

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

PRINTED: 02/25/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145938	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/01/2011
NAME OF PROVIDER OR SUPPLIER PARKSHORE ESTATES NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 6125 SOUTH KENWOOD CHICAGO, IL 60637	
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F 000	INITIAL COMMENTS Complaint Investigations 1181528/ IL52983- F157 and F328 1181832/IL53348- No deficiency 1182124/IL53676- No deficiency 1182128/IL53680- F323 1183005/IL54681- F406	F 000		
F 157 SS=D	483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update	F 157	11/3/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 157	<p>Continued From page 1 the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to notified any interested family member of the death of a resident and the availability of personal property; for one of twelve sampled residents (R10) in a sample of twelve.</p> <p>Findings include:</p> <p>On 05/08/2011 according to R10's closed medical record, R10 was transferred out of the facility to a hospital. On 05/12/2011 according to the facility's discharge record R10 was deceased.</p> <p>R10's universal progress notes dated 9/09/2010, contained information for Z2 (sister) and Z3 (mother), in which the family could be contacted.</p> <p>R10's universal progress notes dated 5/09/2011 stated, "Discharge Note-Resident was discharged admitted on 5/08/2011 to hospital with unidentified diagnosis. Resident belonging where packed and placed in storage on unit, til resident returns to facility."</p> <p>No other documentation was noted regarding the distribution of R10's personal belonging. On 10/25/2011 at 11:08am, E3 (social service director) stated, R10's contact person was Z1 (friend) and he was contacted regarding R10's hospitalization. E3 stated she believe the family was contacted. When asked for the evidence of how the family was contacted E3 did not provide</p>	F 157			

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F 157	Continued From page 2	F 157			
F 323 SS=G	<p>any. E3 reported Z2 and Z3 were not contacted because they were not the responsible party.</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based upon record reviews and interviews the facility failed to ensure that 1 (R3) of 5 residents in sample received the supervision service. R3 sustained a Fracture to Right Hip.</p> <p>Findings Include:</p> <p>R3 was admitted to the facility per review of the face sheet record on August 12, 2008 with diagnosis including Dementia and Syncope. R3 was discharged at the time of the on-site visit of 9/20/11, and information was obtained from a closed record. The nurses notes and fall incident report dated July 1, 2011 in part denotes the following:</p> <p>"ambulating independently in hallway when fell to floor, upon observation pain to Right hip sent to the hospital per MD."</p> <p>E4(CNA/certified nurse aide) was interviewed on 9/21/11. E4 stated," I responded to the noise that</p>	F 323		11/3/11	

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F 323	Continued From page 3 I heard; R3 was lying on the hallway floor by her bedroom. R3 ambulates and R3 is a wanderer...I called nurse to assess. R3 had been walking in hall." E4 was queried regarding if another staff was with R3, and responded, "No." Review of R3 most recent MDS (minimum data set) Section G- depicts in part the following functional status coding for R3: Walks in corridor as 2 under self-performance and a 2 under support which are defined as follows: Self-performance -2-resident highly involved in activity staff provided guided maneuvering. 2-ADL (activity of daily living) Support provided-One person physical assist. The nurse notes dated 7/1/11 at 10:30pm depict a follow-up to a local hospital denoted R3 was admitted with a diagnosis of Hip fracture, fever and dementia." E2 (DON/Director of Nursing) was interviewed on 9/22/2011 via phone requesting the Xray record for R3 and stated,"I could not get the report from the hospital. The nurse just gave the report over the phone to my nurse." R3 was ambulating without staff assist, and subsequently fell resulting in a right hip fracture	F 323			
F 328 SS=D	483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following	F 328		11/3/11	

