

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004782	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2014
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NAME OF PROVIDER OR SUPPLIER IONA GLOS SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 50 SOUTH FAIRBANK STREET ADDISON, IL 60101
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Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations</p> <p>350.620a) 350.1210 350.1220j) 350.1230d)1) 350.1230d)2) 350.1230d)3) 350.3240a)</p> <p>Section 350.620 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually.</p> <p>Section 350.1210 Health Services</p> <p>The facility shall provide all services necessary to maintain each resident in good physical health.</p> <p>Section 350.1220 Physician Services</p>	Z9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 09/17/14
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Z9999	<p>Continued From page 1</p> <p>j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days.</p> <p>Section 350.1230 Nursing Services</p> <p>d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents. 3) First aid in the presence of accident or illness.</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.</p> <p>These Regulations were not met as evidenced by:</p>	Z9999		

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Z9999	<p>Continued From page 2</p> <p>Based on record review and interview, the facility failed to provide adequate healthcare services and monitoring for 1 of 1 individual (R64) outside the sample with identified ongoing medical issues (for approximately 5 days.) R64 was emergently placed on life support upon hospitalization. Facility failed to provide preventative and prompt medical treatment, along with timely and adequate healthcare monitoring for R64, when they failed to ensure;</p> <ol style="list-style-type: none"> 1) DSP (Direct Support Person) staff documented their nursing notifications of R64's change of condition. 2) Nursing staff adequately assessed changes in medical condition, including obtaining vital signs, documenting the reason for the assessment, and the assessment findings. 3) Nursing staff conducted follow up to assessments and treatments during changes in medical condition. 4) Nursing staff notified the Physician of changes in medical condition, in a timely manner. 5) Nursing staff monitored significant weight loss. <p>Findings include:</p> <p>Nursing Services documented that R64 had a fever and administered acetaminophen. However, Nursing Services did not provide the reason for the assessment, did not conduct a complete assessment, including a set of vital signs. A nursing follow up was not conducted until 8/18/14 (3 days later). In addition, the DSPs and QIDP failed to document their observations of R64's illness, and staffs' reporting of R64's illness. These failures were prior to R64's hospitalization which required immediate life support measures on 8/20/14.</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>According to Physicians Orders Sheet (POS) dated 7/19/14 to 8/17/14, R64 is a 47-year old male who has a diagnosis of Profound [Intellectual Disability], Down Syndrome, Keratoconus, Bilateral Cataract, Seborrhea Dermatitis, Dermatofycosis, PVD, Gerd, Esotropia, Left eye inoperable retinal detachment, eczema.</p> <p>The facility's Emergency Room (ER) Transfer Form dated 8/20/14, reads, "Reason for Emergency Room Visit - Nasal congestion, Coughing / Wheezing, Refusing his meals / breakfast... Vital signs: time 11:00 a.m. Temp[erature] 97.2, Pulse 98, Resp[iration] 22 B[lood] P[ressure] 90/66... ER Doctor's Findings/Orders/Diagnososis: Admitted to ICU [Intensive Care Unit]."</p> <p>Facility Investigation dated 8/25/14 reads, "On the morning of August 20, 2014, E2 (Administrator) was walking on the emergency path by Home 5. Lead DSP E27 was pushing R64 in his wheelchair, accompanied by Home Manager E55 to Home 5. Administrator E2 was informed that R64 was not feeling well. Administrator E2 immediately informed the staff to contact the nurse to report their concerns regarding R64... Per Nursing follow up with the hospital, as of August 24, 2014 R64 has a chest tube on the right side... R64 is getting IV [Intra Venous] fluids and ABTS [antibiotics] through central line... R64 was admitted to the hospital with the diagnosis of septic shock and anemia." The Investigation did not include the time when E2 instructed E27 to contact nurse. On 8/27/14, at 1:50 p.m., when asked E2 stated, "I think it was around 10 a.m. and 11 a.m."</p> <p>Hospital Report dated 8/20/14 reads, "Notes:</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>pt[patient] arrived... from... facility by caretaker with complaints of shortness of breath with cough and fevers for the last week... caretaker states for the last week he has not been eating... pt lethargic and pale upon arrival with palpable carotid [neck] pulses. Per caretaker pt normally non verbal... unable to obtain pulse ox[imeter] at this time, pt hypotensive and tachypneic with tachycardia on monitor." Hospital Report (8/20/14) Page 5 notes the following for History of Illness, "came in hypotensive with respiratory distress. lungs congested... extremities cachectic [84.7 pounds (lbs)]...". Page 18 of Hospital Report records the admitting diagnosis as a pneumonia and sepsis. Page 6 of Hospital Report notes that chest X-ray showed right-sided pleural lung effusion. Page 9 of Hospital Report reads the following for laboratory results: White Blood Cell - 23.4, Normal Range 4.5 to 11 Red Blood Cell - 2.34, Normal Range 4.2 to 6.1 Hemoglobin - 6.8, Normal Range 11.6 to 17.6, critical value Hematocrit - 22.8, Normal Range 34.1 to 50.9 Albumin Level - 1.6, Normal Range 3.4 to 5 Lactic Acid - 10.8, Normal Range 0.4 to 2.0, critical value</p> <p>1) Facility Policy on Notification of Medical Concerns reads the following steps: "1. Team members should notify the Nursing Department if they feel a person we support has had a change in condition such related to medical... 3. To communicate other shifts in the home regarding a person we supports change team members should document in the log book in the home. a. The following information should be noted: i. Name of person supported. ii. Whom the team member spoke with. iii. What information has been given about the person supported.</p>	Z9999		

