

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE WARNING
NO PLAN OF CORRECTION IS REQUIRED

LAKESIDE HOME II

0046490

Facility Name

I.D. Number

6330 N. SHERIDAN ROAD, CHICAGO, IL 60660

Address, City, State, Zip

30104

1-25-2011

Reviewed By

Date of Survey

ANNUAL

09696, 07085

Type of Survey

Surveyed By

IMPORTANT NOTICE: THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

ADMINISTRATIVE WARNING

THE FACILITY SHALL BE RESPONSIBLE FOR CORRECTING THE VIOLATION(S) DESCRIBED HEREAFTER. IF THE VIOLATION(S) IS/ARE FOUND TO BE REPEATED AT THE NEXT INSPECTION, THE FACILITY WILL BE REQUIRED TO FILE A PLAN OF CORRECTION. TEN OR MORE ADMINISTRATIVE WARNINGS ON A SURVEY MAY AFFECT YOUR ABILITY TO OBTAIN OR MAINTAIN A TWO YEAR LICENSE DESCRIBED IN 3-110(B) OF THE ACT.

Section 330.2000

Food Handling Sanitation

Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).

This requirement was not met as evidenced by:

Based on observation, the facility failed to store, prepare and serve food under sanitary conditions for the following reasons:

- Chlorine sanitizer greater than 200ppm.
- Unshielded lights over food
- Food stored on the floor
- Missing food thermometer

Findings Include:

1. 1/15/2011, during kitchen tours with E6 (Food Service Supervisor), the following observations were made:

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330.2000

- The automatic Dishwasher uses chlorine for sanitization and the level was greater than 200ppm.
- Food was stored on the floor in totes in the dry storage closet
- One pull out freezer did not have a thermometer.

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“B” VIOLATION(S):

330.725 k)

Section 330.725 Identified Offenders

- k) Upon admission of an identified offender to a facility or a decision to retain an identified offender in a facility, the facility, in consultation with the medical director and law enforcement, shall specifically address the resident’s needs in an individualized plan of care.

This requirement was not met as evidenced by:

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330.725 k)

Based on observation and record review, the facility failed to provide an individualized care plan for R14. R14 is an identified sex offender which requires him to have a care plan outlining the security measure taken by the facility.

Findings Include:

1. R14 is an identified sex offender. Per record review, R14 does not have an identified offender care plan which outlines the safety measures being taken.

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“B” VIOLATION(S):

330.910 b)

Section 330.910 PERSONNEL

b) Sufficient staff in numbers and qualifications shall be on duty all hours of each day to provide services that meet the total needs of the residents. As a minimum, there shall be at least one staff member awake, dressed, and on duty at all times.

The requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to have a staff member awake and dressed at all times of the day to provide services that meet the needs of the residents. R11 was observed by Z1 (Neighbor) throwing pop cans at cars from a second floor fire escape, 1/4/11 at 6:15am.

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330.910 b)

Z1 tried to alert staff by knocking on the front door of the facility and calling the posted telephone number on the front door. No one answered until after 10a.m. on 1/4/11.

Findings Include:

1. 1/5/11, at approximately 12p.m., Z1 came to the front door of the facility asking to speak to one of the State surveyors. Z1 complained about an incident that happened the day before (1/4/11) involving R11. 1/4/11 at 6:15a.m. Z1 was walking his dog when he saw R11 standing on the facility's second floor fire escape, throwing pop cans at cars parked in a neighboring lot. Z1 went to the front door of the facility and rang the door bell. No one answered the door. He then took out his cell phone and called the telephone number listed on the door. The phone rang and rang, but no one answered. "I know that telephone number is good, because I called the same number after 10a.m. and someone answered the call." Z1 also complained about residents panhandling in front of a local pizza restaurant. Z1 identified R17 as being one of the residents that routinely panhandle in front of the restaurant. R17 overheard the conversation and admitted to panhandling in front of the restaurant. "Yes, I panhandle. I need cigarette money. What's his problem with that?" Z1 also added there is another resident in the facility that exposes himself. "The other day, he urinated on the front lawn in front of my neighbor and her 9 year old daughter."