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F 328	<p>Continued From page 4</p> <p>special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to provide a respiratory treatment as ordered for one of one sampled residents (R10), in a sample of 12.</p> <p>Findings include:</p> <p>According to R10's closed medical record, R10 had a diagnosis of asthma and chronic obstructive pulmonary disease. R10's nurse's notes contained the following documentation: 5/08/2011 at 5:30am, Resident complaint of stomach pain and breathing difficulty. Administer oxygen per nasal cannula at five liters per MD (medical doctor) order. Resident experiencing hypoxia oxygen saturation at 81.1%. 5/08/2011 at 5:37am, Called MD informed of resident condition orders given to administer 5 liters of oxygen. Albuterol 0.083, Ipratropium BR 0.002% solution (breathing treatment). If does not work send resident to hospital.</p> <p>On 10/24/2011 at 3pm, the surveyor asked E2 (director of nursing) to check R10's closed record and present evidence of the medication being</p>	F 328			

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F 328	Continued From page 5 administered. E2 replied, it is in the nurse's notes. The notes were reviewed with the surveyor and the above documentation was found. No post treatment condition of the resident was documented. On 11/01/2011 at 12:20pm, E5 (nurse) reported she did give the treatment but could not remember where she documented it was at the time. E5 confirmed she took R10's vitals prior to calling the MD. E5 stated the supervisor on duty was doing the paper work, while she was with R10.	F 328			
F 406 SS=D	483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to review and modified psychosocial programing for 2 of 4 residents (R6, R8) reviewed for specialized rehabilitative services for mental illness, in a sample of 12; after aggressive behavior to protect other residents. Findings include:	F 406		11/3/11	

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F 406	<p>Continued From page 6</p> <p>1. R8's universal progress notes dated 4/30/2011 stated Resident attends day programming and has been present 4 out of 9 days. Resident was hospitalized for verbal and physical aggression after he pushed a male peer in the elevator. After resident pushed peer (not named), he fell and hit his head. That resident was hospitalized and determined to have a concussion. R8 was unable to attend day program due to hospitalization and 72 hour observation.</p> <p>R8's nurse's notes dated 9/25/2011 at 6:15pm stated, Upon peer exiting room patient began hitting peer (R7) about face and neck without provocation. 6:30pm, one to one still in progress, Halo 1 mg (milligram) given for agitation. 8:30pm, patient on one to one still agitated, order obtained to send patient to hospital.</p> <p>On 10/24/11 at 3:28pm, R7 reported he was the resident R8 attacked, beating him in the head. R7 reported he was R8's previous roommate and did not do anything to start the incident.</p> <p>The social service progress notes dated 9/26/2011 acknowledged the above incident and action taken by staff. Also it stated the care plan will be be updated.</p> <p>An incident reported dated 10/12/2011 at 9:30am, R8 and R16 were involved in a physical altercation. According to the investigation, R16 stated R8 approached him talking really loud. R8 pushed R16. The staff determined R16 was the aggressor in the incident and R16 was given medication and sent out to the hospital. E7 (charge nurse) present at the time reported, while</p>	F 406			

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F 406	<p>Continued From page 7</p> <p>waiting in the medication line R8 and R16 had a verbal altercation, R16 then pushed R8 to the ground. According to resident/family education sheet, R8 was given education on conflict resolution with peer.</p> <p>On 10/24/2011 at 2pm, E3 (social service director) provided R8's psychosocial programing and attendance records for the past six month. E3 reported R8 stopped going to a day program for a while. E3 reported one to one session was done after R8 incident with peers, but no changes were made to programing.</p> <p>The attendance signature sheets documented R8 going to the a day program for the months of August and September 2011, within the last six month. The month of August, R8 attended 8 of 31 days of this month. The month of September, R8 attended 3 of 30 days of this month. R8 had no evidence of attending any programs for the month of October 2011.</p> <p>2. R6 had behavior occurrence forms fill out with the following: -9/29/2011 at 6:20pm-Throwing objects/phone -9/30/2011 at 5:45pm-Screaming, Activating fire alarm system -10/3/2011 at 5:00pm-Report of R6 breaking a television -10/3/2011 at 5:35pm-Screaming, Resisting care, Swearing, Verbal argument with staff -10/5/2011 at 8:30am-Calling out, Screaming, Self abusive act -10/8/2011 at 7:50pm-Calling out, Screaming, Hitting others, Kicking other, Throwing objects -10/14/2011 at 3:30pm-Calling out, Hitting others, Self abusive act, Verbal argument with staff</p>	F 406			

