

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

PRINTED: 07/12/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROSSROADS CARE CTR WOODSTOCK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 MCHENRY AVENUE WOODSTOCK, IL 60098</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	
F 497	Continued From page 38 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.  This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to ensure that Certified Nurse Assistants (CNA) working in the facility have the required 12 continuing education hours every year. This is for all 30 CNAs employed at the facility.  Findings include:  The CNA continuing education hours that were presented by the facility from 1/1/11 - 1/1/12 was tallied, and none of the CNA's employed (30) met the required 12 hours. Interview of E13 corporate nurse confirmed that this was all the continuing education records for the CNA staff.	F 497			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.610a) 300.1210d)6 300.3240a)	F9999			

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

PRINTED: 07/12/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROSSROADS CARE CTR WOODSTOCK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 MCHENRY AVENUE WOODSTOCK, IL 60098</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 39  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  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	F9999			

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

PRINTED: 07/12/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROSSROADS CARE CTR WOODSTOCK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 MCHENRY AVENUE WOODSTOCK, IL 60098</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	<p>Continued From page 40</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> <p>Based on observation, record review, resident and staff interview, the facility failed to assess, provide care and repositioning to prevent the reopening of pressure ulcers and development of friction tears for 1 of 2 residents (R2) reviewed for the presence of pressure sores in a sample of 18.</p> <p>This failure resulted in R2's sacral wound re-opening and developing friction shearing tears to interior right and lateral thighs related to indwelling catheter placement.</p> <p>Findings include: R2 diagnosis includes Cystitis and Dementia. R2 is totally dependent on staff for all activities of daily living. R2 has a indwelling catheter due to urinary retention. R2's last pressure ulcer risk assessment of 1/16/12 assessed R2 as high risk. R2's current care plan for impaired skin integrity approaches included : assess the skin daily paying attention to bony prominences, cleanse skin with a mild cleansing agent after soiling, reposition at least every two hours. R2's February 2012 Physician's Order Sheet (POS) denotes the following orders: cleanse left heel and right heel with skin prep, apply hydrocolloid dressing (preventative) change dressing every 3 days and as needed, turn or reposition every 2 hours.</p>	F9999			

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

PRINTED: 07/12/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROSSROADS CARE CTR WOODSTOCK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 MCHENRY AVENUE WOODSTOCK, IL 60098</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	<p>Continued From page 41</p> <p>On 2/8/11 at 10:00AM, R2 was observed sitting in high back chair in her room. R2 was again observed at 11:00AM in same position in chair. At 11:15 am during a skin check and incontinence care on R2 with E8 (CNA) and E10(CNA), E8 stated, "R2 has been up since around 8:00AM." While providing care to R2, extreme redness to R2's buttocks was noted. A soiled hydrocolloid dressing dated 2/7/12 fell off while during incontinence care, and open area was noted to the sacral area. R2 also had a hydrocolloid to the left and right heel dated 2/7/12. E10 stated the dressing on the heels are on for preventive measures.</p> <p>On 2/8/12 at 11:30 AM at nurses station, E7 (treatment nurse) was asked how often skin checks are completed and how long R2 had the wound to the coccyx. E7 stated "wound assessments are done weekly and R2 doesn't have a coccyx wound."</p> <p>During skin with E7 on 2/8/12 at 11:45 AM, E7 identified R2 with a Stage 2 to the sacral measuring, 1.5 centimeters (cm) x 0.7 cm &lt; 0.1cm. Petechiae were noted to left and right buttock. Multiple other areas areas E7 identified were: 1) a wound measuring 0.3 centimeters (cm) x 3.0 cm, to left inner thigh, posteriorly and distal from perineal area, related to (R/T) friction and shear from urinary catheter tubing. Wound bed is non-blanchable and erythematous, with intact epithelium. 2) friction/ shear wound to the right inner thigh, posteriorly and distal from pubic area, measuring 0.2 cm x 1.5 cm. Wound be is non-blanchable, erythematous, intact epithelium. E7 was informed by E10 a dressing was in place</p>	F9999			

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

PRINTED: 07/12/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145222</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>02/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CROSSROADS CARE CTR WOODSTOCK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>309 MCHENRY AVENUE WOODSTOCK, IL 60098</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	<p>Continued From page 42</p> <p>to R2's sacral area, E7 responded "I had no idea it (wound) was there." Review of nurse notes lacked documentation a wound was found to R2's sacral area, or that R2's physician was notified of the sacral wound and an order for treatment was obtained.</p> <p>Facility skin assessment policy and procedure states:</p> <ol style="list-style-type: none"> <li>1. On admission, a head -to -toe assessment of the resident's skin will be completed by a licensed nurse along with the admission nursing history.</li> <li>2. Resident' s' who are determined "at risk" for the development of pressure ulcers will have a head to toe assessment done by a licensed nurse CNA daily and documented on the Daily Skin assessment record of the Treatment Administration Record (TAR).</li> <li>3. All resident's, regardless of risk, will have a documented weekly review of skin condition utilizing the CNA skin attention form.</li> </ol> <p>Review of R2's treatment admission record there is no documentation a daily skin check was completed.</p> <p>A request for wound care notes on 2/14/12. E13 (corporate nurse) stated there were no wound notes for R2 in January 2012 because R2 had no wounds. E13 stated R2 was receiving preventative hydrocolloid to sacral area and heels as preventive. The order for the hydrocolloid was discontinued on 1/24/12.</p> <p>(B)</p>	F9999			