2. 1/5/11, E1 (Administrator) was interviewed concerning the 1/4/11 incident involving R11. E1 confirmed that Z1 called the facility and related what had happened that morning. "I answered the phone after 10a.m. when I got to work. R11 has access to the fire escape through resident room 205. He does go out on the fire escape and throw pop cans into the dumpster."

3. 1/5/11, during the Environmental tour of the facility with E1, the fire escape door in room 205 was observed. Residents living in room 205 complained about R11 always wandering in and out of their room and disturbing them while they were trying to sleep. They confirmed that the resident does go out on the fire escape.

4. Per record review and interview (E1), E5 (Resident Assistant) works the night shift at the facility. E5 lives in the facility. She has a bedroom. 1/5/11, during the Environmental tour of the facility, E1 pointed to a locked bedroom and said it was E5's room.

“B”

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“B” VIOLATION(S):

330.1510a)

330.1510e)

Section 330.1510 Medication Policies

a) All medications taken by residents shall be ordered by the licensed prescriber directly from a pharmacy. If the facility has a licensed nurse who supervises the medication regimen of the residents, the nurse may transmit the licensed prescriber's orders to the pharmacy.

a) If facility policy permits residents to be totally responsible for their own medication, with written permission from the attending physician, the resident and attending physician shall be given written statements concerning what the responsibilities of the facility, the resident and the physician are if the resident, or any other person, suffers harm as a result of the resident's handling his or her own medications.

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330.1510a)

330.1510e)

e) Medication Records

- 1) All medications used by residents shall be recorded by facility staff at time of use. (See Section 330.1710.)
- 2) A medication record shall be kept for those residents for whom the attending physician has given permission to keep their medication in their room and to be fully responsible for taking the medications in the correct dosage and at the proper times.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to order medication in a timely manner for R15, failed to make sure that all medication taken by residents (R15) comes from a licensed prescriber. Facility staff failed to immediately record the administration of medication when given for 18 of 19 residents.

Findings Include:

1. 1/5/11, during the Environmental tour with E1 (Administrator), an unlabelled prescription bottle containing white round pills (PD166, #20) were observed in R15's room, 301. R15 was in the room at the time of the observation and asked about the pills. The resident stated that he takes one of the pills every day. He gets the pills from the drug stored. E1 (Administrator) is responsible for overseeing the self administration of drugs by the residents. E1 was asked if she knew about the pills and why R15 was taking them. E1 could not respond. She could only say that the resident was able to go to the store himself and obtain the pills. R15's Physician order was reviewed. They did have an order for Os-Cal 500, 1 tab 3 times a day that maybe kept at bedside. R15's Physician's order sheet had an order written for Artificial tears, 3 times a day to the left eye and Gentamycin to the left eye 4 times a day starting 12/27/10. R15's Medication Administration Record for the month of December, 2010 and January, 2011 was reviewed. The Artificial tears and Gentamycin had not been ordered or given since 12/27/2010. The OS-Cal 500 was shown as given 3 times a day but the resident only admitted to taking an unknown white pill once a day.
2. The Medication Administration records (MARs) for 18 residents (R5 in hospital at time of survey) were reviewed. 18 of 18 MARs did not have the 8am medications for 1/5/11 marked as given. E1 stated that she forgot to record the medication as given.

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“B” VIOLATION(S):

330.2210a)b)

330.2220

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:
 - 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.

