

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145304</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/14/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>BRENTWOOD NORTH HC &amp; REHAB CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3705 DEERFIELD ROAD RIVERWOODS, IL 60015</b>		
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F 329	Continued From page 11 (Dementia / Alzheimer's) Unit. According to list of residents receiving antipsychotic medication presented by the facility during the survey 17 residents who are living in Memory Impaired Unit are receiving antipsychotic medications.	F 329			
F9999	E2, the Director of Nurses on 5/10/13 at 10:30 am stated that the facility is in the process of looking into providing education to staff. FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.1210b) 300.1210d)5) 300.1220b)3) 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.  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:  5) A regular program to prevent and treat	F9999			

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F9999	<p>Continued From page 12</p> <p>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 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</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</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</p>	F9999			

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F9999	<p>Continued From page 13</p> <p>EVIDENCED BY:</p> <p>Based on observation, interview and record review, the facility failed to implement and revised R4's plan of care based on the assessed risk factors and individualize the needs of R4. Also, the facility failed to turn, reposition and toilet R3; to prevent and promote healing of her facility acquired stage II pressure sore.</p> <p>These failures resulted in worsening of R4's pressure ulcer on her sacrum from a Stage II to an infected Stage IV pressure ulcer. This applies to two (R3 and R 4) of three residents reviewed for pressure ulcer in the sample of 24.</p> <p>Findings include: On 05-08-13 at 11:05 AM, R 4 was observed sitting in her wheelchair in her room. R 4 confirmed she has a pressure ulcer on her sacrum and stated, " It started in the hospital. It was a small one, now it's bigger. I was told (by the staff). I sit in my chair for quite a while. I don't particularly like it (sitting on her wheelchair) oh yeah, I' ll say longer than two to three hours. I know it's not good to sit for a long time. It's not good for healing but no one will put me back to bed. The CNA has so many patients to take care. "</p> <p>On 05-08-13 at 12:00 PM, the Treatment Nurse/E 4 stated " She (R 4) was admitted with a Stage II pressure ulcer on her sacrum, it got worse because of her immobility and her incontinence, now it's a Stage IV. "</p> <p>R4's Physician Order Sheet dated 05-08-13 showed an order of an antibiotic (Levaquin 500 mg PO daily) for 7 days for infected sacrum. E4 confirmed R 4 ' s sacral wound is infected.</p>	F9999			

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F9999	<p>Continued From page 14</p> <p>Review of the wound documentation report sheets showed that on 04-10-13 -R 4 has a Stage II pressure ulcer on the sacrum upon admission. On 04-24-13 this wound progressed to a Stage III and decline further to a Stage IV on 04-30-13. R 4 ' s physician order sheet showed that wound consult was not done until 04-29-13- wound consult, treatment order change until 04-24-13 Santyl ointment (Debriding agent) and low air loss mattress prescribed. 04-30-13 low air mattress</p> <p>On 05-08-13 at 2:25 PM, during the treatment observation with the Treatment Nurse (E 4), E 4 identifies and describe R 4 ' s wound as follows: Sacrum (location) - Stage IV measured at 3.5 cm length X 2.5 cm width X 1.2 cm depth with undermining of 1.0 cm at 10 o'clock, 1.5 cm at 12 o'clock and 1.0 cm at 2 o'clock. R 4 ' s pressure ulcer care plan dated 04-09-13 was not updated and revised based on the progress or specific needs of R 4. R 4 ' s plan of care presented by E 4 on 05-08-13 still reflects the Stage II pressure ulcer, the current infection on the sacral wound was not address anywhere in R 4 ' s care plan that was presented. R 4 ' s care plan reads as follows: Stage II pressure ulcer -sacral. Goal will be healed in 3 months, will be pain free. Provide wound care. Observe/check the site for infection. Instruct the resident (R 4) to notify the nurse whenever there is pain in the wound sits. Document wound, status, healing ... Keep the area clean and dry. Assess and review nutritional/caloric intake ...Reposition every two hours. On 05-08-13 at 2:30 PM, the CNA/E 5 stated " she ' s alert and oriented but she needs assist with all her Activities of Daily Living. We don ' t</p>	F9999			

