

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

PRINTED: 01/28/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145969	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/16/2012
NAME OF PROVIDER OR SUPPLIER BERKSHIRE NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 8200 WEST ROOSEVELT ROAD FOREST PARK, IL 60130		
(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 431 F9999	Continued From page 27 states" Expired medication may not be administered to the resident." FINAL OBSERVATIONS LICENSURE VIOLATION: 300.610a) 300.1210b) 300.1210d3))5) 300.1220b)2)7) 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 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	F 431 F9999			

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F9999	Continued From page 28 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: 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. 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. h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest	F9999			

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F9999	<p>Continued From page 29</p> <p>decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</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 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>7) Coordinating the care and services provided to residents in the nursing facility.</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. (A, B) (Section 2-107 of the Act)</p> <p>These regulations were not as evidenced by the following: Based on interview and record review the facility failed to obtain new treatment orders after a change in the condition of a wound occurred for 1 resident (R1) of 6 residents reviewed for pressure sores in the sample of 25. This failure resulted in</p>	F9999			

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F9999	<p>Continued From page 30 a 5 day delay for surgical intervention for R1.</p> <p>Findings Include:</p> <p>1). According to the Face Sheet R1 was admitted on 5-7-2012 for rehabilitation. The Face Sheet documents the following diagnosis; stroke, hypertension, asthma, pneumonia, urinary tract infection, and history of colonic malignancy. Nursing Progress Notes dated 6-30-2012 documents a facility acquired right heel unstageable wound. Nursing Progress Notes dated 7-3-2012 documents that R1 acquired an unstageable opened ulcer to the left buttock measuring 2.5 centimeters(cm) by 2.5 cm.</p> <p>Physician Order sheet dated 6-30-2012 documents clean right heel with normal saline and apply Betadine 10% cover with dressing until healed. Physician Order dated 7-3-2012 documents cleanse left buttock with normal saline apply santyl cover with dry dressing daily and as needed. These orders were given by the attending physician.</p> <p>Nursing Progress Notes dated 7-18-2012 documents that the left buttock wound worsened from 2.5 cm by 2.5 cm to 8.0 centimeters(cm) by 6.0 cm and the surrounding tissue was cyanotic(blue) and red with an odor.</p> <p>Physician Order dated 7-18-2012 documents, "Flagyl 500 Milligrams by mouth every 8 hours for 10 days. Given by the oncall attending physician.</p> <p>According to the Nursing Progress Notes dated 7-20-2012 R1 continued to breakdown and</p>	F9999			

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F9999	<p>Continued From page 31</p> <p>developed another opened area to the sacrum measuring 2.5 cm by 2.5 cm.</p> <p>On 11-7-2012 at 2:15 PM E7(Treatment Nurse) said that R1 was deteriorating quickly with pressure sores and that on 7-18-2012 the sacral sore was worse with an odor. E7 said that she called the doctor that was covering for the attending physician, described the wound and the doctor ordered an oral antibiotic (Flagyl), no change in treatment orders. E7 said that she could have called the wound doctor but did not because the wound doctor was coming in on 7-23-2012(5 days later) and the wound status could wait.</p> <p>On 11-7-2012 at 1:35Pm via telephone Z7 (wound care surgeon) said that the treatment nurse can call via telephone if it is her judgement to call. "I am a Board Certified Surgeon and I do not take sending residents out lightly. When I saw R1 on 7-23-2012, the wound had a odor, it was swollen the condition of the wound was too extensive for me to do bedside debridement, I immediately ordered for the resident to go out to the emergency room for surgical debridement. If I were called earlier with that description of the wound I would have sent the resident out for surgical debridement right away."</p> <p>On 11-7-2012 at 2:15PM, via telephone Z1 was the doctor who was covering for the attending around that time(7-18-2012). "The facility has a wound care surgeon who provides orders for residents with wounds that worsen. I ordered Flagyl on 7-18-2012 for R1, I do not make treatment orders for wounds, I am not a specialist, that is why the facility has a wound</p>	F9999			

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F9999	<p>Continued From page 32</p> <p>care surgeon. The wound care surgeon should have been called. I do not get involved with wounds except when I need to order an antibiotic."</p> <p>On 11-8-2012 at at 11:24 AM, E2(Director of Nursing) stated, "I probably would have called the wound care surgeon sooner."</p> <p>Pressure Ulcer and Skin Condition Assessment Policy undated states, "Weekly changes require physician and responsible party notification changes are a). new onset of purulent drainage, b). new onset of odor, c). cellulitis, d). increased pain related to wound, e). significant increase in wound measurements and f). new onset of new ulcers."</p> <p>Wound Care Specialist Initial Evaluation dated 7-23-2012(5 days later) documents, " Left buttock pressure (10 cm by 7 cm)with unstageable necrosis for more than 7 days red with odor. Wound is too large for bedside debridement and high vascularity of the area, Needs to go to Operating room for debridement."</p> <p>Hospital Records dated 7-23-2012 documents that the wound on the buttock had a dirty base and was contaminated with fecal matter. Extensive necrosis with black center. R1 was placed on 3 antibiotics in the emergency department(Flagyl, Aztreonam and Vancomycin) and surgically debrided. R1 was transferred to another nursing home on 7-26-2012 on hospice because family declined any further surgical intervention.</p>	F9999			

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