

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

PRINTED: 10/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145781	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/18/2012
NAME OF PROVIDER OR SUPPLIER APPLEWOOD REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 21020 KOSTNER AVENUE MATTESON, IL 60443		
(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	Continued From page 61	F 441			
F 466 SS=C	483.70(h)(1) PROCEDURES TO ENSURE WATER AVAILABILITY The facility must establish procedures to ensure that water is available to essential areas when there is a loss of normal water supply. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide a current emergency water contract that specifies how the water will be distributed in an emergency. This failure has the ability to affect all 99 residents. Findings include: On 5/09/12, E1, Administrator presented the emergency water agreement dated 4/02/09. The contract states that the agreement remains in effect for one year from the effective date. "A new Emergency Water Agreement, if needed, must be entered into by customer each calendar year." On 5/10/12, E1, Administrator was informed that the agreement lacked a written protocol for water storage, a method for distribution and the method for estimating how much water will be needed. E1 made no response to the information given.	F 466		6/13/12	
F9999	FINAL OBSERVATIONS LICENSURE VIOLATION:	F9999			

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F9999	Continued From page 62 300.610a) 300.1210d)3) 300.1620a) 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. 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: 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.	F9999			

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F9999	<p>Continued From page 63</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</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: Based on observation, interview, and record review, the facility failed to follow the pain prevention protocol, assess for pain, and offer to administer prescribed pain medication during wound care for 1 of 6 residents in a sample of 20. This failure resulted in R2 complaining of pain, and facial grimacing continuously throughout the wound treatment.</p> <p>Findings include: According to the facilities pain management policy the facility shall identify residents that are experiencing pain and develop a pain management plan of care. Residents are to be assessed utilizing the pain scale, verbal descriptor, or numeric rating scale. The policy also indicates that a pain screen will be</p>	F9999			

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F9999	Continued From page 64 completed if the resident experiences a new onset of pain. On 5/10/12 at 10:00am while observing R2's wound treatment, E24 and E25 both were noted to be performing the treatment. R2 was observed with a large open wound to the coccyx area without a dressing in place. E24 was observed squirting normal saline into R2's open area as prescribed, and R2 was noted as yelling out in pain. E24 did not stop the treatment to assess R2's pain. E24 continued by patting R2's open area with dry gauze, and again R2 was observed yelling out in pain. R2 said that it was hurting. E24 continued to pack R2's wound with calcium alginate as prescribed and again R2 was observed yelling out that she was in pain. E24 was observed applying a foam padding and dry dressing to R2's open area, as E24 applied the dressing R2 complained of pain. On 5/10/12 at 10:10am E24 said that she did not ask if she required pain medication before administering the wound treatment, and said that she didn't inform R2's primary nurse to administer R2's as needed prescribed medication. E24 didn't reply when asked why she didn't assess or perform a pain scale while R2 was complaining of pain. E24 said that she was aware of both the facilities pain prevention protocol, and pressure ulcer protocol. E24 was asked when are measurements done on wounds? E24 replied that they are done weekly and should have been done today. E24 proceeded to remove R2's newly applied dressing and R2 was again observed as yelling out in pain as E24 removed the dressing. After measuring R2's wound, E24 again cleaned the wound by squirting normal saline into the open area and R2 yelled out in pain. E24 was observed patting the wound with	F9999			

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F9999	Continued From page 65 dry gauze and R2 again yelled out in pain. E24 proceeded to pack the open wound with calcium alginate once again and R2 was observed with facial grimacing and grunting noises. E24 applied the foam padding and dry dressing and R2 was observed with facial grimacing and grunting noises. During the entire time of R2 having the wound treatment re-done, E24 failed to assess R2's pain, no pain scale was done and R2 was not offered any prescribed pain medication. On 5/15/12 during the daily status meeting the E2 (Director of Nursing), said that the wound nurse should assess for pain prior to initiating wound care, and administer the appropriate medication accordingly. B	F9999			