

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

PRINTED: 01/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145557</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/29/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN ESTATES OF BARRINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010</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 314	Continued From page 2 been cleaned between applications of barrier cream. R22's skin was excoriated, red and painful; there was bleeding from the cracked skin with multiple layers of barrier cream surrounding it. R22 had additional small areas of excoriation to the left anterior hip.  R22 had a left upper anterior leg dressing that was soiled with a moderate amount of drainage and a foul odor and the resident complained of pain to the left leg where the dressing was. R22 has a stage 3 pressure ulcer to the right lower lateral leg. The wound was covered with a non adhesive dressing and abdominal pad with small amounts of reddish and yellowish drainage was noted. R22 had a Stage 3 and a stage 2 sacral pressure wound also.  Review of facility's TAR (Treatment Administration Record) for (R22) stated to change dressings to wounds daily and as needed. Facility's TAR for May, June and July showed that the treatments for R22 was signed off as done.	F 314			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATION  300.1210b) 300.1210d)2)4)a)5) 300.3240a) 300.3240b) 300.3240d)  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	F9999			

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

PRINTED: 01/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145557</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/29/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN ESTATES OF BARRINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010</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>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:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following:</p> <p>A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician.</p> <p>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.</p> <p>Section 300.3240 Abuse and Neglect</p>	F9999			

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

PRINTED: 01/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145557</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/29/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN ESTATES OF BARRINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010</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 4  a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)  b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator. (Section 3-610 of the Act)  d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department. (Section 3-610 of the Act) These regulations are not met as evidenced by the following:  Based on record review and interview the facility neglected to change the dressing on the Peripherally Inserted Central Catheter (PICC) site as ordered by the physician for 1 (R22) of 3 residents in the sample reviewed for PICC line care, and neglected to promote wound healing and skin care for one resident (R22) of three residents reviewed for pressure sores in a sample of 23 residents. As a result of this neglect (R22) was hospitalized on 06/22/12 with a PICC line dressing that was dated 5/31/2012 and the PICC line site that was soiled with draining pus. Also noted was soiled, cracked and excoriated skin and soiled dressings.  Findings Include:  (R22) is an 82 year old female with diagnoses of Diabetes Mellitus Type II, Peripheral Vascular Disease, Hepatic Encephalopathy, Renal Failure,	F9999			

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

PRINTED: 01/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145557</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/29/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN ESTATES OF BARRINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010</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 (UTI), and Status Post (S/P) Left (L) Above Knee Amputation (AKA). (R22) was able to make her needs known and was very pleasant according to facility staff. (R22) was bedridden related to a left leg amputation and required the assistance of two staff and a mechanical lift for transfer.</p> <p>Per R22's medical record notes of July 24, 2012 at 9:30 a.m., R22 was transferred from the facility on June 22, 2012 at 2:00 p.m. to a local hospital emergency room.</p> <p>August 17, 2012 at 9:00 a.m. during an interview with E5 (nurse on duty), E5 stated that on June 22, 2012 at 8:30 a.m. R22 appeared to be "very tired and that (R22) always seems to have pain on her left side, intense phantom pain from her amputation".</p> <p>E5 stated she went to take R22's blood pressure at about 11:00 a.m. and noticed that (R22) kept calling her nurse instead of her name. E5 stated this was very unusual because (R22) knew her by name. (R22)'s blood pressure was 80/50, with a low grade fever of 99.6.</p> <p>On June 22, 2012 at 2:00 p.m. R22 arrived by ambulance to the local hospital emergency room (ER). R22 was admitted to the hospital with a diagnosis of Sepsis, Dehydration, Altered Mental Status (AMS) Pneumonia and Multiple pressure ulcers.</p> <p>On July 26, 2012 at 10:00 a.m. during a telephone interview, Z2 (ER nurse) stated she observed and completed the head to toe assessment for R22 on June 22, 2012 at 3:33</p>	F9999			

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

PRINTED: 01/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145557</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/29/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN ESTATES OF BARRINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010</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>p.m. Z2 stated that R22 was confused, had excoriated skin to bilateral buttocks, hip right side, and right leg. there were layers of barrier cream with pustulant drainage noted of a yellowish, green color. The skin did not appear to have been cleaned between applications of barrier cream. R22's skin was excoriated, red and painful; there was bleeding from the cracked skin with multiple layers of barrier cream surrounding it. R22 had additional small areas of excoriation to the left anterior hip.</p> <p>R22 had a left upper anterior leg dressing that was soiled with a moderate amount of drainage and a foul odor and the resident complained of pain to the left leg where the dressing was. R22 has a stage 3 pressure ulcer to the right lower lateral leg. The wound was covered with a non adhesive dressing and abdominal pad with small amounts of reddish and yellowish drainage was noted. R22 had a Stage 3 and a stage 2 sacral pressure wound also.</p> <p>Z2 also stated that R22 had a central line insertion (PICC) in her left upper arm. The PICC line site was blocked and not able to be flushed from the red port. R22's dressing to the insertion site was loose and soiled. The site was red with a foul odor and yellow pus seen under the dressing. The PICC line dressing was dated 5/31/2012.</p> <p>July 26, 2012 at 11:00 a.m. during review of (R22) Treatment Administration Record (TAR) and Physician Order Sheet (POS), the facility was to change the PICC line dressing weekly and as needed. (R22)'s PICC line dressing was dated 5/31/2012 when R22 arrived in the emergency</p>	F9999			

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

PRINTED: 01/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145557</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/29/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN ESTATES OF BARRINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010</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 7 room on June 22, 2012.</p> <p>July 27, 2012 at 11:00 a.m. review of (R22)'s labs collected at the hospital on June 22, 2012 at 3:30 p.m. indicated dehydration, sepsis and pneumonia.</p> <p>Lab Values:</p> <p>Potassium 6.1 Norm = (3.4-5.1) BUN 44 mg/dL (10-20) Creatinine 1.50 mg/dL(0.50-1.10) BUN/Creatinine Ratio 29 (7-25) Magnesium 1.3 mg/dL (1.6-2.4) Protein, Total 5.7 gm/dL (6.4-8.2) Albumin 1.5 gm/dL (3.4-5.0) Globulin 4.2 gm/dL (0-4.0) A/G Ratio 0.4 (1.0-2.4)</p> <p>Review of facility's TAR (Treatment Administration Record) for (R22) stated to change dressings to wounds daily and as needed. Facility's TAR for May, June and July showed that the treatments for R22 was signed off as done.</p> <p>August 16, 2012 at 3:00 p.m. during a daily status meeting with (E1) Administrator, (E2) Executive Administrator and (E3) Director of Nursing (D.O.N) and Abuse Coordinator, (E3) was asked if she had any knowledge of (R22)'s hospital admit on June 22, 2012. (E3) stated she heard from one of her nurses who works at the admitting hospital as well as the facility, that the hospital was upset about the condition of (R22) to the hospital.</p> <p>(E3) was asked if she knew about the allegations rom the hospital for (R22). She stated she heard</p>	F9999			

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

PRINTED: 01/25/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145557</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/29/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN ESTATES OF BARRINGTON</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1420 SOUTH BARRINGTON ROAD BARRINGTON, IL 60010</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 8 the hospital was upset and that they would be reporting it to the state agency. (E3) also stated she "did not believe for one second that a patient from her facility was received by the hospital emergency room nurse in the condition stated."  No investigation was done by the facility to address the concerns from the hospital.  B	F9999			