

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: 146061	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/04/2011
NAME OF PROVIDER OR SUPPLIER WESTBURY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1800 ROBIN LANE LISLE, IL 60532		
(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	
F 000	INITIAL COMMENTS Annual Licensure and Certification Survey	F 000			
F 279 SS=D	Annual Sheltered Care Licensure survey -Westbury Care Center is in compliance with Sheltered Care Facilities Code (77 Illinois Administrative Code 330) for this survey. 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to develop resident care plans that are comprehensive and individualized; in the areas of pressure sores for R2 one of one residents in	F 279		12/2/11	

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 279	<p>Continued From page 1</p> <p>the sample of ten with a pressure sore: For one of one resident (R 7) in the sample of ten with an indwelling catheter and one of seven residents in the sample of ten identified as incontinent of bowel and bladder R9:</p> <p>Findings include:</p> <p>R 7 ' s plan of care of 10/18/11 reads: at risk for infection related to indwelling catheter and total bowel incontinence. Diagnosis comfort measure terminal illness/Hospice There was no plan for removal or monitoring of other possible complications. There was no documentation in the record to show the catheter does help R7 in comfort. On 11/4/11 E2 director of nursing presented a hospice note dated 10/11/11 saying R7 requests the catheter. This note was not at the facility , but hand delivered by the hospice nurse according to E2.</p> <p>Review of R 2's plan of care dated 11-03-11 showed no specific pressure ulcer care plan was developed. Several problems are grouped together The care plan reads: Frequently incontinent of bowel and bladder during the day and always incontinent at night. She has potential for skin breakdown & urinary tract infection related to cognitive impairments, loose bowel movement, generalize weakness & need for assistance with toileting secondary to dementia ...Noted to have deep tissue injury on her left heel + bluish black discoloration, non open. There was no preventative plan of care for R 2 who was identified at mild risk for developing pressure ulcer with specific and individualize interventions to help heal R 2 ' s current pressure ulcer and to prevent the progression of the</p>	F 279			

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F 279	Continued From page 2 existing area.	F 279			
F 314 SS=G	<p>R9's care plan for incontinents states R9 should be toileted before and after meals and upon rising and at bedtime. the approaches are to keep the call light in reach and wear briefs, or pantliners when out of bed. There is no specific plan or bowel and bladder program based on R9's individual patterns.</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to:</p> <p>Evaluate and identify the risk factors and clinical reasons for the development of R 2 ' s pressure ulcer on the left heel.</p> <p>Develop and implement a preventative plan of care for R 2 who was identified mild risk for developing pressure ulcer.</p> <p>Develop and implement a pressure ulcer plan of care for R 2 with specific and individualize</p>	F 314		12/2/11	

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F 314	<p>Continued From page 3</p> <p>interventions to help heal R 2 ' s current pressure ulcer and to prevent the progression of the existing area.</p> <p>These failures resulted in R 2 acquiring a facility Deep Tissue Injury on the left heel on 10-25-11 and this area progressed in size from 3.0 cm X 1.5 on 10-25-11 to 7.0 cm X 4.2 cm</p> <p>This is for one of two residents with pressure sores. Findings include:</p> <p>The facility monthly pressure ulcer tracking form showed R 2 acquired Deep Tissue Injury on the left heel on 10-25-11. This area was described as dark in color, intact measured at 3.0 cm X 1.5 cm.</p> <p>On 11-03-11 at 10:50 AM, skin assessment was conducted with the Treatment Nurse (E 3). E 3 identified a Deep Tissue Injury on R 2 ' s left heel, described as " buggy, dark in color-purplish " , and measured at 7.0 cm X 4.2 cm. There was no comprehensive assessment conducted for R 2, E 3 stated " we use the monthly pressure ulcer tracking form, the nurses notes and the treatment record sheet (TAR). " E 3 and E 2 confirmed there's no analysis whether this facility acquired pressure ulcer on R 2 was avoidable or unavoidable, risk factors were not identified and address, to prevent the development of pressure ulcer.</p> <p>Review of R2's plan of care presented by the Care Plan/ MDS Coordinator (E 6) and E 3 on 11-03-11 showed no specific pressure ulcer care</p>	F 314			

