

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: 14G340 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/26/2012 |
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| NAME OF PROVIDER OR SUPPLIER CALUMET CITY TERRACE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1380 RIVER DRIVE CALUMET CITY, IL 60409 | | |
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| W 356 | Continued From page 22 | W 356 | | | |
| W 440 | address concerns identified on 4/26/12)." 483.470(i)(1) EVACUATION DRILLS The facility must hold evacuation drills at least quarterly for each shift of personnel. This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to ensure that evacuation drills are conducted quarterly for each shift of personnel. Findings include: On 7/17/12, facility staff presented the Fire Drill Book which included the facility Fire/ Disaster Drill Reports. On review of the Fire/Disaster Drill Reports for a period of one year, from 6/12/11 to 6/24/12, it was determined that evacuation drills were not conducted on a quarterly basis as required. The documentation reflects that facility staff did not conduct any type of drills from 8/14/11 to 12/11/11, on any shift. During an interview on 7/17/12 at 11:00 AM, E2 (Qualified Mental Health Professional) stated that she was aware the fire drills were not conducted. The facility failed to ensure that drills are conducted as required. | W 440 | | 8/20/12 | |
| W9999 | FINAL OBSERVATIONS LICENSURE VIOLATION: 350.670f)2)3) 350.670h) 350.1210b) 350.1230d)1)2) | W9999 | | | |

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| W9999 | <p>Continued From page 23 350.3240a)</p> <p>Section 350.670 Personnel Policies</p> <p>f) Orientation and In-Service Training</p> <p>2) All employees, except student interns, shall attend in-service training programs pertaining to their assigned duties at least annually. These in-service training programs shall include the facility's policies, skill training and ongoing education to enable all personnel to perform their duties effectively. The in-service training sessions regarding personal care, nursing and restorative services shall include information on the prevention and treatment of decubitus ulcers. In-service training concerning dietary services shall include information on the effects of diet in treatment of various diseases or medical conditions and the importance of laboratory test results in determining therapeutic diets. Written records of program content for each session and of personnel attending each session shall be kept.</p> <p>3) All facility employees who deal directly with residents shall be trained on the individual requirements and behavioral issues of residents who may come under their care, to ensure the safety and dignity of each client. The employees' training and competency shall be documented.</p> <p>h) Personnel policies shall include a plan to provide personnel coverage for regular staff when they are absent.</p> <p>Section 350.1210 Health Services</p> | W9999 | | | |

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| W9999 | <p>Continued From page 24</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following:</p> <p>b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent.</p> <p>Section 350.1230 Nursing Services</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following:</p> <p>1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention.</p> <p>2) Basic skills required to meet the health needs and problems of the residents.</p> <p>Section 350.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These regulations were not met as evidenced by the following:</p> <p>Based on interview and record review, the facility failed to:</p> <p>Provide training to staff at the residence and workshop for R2 (1 resident in the sample with Seizure Disorder and a VNS,Vagus Nerve Stimulation/Vagal Nerve Stimulator, device out of</p> | W9999 | | | |

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| W9999 | <p>Continued From page 25</p> <p>a total sample of 3). R2's VNS was surgically implanted on 5/23/12 and turned on on 6/27/12. R2 had a seizure at the workshop on 7/9/12 where R2 had turned her head to the left side and turned blue. Workshop staff called 911 and R2 was sent to the emergency room. The VNS was not utilized or available to the workshop staff or facility staff as of 7/20/12. As of 7/20/12 there is no evidence of training provided regarding the use of R2's VNS to protect R2 from potential further harm.</p> <p>Findings include:</p> <p>On 6/27/12 R2 had a seizure at workshop on 7/9/12 and the Vagal Nerve Stimulator was not available or used. R2 was observed to turn blue, 911 was called and R2 was sent to the emergency room. The facility failed to provide training to staff at the workshop and residence after R2 had a seizure. As of 7/20/12 at 9:00 AM, the facility has not provided training to staff at the facility and workshop of R2.</p> <p>R2 is a resident whose functioning and cognitive level assessment is Moderate. R2 has a diagnosis of Seizure Disorder according to the 6/4/12 Individual Service Plan (ISP).</p> <p>R2's ISP includes a Medical History reporting "has seizures. On average...may have from 0 to 6 monthly seizures. They may last between 39 seconds to 9 minutes...had VNS (Vagus Nerve Stimulation/Vagal Nerve Stimulator) placement on 5/23/12."</p> <p>R2's Consultation Reports with Physician Z13 include findings of:</p> | W9999 | | | |

