

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION

SQUIRE'S SHELTERED CARE HOME

Facility Name

0000018

I.D. Number

2601 NORTH CALIFORNIA, CHICAGO, IL 60647

Address, City, State, Zip

29929

Reviewed By

11/30/2010

Date of Survey

ANNUAL

Type of Survey

09696, 16856

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.

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"B" VIOLATION(S):

330.725 a)b)c)

IDENTIFIED OFFENDERS

- a) The facility shall initiate, for current residents, a request for criminal history record information, in accordance with the Uniform Conviction Information Act, by May 31, 2006.
- b) If the current resident has already had a criminal history record check requested by that facility and performed subsequent to July 12, 2005, subsection (a) shall not apply.

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STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.725 a)b)c)

c) If the results of a criminal history record check on any individual are inconclusive, then the facility shall initiate a fingerprint-based criminal history record check as prescribed by the Illinois State Police.

This requirement was not met as evidenced:

Based on interview and record review, the facility failed to provide a criminal background check and a risk assessment on 22 of the 22 residents in the facility.

Findings Include:

10/5/10, no "Identified Offender" poster was observed in the facility. E1 (Administrator) was asked for the criminal background checks on the 22 residents, to prove that there were no offenders in the building. E1 stated the background checks were in the resident's clinical records. No criminal background checks were found in 22 of 22 resident clinical records. E1 was, again, asked for the information. 3 of 3 days of the survey, E1 could not produce criminal background checks on the 22 residents in the facility.

(B)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

Standard Number	Plan of Correction	Completion Date
330.725 a)b)c)		

STATE OF ILLINOIS
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“B” VIOLATION(S):

330.510 a

330.1310 a) b) c)

330.1910 a

ADMINISTRATOR

a) There shall be a responsible and qualified administrator full-time for each licensed facility. The administrator shall be a high school graduate or equivalent and at least 18 years of age. The licensee will report any change in administrator to the Department, within five days.

This requirement was not met as evidenced by:

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STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.510 a

330.1310 a) b) c)

330.1910a

Based on observation, interview and record review, the facility failed to hire a full time Administrator. E1 is the Administrator, Activity Director and Dietary Supervisor. E1 works 40 hours a week, only.

Findings Include:

1. At the Entrance Conference, 10/5/2010, E1 introduced herself as the facility Administrator. E1 filled out all forms asked for 10/5/2010, during the kitchen observation, E1 stated that she was the Food Service Supervisor.
2. Per record review, E1 was listed as Administrator, Dietary Supervisor and Activity Director on the 'Facility Roster'. During interview, E1 confirmed that she was all 3.
3. The facility's October 2010 staffing schedule was reviewed. E1 works Monday thru Friday. Eight hours a day. 40 hours a week.

330.1310 ACTIVITY PROGRAM

- a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents.
- 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.
- c) Activity Director and Consultation
 - 1) A trained staff person shall be designated as activity director and shall be responsible for planning and directing the activities program. This person shall be regularly scheduled to be on duty in the facility at least four days per week.

This requirement was not met as evidenced by:

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.510 a

330.1310a)b)c)

330.1910a

Based on observation, interview and record review, the facility failed to have a full time staff member responsible for setting up an ongoing activity program for residents. No ongoing activities were observed in the facility 3 of 3 days of the survey.

Findings Include:

1. 3 of 3 days of the survey no activities were observed in the facility. 10/6/10, during interview at approximately 3pm, E1 stated that she is the Administrator, Activity Director, Food Service Supervisor and Social Director. "The last couple of days, I've been too busy with you (Surveyors) to have activities."
2. The facility's October 2010 staffing schedule was reviewed. E1 works Monday thru Friday. Eight hours a day. 40 hours a week.

330.1910 DIRECTOR OF FOOD SERVICES

- a) Each facility shall have a full-time person, suited by training and experience, who has been designated by the administrator to be responsible for the total food service operation of the facility. This person shall be on duty a minimum of 40 hours each week.

This requirement was not met as evidenced by:

Based observation and interview the facility failed to have a full time Food Service Supervisor. (FSS) E1 works only 40 hours a week and is listed as the Administrator, Activity Director and FSS.

Findings Include:

1. At the Entrance Conference, 10/5/2010, E1 introduced herself as the facility Administrator. E1 filled out all forms asked for. 10/5/2010, during the kitchen observation, E1 stated that she was the Food Service Supervisor.
2. Per record review, E1 was listed as Administrator, Dietary Supervisor and Activity Director on the 'Facility Roster'. During interview, E1 confirmed that she was all 3.
3. The facility's October 2010 staffing schedule was reviewed. E1 works Monday thru Friday. Eight hours a day. 40 hours a week.