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F9999	<p>Continued From page 15</p> <p>really have a specific time to reposition her. We reposition all our patients every two hours. " On 05-08-13 at 2:25 PM, E 4 stated, " We don't have a specific time for repositioning patients. We don't evaluate patients for tissue tolerance, we reposition all of our residents every two hours. "</p> <p>(B)</p> <p>300.7010 a) c) Admission Criteria.</p> <p>300.7010 a) The unit shall have clearly defined admission, admission exclusion, and discharge criteria. This shall include a policy specifying the individuals who the unit will admit and retain based on the stages of Alzheimer's disease, individuals' behaviors, or other definable needs. These criteria shall reflect the unit's mission and scope of services.</p> <p>300.7010 c) Unit staff shall complete a comprehensive evaluation of the resident before the resident is admitted. The evaluation shall include, but not be limited to, the prospective resident's health status, life style, behavior, interests, and history. In addition to appropriate medical behavioral, and social service professionals, the resident, the resident's family, resident's representative, and the resident's most recent care giver shall have the opportunity to provide information for this evaluation. This information shall be available to staff before admission and shall be used in the assessment process after admission.</p> <p>Section 300.7020 a) 1) 2) A) B) C) E)</p>	F9999			

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F9999	<p>Continued From page 16 Assessment and Care Planning. 300.7020 a)</p> <p>Resident assessments, in addition to requirements in other applicable State and federal regulation, shall include standardized, functional, and objective evaluation of the resident's abilities, strengths, interests, and preferences. The assessment shall be completed within 14 days after admission.</p> <p>300.7020 a) 1)</p> <p>Assessments shall include at least a behavioral and a functional assessment, as well as direct observations of the resident. The facility shall attempt to interview the resident, the resident's family, the resident's representative, and recent and current direct care givers. This attempt shall be documented.</p> <p>300.7020 a) 2) A) B) C) E)</p> <p>Assessments shall include at least (A) daily routine; (B) dining, mealtime approaches, and non-mealtime nutrition and hydration needs; (C) dressing, toileting, grooming, preference in bathing (shower / bath) and other personal care abilities; (E) behavior triggers; effective calming approaches; and an analysis of each of the resident's patterns of dementia related behaviors, such as wandering, agitation, anxiety, and safety issues.</p> <p>These requirement are met:</p> <p>Based on observation, record review and interview the facility failed to conduct a</p>	F9999			

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F9999	<p>Continued From page 17</p> <p>comprehensive assessment for the residents, who have cognition impairment from Dementia / Alzheimer's, prior to their placement in a Memory Impairment Unit.</p> <p>This is for six of six residents (R3, R7, R10, R12, R15 and R16) in the sample of 24 residents from Memory Impairment Unit (MIU).</p> <p>Findings include:</p> <p>R3, R7, R10, R12, R15 and R16 (six residents) were observed to in MIU. This unit is secured with a coded key pad. Any one to leave the unit have to punch a code to exit from the unit. These six residents were observed to be confused, disoriented have no ability to punch the code and exit.</p> <p>These six residents, prior to their admission to the facility, have no comprehensive evaluation to include their prospective health status, life style, behavior, interests and history. In addition the facility had no information from resident, family or recent care giver on record for the staff to review and develop plan of care.</p> <p>On 5/9/13 reviewed these six residents' Care Area Assessment, conducted within 14 days after admission, for the areas of cognition, mood and behavior, psychotropic medication use. These CAA had no evaluation of behavior triggers; effective calming approaches; and an analysis of each of the resident's patterns of dementia related behaviors, such as wandering agitation, anxiety and safety issues.</p> <p>The facility policy and procedure for the special</p>	F9999			

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F9999	<p>Continued From page 18</p> <p>care unit section VI (D) procedure noted 'the unit director will complete assigned Minimum Data Set components, but not necessarily limited to cognition, communication, language mood expression, mental and affective status, memory and recall, decision making abilities.' The facility did not follow this procedure.</p> <p>On 5/9/13 at 2:00 pm E10 (MIU Coordinator) stated, he is aware that the facility has format for residents' pre-admission assessment, but it is not being followed. E10 uses a Mini Mental Status Format. The Mini Mental Status Format had minimal information to determine resident's level of cognition. The Pre-Admission Assessment for the special care unit format did not include a standardized, functional, and objective evaluation of the resident's abilities, strengths, interests and preferences.</p> <p>There are 47 residents who live in the MIU. On 5/8/13 at 9:40 am there were two groups of residents seated in the dining room. The activity aide (E11) stated one group which 14 residents seated is low function group, the other group which had 16 residents seated is high function group. E11 could not explain the criteria for the determination of high or low function. E10 on 5/9/13 at 2:00 pm stated he has to have an assessment to determine resident's cognition level.</p> <p>On 5/9/13 at 3:30 pm the survey team discussed the concern with the facility administration staff. On 5/10/13 at 10:30 am E1, the administrator stated that the facility will look into conducting special care unit resident's pre-admission and comprehensive assessment.</p>	F9999			



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