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| W9999 | <p>Continued From page 26</p> <p>"3/26/12, Tonic Seizures, Recurrent... 6/26/12 (Number 6 and 7 are superimposed on the form indicating the date of consult on 26 or 27), Settings initiated at lowest dose... 7/3/12, VNS procedure tolerated well. Recommendations: Use handheld magnet as follows: swipe across chest at location of generator under her skin ONE time. No need to repeat multiple times. 7/17/12, Stable wound healing, Neuro exam stable, Tolerated VNS programming..."</p> <p>Physician E6's Consultation Report for R2 dated 7/13/12 includes "CC: Follow-up from ER visit (7-9-12). Had a seizure + vomiting, +coughing. HPI: Had seizure in workshop last week. Coughs a lot. Has Vagal Nerve Stimulator for seizure. Has cut on neck. Not infected but present for over one month...P: Augmentin 500 BID, Robitussin DM 30 QID."</p> <p>Facility Report to IDPH (Illinois Department of Public Health) dated 7/10/12 include "R2 had a seizure at approximately 12:25 pm lasting for 3 min. (R2) appeared to be turning blue and a decision was made to call 911. (R2) was transported to local hospital where the staff from Facility met R2. R2 was diagnosed with having a Seizure. R2 was discharged back into the care of Facility with no new medications."</p> <p>Seizure Report Form# GP-39 dated 7/9/12 completed by DSP (Direct Service Person) Z7 includes: "Time started: 12:45 PM. Ended: 12:48 PM. Was there an aura? no...Was there twitching or jerking of the body? yes...Was a Vasal (sic) Nerve Stimulator Used? no..." Workshop Accident/Incident Report dated 7/9/12 includes:</p> | W9999 | | | |

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| W9999 | <p>Continued From page 27</p> <p>"Staff notice that (R2) had a seizure for about 3 minutes. (R2) was turning blue in the face and 911 was called."</p> <p>Survey of the facility started on 7/17/12. Approximately at 10:30 AM R2 returned to the facility with E5 (, Housekeeper) from a doctor's appointment. R2 was noted to have approximately a two inch long cut/wound on her neck.</p> <p>R2's workshop site was visited on 7/17/12 from 11:50 AM to 12:50 PM. Director Z2, DSP (Direct Service Person) Z3 and Z4 were interviewed about R2's seizure at the workshop on 7/9/12, if workshop staff are aware of R2's VNS and how it works. Per DSP Z3 at 12:40 PM, "I was standing by R2 who was sitting in a chair doing activity, jerking movements noted, turned blue, lowered R2 to the floor." Z3 added at 12:42 "R2 turned head to the left, stared, turned blue, lowered to the floor, called 911." Z3 was asked if she knows how to use R2's VNS and replied "no."</p> <p>On 7/17/12 at 12:18 PM, Z2 stated "Z2 and Z3 attended R2's Annual Staffing (ISP) at the facility on 6/4/12 and were informed of VNS in place. Spoke couple of times in June 2012 with Director E4 about training for staff at workshop. E4 said E4 will tell workshop when Facility nurse will do VNS training for workshop staff...No set date at this time. Yes, R2 has been back at the workshop since VNS surgery. No other residents at workshop with a VNS. Z3 is not trained in using VNS. Facility will have to train. Facility staff had magnetic wand with them when we were met at the ER on 7/9/12. No magnet at workshop, facility staff did offer us the wand but we haven't been</p> | W9999 | | | |