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330.2210a)b)
330.2220

- 2) Maintain all electrical, signaling, mechanical, water supply, heating, fire protection, and sewage disposal systems in safe, clean and functioning condition. This shall include regular inspections of these systems.
 - 3) Maintain all electrical cords and appliances in a safe and functioning condition.
 - 4) Maintain the interior and exterior finishes of the building as needed to keep it attractive, clean and safe. (painting, washing and other types of maintenance).
 - 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.
 - 7) Maintain the grounds free from refuse, litter, insect and rodent breeding areas.
 - 8) The building and grounds shall be kept free of any possible infestations of insects and rodents by eliminating sites of breeding and harborage inside and outside the building; eliminating sites of entry into the building with screens of not less than 16 mesh to the inch and repair of any breaks in construction.
- a) Plumbing Maintenance
- 1) Each facility shall maintain all plumbing fixtures and piping in good repair and properly functioning.
 - 2) Each facility shall protect the potable water supply from contamination by providing and properly installing adequate, backflow protection devices or providing adequate air gaps on all fixtures that may be subject to backflow or back siphonage.

Section 330.2220 Housekeeping

- a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment and adequate supplies. Each facility shall:

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330.2210a)b)

330.2220

- 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.
- 2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs.
- 3) Control odors within the housekeeping staff's area of responsibility by effective cleaning procedures and by the proper use of ventilation systems. Deodorants shall not be used to cover up persistent odors caused by unsanitary conditions or poor housekeeping practices.
 - b) Attics, basements, stairways, and similar areas shall be kept free of accumulations of refuse, discarded furniture, old newspapers, boxes, discarded equipment, and other items.
 - c) Bathtubs, shower stalls, and lavatories shall not be used for laundering, janitorial, or storage purposes.
 - d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms.

These requirements were not met as evidenced by:

Based on observation, interview and record review, the facility failed to provide adequate maintenance, housekeeping and supervision for residents which resulted in the following problems:

Hazards

Smoking in non designated areas

Maintenance

Cold rooms from no heat and broken windows

Broken door bells

Overflowing dumpsters

Pest infestation

Broken plumbing fixtures

Odors

Housekeeping

Soiled furniture

Pervasive urine odors

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330.2210a)b)

330.2220

Findings Include:

1. 1/5/11, during the Environmental tour of the facility with E1 (Administrator), the following observations were made:

- The front door bell was not in working order.

-The outside dumpster was overflowing with garbage.

-Resident room 101 was extremely cold. R6 was in the room at the time of the observation and asked if he was cold. R6 said that he had complained about being cold in the past to R7, who is President of the Resident Council. R7 was interviewed about the cold room. R7 confirmed that R6 had been complaining about the cold room. "I told the owner and he gave me permission to turn the heat up." R7 was asked if he had any way of measuring the temperature in the room. "No, I just call the owner to get permission to turn the heat up."

-The first floor resident bathroom toilet was overflowing and had no paper towels in both the am and pm.

-Live bed bugs in several stages of life were observed when a blanket was pulled back on a resident bed in room 106. E1 (Administrator) was asked about the last time the facility had been treated for bed bugs. The facility has a history of bed bug infestation. The last treatment was December 10, 2010.

-2nd floor front smoke room, two chairs were observed with holes from cigarette burns and torn seats.

-Resident room 207- has 2 locks on the door. E1 has a key to one lock but not the other.

-Resident room 205- a live bed bug was observed crawling up on R9 as he slept. The room was very dark at the time of the observation. R18 was, also, in the room at the time of the observation. Dead bugs were observed in his bed. R18 was asked about seeing insects. "Yes, I've seen bugs." E1 stated that E5 (Resident Assistant) is suppose to spray the beds when she changes the linen.

-Resident room 204 had a pervasive urine odor coming from R11's bed. The resident was in his bed at the beginning of the observation. Small flying insects were observed around him. When he left the room the odor remained. Also, 2 heavily soiled chairs were observed.

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330.2210a)b)
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-Resident room 203- heavily soiled chairs were observed.

-Resident room 202- plastic was observed up to the windows where they needed fixing.

-2nd floor Janitor's closet was open and unattended. A ladder was observed within the closet and a mop bucket with dirty water outside.

-2nd floor west bathroom had a pervasive urine odor. Bathroom needed cleaning.