(B)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

Standard Number	Plan of Correction	Completion Date
330.510 a 330.1310a)b)c) 330.1910a		

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“B” VIOLATION(S):

330.910 b)c)d)e)

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. (A, B)

c) The facility shall provide an administrator as set forth in Subpart B. (B)

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STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.910 b)c)d)e)

d) The facility shall provide activity personnel as set forth in Section 330.1310(b). (B) e) The facility shall provide dietary personnel as set forth in Sections 330.1910 through 330.1920. (B)

This requirement was not met as evidence by:

Based on observation and interview, the facility does not have sufficient staff to meet the needs of the 22 residents. Two (R1, R2) of six residents in the sample need assistance from staff for activities of daily living (bathing, dressing, smoking, toileting. The facility does not have a Certified Nursing Assistant on staff. E1 works 40 hours a week as the Administrator, Food Service Supervisor and Activity Director.

Findings Include:

1. 11/3/09, during the environmental tour of the facility with E1 (Administrator), R1 was interview in his room. R5 is a hemiplegic. The resident was sitting his wheelchair. R1 was asked about how much help he needs with Activities of Daily Living? (ADLs) R1 stated that he cannot transfer from wheelchair to bed, needs help dressing and bathing. The resident was asked who helps him. R5 stated that he has home health come in 5 and half days a week to help him. The other days the facility staff has to help him. 11/3/09, home health did not come and facility staff had to help R5 dress and transfer to his wheelchair.

10/7/10, at approximately 10:30am, R1 was re-interviewed in his room with Z1. R1 was asked if anything had changed in his need for assistance. R1 stated that Z1 is not from Home Health, "It did not work out, so I asked E1 (Administrator) to help me hire someone and pay privately." R1 needs extensive assistance from staff after Z1 leaves.

10/5/10, Z1 (Caregiver to R1) was interviewed in resident room 103. Z1 was asked about her work hours and what she does. "I worked 40 hours a week Monday through Friday. I assist R1 with getting into his wheelchair, dressing and bathing."

10/5/10, during the meal observation at approximately 12 noon, R1 was observed in his wheelchair being pushed by Z1 to lunch. Z1 helped the resident get his lunch tray. She set the tray up for the resident. R1 ate the food without help. After lunch, Z1 showed the

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.910 b)c)d)e)

surveyors how she takes R1 out to smoke in the wheelchair. At the time of the observation, the facility had no wheelchair ramp at any of the exit doors.

2. Three of three days of the survey, no activities were observed. 10/6/10 during interview at approximately 3pm, E1 stated that she is the Administrator, Activity Director, Food Service Supervisor and Social Director. "The last couple of days, I've been too busy with you (Surveyors) to have activities."

(B)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

Standard Number	Plan of Correction	Completion Date
330.910b)c)d)e)		

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“B” VIOLATION(S):

330.1110b)c)d)e)f)g)

330.1750 a

MEDICAL CARE POLICIES

- b) The services of a physician licensed to practice medicine in Illinois shall be available to every resident of the facility.(A, B)
- c) All residents, or their guardians, shall be permitted their choice of a physician.
- d) All residents shall be seen by their physician as often as necessary to assure adequate health care. (A, B)

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STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.1110b)c)d)e)f)g)
330.1750a

e) Each resident admitted shall have a complete physical examination, within five days prior to admission, or within 72 hours after admission to the facility. This examination shall include documentation of the presence or the absence of tuberculosis infection by tuberculin skin test in accordance with Section 330.1135 and an evaluation of the resident's condition and recommendations for his care including personal care needs and permission for participation in the activity program. (See Section 330.1310(c) (B))

f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition. (A, B)

g) At the time of an accident, immediate treatment shall be provided by personnel trained in medically approved first aid procedures. (A, B)

This requirement was not met as evidenced by:

Based on interview and policy review, the facility failed to provide the services of a Physician licensed to practice in the State of Illinois from September 27, 2010 to present day (October 7, 2010) for 17 of the 22 residents of the facility. 9/27/10, E4 (Nurse) informed facility staff that Z2 (Attending Physician to 17 residents) would no longer be attending to residents at the facility.