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| W9999 | <p>Continued From page 28</p> <p>trained on it. Z3 primarily works with R2 in the workshop group but DSP's Z5, Z7, Z10 and Z12 work in R2's group. Z2, Z3, Z4, Z5, Z6, Z7, Z8, Z9, Z10, Z11 and Z12 all potentially will work with R2."</p> <p>Telephone interview with Z10 on 7/19/12 at 1:23 PM regarding R2's seizure includes "yes, seen R2 have a seizure. No, don't know what aura means. First R2 looks like she hiccups a lot and her body bounces up and she makes snorting sounds and her body jerks up. Seen R2 have seizure about three times, always like that."</p> <p>Interview with Regional Trainer E1 on 7/17/12 at 2:55 PM regarding R2's VNS includes "we have the magnet but it's not fully calibrated. The doctor has not trained us on the VNS yet. The nurse will train at DT (Day Training) after doctor says it's ok." E1 validated Nurse Trainer E7 is on vacation. E1 was asked who was covering for the nurse and stated "not sure." Where is E7 based? "E7 is the Nurse Trainer and is from another region (approximately 192 miles away from Facility)."</p> <p>Interview on 7/18/12 at 11:06 AM with Regional Trainer E1 include: VNS training provided at workshop and residence? "No, will call doctor if ok to train. We were under the impression that we do not use VNS magnet until fully calibrated from Nurse Trainer E7 approximately right after the surgery is when E7 relayed the information." Who reviews the Consultation Reports? "Faxed to Director E4, original goes to chart." Who reviews medical recommendations? "E4 will and if nurse needs to review recommendations, scan sent to E7."</p> | W9999 | | | |

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| W9999 | <p>Continued From page 29</p> <p>Where are E4 and E7? How can staff contact the nurse? "E4 is on vacation from 6/30/12 until 7/17/12. E7 started vacation on 7/13. Facility Representative E8 gave me a copy of covering nurse's number last night (7/17/12). Staff don't normally call the nurse, usually the RSD (Residential Services Director) or Administrator. Per E8, Nurse trainer E9 from another region (approximately 168 miles away from Facility) is covering E7.</p> <p>How many homes does your nurse cover? "There is no nurse for the two regions at this time. Nurse Trainer E7 is covering both regions here. There are fourteen homes, twelve are ICF-DDs and two are CILAs. E7 is in the region 2-3x a week but E7 does not visit each home every time."</p> <p>How long has E7 been covering the two regions? "Since May 2012."</p> <p>Telephone interview with Physician Z13's nurse Z1 (RN, Registered Nurse) on 7/18/12 at approximately 9:50 AM includes: "R2's VNS implanted on 5/23/12. Magnet to be used after VNS turned on. It is already turned on and can be used now. 6/27/12 (R2's VNS was) turned on. Yes, magnet should be with (R2) at all times. VNS is still being calibrated but it is working. Calibrated is adjusting the frequency to ensure (R2) receives optimal amount of frequency she can tolerate to prevent seizure activity." Surveyor asked Z1 if facility has requested training to be provided by the Physician's office to R2's residential staff and Z1 replied "no." Z1 was asked if R2's VNS is functioning at this time and if magnet should be used if R2 has a seizure. Z1 replied "yes."</p> <p>Interview with E10 (Residential Staff) on 7/18/12 at 9:24 AM regarding location of R2's magnet for</p> | W9999 | | | |

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| W9999 | <p>Continued From page 30</p> <p>VNS states "locked in filed cabinet of meds." Surveyor observed two black plastic magnets kept in a box in R2's section of medication bubble packs locked in the file cabinet in the office at the facility."</p> <p>Facility Policy No. 5.29, Subject: Quality Assurance Committee, Revised: 11/08 reads: "Policy: The facility shall have a Quality Assurance Committee to review medication records, medication administration practices, pharmacy recommendations, medical issues and individual's incident reports...Procedure:...7. Review all incidents and accidents, including injuries and bruises of unknown origin, involving individuals and staff to ensure that no patterns or trends are occurring. Committee will implement a plan of correction when necessary to prevent future incidents or accidents..."</p> <p>Facility Policy No. 5.49, Subject: Safety Committee, Revised 11/08 reads: "Policy: The facility shall have a Safety Committee to review all incidents and accidents occurring involving residents and/or employees that result in injury...Procedure:...4. The committee shall conduct any necessary interview or inquiries to identify if patterns or trends exist...7. The committee will attempt to determine the cause of the injury and provide a list of considerations relevant to prevention of further incidents/accidents. The QMRP will summarize the Safety Committee Report (GP-29) onto the Quality Assurance Report (GP-31) for review at the Quality Assurance Meeting..."</p> <p>Facility Policy No. 5.57, Subject: Physical Injury and Illness/Individual Medical Emergencies,</p> | W9999 | | | |