-3rd floor bathroom did not have soap.

-Cigarette butts were observed front stairwell. This is not a designated smoking area.

-First floor smelled of smoke from front to back. The first floor smoke room is equipped with a small exhaust fan that is not eliminating the smell of smoke.

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“B” VIOLATION(S):

330.1120

Section 330.1120 Personal Care

- a) Each resident shall have proper daily personal attention and care including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.
- b) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary for satisfactory personal hygiene.

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330.1120

- c) Each resident shall have clean suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance.
- d) Each resident shall have clean bed linens at least once weekly and more often if necessary.
- e) Each resident shall have sufficient clothing, in good condition, to be properly dressed each day.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to maintain the personal care of one resident (R11) outside the sample. R11 is incontinent and requires more than cueing in order to maintain his activities of daily living. The resident was observed smelling of urine, wearing a heavily soiled jacket with dried food spills which were attracting small flying insects. The area around R11's bed in room 204 smelled of urine. R11 is one of seven residents (R1, R3, R4, R6, R10, R18) receiving home health services to make sure the residents are bathed and properly dressed.

Findings Include:

1. 1/5/2011, E5 (Resident Assistant) was observed in the laundry room washing resident personal clothing and linen. E5 stated that the resident bed linen is generally changed once a week. However, there are incontinent residents that needed their linen changed more than once a week. E5 said that R11 is incontinent and she has to almost change his linen on a daily basis. "He needs constant cueing to change his underwear and clothing." 1/5/2011, E1 (Administrator) was interviewed and asked about R11 personal care and behaviors. E1 stated that R11 is one of seven residents, who have a home health representative come into the facility to bath the resident once a week and make them put on clean clothing. "They just can't get R11 to take off that jacket he wears all the time."
2. 1/5/2011, R11 was observed in the first floor day room, taking his medication and having lunch. The resident was wearing a heavily soiled jacket with dried food debris down the front. Small flying insects were observed landing on the front of the jacket. The resident smelled of urine. 1/5/2011, during the Environmental tour, R11 was observed lying in his bed. There was a smell of urine and the presence of the small flying insects. When the resident got up a left the room, a pervasive urine odor was coming from the bed.

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“B” VIOLATION(S):

330.1310b)

Section 330.1310 ACTIVITY PROGRAM

b) Activity personnel shall be provided to meet the needs of the residents and the program. Activity staff time each week shall total not less than 45 minutes multiplied by the number of residents in the facility. This time shall be spent in providing activity programming as well as planning and directing the program. The time spent in the performance of other duties not related to the activity program shall not be counted as part of the required activity staff time.

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330.1310b)

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide an ongoing Activity program to meet the needs of the resident. The facility has 19 residents which requirement 12 hours and 35 minutes of activity time per week. E3 (Activity Aide) is in the facility twice a week and does only two, 45 minute activity sessions each day that she is in the facility.

Findings Include:

1. 1/15/11, E3 was interviewed and asked about her job. E3 stated that she is in the facility two days a week, Tuesday and Thursday. The only reason why she was in the facility, Wednesday, 1/5/11 is because she was called by the owner to come in and help with the survey. "I do two 45 minute activities the days that I am in the facility." E3 presented paperwork describing the activity and who was in attendance. One of the Activity sheets, E3 submitted to the surveyors was dated 1/13/11. The sheet listed the residents in attendance. When asked about it. "I make everything out in advance." The total amount of activity programming that the residents are receiving is 6 hours a week.

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“REPEAT B” VIOLATION(S)
STATEMENT OF VIOLATIONS

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Type of Survey

Surveyed By

As a result of a survey conducted by representative(s) of the department, it has been determined the following violations occurred. Please respond to each violation. The response must include specific actions which have been or will be taken to correct each violation. The date of which each violation will be corrected must also be provided. Forms are to be submitted with the original signature.

