

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

PRINTED: 04/30/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145312	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/14/2010
NAME OF PROVIDER OR SUPPLIER NORTHWOODS CARE CENTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 2250 PEARL STREET BELVIDERE, IL 61008		
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F 441	Continued From page 51	F 441			
F 456 SS=C	<p>However, hand washing with soap and running water must be performed when hands are visibly soiled.</p> <p>483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to maintain a commercial sized washer located in the laundry in good repair.</p> <p>This has the potential to affect all 104 residents in the facility.</p> <p>The findings include:</p> <p>On 12/6/10 at 2:50pm, during tour of the laundry area 1 of 3 commercial-sized washers was leaking from the corroded/rusty base of the washer onto the floor.</p> <p>On 12/7/10 at 9:30am, E16 (maintenance) said, "The machine's internal drum has a pin in the bottom that has broken off. It has been repaired before, it still leaks but not as much as it did before. It may have to be replaced."</p>	F 456		12/23/10	
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.662e) 300.662f)</p>	F9999			

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F9999	<p>Continued From page 52</p> <p>300.662g) 300.662l) 300.662m) 300.662q) 300.1210a)</p> <p>Section 300.662 Resident Attendants</p> <p>e) Resident attendants shall be supervised by and shall report to a nurse.</p> <p>f) The facility shall develop and implement policies and procedures concerning the duties of resident attendants in accordance with this Section, and shall document such duties in a written job description.</p> <p>g) As part of the comprehensive assessment (see Section 300.1220), each resident shall be evaluated to determine whether the resident may or may not be fed, hydrated or provided personal hygiene by a resident attendant. Such evaluation shall include, but not be limited to, the resident's level of care; the resident's functional status in regard to feeding, hydration, and personal hygiene; the resident's ability to cooperate and communicate with staff.</p> <p>l) Each resident attendant shall be given instruction by a nurse or dietician concerning the specific feeding, hydration, and/or personal hygiene care needs of the resident whom he or she will be assigned to assist.</p> <p>m) Training programs shall be reviewed and approved by the Department every two years. (Section 3-206.03(d) of the Act)</p> <p>q) Programs shall be resubmitted to the</p>	F9999			

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F9999	<p>Continued From page 53</p> <p>Department for review within 60 days prior to expiration of program approval.</p> <p>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 residents'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>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to supervise a resident during meal times to avoid consumption of foods and fluids that placed the resident at risk of aspiration. This failure resulted in R4 developing aspiration pneumonia after ingesting thin liquids from another resident's tray in mid October, 2010. On 12/6/10, R4 was observed by the surveyor consuming a dinner roll from another resident's tray while at a supervised meal, while on a prescribed pureed diet with nectar thickened liquids.</p> <p>The facility also failed to:</p> <ul style="list-style-type: none"> -Ensure the facility's Resident Attendant Program was re-approved prior to 10/2/10 as required; -Detail the facility's policies and procedures relating to the duties and job descriptions of the resident attendant as required; -Have evidence to show each resident was 	F9999			

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F9999	<p>Continued From page 54</p> <p>evaluated for the appropriateness of being assisted by a resident attendant; -Instruct with the specific feeding needs of residents to be assisted by the resident attendant.</p> <p>This applies to 1 resident on thickened liquids identified at risk for aspiration being fed by an feeding assistant/resident attendant (R4) on the second floor.</p> <p>Findings include:</p> <p>1. On 12/6/10 at 11:15 AM, R4 was seated at the dining room table. R4's lunch tray was delivered to the table, but was pushed back from R4's reach. No food or fluids were given to R4 while the remaining trays were passed. R4 tried to reach for her food, and attempted to remove the metal plate cover. R4 then reached over and removed a dinner roll wrapped in plastic wrap from a tablemate's tray. R4 tried to take a bite out of the roll with the plastic wrap still on the bread, then put her fingers into her food trying to feed herself. E23 (Activity Aide) was seated at the table assisting two other residents with their meal, while R4 tried to eat the dinner roll and played in her food. E15 (Activity Aide/Feeding Assistant) returned to the table to feed R4. R4 ate the whole roll without staff intervening.</p> <p>After the observation of R4 consuming the dinner roll, the medical record was reviewed. The Physician Order Sheet dated 12/1/10 lists R4's diagnoses to include Head Contusion, Alzheimer's Disease, Seizure Disorder and Parkinson's Disease. R4 is prescribed to receive pureed foods with nectar thickened liquids. The Minimum Data Set of 10/21/10</p>	F9999			

