

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:  <b>145311</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILLCREST NURSING &amp; REHAB CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>777 DRAPER</b> <b>JOLIET, IL 60432</b>		
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F 323	Continued From page 3 cord in hand. There is no documentation to show what happened every half hour with such egregious incident.  On 1/24/12 at 11:30 am E1 stated the facility has no specific policy and procedure to assess, monitor residents with a history of SI. The facility treats the residents with a history of SI as a behavior disorder and therefore they do not have a policy and procedure to assess and monitor residents with SI.	F 323			
F9999	FINAL OBSERVATIONS  Licensure Violations:  300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)3)4)6) 300.1220b)1)2)3) 300.3240a)  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.	F9999			

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F9999	<p>Continued From page 4</p> <p>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.</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> <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</p>	F9999			

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F9999	Continued From page 5 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:  c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.  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:  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.  4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:  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.	F9999			

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F9999	Continued From page 6  Section 300.1220 Supervision of Nursing Services  b) The DON shall supervise and oversee the nursing services of the facility, including:  1) Assigning and directing the activities of nursing service personnel.  2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.  3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.	F9999			

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F9999	Continued From page 7  Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)  These Regulations were not met as evidenced by:  Based on observation, record review and interview the facility failed to:  conduct a comprehensive assessment of resident's Psychological Assessment to include history of Suicidal Ideations (SI).  Have an effective system including policies and procedures to  (a) conduct comprehensive assessment of residents with suicidal ideations; (b) develop and implement interventions to guide staff as to how to monitor residents who have a history of SI.  Monitor a resident (R1) who has severe mental illness (Major Depression) and has a history of attempts of suicidal ideations (SI).  Have an environment free of accidents hazards.	F9999			

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F9999	<p>Continued From page 8</p> <p>The facility staff found R1 unresponsive (dead) with a long coaxial cord wrapped around her neck and mouth.</p> <p>These failures resulted in the death of R1 on 1/23/11 at 4:00 am.</p> <p>Findings include:</p> <p>On 1/23/12 the facility notified the Department of an incident indicating at 4:00 am the staff found R1 with a cable cord around her neck in sitting position up against up the wall in her room.</p> <p>On 1/24/12 at 10:00 am conducted initial tour of the facility along with the facility Administrator (E1) and Police personnel. In Room 225 where R1 use to live there were three burnt pipes on top of her room mate's (R2) over bed light fixture. One was the glass pipe, the other two were of metal like that of broken TV antenna. These pipes had burnt residue in them. One of the police officers who was present during the tour commented "that could be suspected drug paraphernalia." E1 took these pipes stating 'I did not see these before.' Later E1 commented 'I have to tell my staff to do thorough environmental rounds.' No further details were available to indicate (a) how the suspected drug paraphernalia got into the room; (b) if any of the residents in the facility have a history drug abuse; and (c) had any incidents of residents using street drugs; if so, if R1 was affected.</p>	F9999			

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F9999	<p>Continued From page 9</p> <p>On 1/24/12 at 10:15 am 2nd floor hall monitor (E3) stated all the shifts hall monitor is supposed to get up every half hour, do the rounds, and document if there are any behavior abnormalities, smoking and or drinking alcohol. E3 also stated at the end of the shift the half hour room check sheets are given to the administration. E3 stated she does not know what happens to those sheets after the sheets leave their hands.</p> <p>On 1/31/12 at 6:20 am E9 the 1/23/12 night shift hall monitor stated she was on duty the night of the incident. E9 heard E6 loud calling from room 225. E9 found R1 on the floor with cable cord wrapped around R1's neck and between her jaws. E9 stated her job is to go up and down the hall document if she encountered behaviors such as smoking and drinking alcohol, but they do not go into the rooms to check on the residents.</p> <p>The hall monitors job description indicated 'monitors are not to provide resident care, not to pass trays, pass ice, feed, make beds, or monitor smoking. On 1/25/12 evening hall monitor on 3rd floor assisted to pass cigarette when smoking, passing snacks. The monitor stated ' they assist the CNAs if needed'.</p> <p>The current half hour room checks sheets format do not indicate individual resident name, their safety and welfare. It only has a column for every half hour for whole 2nd floor. There is no documentation to indicate what happens to every resident at the intervals on the form, which is every half hour. The Room Check sheets start at 00:00 hours and ends at 23:00 hours every day.</p> <p>E3 had sheets in the binder with her for 1/23/12</p>	F9999			