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Z9999	<p>Continued From page 5</p> <p>On 8/21/14, at 10:00 a.m., E27 stated that R64 is nonverbal. E27 added that his normal behavior is to put his feet up and put socks in his mouth and make noises. Psychological Evaluation dated 12/17/13 reads, "R64 has a habit of sucking on his socks..."</p> <p>According to Home 6 Coverage sheet, the following staff worked at Home 6 between 8/11/14 and 8/20/14: E27, Lead DSP (Direct Support Persons) - 1st shift - 8/11/14, 8/13/14, 8/14/14, 8/15/14, 8/16/14, 8/18/14, 8/19/14, 8/20/14 E28 (DSP) - 2nd shift - 8/12/14, 8/14/14, 8/15/14, 8/18/14, 8/20/14 E29 (Lead DSP), E25 (Lead DSP), E26 (DSP), E31 (DSP), E32 (DSP), E30 (DSP), E33 (DSP), E34 (DSP), E36 (DSP), E39 (DSP), E35 (DSP)</p> <p>Facility Daily Shift Change Report and Shift Log Notebook, to be completed by DSP staff, indicated no changes in medical condition for the dates from 8/11/14 to 8/20/14, thus lacking information for DSP staff to monitor medical changes occurring in R64.</p> <p>Facility Shift Log (completed by DSP staff) lacked documentation on changes in medical condition for R64 from 8/11/14 to 8/20/14; therefore, lacking information for staff working in the home to monitor R64's medical condition.</p> <p>On 8/21/14, at 10:49 a.m., E9, Qualified Intellectual Disabilities Professional (QIDP) stated E27 (Lead DSP) told her that "R64 was not feeling well... on Friday [8/15/14]." E9 stated that he did not see R64 in person until Monday (8/18/14) during second shift. On 8/18/14, E9 stated that she observed R64 to be quiet, and</p>	Z9999		

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Z9999	<p>Continued From page 6</p> <p>had difficulty transferring to the chair, so "we had to use the wheelchair for him." E9 stated that on 8/18/14 E28 (DSP) told "me R64 was not acting normal." E9 also stated that on 8/18/14 E27 told "me the Nurse saw him." E9 stated that she was in the home on 8/19/14 and that's when she found out "R64 was not eating." E9 added that she had to feed him in order for him to eat. According to E9, R64 ate some and drank some. E9 stated she "should have told the Nurse about it." E9 stated she didn't talk to the Nurse because E27 told her that the Nurse saw him that morning.</p> <p>On 8/21/14, at 10:58 E9 stated she does not think E27 told her about R64 until 8/18/14. E9 said that on 8/18/14, E27 told her R64 was sick all weekend and she told the nurses about it. E9 confirmed that she did not document her conversations with E27 and E28 and her observation regarding R64's medical condition during the weekend, 8/18/14 and 8/19/14.</p> <p>On 8/21/14, at 10:10 a.m., E27 (Lead DSP) stated that R64 has been sick for the past week (since 8/11/14), she has been notifying the nurses regarding his sickness almost every day. According to E27 R64 started with a cough on the 11th, he seemed to have cough on the 13th, his cough sounded worse on the 14th. E27 stated that on the 15th he was not feeding himself. He was not chewing on his socks as normal and was not making noises as normal. I told the nurses, "he's sick, he's not feeding himself." According to E27, the staff did not take him to the hospital until she talked to the Administrator and Home Manager on 8/20/14 at around 10:30 a.m. However, E27 confirmed that she failed to document that she notified nurses about R64's illness and should have documented it in the Progress Note section for R64.</p>	Z9999		