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F9999	<p>Continued From page 55</p> <p>documents R4 requires supervision and staff assistance for eating. R4's care plan states to "Monitor for Chewing/swallowing problems and for signs and symptoms of aspiration: Gaspings for air, gurgling sounds, shortness of breath, ashen color and report to nurse." There was no speech therapy assessment or evaluation in the record during the survey.</p> <p>The nurses' notes dated 10/18/10 (Monday) document, "Resident is awake but sleepy. Lungs with loud expiratory rhonchi heard bilaterally, suctioned with a moderate amount of thick light yellow secretions."</p> <p>The x-ray report dated 10/21/10 documents R4 had a right lower lobe infiltrate and small left pleural effusion.</p> <p>On 12/6/10 at 3:00 PM, Z3 stated, "My wife was quite ill about 1 month ago. I still haven't received an explanation of what made her so sick. I visited her on Sunday and she was OK. The next day they called to tell me how sick she was and they wanted to send her to the hospital."</p> <p>On 12/6/10 at 9:45 AM, during a (confidential staff nurse interview) it was stated, "(R4) had aspiration pneumonia a few months ago. (R4) probably aspirated when she grabbed liquids from another table mate's tray and drank them. She should have nectar thick liquids. The liquid she drank was not thickened. (R4) tries to take others' food and fluids."</p> <p>The incident was not reported on the facility accident log, and the nurses' notes did not contain any information about the incident.</p>	F9999			

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F9999	<p>Continued From page 56</p> <p>R4's care plan was not revised to reflect interventions to prevent R4 from receiving the wrong diet or fluids. R4's care plan does not contain specific feeding interventions that are necessary to prevent R4 from aspirating food or fluids.</p> <p>On 12/5/10 at 5:45 PM, R4 was seated at the dining room table in a wheelchair. E15 (Activity Aide/Resident Attendant) was seated next to R4 and was feeding her the evening meal. R4 ate and drank 100% of the pureed foods and thickened fluids provided.</p> <p>On 12/5/10 at 6:00 PM, E2 (Director of Nurses) was observed monitoring the dining room activity. E2 stated E15 was not a Certified Nursing Assistant, but a trained staff member of the paid resident attendant program at the facility. E2 stated their program approval expired in October of 2010, but the application and paper work had been sent to Springfield for renewal.</p> <p>At 12/6/10 at 9:30 AM, E14 (Licensed Practical Nurse - LPN/2nd floor Charge Nurse) stated, "The nurse monitors the dining room during meals. The feeding assistants can feed residents with pureed foods, but not if they have thickened liquids."</p> <p>On 12/8/10 at 10:15 AM, E15 (Activity Aide/Feeding Assistant/Resident Attendant) stated, "At meal times, we pass the trays then we just see who needs to be fed and we sit down and feed them. I have fed (R4) many times."</p> <p>On 12/6//10 at 11:40 AM, E11 (Registered Nurse - RN) stated, "Only CNA's can feed residents on thickened liquids. (R4) should be fed by a CNA."</p>	F9999			

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F9999	<p>Continued From page 57</p> <p>E11 confirmed that E15 is not a CNA, but has had the feeding assistant training.</p> <p>On 12/7/10 at 3:20 PM, E11 (RN) stated, "CNA should feed residents with Aspiration Precautions or thickened liquids. The charge nurse decides who the feeding assistants should feed. I don't do any swallow assessments, speech therapy will do the assessments and let us know who needs thickened liquids. All residents with thickened liquids are at risk for aspiration."</p> <p>On 12/8/10 at 11:10 AM, E2 (Director of Nurses - DON) presented the cover letter sent to Springfield for the renewal of the resident assistant program. E2 stated the previous program approval expired on 10/2/10. E2 stated she mailed the renewal application and required information on approximately 11/30 or 12/1/10.</p> <p>The facility Resident Attendant policy states, "Residents with complicated feeding problems including, but not limited to, difficulty swallowing, recurrent lung aspirations and tube or parenteral/IV feedings shall not be fed by Resident Attendants." The policy does not contain facility specific information regarding assessment of the residents, resident attendant assignments, and supervision of the resident attendants.</p> <p>On 12/14/10 at 12:20 PM, E1 (Administrator) stated the facility does not have a job description for the resident attendant/feeding assistant position.</p> <p>Memo dated 12/8/10 from the Rockford Regional office to the survey team confirms the facility did not have a current Department approved</p>	F9999			