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F9999	<p>Continued From page 10</p> <p>which started at 7:00 am and ended at 23:00 hours. This sheet does not contain information from 00:00 to 7:00 hours for 1/23/12. This is the time range the staff found R1 with cable cord wrapped around her neck. On 1/24/12 at 10:45 am E3 was documenting on a sheet that started on 1/24/12 at 00:00 hours. E3, E1, E4 or E5 could not explain why 1/23/12 sheet is missing documentation from 00:00 hours to 07:00 hours.</p> <p>On 1/24/12 E1, E4 (Assistant Administrator) and E4 (Psychiatric Rehabilitation Service Director - PRSD) interviewed individually. All three individuals (E1, E4, and E5) stated the half hour room check sheets are shredded daily in the morning. The half hour monitoring sheets for 1/23/12 from 00.00 am to 7:00 am are not available. The administration staff also stated the information from half hour check sheets is noted in the nurses notes, incident report and mental health notes before they are shredded. R1's 1/23/12 nurses notes noted at 4:00 am the staff found R1 with cable cord around her neck and cord in hand. There is no documentation to show what happened every half hour with such egregious incident.</p> <p>On 1/24/12 at 11:30 am E1 stated the facility has no specific policy and procedure to assess, monitor residents with a history of SI. The facility treats the residents with a history of SI as a behavior disorder and therefore they do not have a policy and procedure to assess and monitor residents with SI.</p> <p>On 1/23/12 at 4:00 am R1's Nurses notes documented an incident indicating R1 was found with cable cord around her neck and cord in</p>	F9999			



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F9999	<p>Continued From page 11</p> <p>hand, leaning against the wall in a sitting position, feet on floor, knees bent, with buttock one to two inches above the floor; vital signs absent; county coroner pronounced R1 dead and the body was released to coroner.</p> <p>Per 1/23/12 Police Report interview with E6 (CNA) who was first one on the scene to find R1 on 1/23/12 at 3:59 am. E6 told the Police that she did her last check around 02:30 hours and found every thing was fine. At 3:59 am she immediately observed R1 hanging with a cable around her neck and she appeared to be unconscious and not breathing. E6 screamed down the hallway for assistance and then went back into the room and began to unravel the cable wire from around the neck of R1 laid her on the floor.</p> <p>On 2/5/12 at 6:14 am E10 (Nurse) stated on 1/23/12 between 3:30 am and 4:00 am he heard loudly calling for assistance in room 225. E10 found R1 to be unconscious, with no respiration or pulse.</p> <p>The facility final investigation report of R1's 1/23/12 incident noted staff found R1 appeared to have choked herself with a cable cord in her room.</p> <p>On 1/30/13 at 11:56 am Z4, County Coroner interviewed. Z4 stated pending final report, R1 was found dead with cable cord wrapped around her neck.</p> <p>The Police Report dated 1/23/12 noted photographs taken to indicate the black clasp of cable extending out of the ceiling out of the east wall heading towards the south over a pipe. There</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>were black coatings appeared to have come off of the cable in between a pipe and bracket and dropped to the floor and then headed north at waist high to a door handle of a closet. The Police also collected a the cable cord that was used to loop around the sprinkler pipe and R1's neck.</p> <p>On 1/24/12 at 10:30 am in Room 225 walls had removed nail holes; the sprinkler metal pipe had paint chipped where it is suspected that cable cord wrapped to make a loop to wrap around R1's neck.</p> <p>On 1/26/12 at 3:00 pm 2nd floor and 3rd floor rooms inspected in the presence of Z1 (Police). There were a total of 28 rooms with long (9' - 26') cable cords for TVs wired along the walls from split cable outlets, looped around the sprinkler pipes. This environment is a potential hazard for the health and safety of residents who have aggressive behaviors and or have a history of SI.</p> <p>On 1/26/12 at 3:30 pm E7 facility Maintenance Director stated he has been working for the facility for last six months and long cable cords have there even before he started working for the facility.</p> <p>On 1/27/12 at 3:15 pm Z5 (Psychiatrist) interviewed via telephone. Z5 stated R1 had a history severe depression. R1 came back to square one when her plans to live independently out side the facility have failed. Z5 stated definitely the housing was the stressor for R1. Z5 also stated some people dwell in it and do not make adjustments. Z5 indicated, R1 either did not have that idea when he questioned her or she was determined to commit suicide and did not give any clues.</p>	F9999			