Findings Include:

1. Per record review, R6, R10, R11 and R12 are either diagnosed with Diabetes or taking medication for Diabetes. There are no Physician orders in their clinical records for monitoring their blood glucose levels. R12 has a Physician's order that his Accu-check is to be done daily. The order does not say when to call the Doctor. The resident's Medication Administration Record (MAR) is blank. Z2 is listed as Attending Physician for all 4 residents.

10/6/10, E1 was asked to call Z2 for a telephone interview. Z2's telephone was disconnected. E1 stated, "E4 told me about a week ago (9/27/10) that Z2 wasn't coming back. I've got another Doctor coming in next week. (10/11/10) Z2 is listed on the face sheets as the Attending Physician for 17 of the 22 residents living in the facility.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.1110b)c)d)e)f)g)

330.1750a

2. 10/5/10, during the Meal Observation that started at approximately 12 noon. R4 was observed asking staff for more food. The resident stated, "I need 'seconds'. When I don't get a second plate, I lose weight." E1 told the resident that he is only entitled to one plate of food, not two. The resident stated that he lost 7 pounds last month because he didn't get "seconds". R4's clinical record was reviewed to see if the resident had lost the weight. No legible weight record was found in his record. 10/6/10, E4 was interviewed and confirmed that R4 did lose weight, but did not know how much. E4 also talked about R12 losing weight. E4 was asked if their Physician (Z2) was informed.

OTHER RESIDENT RECORD REQUIREMENTS

This Section contains references to rules located in other Subparts that pertain to the content and maintenance of medical records.

a) The resident's record shall include information regarding the physician's notification and response regarding any serious accident or injury, or significant change in condition, as required by Section 330.1110(e) of this Part.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to notify the Physician of one resident (R5) in the sample of his medication refusal. R5's Physician was not notified because R5 was one of 17 residents of Z2 (Physician) who had stopped serving the facility. E4 (Nurse) was unaware of how often the resident was refusing.

Findings Include:

1. Z2 (Physician) was listed as Physician to 17 residents. One of the residents is R5, who has been refusing medication. R5's clinical record does not show his Physician was made aware. E1 stated during interview that she was told on 10/6/10, at approximately 3:50pm, by E4 that Z2 was no longer seeing resident at the facility. Z2's telephone number on record was called. The telephone was disconnected. E4 confirmed that she knew R5 was refusing medication.

(B)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

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I.D. Number

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330.1110 b)c)d)e)f)g) 330.1750a		

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“B” VIOLATION(S):

330.1940d

DIET ORDERS

d) The resident shall be observed to determine acceptance of the diet, and these observations shall be recorded in the medical record.

This requirement was not met as evidenced by:

Based on observation and record review, the facility failed to observe and monitor the acceptance of a diet order for one resident, R4 in the sample. R4's clinical record did not have a legible documented history of R4's monthly weights where they could easily be compared and evaluated for weight loss or gain.

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STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.1940d

Findings Include:

1. 10/5/2010, during the noon meal observation, R4 was asking for 'seconds'. E1 was refusing to give him any more food until everyone ate. The resident stated that he was afraid of losing weight that's why he was asking for more food. R4's clinical record was reviewed. The resident's monthly weights were not in any order. 8/6/10, a note in R4's clinical record said he weighed 139 pounds.

10/6/2010, E4 had to bring in a bath room scale to weigh R4. His weight was 145 pounds. "I bring in my own scale because there's is not trustworthy".

(B)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

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I.D. Number

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330.1940d		

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"B" VIOLATION(S):

330.2000

FOOD HANDLING SANITATION

Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750)

This is not met as evidence by:

Based on observation and interview, the facility failed to follow the Food Service Sanitation regulations for the following reasons:

- Missing thermometer in freezer.
- No soap or self closing garbage container at hand washing station.
- No hairnets for staff serving food.

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STATE OF ILLINOIS
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(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.
330.2000

The Findings Include:

1. 10/5/2010, during the kitchen tour the following observations were made:
-Staff was observed preparing food without hairnets on. E1 (FSS) was asked about the staff not wearing the hairnets: "We don't have any hairnets."
-No soap was observed at the kitchen hand washing station.
-No thermometer was observed in the freezer.

2. 10/5/2010, during the noon meal observation, the following observations were made:

- The facility day room did not have enough chairs (13 chairs)to seat all 22 residents. Residents were observed having to wait until a resident got up from eating to eat.
- Small flying insect were observed flying over the steam table.
- Residents were being served food with Styrofoam plates and cups.
- During the meal service, one of the residents knocked over the Styrofoam cups to the floor used for coffee. Two staff members watched and did nothing as the resident put the cups back next to the coffee pot to be used by other residents.
- Milk that had been poured out into cups was returned to the refrigerator not labeled.