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F 406	Continued From page 8 On 10/14/2011 an incident report and investigation was conducted regarding R6's physical altercation with another resident. R6 hit the other resident and was sent out to a hospital. On 10/24/2011 E3 presented program attendance records for R6. According to group attendance sheets, R6 attended one of twenty-four days attending, a 45 minute session with a psychologist group. On 10/24/2011 at 2:52pm, E6 (case manager) reported after the incident of 10/14/2011, R6 would not talk to her about it. E3 present during the interview, could not demonstrate what change was made in a preventive program to help decrease R6's behavior.	F 406			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 300.1210d)6) 300.3240a) 300.7020b)6) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in	F9999			

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F9999	<p>Continued From page 9 operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. 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. Restorative measures shall include, at a minimum, the following procedures: 5) All nursing personnel shall assist and encourage residents with ambulation and safe transfer activities as often as necessary in an effort to help them retain or maintain their highest practicable level of functioning. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a</p>	F9999			

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F9999	<p>Continued From page 10 resident.</p> <p>Section 300.7020 Assessment and Care Planning b) The care plan shall be developed by an interdisciplinary team within 21 days after the resident's admission to the unit or center. The interdisciplinary team shall include, at least, the attending physician, a nurse with responsibility for the resident, other appropriate staff in disciplines as determined by the resident's needs, the resident, the resident's representative, and the certified nursing assistant (CNA) who is primarily responsible for this resident's direct care, or an alternate, if needed, to provide input and gain insight into the care plan. Others may participate at the discretion of the resident. 6) The care plan shall be implemented and followed by staff who care for the resident.</p> <p>These requirements were not met as evidence by:</p> <p>Based upon record reviews and interviews the facility failed to ensure that 1 (R3) of 5 residents in sample received the supervision service. R3 sustained a Fracture to Right Hip.</p> <p>Findings Include:</p> <p>R3 was admitted to the facility per review of the face sheet record on August 12, 2008 with diagnosis including Dementia and Syncope. R3 was discharged at the time of the on-site visit of 9/20/11, and information was obtained from a closed record. The nurses notes and fall incident report dated July 1, 2011 in part denotes the following:</p>	F9999			

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F9999	<p>Continued From page 11</p> <p>"ambulating independently in hallway when fell to floor, upon observation pain to Right hip sent to the hospital per MD."</p> <p>E4(CNA/certified nurse aide) was interviewed on 9/21/11. E4 stated," I responded to the noise that I heard; R3 was lying on the hallway floor by her bedroom. R3 ambulates and R3 is a wanderer...I called nurse to assess. R3 had been walking in hall." E4 was queried regarding if another staff was with R3, and responded, "No."</p> <p>Review of R3 most recent MDS (minimum data set) Section G- depicts in part the following functional status coding for R3:</p> <p>Walks in corridor as 2 under self-performance and a 2 under support which are defined as follows:</p> <p>Self-performance -2-resident highly involved in activity staff provided guided maneuvering.</p> <p>2-ADL (activity of daily living) Support provided-One person physical assist.</p> <p>The nurse notes dated 7/1/11 at 10:30pm depict a follow-up to a local hospital denoted R3 was admitted with a diagnosis of Hip fracture, fever and dementia."</p> <p>E2 (DON/Director of Nursing) was interviewed on 9/22/2011 via phone requesting the Xray record for R3 and stated,"I could not get the report from the hospital. The nurse just gave the report over the phone to my nurse."</p>	F9999			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F9999	Continued From page 12 R3 was ambulating without staff assist, and subsequently fell resulting in a right hip fracture (B)	F9999			