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F 314	<p>Continued From page 4</p> <p>plan was developed. The care plan reads: Frequently incontinent of bowel and bladder during the day and always incontinent at night. She has potential for skin breakdown & urinary tract infection related to cognitive impairments, loose bowel movement, generalize weakness & need for assistance with toileting secondary to dementia ...Noted to have deep tissue injury on her left heel + bluish black discoloration, non open. E 6 stated " we don ' t necessarily need to have (specific problem). " There was no preventative plan that was developed or implemented to R 2.</p> <p>Interview with the Nurse in Charge (E 7) on 11-03-11 at 11:30 AM, E 7 stated " I was the one that found the discoloration on her left heel on 10-25-11, I documented it in the nurses notes. I told the Treatment Nurse (E 3) and prescribed skin prep and the bumper pillow when in bed. I was off then when I came back on 10-27-11, base on my nurses here, the area has a blister on it, and we ordered air mattress and the boot, after that the Treatment Nurse took over with the pressure ulcer. "</p> <p>R 2 ' s Braden scale for predicting pressure ulcer risk from 10-14-11 through 11-04-11 showed a score of " 16 - mild risk for developing pressure ulcer. "</p> <p>On 11-04-11 at 11:45 AM, the facility Administrative staff, (Administrator/E 1, the Director of Nursing /E 2, and the Corporate Nurse Consultant) presented documentation that includes ultrasound report dated 10-24-11 reads: There was no evidence of deep venous thrombosis in bilateral lower extremities.</p>	F 314			

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F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to: Provide a medical justification for the continuing need for the use of a catheter for R 7. Develop a plan for removal for the use of R 7 ' s catheter. Develop and implement a plan of care to prevent possible complications for the use of an indwelling catheter. Evaluate the risk and benefit for the use of R 7 ' s indwelling catheter.</p> <p>Provide appropriate treatment and services for R 9 to improve or maintain current bladder function. Analyze factors that may predispose R 9 ' s incontinence and identify R 9 ' s type of incontinence. Implement a specific bowel and bladder program to enhance R 9 ' s quality of life.</p> <p>This is for one of one resident (R 7) in the sample with an indwelling catheter, and one resident (R 9) of 7 in the sample identified as</p>	F 315		12/2/11	

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F 315	<p>Continued From page 6 incontinent of bowel and bladder.</p> <p>Findings include:</p> <p>On 11-02-11 at 11:10 AM, R 7 was observed in bed, alert and oriented, with an indwelling catheter. R 7 stated " I don't really care for the catheter. I came in here from the hospital with it and they never removed it. I'm used to it now; it's good in a way in case I need help and no ones available. "</p> <p>There was no Foley catheter assessment found in R7's clinical record and this finding was confirmed by the Restorative/Bowel & Bladder (B&B) Coordinator (E 4) on 11-03-11 at 12:00 PM. E 4 stated " the admitting nurse does the B&B assessment. " E 4 confirmed the facility did not try to remove R7's catheter and R 7 has not been seen by a urologist. The Nurse stated " we called the doctor to give us a diagnosis for the catheter and he gave us Neurogenic bladder.</p> <p>R7's plan of care reads: at risk for infection related to indwelling catheter & total bowel incontinence. There was no plan for removal or monitoring of other possible complications</p> <p>On 11-04-11 at 10:30 AM, R 9 was observed in an adult reclining chair, in the room. R9 stated " I can feel the urge to go to the washroom. They put a diaper on me but we have a bed pan here. One of the girls gives me an argument at times when I ask for bed pan when I'm in bed. I can ' t use the bed pan my self, I can't lift my self to use the bed pan. It bothers me that I wet my self because sometimes there's no help. They probably need a little more staff "</p>	F 315			