(B)

STATE OF ILLINOIS
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(Continuation Page)

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"B" VIOLATION(S):

330.790a)b)c-1 & 4)

INFECTION CONTROL

- a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.
- b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.

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(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

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I.D. Number

CONT.

330.790a)b)c-1 & 4)

c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):

- 1) Guideline for Hand Hygiene in Health-Care Settings
- 4) Guidelines for Infection Control in Health Care Personnel

This is requirement is not met as evidenced by:

Based on observation and interviews the facility failed to follow guidelines for hand hygiene and infection control during the medication pass for one resident inside the sample (R1) and 2 residents outside the sample (R7, R8).

Findings include:

1. On 10/5/10 during the medication pass observation from 1:15pm - 1:25pm the following was observed:

-R1 is a 70 year old resident who has diagnoses including CVA (cerebral vascular accident) and hemiplegia on his dominant side.

At 12:15pm, R1 was noted being wheeled in a wheelchair to the dining area by Z1. R1 was noted to have a contracture to the right elbow and right wrist. During dining, R1 was noted to only use his left hand to feed himself.

At approximately 1:25pm, surveyor accompanied E1 to the outside patio. Surveyor observed E1 punch 2 medications (one from each medication card) into her hand and place the 2 medications into R1's mouth. E1 did not wash her hands prior to giving them to R1 nor did R1 use a medication cup to give the medications to R1 so he could administer the medications to himself. E1 did not ask R1 for assistance in taking the medications out of the medication card.

The October 2010 POS (physician's order sheet) indicates under Special Orders: "Patient able to administer own meds."

R1 was not observed to be able to administer his own medications without total assistance from staff.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.790a)b)c-1 & 4)

2. At 4:00pm, E3 (house monitor) presented R7 with 3 medications, one being Haloperidol 10mg, 1 tablet to be taken by mouth. E1, (who was standing with E3) took the Haloperidol out of the medication card, broke it in half with her bare hands, put in the palm of her hand and then handed it to R7. R7 proceeded to take the Haloperidol. E1 did not wash her hands prior to giving this medication to R7 or place the medication in a clean medication cup.

3. On 10/6/10 during the medication pass observation, at approximately 9:35am, E1 presented 2 medication cards to R8. R8 took Lorazepam out of the medication card and dropped the tablet on the floor. R8 took the tablet off the floor and proceeded to take it. E1 did not redirect R8 and offer to give him another tablet.

Surveyor asked E1 if she know R8 dropped the Lorazepam on the floor. E1 stated, "Yeah, the residents drop their meds on the floor all the time." Surveyor asked if she uses a medication cup or other means to keep the residents from dropping the medications on the floor. E1 stated, "No, we don't."

(B)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

Standard Number	Plan of Correction	Completion Date
330.790a)b)c-1 & 4)		

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION

SQUIRE'S SHELTERED CARE HOME

Facility Name

0000018

I.D. Number

2601 NORTH CALIFORNIA, CHICAGO, IL 60647

Address, City, State, Zip

29929

Reviewed By

11/30/2010

Date of Survey

ANNUAL

Type of Survey

09696, 16856

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.

“B” VIOLATION(S):

330.1510 a 1.2.3.4.) d1.2.) e1)

MEDICATION POLICIES

- a) Every facility shall adopt written policies 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.
- 1) Medication policies and procedures shall be developed with consultation from an Illinois registered professional nurse and a registered pharmacist. These policies and procedures shall be part of the written program of care and services.

Department Use ONLY

Reviewed By

Acceptable Date

Unacceptable Date

Facility Designee

Signature

Title

Date

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.1510 a 1.2.3.4.) d1.2.) e1)

2) 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.

4) If the facility elects to administer medications to some residents for control purposes, the medications shall be administered by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Medications shall not be recorded as having been administered prior to their actual administration to the resident.

d) All medications on individual prescription or from the licensed prescriber's personal supply shall be labeled as set forth in Section 330.1530(f). A licensed prescriber who dispenses medication from his or her personal office supply shall comply with Sections 33 and 54.5 of the Medical Practice Act of 1987 [225 ILCS 60/33 and 54.5]; or Section 51 of the Illinois Dental Practice Act [225 ILCS 25/51]; or the Podiatric Medical Practice Act of 1987 [225 ILCS 100]; or Section 15.1 of the Illinois Optometric Practice Act of 1987 [225 ILCS 80/15.1]; or Section 15-20 of the Nursing and Advanced Practice Nursing Act [225 ILCS 65/15-20]; or Section 7.5 of the Physician Assistant Practice Act of 1987 [225 ILCS 95/7.5].

