

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: 145967	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/02/2011
NAME OF PROVIDER OR SUPPLIER MCCALLISTER NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 18300 S. LAVERGNE AVE TINLEY PARK, IL 60477		
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F 514	Continued From page 51 order, no side rails and chest strap assessments, no indications, and no care plans. MDS annual (7/4/11), and quarterly (10/2/11) assessments indicated, R15 used side rails daily. The chest strap (Trunk restraint) was not triggered on the MDS. The physician order sheet (11/2011) of R15 indicated, status post urostomy. Review of care plan (11/4/11) indicated, R9 has foley catheter. MDS annual (7/4/11) and quarterly (10/2/11) assessment, Section I- Active Diagnoses, has no status post urostomy. On 11/30/11 at around 1:00 PM, E17 nurse stated R15 has no urostomy or catheter. On 11/30/11 at 9:45 AM, E9 (Director of Nursing/DON) stated, side rail assessments should be done quarterly, upon admission, and as needed for resident's change of condition. E9 also stated, they are having a wide house assessments for side rails. This was started after surveyor's inquiries regarding residents who were observed using side rails. On 12/1/11 at 12:00 PM, E16 (MDS/ Care Plan Coordinator), stated, MDS information comes from direct assessment of residents, documentation from different staff, and interview with residents if they are interviewable. E16 was unable to explain regarding inconsistencies of above documentation.	F 514			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS Section 300.4010 Comprehensive Assessments	F9999			

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F9999	<p>Continued From page 52 for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S</p> <p>300.4010(b)</p> <p>b) The IDT must identify the individual's needs by performing a comprehensive assessment as needed to supplement any preliminary evaluation conducted prior to admission to the facility. The assessment shall be coordinated by a PRSC.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview, the facility failed to conduct comprehensive and accurate mental health assessments for 5 residents (R6, R8, R11, R13, R14) and 11 residents (R31-R41) in the supplemental sample.</p> <p>Findings include:</p> <p>During the initial tour on 11/29/11 at approximately 9:30am, E2 (Assistant Administrator) told survey team that there are no residents in the facility that meet the State Agency criteria for serious mental illness (SMI). Review of Form CMS-672 presented to survey team on 11/29/11 shows there are 31 residents in the facility with documented psychiatric diagnosis and 18 residents receiving behavioral health and health rehabilitative services for mental illness. Psychotropic drug report presented on 11/30/11 shows 33 residents receiving anti-psychotic/anti-manic agents. Review of the Minimum Data Set (MDS) Section "O" for R6, R8, R11, R13, R14, R31-R41 shows</p>	F9999			

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F9999	<p>Continued From page 53</p> <p>no entry for psychological therapy. Section "S" of the MDS shows these residents as not meeting the State Agency criteria for serious mental illness.</p> <p>During an interview with E10 (Social Service designee) on 12/1/11 at approximately 10am, E10 stated that these sections of the MDS is to be completed by social worker and E16 (MDS coordinator). E10 said she has been completing the psych-social assessments but has no knowledge of how it should be done. E16, during a separate interview on 12/2/11 at approximately 11:30am, stated she depends on the social worker to provide the assessment information as she (E16) is not familiar with how to conduct assessment nor enter the findings.</p> <p>E2 informed survey team on 11/30/11 at approximately 4:00pm that the facility does not have a licensed social worker, the social service designee has no qualifying credentials.</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information 300-615(e)</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. 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)</p>	F9999			

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F9999	<p>Continued From page 54 of the Act)</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to conduct background check for all 95 residents residing in the facility.</p> <p>Findings include:</p> <p>During the entrance conference on 11/29/11 at approximately 9:15am, E2 (Assistant Administrator) informed survey team that that are no identified offenders residing in the facility. E2 presented survey team with a binder as evidence that background checks were done. This binder was labeled "Sex Offender, and contained evidence that the Illinois Sex Offender website search was done for all residents. E2 identified E10 (Admissions Director/Social Service Designee) as the staff member that does the background checks.</p> <p>During an interview on 12/1/11 at approximately 10:30 am, E10 stated she has been working in this capacity for seven years and does the check the sex offender website for all new admissions. E10 went on to say that she has never done any criminal background checks for admitted residents, and stated "this is new to me." E10 stated that on the previous night she read the State Agency requirements for conducting criminal background check and starting today (12/1/11) she has initiated a criminal background check for all 95 residents residing in the facility.</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal</p>	F9999			

