ordered by the physician. - Perform weekly assessments (per facility protocol) to all pressure sores to determine if the treatment therapy is effective and the pressure sore is improving. - Comprehensively assess each newly developed pressure sore before treating it. - Provide an explanation to resident's family/POA (power of attorney) related to the debridement process in a language he/she understands. - Obtain a written consent from family/POA before the debridement procedure is done. 	F9999			

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F9999	<p>Continued From page 28</p> <p>- Accurately and consistently document pressure sore sites.</p> <p>These failures resulted in 1 sampled resident (R2) who developed pressure sores in the facility to having signs and symptoms of wound sepsis/infection. R2 was transferred to a local hospital with an axillary temp of 104.2 F in spite of antibiotic therapy. R2 required wound debridement to the left foot (not identified or treated by facility staff), and was found with MRSA (Methicillin Resistant Staph aureus) in the left leg. R2's right foot was not salvageable due to extensive gangrene consuming the entire right heel that was wet and malodorous. Right above the knee amputation was planned/discussed, however R2 expired before this could be done.</p> <p>R2 expired 3 days (06/25/10) after transfer from the nursing home to the local hospital with a secondary diagnosis of "Infected right foot."</p> <p>The findings include:</p> <p>1) On 08/05/10 at approximately 11:35am Z1 stated to surveyor per telephone interview "(R2) had a small area on the right heel that got worse because they didn't treat it." Z1 added, "(E4-wound care nurse/coordinator) had told me she would be gone for a few days, but the nurse will continue to take care of (R2's) foot. Z1 continued, "When I came to see (R2), there was a dressing on (R2's) foot dated 06/13/10, when they (facility staff) removed it the entire heel was black and draining pus." Z1 finally stated, "(R2) was transferred to the hospital on 06/22/10. They wanted to do an amputation above the knee on (R2), but I really didn't want them to do that. The</p>	F9999			

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F9999	<p>Continued From page 29</p> <p>Doctor explained to me that (R2's) whole lower leg had no circulation, and he gave me a couple days to think about it, but (R2) died that Friday."</p> <p>Closed Record review indicated that R2 was an 82 year old resident who was admitted to the facility on 10/25/09 with diagnoses including Dementia with Behavioral disturbances, Non-insulin dependent diabetes mellitus.</p> <p>R2 was admitted to the facility with no open areas or skin breakdown.</p> <p>On 06/07/10 during a routine podiatrist visit, R2 stated to Z5 (podiatrist) "My heel hurts." Z5 assessed R2's heels and documented finding a 3.3 x 3.1cm wound on R2's right heel. Review of the facility's nurses notes dated the same day 06/07/10 also documents R2 with a 3.5 x 2.5cm open blister on R2's right heel. Z3 (physician of R2) was notified and orders given to apply Betadine to R2's right heel and cover with Kerlix daily until healed."</p> <p>Review of the facility's TAR (treatment administration sheet) indicates R2 received treatment to the right heel from 06/07/10 until 06/13/10. There was no treatment given to R2's right heel from 06/13/10 until 06/22/10. A total of 8 treatments were missed. R2 was sent to a local hospital on 06/22/10 due to deterioration at the right heel site and a temperature of 104.2 degrees. There was also no other assessment performed to R2's right heel to determine improvement or lack of improvement since 06/07/10.</p> <p>Further documentation dated 06/11/10 (3 days later) indicates that Z4 (wound doctor) assessed</p>	F9999			

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F9999	<p>Continued From page 30</p> <p>R2's right heel and documented the size as follows: 5.0 x 5.0 x not measurable with a scant amount of serous drainage. Z4 also identified a newly developed pressure sore on R2's left medial posterior ankle. Z4 sized this new site as follows: 2.0 x 2.0 x 0.1cm with a small amount of serous drainage.</p> <p>Record review further indicates that E4 also assessed this site on 06/12/10 and staged it as a 2 and sized it as follows: 2.0 x 2.0 x.0. However, review of the facility's TAR indicates that E4 had treated R2's left lower leg on 06/10/10 before an assessment was performed. The treatment to R2's left lower leg was changed by the physician on the next day (06/11/10). The new treatment was as follows: Dc previous treatment order to left medial posterior leg. Left medial posterior leg : "cleanse with normal saline, pat dry, and apply Polymen and protective dressing every 3 days."</p> <p>Review of the facility's TAR indicated this treatment was done by E4 as ordered on 06/11/10 however there was no further treatment to this site until 06/21/10. This review indicates that R2 had missed a total of 3 treatments 3 days apart. There was also no assessment performed by the facility staff since 06/12/10 in all records reviewed.</p> <p>Z4 performed a debridement on this site (left lower medial leg) as documented by E4 on 06/12/10 at 9:18pm. Documentation included in part: "manual debridement performed bedside. pain med refused. pt tolerated procedure well. order changed due to drainage related to debridement."</p> <p>There was no facility policy in place regarding</p>	F9999			