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Z9999	<p>Continued From page 7</p> <p>On 8/21/14, at 4 p.m., E28 (DSP) stated that R64 was sick (cough, runny nose) since the middle of last week and she notified the nurse about it. E28 confirmed that she failed to document that she notified the nurse about R64's illness and should have documented it.</p> <p>On 8/25/14, at 11:20 a.m., E25 (Lead DSP) stated he noticed R64 being sick on the 19th - he seemed pale, dehydrated, not his normal self. I talked to E21 (LPN).</p> <p>On 8/25/14, at 11:25 a.m., E26 (DSP) stated "I think I worked on the 13th and he had a bad cough. He was basically laying around. He wasn't playing with his socks. I also saw him on the 18th and he didn't look very well. He looked pale. E27 told me she told the nurse so I didn't tell the nurse."</p> <p>On 8/21/14, at 3:30 p.m., E48 (DSP at workshop) stated that "he noticed R64 was weak on the 13th and 14th, such as, he did not sit propped up as usual, did not reach for food as usual." E48 stated he did not notify the nurse because staff told him Nurse was notified.</p> <p>E48, E25 and E26 stated they did not document their observations or nursing notification.</p> <p>Facility Progress Notes (completed by DSP staff weekly) for R64 notes the following for the month of August: "8/3/14 (3rd [shift]) No issues." "8/8/14 9:45 p.m. R64 had a okay week it's been a hassle to get him off the bus lately." "8/19/14 R64 didn't eat his entire dinner today (20%) he also only had two spoonfuls of his snack and a sip of juice. This is unusual R64</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <p>normally eats and drinks all meals."</p> <p>No notes were found in Facility Progress Notes after 8/8/14 and prior to 8/19/14 regarding R64's change in medical condition. In addition, the 8/19/14 Progress Note does not include whether the Nurse was notified of these changes and has a discrepancy compared to Nursing Note. The 8/19/14 Progress Notes state that R64 ate 20% of food, while Nursing Notes on 8/19/14 at 6 p.m. reads that R64 ate 60% of his food.</p> <p>On 8/21/14, E2 (Administrator) stated the DSP staff should have documented nursing notification in the Facility Daily Shift Change Report form, Progress Notes section or in the Shift Log Notebook. On 8/27/14, E1 (Director) confirmed documentation is an issue and will be addressed in the facility through retraining of DSP staff and Nursing staff.</p> <p>2) Nursing Procedure Policy number 16 (undated) requires procedures to follow on the following conditions: "Illnesses: charting and vital signs [(T) Temperature, (P)Pulse, (R) Respirations, B/P (Blood Pressure)] every shift until resolved. Temperature: Monitor and chart intervention every 4 hours until resolved. Not Eating: Chart the following every shift until resolved: vital signs, abdominal assessment, last BM [Bowel Movement], Appetite, Nausea/Vomiting, Pain - If condition persists for more than 16 hours [physician] is to be notified immediately for further intervention."</p> <p>Facility 24 Hour Nursing Report was reviewed for the period 8/11/14 to 8/20/14. Facility 24 Hour Nursing Report lacked documentation of changes in medical condition for R64 from 8/11/14 to</p>	Z9999		

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Z9999	<p>Continued From page 9</p> <p>8/14/14, and 8/16/14 to 8/17/14.</p> <p>Facility 24 Hour Nursing Report dated 8/15/14 reads, "[R64] 100.3 Acetaminophen 500 99.3". The 24 Hour Nursing Report for 8/15/14 regarding R64 did not have further information, such as, full set of vital signs, or the signature of the person who wrote the assessment. In addition, the record lacked Nursing Notes documentation regarding the temperature taken and acetaminophen given for R64 on 8/15/14. The MAR (Medication Administration Record) for R64 did not have documentation on the administration of Acetaminophen. Further follow up or note on R64 was not found on the 24 Hour Nursing Report until 8/18/14.</p> <p>On 8/26/14, E22, Registered Nurse (RN) confirmed that she wrote the note on 8/15/14 regarding R64 and that she failed to sign her name. On 8/26/14, when asked why the Temperature was taken and why the Acetaminophen was given, E22 stated she does not remember. 99.3 Temperature was taken after administration of Acetaminophen. E22 confirmed that she failed to write a nursing note and should have written a note stating the reason for the administration. When asked if vitals were taken, E22 stated she took the vitals but did not document.</p> <p>24 hour Nursing Report notes were as follows regarding R64's illness after 8/15/14, signed by E21, Licensed Practical Nurse (LPN): 8/18/14 - "[no] cough noted." 8/19/14 - 60% dinner, refused snack. pl[ease] monitor. 8/20/14 - Night Shift -blank about R64 8/20/14 - signed by E5 - nasal congestion - refusing to walk - poor appetite. T 97.9. kept</p>	Z9999		

