

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

PRINTED: 04/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145907	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/15/2013
NAME OF PROVIDER OR SUPPLIER ALDEN ESTATES OF EVANSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 2520 GROSS POINT ROAD EVANSTON, IL 60201		
(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 441	Continued From page 4 touching items inside R11's room in front of her bed and was also seen sitting on R11's bed. After 10 minutes, Z1 left R11's room without washing his hands. Review of facility's infection control program shows that Z1 is a member of the Infection Control Committee. During Daily Status meeting on 2/15/12 at 10:10 AM, Z2 (consultant) said that she spoke to Z1 on 2/14/13 regarding the lack of handwashing, gowning, and gloving on 2/13/13. Z2 said that Z1 said that he forgot. Facility's Infection Control Transmission Precautions procedure indicated that hand washing should be done before and after contact with residents. It also says that gown and glove should be worn before entering the room of resident on contract isolation. Gloves should be also be donned when touching skin, surfaces, or articles in close proximity with resident.	F 441			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATION: 300.1210a) 300.1210b) 300.1210d)6) 300.3240a) 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	F9999			

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F9999	<p>Continued From page 5</p> <p>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)</p> <p>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.</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>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Section 300.3240 Abuse and Neglect</p>	F9999			

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F9999	<p>Continued From page 6</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 regualtions were not met as evidenced by the following:</p> <p>Based on observation, interview, and record review, the facility failed to use a mechanical lift with 2 staff assistance during transfers for 1 resident (R2) out of 3 residents reviewed for falls in the sample of 10. This failure resulted in a laceration to R2's left lower leg which resulted to ER visit and suturing.</p> <p>Findings include :</p> <p>R2 was admitted to the facility with diagnosis of Multiple Sclerosis on 4/6/01.</p> <p>R2's Minimum data Set (MDS) dated 9/12/12 and 12/13/12 indicated that R2 needs extensive assistance of 2 or more staff during transfers. These 2 MDS's also showed that R2 is non-ambulatory.</p> <p>R2's 12/13/12 care plan also indicated that R2 requires use of mechanical lift for transfers with 2 staff assistance.</p> <p>On 2/15/13 at 11:15 AM, E6 (certified nurse assistant / CNA) said that on 2/14/13, he was assigned to R2. E6 said that he knew that R2 needed a mechanical lift with 2 staff assistance, but was in a hurry to get R2 up in his wheelchair. E6 said that he did not call for any staff to help him, and manually lifted R2 from bed to</p>	F9999			

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F9999	<p>Continued From page 7</p> <p>wheelchair by himself. E6 added that afterwards, when he was about to wash R2's face, he saw that he sustained a laceration on his left lower leg. E6 said that when he looked at the sharp metal part of the wheelchair where the left leg rest is normally attached, E6 noted some blood in there. E6 said that R2's left lower laceration must have come from that sharp metal part of his wheelchair during transfer.</p> <p>On 2/15/13 at 9:16 AM, E7 (CNA) also said that a mechanical lift with 2 - 3 staff is always used to transfer R2. E7 explained that one person operates the lift, one holds and guides R2's back area, and if R2's legs are stiff, another staff is needed to hold R2's legs to avoid accidental hitting of the lift bar. E7 said he never heard of R2 being transferred without a lift and with only one person assist. E7 further added that the staff gets inservice about mechanical transfers using 2 staff online and at the facility, the latest one being a month ago.</p> <p>Facility's Hydraulic Lift Policy indicated that during mechanical transfer, staff should be on each side of the lift. On 2/15/13 at 8:45 AM, E2 (Director of Nursing) confirmed that mechanical transfers always involve 2 staff members. E2 also said that R2 needed a mechanical transfer because R2 is non - ambulatory.</p> <p>On 2/14/13 at 1:50 PM, R2 was observed in the wheelchair after ER visit with a dressing on his left lower leg. When the dressing was removed by Z1 (facility consultant), the laceration was noted with sutures and is sideways from the anterior left lower leg just below the left knee, extending towards the back of the calf of the left leg. R2's</p>	F9999			

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F9999	Continued From page 8 nurses note on 2/14/13 at 9:23 PM, indicated that R2's left lower leg laceration was measured at 11 x 0.1 x 0.1 cm. B	F9999			