

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: 145991	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/15/2012
NAME OF PROVIDER OR SUPPLIER COMMUNITY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4314 SOUTH WABASH AVENUE CHICAGO, IL 60653		
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F 514 F9999	Continued From page 20 personnel shall label the clinical record with the initial admission date to final discharge, if resident is expect not to return due to any reason. FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.660a) 300.660b)1)2)3) 300.660c) Section 300.660 Nursing Assistants a) A facility shall not employ an individual as a nurse aide unless the facility has inquired of the Department as to information in the Registry concerning the individual. (Section 3-206.01 of the Act) The Department shall advise the inquirer if the individual is on the Registry, if the individual has findings of abuse, neglect, or misappropriation of property in accordance with Sections 3-206.01 and 3-206.02 of the Act, and if the individual has a current background check. (See Section 300.661 of this Part.) b) The facility shall ensure that each nursing assistant complies with one of the following conditions: 1) Is approved on the Department's Nurse Aide Registry. "Approved" means that the nurse aide has met the training or equivalency requirements of Section 300.663 of this Part and does not have a disqualifying criminal background check without a waiver. 2) (a)(2) shall not be employed more than 120 days prior to successfully completing the program. 3) Within 120 days after initial employment, submits documentation to the Department in accordance with Section 300.663 of this Part to	F 514 F9999			

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F9999	<p>Continued From page 21</p> <p>be registered on the Nurse Aide Registry.</p> <p>c) Each person employed by the facility as a nursing assistant shall meet each of the following requirements:</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that Background checks, and Health Care Registry checks had been conducted prior to hire on 42 of the 66 Certified Nurses Aide (CNA) records reviewed. The facility also failed to implement its abuse policy and procedure by not conducting pre-employment screening background checks on six of the eleven non CNA files reviewed, four of the eleven files had background checks that were not done within 10 days of hire. This deficient practice has the tendency to affect all 178 residents in the facility.</p> <p>Findings Include:</p> <p>On October 11, 2012, review of the CNA staff list reveals a total of 66 actively working CNA's in the facility. Review of the employment files for 42 CNA's E14 thru E 55 list no Background checks for 23 CNA's E15-E23, E28, E29-E32, E34-E36, E46-48, E50-E52, E54 and E55. Also these files list no Health Care Worker Registry Checks for 35 CNA's, E15-E36, E42-E48, E50-E55.</p> <p>Further review of the non- CNA files for eleven employees E56-E66 reveals no pre-employment background checks for E56-E61, and the background checks for E62 -E65 were conducted outside of the 10 day initiation after hiring.</p>	F9999			

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F9999	Continued From page 22 On October 11, 2012 at 10:20am, E67, Human Resource Receptionist (HRR) stated, " I just started the position about 2-3 weeks ago. The prior HRR did not do any background checks or registry checks for CNA's. When I audited 75% of the CNA's did not have background checks or registry for CNA checks. I also did not see any background checks for other departments. There were no finger prints done either. I have been doing the new employees. I inherited this problem when I started working here 2-3 weeks ago". The facility "Abuse Prevention Program Policy" list that pre-employment screening of employees would be done, and that the facility will not knowingly employ individuals who have been convicted of abusing, neglecting, or mistreating individuals. (B) 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)2)3)5) 300.1220b)2)3) 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	F9999			

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F9999	Continued From page 23 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 a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) 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	F9999			

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F9999	Continued From page 24 procedures: c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan. 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: 2) All treatments and procedures shall be administered as ordered by the physician. 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. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 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,	F9999			

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F9999	<p>Continued From page 25</p> <p>discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</p> <p>3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These requirements were not met as evidence by:</p> <p>Based on observation, interview and record review, the facility failed to implement, assess and revise interventions/careplans to promote the healing of pressure ulcers for one (R3) of three residents reviewed for pressure ulcer treatment in the sample 27. Resulting in R3 sore becoming a stage 3 pressure ulcer on the left heel.</p> <p>Findings include:</p> <p>R3 was observed on 10/14/12 at 10:00 a.m. sitting in a wheelchair in the shower room with left heel dressing off. R3 was observed with a large</p>	F9999			