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F9999	Continued From page 13  R1's admission history indicated she was originally admitted to the facility on 10/4/01 and discharged on 2/24/10. R1 was readmitted to the facility on 3/26/10. R1's diagnoses included Major Recurrent Depressive Disorder with severe psychotic behavior, Chronic Ischemic Heart Disease and Cardiomegaly.  R1's 8/7/03 Psychosocial Assessment section (vi) indicated she has reported to staff she was physically and sexually abused and was raped at the age of 13 years. There is no further evaluation of these stressors to indicate how such devastating incidents occurred in R1's life time.  R1's 8/19/11 Suicide Risk Assessment noted she has history of self harmful behaviors including overdose, cutting wrist, and SI and identified her to be at moderate risk. The assessment is not comprehensive to indicate what stressors contributed to harm self, when she attempted, what coping mechanisms helped her to with the stressors.  R1's 8/16/11 Skill Level of Functioning did not identify her strengths and or limitations, no priority of problems were identified. In the summary statement it is noted she has issues with depression and anxiety, at times has difficulty coping with symptoms of depression and anxiety. The summary also noted R1 needs skills of living in the community, job skills, referred to community re-entry and job skills group in order to guide towards discharge. It is not clear how R1 attending groups will aide in minimizing depression and anxiety.	F9999			

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F9999	<p>Continued From page 14</p> <p>On 1/27/12 E5 documented an interview with R3 who is reportedly R1's ex-boyfriend. E5 noted that R3 revealed to her stating a few weeks ago he told E8 that she (R1) called him to tell him goodnight, she (R1) would always care about him. R3 asked R1 why she would say something like that, and R1 responded to him 'you never know what could happen in the middle of the night.'</p> <p>On 1/27/12 at 1:45 pm E8 stated that R3 approached her to saying 'take care of R1' and she (E8) spoke to R1. E8 stated she spoke to R1 and R1 denied any thoughts of self harm. E8 confirmed that R1 has not been talkative, sad, felt inadequate and she (R1) thinks she can do more. R1's last six months mental health notes did not indicate if and when R3 had reported to E8 and asked her to take care of R1.</p> <p>R1's 10/30/11 care plan interventions for history of SI problem are generalized and non-specific. For example: In the problem it is indicated resident has a history of self injurious behavior, has limited coping skills. There is no evaluation to indicate what stressors triggered the self injurious behaviors and when; what coping mechanism helped to resolve these behaviors. One of the interventions are (a) monitor for signs and symptoms of increased depression and thoughts of SI. It is unclear and non-specific to specify what signs and symptoms the is to monitor; (b) increase supervision of resident and refer to social service, psychiatrist. Again it does not indicate how frequently.</p> <p>R1's 8/8/11 program assessment noted she will utilize at least two coping skills before using medications for anxiety. These two coping skills</p>	F9999			

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145311</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/07/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>HILLCREST NURSING &amp; REHAB CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>777 DRAPER</b> <b>JOLIET, IL 60432</b>		
(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 15 were not specified. E10 on 2/5/12 at 6:14 am stated that on 1/23/12 he gave R1 Lorazepam around 12 O'clock midnight per her request for anxiety. E10 stated he is not aware if he was supposed to ask R1 to try other coping strategies.  (AA)	F9999			