

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2011
NAME OF PROVIDER OR SUPPLIER MANORCARE OF LIBERTYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048		
(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 441	Continued From page 4	F 441			
F9999	<p>FINAL OBSERVATIONS</p> <p>LICENSURE VIOLATIONS</p> <p>300.1210d)5) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p>	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2011
NAME OF PROVIDER OR SUPPLIER MANORCARE OF LIBERTYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048		
(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 5 Based on observation, record review and interview, the facility failed to assess and provide care to prevent the development of acquired pressures ulcers for 1 of 3 residents (R1) in a sample of 23. This failure resulted in R1 developing avoidable, unstagable pressure sores. Findings include: R1 was readmitted back to facility on 10/12/11 after hospitalization for insertion of a pacemaker. R1's readmission nursing assessment of 10/12/11 denotes R1 did not have skin breakdown at time of readmission to the facility. R1's Braden Assessment of 11/2/11 states R1 as moderate risk for pressure ulcers. R1's Minimum Data Set (MDS) of September 14, 2011 assessed R1 requiring extensive assistance in activities of daily living, and denotes R1 did not have any pressure ulcers. R1 had a significant change MDS done on 11/10/11 due to R1 acquiring 1 stage 2 ulcer to the heel and 1 unstagable pressure ulcer to the sacral area. Nursing progress notes written by E3 (wound care nurse) and dated 11/4/11 denotes "informed by staff nurse regarding coccyx area, skin alteration is actually on sacral. Sacral=unstagable related to suspected deep tissue injury (MDS purpose only), which measures 1.2 centimeter x 1 centimeter (cm), skin is intact with purplish discolored area, with blanchable redness to periwound. Treatment = skin prep and foam dressing daily to protect and cushion area. Will do daily skin check, monitor wound status weekly, frequent repositioning, heels floated with pillows,	F9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2011
NAME OF PROVIDER OR SUPPLIER MANORCARE OF LIBERTYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048		
(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 6</p> <p>protect skin with barrier from incontinence. Dietician consult, on cardiac diet, on multivitamin supplement, albumin 3.2 gram/dl. Physician updated today.</p> <p>Progress notes dated 11/8/11 denotes sacral area noted to be unstagable measuring 1.2 cm x 1.0 cm. Also noted new order for foam right heel and found to have an open blister measuring 6.1 cm x 6 cm. Stage 2 (MDS purpose) area with granulation tissue noted under open blister.</p> <p>Progress notes dated 11/10/11 denote Right heel blister=unstagable related to suspected deep tissue injury (MDS purpose only) measures 6.1 cm x 8 cm, blood fluid filled blister with scant serosanguinous exudate, minimal edema to right lower leg . R1 on daily skin check, pressure relieving heel protection with boots, physical therapy for strength and endurance, dietician consult. Further documentation on 11/10/11 denotes R1 was found with left heel blister=unstagable (new pressure ulcer) related to suspected deep tissue injury, measures 2.2 x1.3 cm, flood fluid filled blister.</p> <p>Documentation on 11/17/11 denotes R1 was positive for Methicillin Resistant Staph Aurous on right heel wound.</p> <p>R1's nutrition risk assessment dated 11/10/11 (6 days after initial request for dietary consult) denotes a recommendation for ProMod 30 cc once a day. Vitamin C 500 mg 1 tab by mouth daily. Continue present diet order will monitor weight, changes, labs and skin integrity. Follow up as needed. There is no further assessment by dietary since</p>	F9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2011
NAME OF PROVIDER OR SUPPLIER MANORCARE OF LIBERTYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048		
(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 7 11/10/11.</p> <p>R1's Medication Administration Record denotes R1 did not receive dietary interventions of Vitamin C and ProMod until 11/12/11 eight days after the first wound was found on R1's sacral area.</p> <p>On 12/6/11 at 2:00 PM R1 was observed sitting up in wheel chair with both feet dependent on floor with no pillows or positioning device to suspend heels. E2 stated in interview on 12/8/11, R1 previously would try and get up from with wheel chair with heel protectors. R1 would only wear heel protectors in bed.</p> <p>R1's current care plan denotes "dietetic evaluation prn, supplements /enhanced foods per physician orders, suspend heels, use pillows and/or positioning devices as needed.</p> <p>E3 stated in interview on 12/8/11 she usually calls E14 (Registered Dietician) immediately for consult if needed. E14 stated she did not see R1 right away because she was fairly new and very busy and didn't get to see her until 11/10/11.</p> <p style="text-align: center;">(B)</p> <p>Section 300.625 Identified Offenders</p> <p>l) If the identified offender is a convicted (see 730 ILCS 150/2) or registered (see 730 ILCS 150/3) sex offender or if the Identified Offender Report and Recommendation prepared pursuant to Section 2-201.6(a) of the Act reveals that the identified offender poses a significant risk of harm to others within the facility, the offender shall be</p>	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2011
NAME OF PROVIDER OR SUPPLIER MANORCARE OF LIBERTYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048		
(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 8</p> <p>required to have his or her own room within the facility subject to the rights of married residents under Section 2-108(e) of the Act. (Section 2-201.6(d) of the Act)</p> <p>Based on documentation and interview, the facility failed to keep a convicted sex offender in a room by himself. This was for 1 of 2 residents sampled for Identified Offenders, in a total sample of 23.</p> <p>The findings include:</p> <p>R15 was admitted on 11/4/11. According to E1 (Administrator), on 11/7/11, the facility checked R15's status on the Illinois Sex Offender Information Web Site. The information on the web site identified R15 as a Sexual Predator. On 12/7/11 1:30 PM, E1 stated that R15 was placed in a two bed room, and at times R15 had a roommate. A nurse's note dated 11/30/11 4:42, document's "Pt (R15) is having some misunderstanding w/roommate in which we had to put the new roommate to other room..." At the time of the survey, R15 was still in a two bed room, but did not have a roommate. During the meeting on 12/7/11, E1 admitted that the means of communicating this type of information needs improvement.</p> <p>(B)</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility</p>	F9999			

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

PRINTED: 05/04/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145593	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2011
NAME OF PROVIDER OR SUPPLIER MANORCARE OF LIBERTYVILLE			STREET ADDRESS, CITY, STATE, ZIP CODE 1500 SOUTH MILWAUKEE AVENUE LIBERTYVILLE, IL 60048		
(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 9 shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act [20 ILCS 2635] for all persons 18 or older seeking admission to the facility. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) These requirements are not met as evidenced by; The facility filled out the "Identified Offender worksheet for annual surveys." The following residents did not have their background checks done within the 24 hours as required; R27 admitted 11/23/11 background check done 11/29/11 R28 admitted 11/23/11 background check done 11/29/11 R29 admitted 11/26/11 background check done 11/29/11 R30 admitted 11/25/11 background check done 11/29/11 This represents 4 of the last 10 residents admitted to the facility. (B)	F9999			