

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

PRINTED: 09/06/2011
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G253 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R 03/10/2011 |
|--|---|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER PHOENIX COURT | | | STREET ADDRESS, CITY, STATE, ZIP CODE 17312 CLYDE AVENUE SOUTH HOLLAND, IL 60473 | | |
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| W 331 | Continued From page 27 14. Agency draft form #422 Change in Status Care Plan (revised 2/23/2011) will be utilized to document the plan of action to address a participant's acute health needs. Form will continue to be evaluated and updated for best practices. The RN shall review the Change in Status Care Plan daily, to determine appropriate implementation and effectiveness, until the condition is resolved or becomes stable. Revisions will be made per physician's orders and reviewed with all responsible staff as necessary..." | W 331 | | | |
| W9999 | While the Immediate Jeopardy was removed on 02/24/11, the facility remains out of compliance as the facility has not had the opportunity to fully implement and evaluate the effectiveness of their plan. FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.620a) 350.1210 350.1220j) 350.1230d)1)2) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at | W9999 | | | |

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| W9999 | <p>Continued From page 28 least annually</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>Section 350.1220 Physician Services</p> <p>j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days.</p> <p>Section 350.1230 Nursing Services</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents.</p> <p>Section 350.3240 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 Regulations were not met as evidenced by the following:</p> <p>Based on observation, interview and record review the facility failed to ensure nursing</p> | W9999 | | |

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| W9999 | <p>Continued From page 29</p> <p>interventions are put in place for 1 of 1 resident in the sample whose mobility is restricted to bedrest to promote healing of open area in the buttocks (R4) when the facility failed to:</p> <ol style="list-style-type: none"> 1. Ensure preventative skin care measures are in place for individuals with restricted mobility. 2. Ensure skin is evaluated for further potential breakdown. 3. Ensure evaluated skin care breakdown is routinely documented for progress in healing. <p>In addition, the facility nurse was unaware of an unstageable pressure eschar on R4's right heel until notified by the surveyor.</p> <p>Findings include:</p> <p>R4 is a 45 year old female with diagnoses including Profound Mental Retardation and Down's Syndrome according to her 02/07/2011 ISP (Individual Service Plan).</p> <p>Interview with E1 (QMRP, Qualified Mental Retardation Professional) at 2:30 PM and E2 (RN, Registered Nurse) at 11:30 AM on 02/16/11 verified that R4 is staying at the facility since her 01/04/11 discharge from the hospital for treatment of a right leg blood clot. E2 confirmed that R4 has a bedsore on her buttocks (closer to the buttock folds) and R4 has been on bedrest to facilitate relieving pressure from her sacral area by repositioning and turning every two hours while awake. E1 validated that according to the nurse, due to the filter inserted (blood clot filter) R4 has to stay in bed for awhile. E1 was asked how long R4 should stay in bed, and validated the timeframe was unspecified by the nurse.</p> | W9999 | | | |

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| W9999 | <p>Continued From page 30</p> <p>Page two of R4's hospital Discharge Instructions (print date of 1/4/2011 at 12:14 PM) includes the following: "Activity: Bed Rest. Activity: As tolerated."</p> <p>Facility Policy #110 (Revised 10/27/09), Prevention of Abuse and/or Neglect of Individuals includes the following: "a) 3. Neglect-An employee's, agency's or facility's failure to provide adequate medical or personal care or maintenance, which failure causes...or places an individual's health or safety at substantial risk."</p> <p>Facility Protocol #421 with issue date of 11/10/08, Skin Integrity Checklist includes the following: "Purpose: To monitor skin integrity for participants who are at risk of skin breakdown. Completed by: Residential staff. Distribution: At the end of each month this form is forwarded to the nurse for review. The nurse will sign off on the form and the form will be refiled into the participant's clinical record. Procedure: Two times per day, once in the morning and once in the evening, staff will complete a body check to ensure good skin integrity..."</p> <p>Facility Protocol #420, Date Issued 11/10/08, Re-Positioning Log includes the following: "Purpose: To track re-positioning of a participant who is at risk for skin breakdown." Completed by: Residential Staff. Distribution: The form will remain in the active file for three months, after which it will be purged and (re-filed) in the participant's main file and maintained for one year.</p> | W9999 | | | |