IMPORTANT NOTICE:

THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

“REPEAT B” VIOLATION(S):

330.1160

Vaccinations

- a) A facility shall annually administer a vaccination against influenza to each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention that are most recent to the time of vaccination, unless the vaccination is medically contraindicated or the resident has refused the vaccine. Influenza vaccinations for all residents age 65 and over shall be completed by November 30 of each year or as soon as practicable if vaccine supplies are not available before November 1. Residents admitted after November 30, during the flu season, and until February 1 shall, as medically appropriate, receive an influenza vaccination prior to or upon admission or as soon as practicable if vaccine supplies are not available at the time of the admission, unless the vaccine is medically contraindicated or the resident has refused the vaccine. (Section 2-213 of the Act)

- b) A facility shall document in the resident's medical record that an annual vaccination against influenza was administered, refused or medically contraindicated. (Section 2-213 of the Act)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
"REPEAT B" VIOLATION(S)
STATEMENT OF VIOLATIONS
(Continuation Page)

LAKESIDE HOME II

0046490

Facility Name

I.D. Number

CONT.
330.1160

- c) A facility shall provide or arrange for administration of a pneumococcal vaccination to each resident who is age 65 or over, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, who has not received this immunization prior to or upon admission to the facility unless the resident refuses the offer for vaccination or the vaccination is medically contraindicated. (Section 2-213 of the Act)
- d) A facility shall document in each resident's medical record that a vaccination against pneumococcal pneumonia was offered and administered, refused, or medically contraindicated. (Section 2-213 of the Act)

This requirement was not met as evidenced by:

The facility failed to follow its Plan of Correction for the 1/26/10 survey which stated that the RN will sign off on each resident's medical chart indicating the date the influenza vaccine was administered.

Based on interview and record review, the facility failed to keep accurate records of which residents received their Influenza Vaccinations and which residents (R12, R15) decline to take the vaccination.

Findings Include:

1. 1/5/11, during interview, E1 (Administrator) was asked whether or not the resident had received their vaccination. E1 presented a sheet of paper entitled "Influenza Vaccine Order Form". The sheet listed all 19 residents as consenting to getting a vaccine. 1/5/11, R12 was interviewed at 4:15pm and asked about his flu vaccine shot. "I never took no flu shot. I am not sick." R15, also, stated that he did not have a flu shot. R12 and R15 were listed as consenting to a flu shot.

(Repeat B)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE WARNING
NO PLAN OF CORRECTION IS REQUIRED

LAKESIDE HOME II

0046490

Facility Name

I.D. Number

6330 N. SHERIDAN ROAD, CHICAGO, IL 60660

Address, City, State, Zip

30104

1-25-2011

Reviewed By

Date of Survey

ANNUAL

09696, 07085

Type of Survey

Surveyed By

IMPORTANT NOTICE: THE STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER PUBLIC ACT 83-1530. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THE FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

ADMINISTRATIVE WARNING

THE FACILITY SHALL BE RESPONSIBLE FOR CORRECTING THE VIOLATION(S) DESCRIBED HEREAFTER. IF THE VIOLATION(S) IS/ARE FOUND TO BE REPEATED AT THE NEXT INSPECTION, THE FACILITY WILL BE REQUIRED TO FILE A PLAN OF CORRECTION. TEN OR MORE ADMINISTRATIVE WARNINGS ON A SURVEY MAY AFFECT YOUR ABILITY TO OBTAIN OR MAINTAIN A TWO YEAR LICENSE DESCRIBED IN 3-110(B) OF THE ACT.

330.2410j)5)

Section 330.2410 Furnishings

- j) For each bed there shall be furnished:
- 5) Adequate closet, locker, or wardrobe space for hanging clothing within the room.

This requirement was not met as evidenced by:

Based on observation, resident rooms were missing certain required furnishings.

Findings Include:

1. 1/5/11, during the Environmental tour with E1 (Administrator), the following observations were made;

Resident room 103 did not have storage to hang clothing for 3 residents.
Resident room 207 did not have adequate storage to hang clothing.

(AW)