

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: 145602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2012
NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046		
(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	<p>Continued From page 19</p> <p>infections. 2. Hands are to be washed after any significant physical contact with a resident....3. Hands are to be washed: Before and after caring for each resident."</p> <p>The 7-15-1997 Infection Control: Isolation Precautions Policy and Procedure is: 2. Contact Precautions Gloves are worn by all personnel entering the room. Gloves are removed before leaving the resident's room and hands washed immediately with an antiseptic soap."</p> <p>B. Based on observation and interview, the facility failed to cover humidifier bottle ports when disconnected and not used to prevent contamination for one resident (R9) in a sample of 20 and four residents (R21, R22, R23 & R24) in the supplemental sample.</p> <p>Findings include:</p> <p>During initial tour of the 1st floor on 3/19/12 between 9:35 AM and 11:00 AM with E5 (1st floor Nurse Manager), the following were observed:</p> <p>The oxygen concentrator with attached humidifier bottle ports for R9, R21, R22, R23 & R24 were exposed and uncovered. These residents were observed in the day room wearing their oxygen cannula connected to portable oxygen tanks.</p> <p>E5 acknowledged on 3/19/12 at 10:35 AM that humidifier ports should be covered.</p> <p>On 3/20/12 at 9:30 AM, R9's humidifier bottle port was again observed exposed & uncovered.</p>	F 441			
F9999	FINAL OBSERVATIONS	F9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2012
NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046		
(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 20 LICENSURE VIOLATIONS</p> <p>300.610a) 300.1210b) 300.1210d)6) 300.3240a)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care 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.</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: 6) All necessary precautions shall be taken to</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: 145602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2012
NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046		
(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 21</p> <p>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.</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.</p> <p>These regulations are not met, as evidenced by the following:</p> <p>Based on interview and record review the facility failed to obtain a Physician Order for the application of a hot pack and did not supervise the use of the applied hot pack, for one of one resident's sampled with hot pack therapy, (R15) in a sample selection of 20 residents. As a result of this facility failure, R15 sustained a burn requiring 21 days of daily dressing changes and antibacterial ointment application.</p> <p>Findings Include:</p> <p>A. The September 2011 Physician Order Sheet contains documentation that R15 has diagnoses that include seizures, Hodgkin's disease, a recent history of an acute cerebrovascular accident, and left clavicle fracture. Additionally this same Physician Order Sheet contains documentation that R15 is prescribed a lidoderm 5% pain patch that is applied to R15's right side daily, on 12 hours and off 12 hours. (According to the Physician's Desk Reference, 64th Edition, Lidoderm Patch is a local anesthetic agent that reduces sensation).</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: 145602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2012
NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046		
(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 22</p> <p>On 3-21-2012 at 9:05am., E2, (DON/Director of Nursing) stated, "I'll check to see if we have a Policy for heating pads/hot packs in resident rooms. I don't think we allow heating pads/hot packs."</p> <p>The undated Facility Admissions Forms/Items Not Allowed is, "The following items are not allowed to be kept by residents in their rooms, per Illinois Department of Public Health Regulations: Electrical appliances that produce heat.....heating pads."</p> <p>R15's resident file does not contain a Physician Order for the use of heating pad or hot pack.</p> <p>On 3-21-2012 at 3:15pm., E2, (DON) verified R15 did not have a Physician's Order for the application of a hot pack. E2 provided the following information: Therapy had applied the hot pack to R15 and left the hot pack with R15, in R15's room. R15 asked the CNA, (Certified Nursing Assistant), (E16), to heat the hot pack. Another CNA, (E17), while assisting R15's roommate saw the burn on R15's back, around 8:00pm.</p> <p>Z2, (Physical Therapy Assistant) on 3-21-2012 at 2:05pm., stated, "There was no need for (R15) to have a hot pack. No, there wasn't an order for (R15's) hot pack, to my knowledge. We, (therapy) do not allow staff to use our hot packs for residents. Our Policy is to only allow hot pack application in the therapy room, because residents need constant supervision."</p> <p>E17, (CNA)'s 9-15-2011 CNA Statement</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: 145602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2012
NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046		
(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 23</p> <p>Regarding Resident's Accident/Incident is, "Was in the room helping (R15's) roommate. (R15) was undressing for bed. I saw (R15's) back, red, and blisters. Huge red area and blisters. (R15) said heat pad was not hot. (R15) said she was not aware of redness or blisters on her back until I mentioned it."</p> <p>The 9-15-2011 at 8:15pm., Incident Report Summary is, "(R15) found redness with some blister to lower back, patient stated that it is from hot pack. Hot packs removed from service area. Only therapy to use at this time. (R15) was noted with redness and some blister to the lower back. (R15) is alert and oriented and claimed that she asked the CNA, to heat the hot pack from therapy for her back pain. (E16/CNA) heated the hot pack according to instruction and wrapped the hot pack with towel before giving to (R15)."</p> <p>Physician Order of 9-15-2011 is, "Apply bacitracin to (R15's) lower back daily till healed."</p> <p>The 9-16-2011 Physician Order is, "Wound Care Consult, right lower flank blisters, redness, topical silvadene cream. Apply Silvadene cream to right lower flank until healed, every day, cover with gauze and tape."</p> <p>Physician Order of 9-20-2011 is, "Discontinue previous treatment order to lower back. Wash right flank/back with normal saline solution, pat to dry and cover with dry dressing daily, until healed. Discontinue wound consult."</p> <p>Z6, (Physician)'s 9-16-2011 Progress Note is, "(R15) Blister to right lower back, big blister and one small blister with redness, wound care, silver</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: 145602	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/22/2012
NAME OF PROVIDER OR SUPPLIER VILLAGE AT VICTORY LAKES, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1055 EAST GRAND AVENUE LINDENHURST, IL 60046		
(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 24</p> <p>sulfadiazine ointment." (According to the Nursing 2012 Drug Handbook, 32nd. Edition, Walters, Flumer, Lippincott and Williams page 1230 Silver Sulfadiazine ointment is an "Antibacterial ointment used to prevent or treat wound infection, in second or third degree burns.")</p> <p>R15's Non-Pressure Skin Condition Report is, "9-15-2011, Lower back, burn from hot pack with blister, 18 x 7cm.,(Centimeters). 9-17-2011, Blisters present, fluid filled, surrounding skin slightly reddened. 9-24-2011, Burn healing, no blister, covered with antibiotic ointment and sterile dressing - looks much better. 10-1-2011, Healing, slightly reddened. 10-7-2011, Healing, slight redness."</p> <p>Nursing Notes and Treatment Records from 9-15-2011 through 10-6-2011 contain documentation that R15 required daily dressing changes with application of antibiotic ointment and/or burn ointment for her lower back burn, from the application of the hot pack.</p> <p>Medication Administration Sheet of 9-15-2011 contains documentation that R15's pain patch was applied, when R15 sustained the burn to her lower back.</p> <p style="text-align: center;">(B)</p>	F9999			