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| W9999 | <p>Continued From page 31</p> <p>Revised 09/09 reads: "Procedure: In the event that an individual sustains an injury or illness, staff on duty shall conduct observation and take appropriate action consistent with the following:...C. Notify the House Manager, QMRP or Administrator for consultation and direction...I. The QMRP/Administrator shall conduct any necessary interviews or inquiries to establish the probable cause of the injury and document the finding on the Progress Note (Form #GP-15). (Refer to Policy 5.24)</p> <p>Facility Policy No: 7.02, Subject: Nursing Services, Revised 6/10 reads: "Policy:...All individuals shall receive proper treatment of minor accidents and/or illnesses through the R.N. Consultant...Procedure:...4. The R.N. Consultant shall...provide concise documentation, follow up and consultation with appropriate medical professionals and management staff during routine scheduled and PRN visits to facilities. 5...c. RN Consultant shall make a decision based on given information and the DSP shall document RN's responses...f. The results of the doctor's visit shall be documented in the individual's record and shall be relayed to the R.N. Consultant by the QMRP or the designated DSP. g. Follow-up shall be carried out by the R.N. Consultant when necessary."</p> <p>Facility's Job Description for the Registered Nurse Consultant: Full-Time RN; Part-Time-RN, Revised 09/07 include: "Primary Duties: 1. Ensure complete medical and health related care needs of residing individuals as ordered by the primary care physician and all qualified consulting medical professionals is met in accordance with applicable state and federal regulations for</p> | W9999 | | | |

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| W9999 | <p>Continued From page 32</p> <p>licensure and Medicaid Certification. 2. Conduct training and provide continuous supervision for DSP upon hire and as indicated to provide appropriate basic care to residing individuals,...in accordance with state and federal regulations for licensure and Medicaid Certification. 3. Complete...provide concise documentation, follow up and consultation with appropriate medical professionals and management staff during routine scheduled and PRN visits to facilities. 4. Provide basic routine medical care and evaluation of residing individuals' minor injuries and illnesses PRN."</p> <p>There is no Quality Assurance Committee or Safety Committee meeting in R2's record in response to the 7/9/12 Seizure at the workshop. As of 7/19/12 there is no evidence that the Facility has provided training to staff at R2's residence and workshop regarding R2's VNS.</p> <p style="text-align: center;">B</p> <p>350.670h) 350.1210b) 350.1610b) 350.1610c)3) 350.1610e)1) 350.1610g)</p> <p>Section 350.670 Personnel Policies</p> <p>h) Personnel policies shall include a plan to provide personnel coverage for regular staff when they are absent.</p> <p>Section 350.1210 Health Services</p> | W9999 | | | |

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| W9999 | Continued From page 33 The facility shall provide all services necessary to maintain each resident in good physical health. These services include, but are not limited to, the following: b) Nursing services to provide immediate supervision of the health needs of each resident by a registered professional nurse or a licensed practical nurse, or the equivalent. Section 350.1610 Resident Record Requirements b) The facility shall keep an active medical record for each resident. This resident record shall be kept current, complete, legible and available at all times to those personnel authorized by the facility's policies, and to the Department's representatives. c) Record entries shall meet the following requirements: 3) Medical record entries shall include all notes, orders or observations made by direct resident care providers and any other individuals authorized to make such entries in the medical record, and written interpretive reports of diagnostic tests or specific treatments including, but not limited to, radiologic or laboratory reports and other similar reports. e) An ongoing resident record including progression toward and regression from established resident goals shall be maintained. 1) The progress record shall indicate significant changes in the resident's condition. Any | W9999 | | | |