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F 315	Continued From page 7 On 11-04-11 at 10:45 AM, the Direct Care Staff/ E 5 stated " she's very alert. She can tell you what she wants and if she needs to go to the bathroom. She wears a diaper because she has episodes of incontinence. At times she can stand pretty good but as long as you assist her she is able to stand. " Review of the bladder assessment found in R9's clinical record dated 06-24-11 was blank. The quality care progress note dated 07-01-11 under incontinence of bladder a " ? " was noted. There were no evaluation or assessment of R9's incontinence in the chart and this was confirmed by E 4 on 11-04-11 at 12:00 PM. E 4 stated " she's frequently incontinent of bowel and bladder, multiple episodes during the day. She wears a diaper, but she's alert and oriented. There were assessments since she's been here. There was no voiding pattern done. She can stand up. "	F 315			
F 497 SS=F	483.75(e)(8) NURSE AIDE PERFORM REVIEW-12 HR/YR INSERVICE The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. The in-service training must be sufficient to ensure the continuing competence of nurse aides, but must be no less than 12 hours per year; address areas of weakness as determined in nurse aides' performance reviews and may address the special needs of residents as determined by the facility staff; and for nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.	F 497		12/2/11	

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F 497	Continued From page 8 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to complete a performance review of every CNA (Certified Nurse Assistant) and provide at least 12 hours of in-service education per year to ensure continued competency of CNA's. This has the potential to affect all 37 residents in the facility. Findings include: Documentation of Annual Performance Reviews and in-service education information was requested for two CNA's that have been working at the facility for over a year. E8 CNA was hired on 9/19/08 and had an annual performance review on 6/1/11. A review of the in-service attendance documentation for the past year (10/20/10 to 9/23/11) shows that E8 only had two and three quarter hours of in-service during this time period. E9 CNA was hired on 10/1/2010. As of 11/4/11 E9 has not had an annual performance review. On 11/4/11 at 4:00pm E1, the administrator, said the facility does not have a good way of tracking in-service education per individual CNA's. The list of facility CNA's with hire date shows there are 27 individuals working at the facility. E1 presented documentation of 8 staff training in-services from 10/20/10 to 9/23/11. These records have employee signatures who attended, the topic and length of training and documentation of the material presented. There is a total of 5 hours and 20 minutes of in-service training conducted.	F 497			

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F 497	Continued From page 9 Not all CNA's attended each training according to sign in sheets. E1 said the former director of nursing was in charge of this and did not complete annual performance reviews for all of the CNA's and did not ensure that adequate training was provided.	F 497			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)3)5) 300.3240a) 300.7020a)1)2)F)4) 300.7020b)1)2)3)5)6)7) 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 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. Section 300.1210 General Requirements for Nursing and Personal Care	F9999			

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F9999	<p>Continued From page 10</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:</p> <p>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:</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p>	F9999			