1) All other medications shall be authorized by a licensed prescriber for individual resident use, and shall be clearly identified with the resident's name.

2) Attending physicians shall review the medication regimen of each resident at least every six months. This review shall be documented in the resident's record

e) Medication Records

1) All medications used by residents shall be recorded by facility staff at time of use. (See Section 330.1710.)

This requirement is not met as evidenced by:

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.1510 a 1.2.3.4.) d1.2.) e1)

Based on observation, record review and interview the facility failed to ensure the attending physicians for 22 of 22 residents in the facility reviews these residents every six months and placing the documentation in the resident's clinical record.

The facility also failed to ensure that the licensed registered nurse is obtaining a physician's order to change frequency of and discontinuation of medications.

Findings include:

1. On 10/5/10 and 10/6/10 survey team reviewed the active clinical record for R1, R2, R3, R4, R5 and R6. There was no evidence that these resident's attending physicians had visited and examined them over the last 6 months or that medications had been reviewed.

Review of the active clinical records indicates the following:

-R6 is a 45 year old male resident with documented diagnoses including schizo-affective disorder, asthma.

On 10/5/10 at approximately 1:15pm, R6 self administered Metformin, one 500mg tablet by mouth. Review of the October 2010 POS (physician's order sheet) shows R6 is to receive this medication at 8am. However 12n (noon) is handwritten on the physician's order sheet. There is no physician's order noted to change the time of this medication. There is no accompanying diagnosis for the use of Metformin.

Handwritten by Glyburide 5mg (due at 4pm), Flovent HFA 220mcg, 12gm, (due 8am, 4pm) is the abbreviation "d/c" which indicates "discontinued". However there is no order written to discontinue these medications.

R6 also has orders to receive Xopenex HFA inhaler every 6 hours. Handwritten on the POS is "prn", which indicates "as needed." Symbicort twice a day is hand written on the left side of the POS. There is no original order noted.

Review of the POS from December 2009 through October 2010 does not show when these 2 medications were ordered and what route they are to be taken.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.1510 a 1.2.3.4.) d1.2.) e1)

-On 10/5 and 10/6/10, survey team noted that for 4 residents, (R1, R7, R8 and R10), on the POS the medication frequency, the time or that medications had been discontinued. Further review of the clinical record did not show orders to change or discontinue these resident's medications.

On 10/6/10 E1 (administrator) was interviewed about whether the physician or psychiatrist comes in to review the resident's medications and make adjustments as needed. E1 informed the survey team that Z3 is the psych doctor for the residents. All the residents have the same medical doctor. Z2 quit about 2 weeks ago. E1 attempted to call Z2 in the presence of the Surveyor. The phone number is discontinued.

On 10/6/10 via telephone, the registered nurse contracted for the facility was interviewed. The registered nurse was asked if she received orders to change the frequency or discontinue medication from the physician. The registered nurse said she would come in on Friday (10/8/10) to write the physician's orders.

The registered nurse failed to obtain orders for changes with the resident's medications as well as document the orders upon receiving them from the attending physician in the resident's clinical record.

(B)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

Standard Number	Plan of Correction	Completion Date
330.1510 a 1.2.3.4.) d1.2.) e1)		

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION

SQUIRE'S SHELTERED CARE HOME

Facility Name

0000018

I.D. Number

2601 NORTH CALIFORNIA, CHICAGO, IL 60647

Address, City, State, Zip

29929

Reviewed By

11/30/2010

Date of Survey

ANNUAL

Type of Survey

09696, 16856

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:

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“B” VIOLATION(S):

330.1520a)c1.2.)

ADMINISTRATION OF MEDICATION

- a) All medications taken by residents shall be self-administered, unless administered by personnel who are licensed to administer medications, in accordance with their respective licensing requirements. Licensed practical nurses shall have successfully completed a course in pharmacology or have at least one year's full-time supervised experience in administering medications in a health care setting if their duties include administering medications to residents.

