

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:  <b>145867</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/31/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIRMONT CARE CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5061 NORTH PULASKI ROAD CHICAGO, IL 60630</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 371	Continued From page 2 they should be stacked differently to promote drainage. This could lead to cross contamination."	F 371			
F9999	77 Ill. Administration Code for Food Service Sanitation Code dated October 1998 Section 750.860 b) utensils shall be air-dried before being stored or shall be stored in a self-draining position. FINAL OBSERVATIONS  Licensure Violations:  300.1210b) 300.1210d)1)2) 300.1620a) 300.1620b) 300.3240a)  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. 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:	F9999			

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:  <b>145867</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/31/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIRMONT CARE CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5061 NORTH PULASKI ROAD CHICAGO, IL 60630</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 3</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</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>b) Telephone orders may be taken by a registered nurse, licensed practical nurse or licensed pharmacist. All such orders shall be immediately written on the resident's clinical record or a telephone order form and signed by the nurse or pharmacist taking the order. These orders shall be countersigned by the licensed prescriber within 10 calendar days.</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 requirement are not met by evidenced:</p>	F9999			

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:  <b>145867</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/31/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIRMONT CARE CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5061 NORTH PULASKI ROAD CHICAGO, IL 60630</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 4</p> <p>Based on record review and interviews, the facility failed to ensure that one resident (R24) in the sample of 24 residents received necessary care by not following physician's orders for holding Coumadin, a medication used to prevent blood clots and has a risk for causing excessive bleeding. As a result of the Coumadin being restarted without a physician's order, R24 was sent out to the hospital for vomiting blood and continuous nose bleeding.</p> <p>Findings include:</p> <p>R24 is a 68 year old resident admitted to the facility on 12/13/10 for rehabilitation due to a left humeral neck fracture (left arm fracture). R24 has several diagnoses including pulmonary embolism, acute respiratory failure, hypertension and diabetes mellitus.</p> <p>The progress note dated 12/13/10 indicates R24 was a new admission to the facility from a nearby community hospital. R24 was at the facility for rehabilitation due to a fall in the community which resulted in a fracture to the left humerus neck (arm fracture).</p> <p>The progress note dated 12/16/10 indicates a laboratory result for a INR (International Normalized Ratio) of 2.31. (reference range 2.00 - 3.00). Ordered to start Coumadin 2.5, OD (every day) PO (by mouth) then PT/INR (Prothrombin time/ International Normalized Ratio) on 12/20/10.</p> <p>The lab results for 12/20/10 show the following: -PT - 27.3 (reference range 20.7 - 30.5) -INR - 2.70 (reference range 2.00 - 3.00)</p>	F9999			

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:  <b>145867</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/31/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIRMONT CARE CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5061 NORTH PULASKI ROAD CHICAGO, IL 60630</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 5</p> <p>The lab results for 12/27/10 are as follows: PT - 73.3 (High) Reference range 20.7 -30.5 INR - 7.76 (Critical) Reference 2.00 - 3.00</p> <p>The progress note dated 12/27/10 indicates R24 was complaining about the pain in her right toes. The doctor was called and the nurse relayed the critical PT/INR results. A new order was given to hold the Coumadin for now and then obtain a PT/INR on Thursday 12/30/10. Order noted and carried out. Lab made aware.</p> <p>Review of the progress notes dated 12/30/10 (3:23pm) indicate R24 vomited a small amount of gastric contents. There was no documentation that the PT and INR were drawn. The lab report does not show lab results for 12/30/10.</p> <p>The December 2010 MAR (Medication Administration Record) was reviewed with E3, DON (Director of Nursing). The MAR indicates Coumadin 2.5mg tablet by mouth (due at 5:00pm) was restarted on 12/30/10 and given every day until 1/4/11. E3 confirmed that the nurse's initials indicates the Coumadin was given.</p> <p>On 8/30/12 at 10:30am, survey team requested to interview E5 (nurse). E3(Director of Nursing) said E5 was no longer working at the facility. The survey team asked if the PT/INR was drawn on 12/30/10. E3 stated, "I called the lab. It's not in our computer system."</p> <p>On 8/31/12 at 2:00pm the survey team requested the physician's order to restart the Coumadin, physician's progress notes for 12/30/10 through 12/31/10.</p>	F9999			

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:  <b>145867</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/31/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIRMONT CARE CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5061 NORTH PULASKI ROAD CHICAGO, IL 60630</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 6</p> <p>At 2:05pm E1 (Administrator) stated, "we actually don't have the documents you've requested. We did an investigation. We did a time line back. We did interviews and E5 was suspended because she failed to do a requisition for the PT/INR lab and also to notify the lab for the PT/INR blood draw. The 24 hour report says the lab was notified, but the lab she notified does X-rays, not blood draws."</p> <p>At that time, E1 and E3 were asked if there was an order to restart the Coumadin, E1 stated, "We can't find evidence of an order (to restart the Coumadin). The lab claims they don't have any documentation on their end. It wasn't done as far as we know." The PT/INR blood test was never done on 12/30/10 and coumadin was restarted without a physician's order.</p> <p>During the meeting with E3 (Director of Nursing) informed the survey team that E5 (Nurse) no longer works at the facility.</p> <p>The progress note dated 1/5/11 (11:58am) indicated R24 complained of bleeding from her nose. E5 notified Z5 and obtained a new order to do a CBC (Complete Blood Count) with Differential count CMP (Complete Metabolic Profile) and PT/INR stat (immediate) order. The note at 10:02am indicates the nurse spoke with the doctor and relayed the CBC and PT/INR results. The doctor discontinued the Coumadin and ordered a PT/INR be drawn on Monday (1/10/11).</p> <p>The lab results for 01/05/11 are as follows: PT - greater than 140 (High) Reference range</p>	F9999			

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:  <b>145867</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/31/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>FAIRMONT CARE CENTRE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5061 NORTH PULASKI ROAD CHICAGO, IL 60630</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 7 20.7 -30.5 INR - greater than 14 (Critical) Reference 2.00 - 3.00  Nursing note dated 1/6/11 (7:09am) documents; R24 was noted with mild bleeding of the nose. At 7:15am, while during rounds E5 (Nurse) noted the call light on. R24 was lying on the bed with complaints of throwing up blood. Noted blood all over R24's gown, inside her mouth and napkins in her hand soaked wet with blood...Noted bloody nose also. R24 was transferred to the hospital 911. R24 was admitted to the hospital with diagnoses of coagulopathy and rule out GI (gastro intestinal) bleed.  On 8/31/12 at 2:07pm via telephone Z4 stated, "R24 had to have several blood transfusions and 3 bags of plasma. She wouldn't stop bleeding. She was bleeding out of her mouth and nose. The doctor at the hospital said she wasn't supposed to be getting the Coumadin." "B"	F9999			