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G340 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/26/2012 |
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| W9999 | <p>Continued From page 34</p> <p>significant change shall be recorded upon occurrence by the staff person observing the change.</p> <p>g) Treatment sheets shall be maintained recording all resident care procedures ordered by each resident's attending physician. Physician ordered procedures that shall be recorded include, but are not limited to, the prevention and treatment of decubitus ulcers, weight monitoring to determine a resident's weight loss or gain, catheter/ostomy care, blood pressure monitoring, and fluid intake and output.</p> <p>These regulations were not met as evidenced by the following:</p> <p>Based on interview and record review, the facility failed to: Ensure there is nursing documentation of the care, monitoring and follow-up for: R3's bilateral leg lymphedema treatment. R6's right fifth digit (pinky finger).</p> <p>Findings include:</p> <p>R3, per the Individual Profile General Data Sheet, has a diagnosis of Profound Mental Retardation. R3 is ambulatory and does not require the use of any assistive devices. The client is non-verbal and requires staff assistance with all activities of daily living.</p> <p>On review of the clinical record, the Consultation Report dated 3/7/12, documented that R3 was evaluated at the Wound Center for "bilateral leg</p> | W9999 | | | |

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| W9999 | <p>Continued From page 35</p> <p>swelling." The Consultation Reports for the months of March 2012, April 2012, May 2012 and June 2012, reflect that R3 received weekly treatments for lower extremity lymphedema.</p> <p>The Consultation Report dated 6/22/12, documented that R3 was receiving lymphedema treatment. The Consultation Report dated 6/25/12 documented that R3, "responded well to lymphedema treatment and may be ready for garment at end of week." The Consultation Report for 6/26/12 documented R3 had, "manual lymphatic drainage to bilateral lower extremities; tried on compression garments, but patient not ready just yet." On 6/27/12, the physician at the wound clinic documented on the Consultation Report, "edema controlled; no open sores or ulcers." On 6/29/12, R3 "was seen for compression bandages to the bilateral lower extremities." The Consultation Report dated 7/9/12 documented, "discontinue with lymphedema program; please follow wear and care instructions for compression garment."</p> <p>On review of the Nursing Notes from March 2012 to July 2012, there was no documentation related to the lymphedema program R3. There was no documentation to support that the client was monitored or that treatment orders for the compression stockings were followed. On review of the Medication Administration Record for July 2012, there was no documentation to support that the compression stockings were ever applied for R3.</p> <p>During an interview on 7/17/12 at 5:30 PM, E1 (Regional Trainer) confirmed there had been no nursing documentation since the client's</p> | W9999 | | | |

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| W9999 | <p>Continued From page 36</p> <p>discharge from the lymphedema program on 7/9/12. E1 stated that the nurse has been on vacation for a week and there was no one covering for her.</p> <p>R6, has diagnoses that include Severe Mental Retardation, Asthma and Epilepsy per July 2012 Physician's Orders Sheets. On 7/17/12, R6 was observed with a wound to the right 5th digit (pinky finger). The wound, which was between the nail bed and the first knuckle, was approximately 1 cm in circumference. The center area of the wound was partially covered with a yellowish scab and the outer area was red and swollen. The wound appeared infected. R6 was observed to have difficulties flexing the finger.</p> <p>During an interview on 7/18/12, E1 stated that there was a Progress Note completed for the injury to R6's finger. E1 presented a Progress Note dated 6/25/12 at 5:35 PM which documented, "Individual was sitting down listening to music and staff notice individual picking skin on right pinky finger." The Progress Note further documented, "staff cleaned area with hydrogen peroxide and applied bacitracin ointment then covered with band-aid. The Progress Note documentation indicates that nursing was not notified of the injury.</p> <p>On review of the clinical record, there was no documentation of any follow up for the injury to R6's finger. There was no documentation to support that the nurse had been notified of the injury; or documentation to support that the client was receiving any treatments.</p> <p>During an interview on 7/18/12 at 10:35 AM, E1</p> | W9999 | | | |

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| W9999 | Continued From page 37 confirmed there had been no nursing follow up to the injury of 6/25/12. E1 stated that she was unaware of any physician notification, follow-up or reassessment for the injury to R6's wound to the pinky finger. The facility failed to provide the necessary follow-up care for the injury to R6's finger. B | W9999 | | | |