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F9999	<p>Continued From page 26</p> <p>open pressure sore on the left heel covering the entire areas. It was approximately 5.0 cm by 4.5cm very red with no definite borderline.</p> <p>R3 is a 37 year old with diagnoses to include Autism, Cerebral Vascular Accident with Left Sided Hemiparesis and a Left Foot Wound per the October 2012 Physician Order Sheets. The Pressure Ulcer Report, 10/5/12, documents R3 has a Stage 3 Pressure Ulcer to the left heel measuring 5.0 X 4.5 centimeters.</p> <p>10/11/12 at 11:00 a.m., E8 stated "(R3) was admitted to the facility on 10/19/12 with no heel ulcer. On 10/21/11 (R3) was discharged to the hospital and returned on 10/25/11 with a heel ulcer." The Nursing Admission Assessment on 10/25/11 documents the presence of a left heel ulcer, no dimensions or staging is present.</p> <p>The Wound Care Physician Initial Note, 8/2/12, documents R3 with history of multiple pressure ulcers. Wound description and location documents a left deformed and hyperextended foot and left heel pressure ulcer with no depth, measuring 3.3 by 3 centimeters. Recommendations were to offload heels and a low air loss mattress. A Physician Progress Note, 1/25/12, documents R3 as having a necrotic left heel and surgical debridement of the left heel ulcer on 1/26/12. A History and Physical, completed by a nurse practitioner, documents a left heel covered with a dressing, no assessment of the wound is documented. A Nurse Practitioner Progress Note, 6/18/12, documents a left foot wound with a dressing present, no wound assessment is documented. July, September and October 2012 there is no physician</p>	F9999			

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F9999	<p>Continued From page 27</p> <p>documentation of wound assessments.</p> <p>The facility "Quality Assurance Worksheet, Weekly Wound Measurements" document the left heel Pressure Ulcer as facility acquired with measurements and description as follows: 6/29/12- 3.5 X 1.5 centimeters, white 7/6/12- 3.0 X 1.5 centimeters, white, stable 7/13/12- 2.0 X 1.0 centimeters, white, improved 7/20/12- 2.0 X 1.0 centimeters, improved 7/27/12- 2.0 X 1.0 centimeters, improved 8/17/12- 4.5 X 5.0 centimeters, improved 8/24/12- 5.0 X 6.0 centimeters, stable 8/31/12- 5.9 X 6.0 centimeters 9/14/12- 4.0 x 5.0 centimeters, stable 9/21/12- 5.5 X 4.5 centimeters, stable 9/28/12- 5.0 X 4.5 centimeters, stable 10/5/12- 5.0 X 4.5 centimeters</p> <p>On 10/9/12 at 9:55 a.m. and 10/10/12 at 10 a.m., R3 sat in a reclining chair without heel protectors on and both heels resting on the extended footrest. On 10/10/12 at 1:50 p.m., R3 sat in a reclining chair with both heels resting on the elevated footrest. R3's sock partially covered the left foot with the heel area uncovered. The left heel dressing was pushed past the heel wound partially exposing the left heel wound. No heel protectors were on R3's heels.</p> <p>On 10/10/12 at 3:15 p.m., E13 (Nurse) stated "(R3) is suppose to have heel protectors on."</p> <p>On 10/10/12 at 3:10 p.m., E8 (Treatment Nurse) stated R3 is suppose to have heel protectors on while in the reclining chair.</p> <p>On 10/10/12 at 3 p.m., R3 layed in bed on a</p>	F9999			

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F9999	<p>Continued From page 28</p> <p>regular mattress. R3's bed is not equipped with a low air flow mattress.</p> <p>On 10/10/12 at 3:10 p.m., E8 stated "(R3) uses a regular mattress and I have heel protectors for (R3)."</p> <p>R3's Comprehensive Care Plan, 8/24/12, documents R3 is to utilize heel protectors as a pressure ulcer treatment. An air loss mattress is not listed as an intervention.</p> <p>The October 2012 Physician Order Sheets document dressing changes but no orders are present for heel protectors or an air loss mattress.</p> <p>On 10/10/12 at 11am, E8 stated when interventions are added or changed, an order is obtained by the physician and the care plan is updated. E8 stated interventions are checked for compliance everyday at the time wound care is completed. E8 stated the Director of Nurses completes weekly rounds with E8 to obtain measurements and evaluate the wounds.</p> <p>On 10/11/12 at 9:30 a.m, the facility provided a summary of treatments from 12/11 to 10/16/12. The "Skin Summary" documents a low air mattress 3/2012, 4/2012 and 8/29/12 to present; heel protectors 4/2012 and 8/29/2012-present; and two wound care visits 1/2012 (debridement) and 8/2012. E8 was requested to provide documentation on the measurements and treatments provided for R3 since acquiring the pressure ulcer 10/25/11. On 10/11/12 at 12:15 p.m., E8 stated, "I do not have any more information prior to June for pressure ulcers. The</p>	F9999			

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F9999	Continued From page 29 "Skin Summary" documents the information I could find. I started in June and I could not find any information, I looked. The only information I have is what I gave to you." (B)	F9999			