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F9999	<p>Continued From page 55 History Record Information</p> <p>300.615(b)</p> <p>b) All persons seeking admission to a nursing facility must be screened to determine the need for nursing facility services prior to being admitted, regardless of income, assets, or funding source. (Section 2-201.5(a) of the Act) A screening assessment is not required provided one of the conditions in Section 140.642(c) of the rules of the Department of Healthcare and Family Services titled Medical Payment (89 Ill. Adm. Code 140.642(c)) is met.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on record review and interview facility failed to do Preadmission Screening for 6 residents (R6, R8,R11,R13,R14, R17) in a sample of 20 and 11 residents (R31-R41) in the supplemental sample. All 17 residents have diagnosis of serious mental illness.</p> <p>Findings Include:</p> <p>Interview with E2 (Assistant Administrator) on 11-29-11 at 3:40 PM, states the facility has not done Preadmission Screening for none of these residents (R6, R8,R11,R13,R14, R17 and R31-R41).</p> <p>Record review of these residents (R6, R8,R11,R13,R14, R17 and R31-R41) shows each have a serious mental diagnosis and no Preadmission Screening completed.</p> <p>Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness</p>	F9999			

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F9999	<p>Continued From page 56 for Facilities Subject to Subpart S 300.4090b)3)</p> <p>b) Psychiatric Rehabilitation Services Director</p> <p>3) Each facility shall have a PRSD for the psychiatric rehabilitation program who is assigned responsibility for: A) Developing and implementing the facility's psychiatric rehabilitation program; B) Developing and implementing the facility's staff training and in-service programs relating to the psychiatric rehabilitation program; and C) Ensuring the coordination and monitoring of the residents' participation in the psychiatric rehabilitation program ITP.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observations, record reviews and interviews the facility failed to accurately identify, assess/evaluate, monitor and treatment mental health concerns for 6 of 20 sampled residents (R6, R8, R11, R13, R14 and R17) and 10 residents in the supplemental sample R31 thru R41 with the diagnoses of mental illness. The facility failed to have a social service department to assess and meet the needs of all 95 residents residing in the facility.</p> <p>Finding Include:</p> <p>R13 was observed 11-29-11 at 9:45AM and 11-30-11 at 10:00AM and 12-1-11 at 11:30AM pacing in the hallway, attention seeking from staff and touching other residents and staff in the hallway, apparently not knowing her boundaries. R14 was observed on 12-1-11 at 9:30AM</p>	F9999			

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F9999	<p>Continued From page 57</p> <p>responding to internal stimuli: talking to her hand in a low tone and her words were not clearly spoken.</p> <p>R8 was observed on 11-29-11 at 2:00PM with frequent occurrences of crying without known cause.</p> <p>R11 was observed on 11-29-11 at 1:30PM in her wheelchair with her left eye discharge. R11 told surveyor she snatch her eye dressing off after eye surgery for no reason.</p> <p>R17 was observed on 12-1-11 at 4:00PM complaining about not doing anything throughout the day.</p> <p>R6 was observed 11-29-11 and 11-30-11 at lunch time eating and sitting in the dayroom. Clinical records states R6 has a behavior of spitting and throwing food and physically hitting staff.</p> <p>There were no documented interactions, interventions or assessments from any of the staff member in the facility to address inappropriate and negative behaviors. These behaviors just continued until the residents got tired.</p> <p>Record reviews of all 16 residents R6, R8, R11, R13, R14, R17 and R31 thru R41 shows all have mental health diagnosis and being administrated psychotropic medications without any psychosocial interventions. None are currently in any mental health programing for the treatment of there psychiatric diagnoses.</p> <p>Review of the Census and Conditions Residents form, the facility has identified 31 residents with documented psychiatric diagnosis excluding dementia's and depression. The total number of residents with behavioral symptoms receiving</p>	F9999			

