

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

PRINTED: 07/11/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145796</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/27/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>BALMORAL HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2055 WEST BALMORAL AVENUE CHICAGO, IL 60625</b>		
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F 514	Continued From page 33  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review facility failed to document that toe nails were not cut when given podiatry care for one resident (R4) out of four residents assessed for ADL/Decline of a sample of 30.  Findings Include:  During initial tour on 1-24-12 at 10:20 AM with E3 (Social Service Director) observed R4 lying in bed and toenails on the fifth digit of both feet were approximately 1/2 inch long over the nail bed. Record review of R4's progress notes dated 1-15-12 denotes "Podiatry care. Embedded toenails Removed offending cuticles of the nails". Interview with Z1 (Podiatrist) on 1-24-12 at 11:55 AM states finger nails grow faster than toe nails. Z1 states nails are not going to grow 1/2 inch in two weeks. Z1 states part of podiatry care is cutting the toe nails. Z1 states that if a resident refuses completely he documents it, but does the best he can if a resident refuses he'll get them next time. Z1 states he would be in the facility tomorrow and take another look at R4. Record review of nurse's notes have no documentation that R4 refused podiatry care on 1-15-12. Interview with E1 (Administrator) on 1-25-12 at during daily status states that he spoke to the podiatrist and told by the podiatrist that R4 kicks but didn't chart it but was trying to help the facility. E1 states he was told by the podiatrist that he did treat R4's in-grown toe nails.	F 514			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS	F9999			

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F9999	Continued From page 34  300.1210a) 300.1210b) 300.1210c) 300.1210d) 300.1210d)2) 300.1210d)3) 300.1210.d)5) 300.3240a) 300.3240b) 300.3240c) 300.3240d)  Section 300.1210 General Requirements for Nursing and Personal Care  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)	F9999			

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F9999	Continued From page 35 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. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. 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.	F9999			

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F9999	<p>Continued From page 36 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>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)</p> <p>c) A facility administrator who becomes aware of abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative. (Section 3-610 of the Act)</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act)</p> <p>Findings Include:</p> <p>R16 is 52 years old with diagnoses including Multiple Sclerosis and Neurogenic Bladder. Multiple Sclerosis affects the brain and spinal cord and symptoms vary, including numbness or abnormal sensation in any area and decreased ability to move parts of the body. R16 has developed contractures in both legs which interfere with R16's bed mobility and transfer. R16 is alert and oriented to person and place with difficult to understand speech. R16 has a suprapubic catheter and the Oct., Nov., and Dec., 2011 Braden Scale for predicting pressure sore risk assessed R16 to be at moderate risk.</p> <p>E15 (Nurse) performed R16's wound care on</p>	F9999			

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F9999	<p>Continued From page 37</p> <p>01/25/12 at 9:40 AM. The left foot wound in the plantar area was first noted (facility acquired) on 9/05/11 . On 01/22/12 the stage 3 plantar wound measured 3.0 x 2.5 x 0.2 cm, an increase in size from the initial measurement of 1.5 x 1.5 x 0cm. During dressing change, the wound was red with two tan spots that appeared to be slough. According to the Weekly Decubitus Report, the healing process was not consistent. On 12/24/11, the wound bed was documented to be macerated and not healing.</p> <p>The second wound was located on the right knee. This wound measured 1.5 x 1.5 x 0.3cm and had recently undergone a surgical debridment during the 01/03/12 hospitalization. The tissue surrounding the wound was red and inflamed. This wound was acquired 12/17/11. On 01/25/12 at 9:55 AM, E stated that R16 attended an outside wound clinic for wound care. E15 stated that the wounds were unavoidable because of the leg contractures. During telephone conversation on 01/25/12 at 12:00 PM, Z1, Primary Care Physician stated that the wounds are being taken care of at the wound care clinic. Z1 also stated that the wounds were unavoidable due to bilateral knee contractures and the diagnosis of Multiple Sclerosis.</p> <p>The POS (Physician Order Sheet) showed that on 08/29/11, preventive pressure ulcer orders were:</p> <p>a. Apply a vitamin fortified ointment to the buttocks, heel, hips and sacrum every shift PRN (as necessary).</p> <p>b. Gel mattress.</p>	F9999			

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F9999	Continued From page 38  c. Up in chair or wheel chair daily as tolerated.  Review of the comprehensive care plan dating back to 03/02/11 showed no preventive pressure relieving measures to address avoiding pressure ulcers. The comprehensive care plan did not address complications that often put patients with Multiple Sclerosis at higher risk for developing skin problems due to decreased sensation and decreased mobility. The initial reference to the then existing pressure wounds was on 11/30/11 related to pressure ulcer treatment.  (B)	F9999			