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F9999	<p>Continued From page 31 follow up after this procedure.</p> <p>There was no evidence that a consent was obtained from Z1 (who was present during the procedure) or any family member of R2 for this procedure to be done, nor was there evidence of documentation that the procedure was explained to Z1 using language that was understood including "sharps being used or cutting away the tissue of the wound." There was no evidence that the risk involved, including bleeding and infection was explained to Z1. There was also no evidence that R2 was premedicated prior to this procedure. R2 is identified as confused with history of dementia.</p> <p>Surveyor again interviewed Z1 on 08/09/10 at approximately 12:50am regarding the explanation of the debridement procedure to R2's leg. Z1 stated, "I was there (nursing home) visiting one day when a doctor and a nurse was there with (R2)." Z1 continued, "The Doctor told me he was just going to clean up the sore on (R2's) leg a little." Z1 continued, "He (wound doctor) took some kind of instrument and pressed it on (R2's) sore and some kind of drainage ran out." Upon further interview Z1 stated, "No, I didn't see him cut anything. He (wound Doctor) never mentioned the word cutting to me." Z1 added, "No one ever asked me anything about a consent to do that or the danger."</p> <p>On 08/11/10 at 1:05pm - 1:20pm Z4 was interviewed by phone regarding the debridement on R2's left lower leg on 06/11/10. Z4 stated in part, "(Z1), (E4) and another assistant was present during the debridement procedure." Z4 continued, "I showed (Z1) the curette I was using and told (Z1) it was sharp, I explained that I</p>	F9999			

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F9999	<p>Continued From page 32</p> <p>would be removing dead tissue. Surveyor again asked Z4 if the word "sharp" was used when describing the process. Again Z4 stated, "Yes." Z4 stated, "I always have to explain the risk with sharp debridement to the family." Z4 continued, "Whenever I'm asked to see a patient in the nursing home, I'll get the patient's name, then when I get there I will review the chart and look for a consent. This has always been my policy." Upon further interview Z4 stated "Yes, I require a consent, the nursing home staff can get a verbal consent by phone if the family is unable to come into the nursing home, I'll accept that." Z4 added, "(Z1) was here in the nursing home when the debridement was done, so a written consent could have been gotten." Z4 again explained verbal consent is accepted if the family cannot get into the nursing home and the staff call and get a phone consent. Surveyor questioned Z4 about a consent for debridement and premedication for R2. Z4 stated, "No there was no consent in the chart. I guess I missed checking for it and R2 was not premedicated except I used Lidocaine, a topical anesthetic."</p> <p>Z4's interview is in conflict with Z1's account of explanation of procedure and risk . Upon questioning by surveyor, E4 (who was also present at the time of the debridement) did not remember what words were used to describe the debridement to Z1. However, there was no evidence or documentation regarding the explanation given to Z1 nor was there evidence or documentation that Z1 understood it.</p> <p>Further record review of nurses notes dated 06/20/10 indicates that the facility staff had found an open area on R2's scrotal sac and left buttock measuring 15cm x 1.5cm. Z3 was notified of</p>	F9999			

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F9999	<p>Continued From page 33</p> <p>these areas and gave an order for treatment as follows: Right buttock cleanse with normal saline, pat dry apply hydrocolloidal every 3 days and as needed. This treatment order was never entered on the TAR and R2 never received treatment to the open area on the buttock.</p> <p>On 06/22/10 at 8:45pm, during administration of an antibiotic, R2 was found warm to touch and not easily aroused by the facility's nurse. R2 had a temperature of 104.2 axillary, heart rate of 104 and pulse of 28. Z3 was notified and an order was given for x-ray of the left heel, left heel wound culture and Keflex (antibiotic) by mouth 4 times a day x 10 days.</p> <p>Surveyor noted an order for left heel when right heel was the affected site. During interview Z1 (administrator) stated "I think it should be right, It's probably an error."</p> <p>On 08/05/10 at approximately 3:50pm, E2 (Director of nurses) was interviewed regarding identification, treatments and assessments for R2's pressure sores. E2 stated, "(R2's) right heel was identified on 06/07/10 and R2's left lower leg was identified 06/11/10 and assessed on 06/12/10 by E4. E2 then provided surveyor with a computerized form dated 06/12/10 indicating that R2's left lower medial leg was assessed by E4.</p> <p>E2 with surveyor then began a search in R2's clinical record to locate an assessment for R2's right heel as well as weekly assessments for R2's pressure sores. After a 20 minute search through R2's closed clinical record and other documentation, E2 left the conference room where surveyor was stationed and went to further her search for the missing documentation. After</p>	F9999			