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F9999	Continued From page 11 Section 300.7020 Assessment and Care Planning a) Resident assessments, in addition to requirements in other applicable State and federal regulations, shall include a standardized, functional, and objective evaluation of the resident's abilities, strengths, interests, and preferences. The assessment shall be completed within 14 days after admission. 1) Assessments shall include at least a behavioral and a functional assessment, as well as direct observations of the resident. The facility shall attempt to interview the resident, the resident's family, the resident's representative, and recent and current direct care givers. This attempt shall be documented. 2) Assessments shall include at least the following: F) adaptive equipment or activities that allow the resident to function at the highest practical level. 4) The assessment process shall be ongoing by direct care staff or other professionals, as needed, and shall include the assessment components in subsection (a)(2). 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	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	<p>Continued From page 12 at the discretion of the resident.</p> <p>1) The care plan shall be ability centered in focus (see Section 300.7030) and shall define how the identified abilities, strengths, interests, and preferences will be encouraged and used by addressing the resident's physical and mental well-being; dignity, choice, security, and safety; use of retained skills and abilities; use of adaptive equipment; socialization and interaction with others; communication, on whatever level possible (verbal and nonverbal); healthful rest; personal expression; ambulation and physical exercise; and meaningful work.</p> <p>2) As new behaviors manifest, the behaviors shall be evaluated and addressed in the care plan.</p> <p>3) The resident's care plan shall be reviewed by the unit director 30 and 60 days after the initial care plan's development and shall be modified, as needed, with the participation of the interdisciplinary team.</p> <p>5) All appropriate staff shall have access to and shall use the information in the care plan in order to integrate the care plan into the daily care of the resident.</p> <p>6) The care plan shall be implemented and followed by staff who care for the resident.</p> <p>7) Revisions may be made to the care plan at any time, with input from the resident, resident's family, and resident's representative, the care coordinator, and, if appropriate, the physician.</p> <p>These requirements were not met as evidence by:</p> <p>Based on observation, interview and record review, the facility failed to:</p>	F9999			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F9999	<p>Continued From page 13</p> <p>Evaluate and identify the risk factors and clinical reasons for the development of R 2 ' s pressure ulcer on the left heel.</p> <p>Develop and implement a preventative plan of care for R 2 who was identified mild risk for developing pressure ulcer.</p> <p>Develop and implement a pressure ulcer plan of care for R 2 with specific and individualize interventions to help heal R 2 ' s current pressure ulcer and to prevent the progression of the existing area.</p> <p>These failures resulted in R 2 acquiring a facility Deep Tissue Injury on the left heel on 10-25-11 and this area progressed in size from 3.0 cm X 1.5 on 10-25-11 to 7.0 cm X 4.2 cm</p> <p>This is for one of two residents with pressure sores.</p> <p>Findings include:</p> <p>The facility monthly pressure ulcer tracking form showed R 2 acquired Deep Tissue Injury on the left heel on 10-25-11. This area was described as dark in color, intact measured at 3.0 cm X 1.5 cm.</p> <p>On 11-03-11 at 10:50 a.m., skin assessment was conducted with the Treatment Nurse (E 3). E 3 identified a Deep Tissue Injury on R 2 ' s left heel, described as " buggy, dark in color-purplish " , and measured at 7.0 cm X 4.2 cm. There was no comprehensive assessment conducted for R 2, E</p>	F9999			

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F9999	<p>Continued From page 14</p> <p>3 stated " we use the monthly pressure ulcer tracking form, the nurses notes and the treatment record sheet (TAR). " E 3 and E 2 confirmed there's no analysis whether this facility acquired pressure ulcer on R 2 was avoidable or unavoidable, risk factors were not identified and addressed, to prevent the development of pressure ulcer.</p> <p>Review of R2's plan of care presented by the Care Plan/ MDS Coordinator (E 6) and E 3 on 11-03-11 showed no specific pressure ulcer care plan was developed. The care plan reads: Frequently incontinent of bowel and bladder during the day and always incontinent at night. She has potential for skin breakdown & urinary tract infection related to cognitive impairments, loose bowel movement, generalize weakness & need for assistance with toileting secondary to dementia ...Noted to have deep tissue injury on her left heel + bluish black discoloration, non open. E 6 stated " we don ' t necessarily need to have (specific problem). " There was no preventative plan that was developed or implemented for R 2.</p> <p>Interview with the Nurse in Charge (E 7) on 11-03-11 at 11:30 AM, E 7 stated " I was the one that found the discoloration on her left heel on 10-25-11, I documented it in the nurses notes. I told the Treatment Nurse (E 3) and prescribed skin prep and the bumper pillow when in bed. I was off then when I came back on 10-27-11, base on my nurses here, the area has a blister on it, and we ordered air mattress and the boot, after that the Treatment Nurse took over with the pressure ulcer. "</p>	F9999			

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F9999	Continued From page 15 R 2 ' s Braden scale for predicting pressure ulcer risk from 10-14-11 through 11-04-11 showed a score of " 16 - mild risk for developing pressure ulcer. " On 11-04-11 at 11:45 a.m., the facility Administrative staff, (Administrator/E 1, the Director of Nursing /E 2, and the Corporate Nurse Consultant) presented documentation that includes ultrasound report dated 10-24-11 that reads: There was no evidence of deep venous thrombosis in bilateral lower extremities. (B)	F9999			