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| W9999 | <p>Continued From page 31</p> <p>Procedure: Each time a participant's position is changed, staff will complete the corresponding section of the form..."</p> <p>On 02/16/11 at 9:25 AM, E8 (PA, Program Assistant/Cook) was in the kitchen and shortly after walked in the hallway towards R4's room with R4's breakfast. At 9:40 AM, surveyor observed E8 in the room with R4. R4 was noted to be sitting in bed with the head of bed elevated, eating breakfast.</p> <p>At 12:00 PM, surveyor walked past R4's room and observed R4 sitting in bed in the same position as observed this morning at 9:25 AM.</p> <p>At 12:40 PM, both E8 and E7 (PA/Housekeeper) were in the kitchen while E1 was in the office. R4 was in her room by herself. Shortly after surveyor's presence in the kitchen, E7 walked in the hallway heading toward's R4's room.</p> <p>At 1:50 PM, surveyor checked on R4 saw E7 standing by the doorway of the room across from R4's room. Upon surveyor's entry into R4's room E7 followed immediately. R4's head of bed was elevated and she was in the same seated position observed at 9:25 AM and 12:00 PM. E7 was asked why R4 is still sitting up and not turned since 9:25 AM. E7 stated that R4 just ate lunch and she was just turned.</p> <p>Interview with E1 (QMRP) on 02/16/11 at 9:55 AM validates that R4 should always be within line of sight (by one of the assigned staff), easier because R4 is in bed.</p> <p>On 02/16/11 at 11:30 AM, E2 (RN) validated that</p> | W9999 | | | |

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| W9999 | <p>Continued From page 32</p> <p>R4 is to be repositioned every two hours. E2 validated staff were instructed on putting a pillow between R4's knees, propping her on her back and to check for incontinence. E2 added that R4's repositioning every two hours is not done between 1:00 AM and 5:00 AM when R4 is asleep in order to "don't destroy evening sleep" according to R4's physician.</p> <p>Documentation of R4's turning/repositioning was requested and E4 (House Manager) provided a one page Form#132 (Revised 01/01/07) with handwritten title of "Staff Name, Turned Time," with entry dates of: "01-31-11 superimposed on 02-01-11 at 11:30 PM, 02-01-11 at 2:20 AM/6:30 AM, 02-01-11 at 4PM, 8PM, 02-02-11 at 12:30 AM, 4AM, 7AM, 02-02-11 (no time indicated), 02-03-11 at 4AM, 7AM, 8:20 AM." No other reproducible documentation of the repositioning/turning was provided.</p> <p>On 02/16/11 at 11:30 AM in R4's bedroom, E8 (PA) was observed filling out an empty Form#132 (to document turn/reposition of R4) with the start date of 02/16/11.</p> <p>On 02/16/11 at 11:30 AM, regarding documentation of assessment/monitoring of R4's sacral ulcer status and reason for keeping resident in bed, E2 (RN) stated "there was a 2x2 (two inch by two inch) Stage 2 on her left buttock fold and a 1x1 (one inch by one inch) Stage 2 on her right buttock fold, both about three weeks old...Nursing decision to keep R4 bed bound related to staff (only two people at home, R4</p> | W9999 | | | |

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| W9999 | <p>Continued From page 33</p> <p>requires three staff for transfers)...edema in both legs, doctor said to expect that for up to one year."</p> <p>On 02/17/11 at 9:30 AM, E8 (PA) was in R4's bedroom. Surveyor asked E8 about the Re-positioning log on the wall and receipt of directions on how to complete the form. E8 confirmed it was her first time to see this Re-positioning Log and she did not receive instructions on how to fill out the form.</p> <p>On 02/17/11 at 12:30 PM, E2 (RN) stated "I'm sure E4 (House Manager) was given the official facility turning logs." Form #132 (Revised 01/01/07) with handwritten title of "Staff Name, Turned Time" and dates of entry from 01/31/11 through 02/03/11 provided by E4 was shown to E2. E2 validated that this Form#132 is not the official document for staff to document on regarding repositioning/turning of R4. E2 stated "I'll have to re-inservice E4." Surveyor asked E2 about the official Re-Positioning Log that's on R4's wall today, 02/17/11, and E2 validated placing it on the wall in the evening of 02/16/11.</p> <p>E8 (PA) was in the room with R4 on 02/17/11 at 9:30 AM. R4 was awake and sitting on her bed. Plastic-type material was noted bunched up underneath R4's buttocks. E8 was asked about the material and did not acknowledge familiarity with the material. Surveyor checked under the fitted sheet and found that this plastic-type material is the inflatable air mat. The mat was deflated and upon verification with E8, the air mat pump control was turned off. E8 located the switch for the mat, turned it on (green light turned on) and the mat started re-inflating. There is a</p> | W9999 | | | |