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F9999	<p>Continued From page 58 behavior management program is currently 18.</p> <p>The facility's list of residents on psychotropic that excluded dementia had a total of 16 residents.</p> <p>Review of all 16 residents' Minimum Data Set (MDS) dated from 9-6-11 through 11-25-11, none are assess for serious mental illness.</p> <p>E16 (MDS coordinator) states on 12-1-11 at 11:30AM in the conference room that she does not understand the social service portion of the MDS and needs more training.</p> <p>Review of the social service notes for R8, R11, R13, R14, and R17, shows the last psychosocial notes from a trained social service personnel was August, 2011.</p> <p>E2(Administrator) confirmed that the licensed social service left the facility's employment in October, 2011.</p> <p>E10 (Admission Director) stated on 11-30-11 at 2:00PM that she has no training or educational background to assess, evaluate and monitor the psychiatric needs of the residents that have been identified by the facility for mental health support. E10 stated she has always been the social service designee even though she admits she has no qualifications.</p> <p>E2 explained to the survey team on 11-29-11 at 4:00PM that she had an outside agency assessing the identified residents in need of mental health training but for legal reasons this agency no longer works with the facility. E2 also explain another mental health agency was</p>	F9999			

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F9999	<p>Continued From page 59 suppose to start on 11-01-11 but did not start until 11-30-11 and gave no reason(s).</p> <p>Z1(License Social Worker) confirmed the contract with her agency to start on 11-01-11 for social concerns for the facility. Z1 gave no reasons as to why her agency was not implementing any psychosocial interventions or social issues on the agreed dated.</p> <p>300.1210a) 300.1210b)5) 300.1210d)6) 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p>	F9999			

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F9999	Continued From page 60 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 Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. Based on record review and interview the facility	F9999			

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F9999	<p>Continued From page 61</p> <p>failed to provide adequate supervision and failed to develop a plan of care to decrease the risk of falls for 2 of 3 residents (R24, R26) involved in fall incidents, and identified to be at risk for falls. R24 was placed in bed for incontinence care, and was observed by staff rolling out of bed to the floor which resulted in R24 being admitted to hospital with a non-displaced fracture.</p> <p>Findings include:</p> <p>1). According to the facility's incident report dated 7/13/11 9:00am denotes that R24 was placed in bed to be changed and was observed rolling from the bed to floor, on onto the floor mat. The follow up indicates that on 7/13/11 at 3:00pm x-ray obtained of left wrist.</p> <p>According to R24's nurses notes dated 7/13/11 at 9:54am denotes that R24 was involved in a fall incident observed on the floor, noting no apparent injury noted. Nursing note 9:50 indicates that R24 was placed in bed to be changed, observed rolling to the floor onto low mat, R24 was noted as being assisted back to bed. R24 was noted to be assessed for injury and none noted, however R24 is noted as grimacing with range of motion to the upper left extremity.</p> <p>On 9/22/11 at 2:30pm E7 (nurse), said that she observed R24 on the floor, but said that certified nurse aid observed R24 rolling onto the floor. E7 was unable to verbalize which certified nurse aide observed R24 rolling to the floor. E7 said that after R24 was assisted back to bed, E7 said that she conducted a body check, and nothing was found. E7 said that however when R24's left upper extremity wrist area as touched R24</p>	F9999			

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F9999	<p>Continued From page 62</p> <p>grimaced in pain. E7 said that she notified the physician and the attending physician ordered an x-ray of the left wrist.</p> <p>According to R24's clinical record nursing notes dated 7/13/11 there was no description and/or assessment of R24's left upper extremity in the nurse note. According to the nurse notes dated 7/14/11 10:50am indicates raised bruising to R24's left hand bruising to left hand. Nurse note 7/14/11, 11:22am indicates Xray results to left hand no dislocation or fracture.</p> <p>According to the nurse notes 7/14/11 through 7/18/11 R24's left wrist continued to swell with bruising noted. On 7/18/11 R24 was sent to the hospital for evaluation of swelling and bruising to the left wrist.</p> <p>On 9/22/11 at 2:30pm E7 said that she didn't recall any swelling or bruising, to R24's left upper extremity, E7 said that she couldn't recall whether R24's left wrist range of motion was within normal limits. E7 said she couldn't remember what happened that day 7/13/11. E7 reviewed the nursing notes and incident report, and was unable to verbalize to the survey team the description of R24's left wrist after the fall.</p> <p>According to the hospital record dated 7/18/11 x-ray of the left forearm impression indicates equivocal findngs of acute undisplaced fracture at the proximal shaft of the radius. Marked soft tissue swelling posterior to the wrist and distal forearm compatible with hematoma.</p> <p>According to R24's clinical record fall risk assessment dated 7/6/11 R24 was identified to be at risk for falls, R24 scored a 12, (10 or greater =</p>	F9999			