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F9999	<p>Continued From page 34</p> <p>approximately an additional 10- 15 minute search E2 stated to surveyor, "I don't see anything else unless (E4) has other documentation in a separate file." E2 was unable to provide a right heel assessment on this day after approximately a 30 minute search.</p> <p>Upon further interview, E2 was unable to provide an explanation for the 8 days that R2 did not receive treatment to the right heel or for the 3 treatments missed to R2's left lower medial leg even though this site was recently debrided. Also, E2 could not provide an explanation for the treatment not given to R2's buttock at all.</p> <p>On 08/10/10 E2 provided surveyor with a computerized documentation of a right heel assessment by E4 dated 08/09/10. Upon questioning E2 stated, "The assessment was in the computer."</p> <p>Later this day at 12:40Pm - 1:55pm E4 was interviewed. During interview and record review with surveyor, E4 confirmed that R2 had not received treatments to the right heel from 06/13/10 until 06/21/10, a total of 8 days missed. E4 confirmed that R2 missed treatments to the left lower leg from 06/11/10 - 06/22/10 (3 treatments/3 days apart missed) . E4 admitted that she had treated R2's left, lower medial leg on 06/10/10 before it was assessed on 06/11/10. E4 confirmed that pressure sores in the facility are assessed weekly and should be assessed before they are treated.</p> <p>During further clinical record review with surveyor, E4 confirmed that R2's right heel had not been assessed since 06/12/10 and that R2's right lower leg had not been assessed since</p>	F9999			

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F9999	<p>Continued From page 35 06/11/10.</p> <p>Upon further interview and record review with surveyor, E4 added, "The next time I saw (R2's) right heel was on 06/22/10 and the wound had deteriorated, and had pus/drainage." E4 continued "I called (Z3) and got an order for a wound culture and antibiotic therapy." Upon further interview E4 stated, "I obtained the culture, but I forgot to document that I had done it. I also made a mistake and wrote left heel instead of right on the physician's order sheet and the treatment sheet."</p> <p>Record review indicates that on 06/22/10 at 8:45pm, during administration of an antibiotic, R2 was found warm to touch and not easily aroused by the facility's nurse. R2 had a temperature of 104.2 axillary, heart rate of 104 and pulse of 28. R2 was sent to a local hospital emergency room. R2's heel wound had not been seen or treated since 06/13/10 and left lower medial leg since 06/11/10. Z3 was notified and order was given for x-ray of the left heel, left heel wound culture and Keflex (antibiotic) by mouth 4 times a day x 10 days.</p> <p>On 08/11/10 Z3 (Doctor of R2) was interviewed per telephone regarding notification of changes in R2's pressure sores and change in R2's condition on 06/22/10 when R2 became septic. Z3 stated, "I remember getting a call from the nursing home about something, but I don't remember what it was about." Surveyor continued to prompt Z3's memory including orders given to facility staff as well as medical specifics about R2. Z3 finally stated, "I don't have (R2's) chart in front of me." Upon further interview Z3 stated, "Yes, I heard (R2) had</p>	F9999			

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NAME OF PROVIDER OR SUPPLIER LEXINGTON OF ORLAND PARK			STREET ADDRESS, CITY, STATE, ZIP CODE 14601 SOUTH JOHN HUMPHREY DR ORLAND PARK, IL 60462		
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F9999	<p>Continued From page 36 passed away."</p> <p>The facility has a policy that pressure ulcers will be assessed weekly and as needed to identify the effectiveness of the treatment plan and the progression of the healing process. The facility practice of not assessing pressure sores is in conflict with facility policy.</p> <p>Hospital records dated 06/22/10 indicate that R2 arrived at the local hospital emergency room with diagnoses of "Acute Fever, Dehydration, Bilateral heel pressure sores." Cultures of R2's pressure sores were done and indicated that the left, lower medial leg contained a heavy growth of MRSA.</p> <p>A consultation was done on 06/23/10 related to R2's pressure sores. Documentation included in part: "Notable findings are extensive gangrene of the right heel consuming the entire right heel. This is wet and malodorous with blistering skin."</p> <p>Listed under impressions documentation is as follows:</p> <p>"There is impending gangrene of the left heel. R2 has extensive gangrene of the right heel. There is impending gangrene of the left heel. The right foot is not salvageable. The patient is a poor candidate for attempts at limb salvage. R2 will likely need amputation of the right foot and at the very least a debridement of the left heel."</p> <p>Listed under Recommendations in part is:</p> <p>4. The option for management of the right leg include right above the knee amputation versus ongoing temporizing measures with wound care. Comfort care or Hospice will be a consideration.</p>	F9999			