

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>145983</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/20/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>RENAISSANCE AT 87TH STREET,THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2940 WEST 87TH STREET CHICAGO, IL 60652</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 514	Continued From page 12 of three residents assessed for output in a sample of 30.  Findings include:  R28 has a care plan under nutrition with start date of 3/28/11 which has an approach to " assess for dehydration (decreased urine output). "  Output record sheets consistently lack documentation of urine output. Output record sheets were undated except for March 2012. On 4/12/12 at 2:30 p.m. E2 (Director of Nursing) stated, " They should have documented how many times she was wet. "	F 514			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS:  300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)2)3) 300.3240a)  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	F9999			

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F9999	<p>Continued From page 13</p> <p>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 resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures:</p> <p>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</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:</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>2) Overseeing the comprehensive assessment of</p>	F9999			

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F9999	<p>Continued From page 14</p> <p>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.</p> <p>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</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 requirements were not met as evidence by:</p> <p>Based on observations, record reviews and interviews the facility failed to implement bed mobility and activities of daily living for 1 of 20 sampled, (R9) who rolled out of the bed and sustained a fracture of left hip.</p> <p>Findings Include:</p>	F9999			

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F9999	<p>Continued From page 15</p> <p>R9 was observed on 4-18-12 lying on a air mattress as one nurse's aide (E26) was giving her a bed bath. R9 is nonverbal, has a tracheotomy, rectal tube and an indwelling urinary catheter. R9 has no voluntary movements and her body is flaccid. E26 was the only nurse's aide providing care to R9 with bed mobility and activities of daily living.</p> <p>Review of R9's admission records say: R9 is a 69 year old female admitted to the facility on 12-12-11 with the diagnoses of dehydration, ischemic stoke, dementia, cerebral vascular accident, respiratory distress, hypertension, sepsis and aphasia.</p> <p>Review of the facility's incident report dated 2-17-12 notes the following: " On 2-17-12 at 7:35 p.m., while activities of daily living care was being rendered, CNA turned R9 over onto her left side in an attempt to put clean linen on the bed. R9's weight shifted causing her to roll off of bed on top of the CNA's chest. CNA was unsure if resident had bumped her head. Upon assessment nurse noted some redness and swelling to the right side of R9's face. R9 was unable to communicate needs/how incident occurred".</p> <p>R9 was transferred to the hospital on 2-17-12 with x-rays of her left hip, right wrist and CT scan of her head. The x-ray dated 2-22-12 noted a left femur non displaced fracture.</p> <p>Review of R9's care plan dated 1-22-12 and revised on 2-22-12 did not indicate that 2 plus persons are required for bed mobility to prevent</p>	F9999			

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F9999	Continued From page 16 injuries and care for resident in a safe manner.  Review of R9's Minimum Data Set (MDS) dated 1-31-12 noted bed mobility was assessed at a level 4/3, meaning that total assistants with two plus person physical assist.  E24 (Nurse's Aide) stated on 4-18-12 at 11:00 a.m. in R9's room while repositioning, "I always care and clean while repositioning her by myself."  E2 (Director of Nursing) stated that the Medical Director is aware of this because the family requested a change from the pervious physician related to the care that was rendered concerning the fall. <p style="text-align: center;">"B"</p>	F9999			