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F9999	<p>Continued From page 63 high risk for falls). There was no new fall risk assessment noted in R24's clinical record after R24 was observed falling from bed on 7/13/11.</p> <p>According to R24's most current care plan indicates R24 is at risk for future falls, the plan of care was dated 3/7/11, there was no quarterly review date and no review or new interventions after R24's fall on 7/13/11.</p> <p>On 9/22/11 at 12:15pm E3 (director of nursing), said that fall risk assessment are immediately completed after residents are involved fall incidents.</p> <p>According to the fall policy and procedure, denotes if a resident is involved in a fall the resident will have a care initiated and interventions will be put into place. The facility star program indicates any resident who experiences a fall will placed on the star program, to alert staff and increase awareness toward residents. The program includes a care plan initiated with interventions. According to the facility's fall prevention program the risk assessment is the first step to determine the risk, and a resident is involved in a fall a post fall risk assessment must be done to determine the cause of the fall.</p> <p>2). According to the facility's accident / incident reports the R26 was involved in a fall incident on 8/13/11 9:55pm denotes R26 lost her balance while trying to sit down in chair and fell. R26 was assessed with no apparent injury.</p> <p>According to R26's nursing notes there was no entry noted with an assessment, status or</p>	F9999			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145967	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/02/2011
NAME OF PROVIDER OR SUPPLIER MCALLISTER NURSING & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 18300 S. LAVERGNE AVE TINLEY PARK, IL 60477		
(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 64</p> <p>physician notification of R26's fall on 8/13/11. Nursing note 8/14/11 7:01pm indicates day 2 of 3 post fall, denotes R26 lost her balance when trying to sit in chair and fell, the note also indicates that physician was notified 22 hours after R26's fall incident.</p> <p>According to R26's fall risk assessment dated 6/3/11 indicates that R26 was assessed with a score of 12 (10 or greater =high risk). R26's next documented fall risk assessment was completed on 9/8/11. There was no fall risk assessment found after R26's fall incident of 8/13/11.</p> <p>According to R26s current care plan dated 9/6/11 there was not plan of care in R26's clinical record addressing R26's high risk for falls, no plan of care identifying R26 was involved in a fall on 8/13/11, and no interventions implemented and /or noted to decrease R26's fall risk.</p> <p>On 9/22/11 R26's care plan was reviewed with E3 (director of nursing), and E3 said that the plan of care reviewed was R26's most recent plan of care dated 9/6/11.</p> <p>According to the facility's accident and incident reports dated 8/20/11 R26 was observed coming from another residents room and tripped in the doorway and fell face first striking forehead on the floor, causing moderate bleeding without loss of consciousness. R26 was assessed, the physician was notified and R26 was sent out to the hospital for evaluation, R26 was noted as returning to the facility with a diagnosis of hematoma to the left forehead.</p> <p>According to R26's clinical record there was no</p>	F9999			

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F9999	<p>Continued From page 65</p> <p>fall risk assessment completed post R26's fall incident on 8/20/11, and no care plan developed with interventions to reduce R26's risk of falling after R26's second fall incident dated 8/20/11.</p> <p>On 9/22/11 at 12:15pm E3 said that fall risk assessment are immediatley completed after residents are involved fall incidents.</p> <p>According to the fall policy and procedure, denotes if a resident is involved in a fall the resident will have a care initiated and interventions will be put into place. The facility star program indicates any resident who experiences a fall will placed on the star program, to alert staff and increase awareness toward residents. The program includes a care plan initiated with interventions. According to the facility's fall prevention program the risk assessment is the first step to determine the risk, and a resident is involved in a fall a post fall risk assessment must be done to determine the cause of the fall.</p>	F9999			