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| W9999 | <p>Continued From page 34</p> <p>dial with setting options from soft to firm. The dial indicator was set at four settings above the indicator for firm. E8 was asked if she received instruction/s regarding ensuring R4's mat was working and on what setting it should be. E8 validated she did not receive any instructions.</p> <p>Interview with E2 (RN) on 02/17/11 at 12:30 PM validated staff were not provided any instruction regarding use of inflatable mat and stated, "we talked about how to use the bed, nothing to do except the remote for raising and lowering head and leg of bed, and to make sure it remains plugged in. Bed is very simple. No shift check instruction because it's pretty clear, it's common sense."</p> <p>On 02/17/11 at 11:45 AM, Z1 (RN) notified surveyor that R4 has an "unstageable pressure eschar to be evaluated by her wound manager" on the right heel. This was approximately one half to three fourths of an inch long, about one third to half an inch wide.</p> <p>Interview with E2 (RN) on 02/17/11 at 12:30 PM regarding R4's right heel eschar validated E2 was unaware of R4's right heel "eschar" until brought to her attention by the surveyor on 02/17/11.</p> <p>At 2:50 PM on 02/17/11, E2 was asked about facility policy regarding skin assessment, name of the air mat R4 is using, and the setting on which the air mat should be. E2 stated "not aware of any (facility skin policy), if we do (have policy), they haven't given me a copy of it. E2 made a telephone call and validated that R4's air mat is called an "APP, Air Pressure Pump." E2</p> | W9999 | | | |

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| W9999 | <p>Continued From page 35</p> <p>validated that the air mat should be set at firm.</p> <p>On 02/17/11 at 3:15 PM, E5 (RSD/LNHA) and E3 (Director of Quality Assessment) stated there is a facility skin policy and that a copy can be provided immediately.</p> <p>On 02/23/11 at 11:05 AM and 2:30 PM, E5 stated "there is no skin policy for the agency. We have forms (Re-Positioning Log and Skin Integrity Checklist) and there is an attached page providing explanation of the forms. These (forms) are still in place for the facility."</p> <p>On 02/23/11 at 2:30 PM, E11 (Executive Director) stated "It is our facility policy to have our protocols (as applicable) on Skin Integrity Checklist and Re-Positioning Log enforced."</p> <p>R4's record did not include any documentation on Skin Integrity Checklist and Re-positioning log. Two Nursing Progress Notes with entries from 01/04/11 through 01/13/11 include the following: "1/4/11...edema to right leg and ankle. 1-7-11...small rash on left hip. instructed to apply desitin... 1-11-11...up in (wheelchair)... 1/12/(11)...(not legible) right side. Edema to ankles when I (E2) arrived, she was in (wheelchair) with legs elevated. Edema noted to feet bilaterally. Dark pigmentation one right heel. Looks like old blood blister. Not draining or any break through noted... 1-13-(11)...R4 in (wheelchair)...edema to ankle and leg improving..."</p> <p>On 02/16/11 at 11:30 AM, E2 (RN) stated "R4 is repositioned every two hours, next week</p> | W9999 | | | |

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| W9999 | <p>Continued From page 36</p> <p>evaluation with wound specialist for sacral ulcers (x2, both sides of gluteal fold), PT (Physical Therapy) to work with R4's legs, evaluate need for Hoyer lift, OT (Occupational Therapy) for right hand evaluation. Wound specialist will determine if Rehab admission will be necessary for healing (of Stage II sacral ulcer). R4's increase time in wheelchair (contributed) to increase pressure on her bottom."</p> <p>On 02/17/11 at 12:30 PM, E2 stated "R4's sitting for long periods in the wheelchair is what likely contributed to the pressure ulcer. You can see it in the location, where she had the most weight applied." Surveyor asked E2 if there is a physiological reason for R4's buttock sore and E2 said "yes, it was related to increased time spent in wheelchair."</p> <p>E2 validated on 3/07/11 at 10:40 AM that the Braden scale was not in use at the facility prior to this survey that started on 02/16/11.</p> <p style="text-align: center;">(A)</p> | W9999 | | | |