Department Use ONLY

Reviewed By

Acceptable Date

Unacceptable Date

Facility Designee

Signature

Title

Date

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.1520a)c1.2.)

c) Assistance in Self-Administration of Medications

- 1) Facility staff may assist a resident in the self-administration of medications by taking the medication from the locked area where it is stored and handing it to the resident. If the resident is physically unable to open the container, a staff member may open the container for the resident.
- 2) Facility staff may also assist physically impaired residents, such as those who have arthritis, cerebral palsy, or Parkinson's disease, in the removal of the medication from the container and in assisting the resident in consuming or applying the medication when requested to do so by the resident. (For example, a staff member may place a dose of medicine in a container and place the container to the mouth of a resident who would not be able to do so himself without spilling it.)

This requirement is not met as evidenced by:

Based on observation and interview the facility failed to ensure that one resident (R1) was physically able to self administer his medication. R1 was observed to be given medications by E1 (administrator) who is unlicensed to administer medications.

Findings include:

R1 is a 70 year old resident who has diagnoses including CVA (cerebral vascular accident) and hemiplegic dominant side.

On 10/5/10 between 10:00am and 11:30am, Surveyor was accompanied by E1 (administrator) and E2 (housemother). R1 was noted sleeping in his bed. A female identified as R1's caregiver was sitting at the foot of R1's bed. A rolling walker and wheelchair was noted stored near R1's bed. Surveyor asked E2 if R1 needs assistance with anything. E2 stated, "He needs assistance with bathing."

At 11:30am, Surveyor interviewed Z1 in the presence of another Surveyor and E1. Z1 was asked about R1's care needs. Z1 stated, "I bathe him and dress him. I do his ADL's (activities of daily living)."

At 12:15pm, R1 was noted being wheeled in a wheelchair to the dining area by Z1. R1 was noted to have a contracture to the right elbow and right wrist. During dining, R1 was noted to only use his left hand to feed himself.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

CONT.

330.1520a)c1.2.)

At approximately 1:25pm, surveyor accompanied E1 to the outside patio. Surveyor observed E1 punch 2 medications (one from each medication card) into her hand and place the 2 medications into R1's mouth. E1 did not wash her hands prior to giving them to R1 nor did R1 use a medication cup to give the medications to R1 so he could administer the medications to himself. E1 did not ask R1 for assistance in taking the medications out of the medication card.

The October 2010 POS (physician's order sheet) indicates under Special Orders: "Patient able to administer own meds."

R1 was not observed to be able to administer his own medications without total assistance from staff.

(B)

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
STATEMENT OF VIOLATIONS AND PLAN OF CORRECTION
(Continuation Page)

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

Standard Number	Plan of Correction	Completion Date
330.1520a)c1.2.)		

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

SQUIRE'S SHELTERED CARE HOME

0000018

Facility Name

I.D. Number

2601 NORTH CALIFORNIA, CHICAGO, IL 60647

Address, City, State, Zip

29929

11/30/2010

Reviewed By

Date of Survey

ANNUAL

09696, 16856

Type of Survey

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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.

330.2010

330.2410 d) f) h) j.3)

KITCHEN EQUIPMENT, UTENSILS, AND SUPPLIES

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.

This requirement was not met as evidenced by:

Based on observation, the facility failed to glassware and dishes to serve food to resident. The facility serves residents on styrofoam plates and cups.

Findings Include:

1. 10/5/2010, during the noon meal observation, residents were served food on Styrofoam plates and cups. The facility does not have glassware and dishes.

Section 330.2410 Furnishings

- c) Each bedroom shall have window shades, or equivalent, in good repair.
- d) A satisfactory reading lamp, or equivalent, shall be provided for each bed.
- 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.

STATE OF ILLINOIS
DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATIVE WARNING
NO PLAN OF CORRECTION IS REQUIRED
(Continuation Page)

- 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, of a type that can be used by wheelchair residents, to accommodate all such residents in the facility
- j) For each bed there shall be furnished:
- 3) An individual towel rack.

This requirement was not met as evidenced by:

Based on observation the facility failed to provide resident rooms with the following items:

- mirrors
- towel racks
- Soiled window treatments
- Inadequate dining room furnishings

Findings Include:

1. 10/5/2010, during the environmental tour of the facility, the following observations were made:
 - The following resident rooms did not have mirrors: 206, 207, 213, 214, and 217.
 - The following resident rooms did not have towel racks: 207, 213, 214, 215, 216, 217, 219, and 220.
 - The following resident rooms did not have a working reading lamp: 206, 209, 214, 215, 216, and 217.
 - Heavily soiled window blinds were observed in the following room: 216 and 217.
 - During the meal service, one of the residents knocked over the styrofoam cups to the floor used for coffee. Two staff members watched and did nothing as the resident put the cups back next to the coffee pot to be used by other residents.

(AW)