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Z9999	<p>Continued From page 10</p> <p>home. 8/20/14 - second note on R64 - still congested / wheezing [no] appetite V/S [vital signs]... sent to ER for evaluation</p> <p>On 8/21/14, at 10:49 a.m., E9 stated that E27 talked to the Nurse on 8/15/14, 8/18/14 and 8/19/14 that R64 was not feeling well. Nursing Notes lacked documentation regarding any indication of R64's medical condition reports from staff until 8/18/14, at 4 p.m.</p> <p>Nurses Notes signed by E21 (LPN) reads, "8/18/14, 4 p.m. 98.2, [no] cough, skin pink, warm and dry. No nasal congestion, lungs clear all fields. Took 6 ounce (oz) of water [with] difficulty." The Nurses Notes dated 8/18/14 at 4 p.m. does not include the reason for the assessment, and a full set of vital signs for R64.</p> <p>Nursing Notes signed by E21 reads, "8/19/14 6 p.m. Afebrile 97.1, [no signs] of cold, [no] nasal congestion, ate 60%, took 50% of his Lactaid milk. [No] resp[iratory] distress noted." The Nursing Notes dated 8/19/14, at 6 p.m. does not include the reason for the assessment, and completion of vital signs for R64.</p> <p>Nursing Notes reads signed by E21, "8/19/14 10 p.m... R64 refused evening snack took 2 oz of juice... [no] distress noted." The Nursing Notes dated 8/19/14 at 10 p.m. does not include a full set of vital signs, for not eating, for R64.</p> <p>Nursing Notes signed by E23, reads, "8/20/14, 7:15 a.m. T 97.9. very congested nasally. refusing to walk. very poor appetite for breakfast. kept home to monitored." The Nursing Notes dated 8/20/14 at 7:15 a.m. does not include the</p>	Z9999		

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Z9999	<p>Continued From page 11</p> <p>reason for the assessment. In addition, the Nursing Notes did not include the appropriate procedure to be taken (as indicated in Nursing Procedure for Not Eating, such as, vital signs, abdominal assessment, last BM [Bowel Movement], Appetite, Nausea/Vomiting, Pain).</p> <p>Nursing Notes signed by E5 reads, "8/20/14 - 11:15 a.m. - Individual was examined still congested [and] refusing meal noted wet cough [and] wheezing v[ital]/s[igns] T97, P98, R22, B[/P] 90/66... [Physician] orders to send to... ER for Evaluation..."</p> <p>On 8/21/14, at 12:00 p.m., E5, Assistant Director of Nursing (ADON) stated she administered the medication at Home 6 in the morning of 8/18/14. E5 stated that E27 reported to her that R64 had cough. According to E5, "I checked his temperature which was 97.2. His cough didn't sound bad. I didn't [take his vitals]. I did not document [the assessment]." When asked if R64 was eating, E5 stated, "E27 fed him, I'm not sure why she fed him." E5 added that she did not document her assessment in the nursing notes and should have documented it.</p> <p>On 8/15/14, E22 failed to document assessments done in the Nursing Note section, and failed to document medication administration of Acetaminophen in the MAR.</p> <p>On 8/20/14, E23, RN (Registered Nurse) failed to document significant symptoms of R64 in the Nursing Notes, such as, "appeared whiter than normal", and "appeared like he had a cold" as she told E2 (Administrator) and "looked white" as she told the surveyor on 8/21/14.</p> <p>On 8/21/14, at 12:00 p.m., E5 confirmed that</p>	Z9999		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004782	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2014
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NAME OF PROVIDER OR SUPPLIER IONA GLOS SLC	STREET ADDRESS, CITY, STATE, ZIP CODE 50 SOUTH FAIRBANK STREET ADDISON, IL 60101
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Z9999	<p>Continued From page 12</p> <p>Nurses should document when staff reports issues regarding individuals and any assessments should be documented. On 8/26/14, at 11:10 a.m., E4 (Director of Nursing) confirmed that Nurses should have documented findings and assessments.</p> <p>3) On 8/21/14, at 4:30 p.m., E23 (RN) confirmed she administered the medication in Home 6 on the morning of 8/20/14. E23 stated that R64 "looked white. His nose looked stuffy. E27 told me he wouldn't walk this morning. But he was sitting on the sofa, I don't know how he got to the sofa. E27 also told me he has not been eating. He took his medication. He didn't have temperature. I went to workshop after that." E23 added that she should have taken vitals but did not that morning.</p> <p>Nursing follow up was not done on 8/15/14 to monitor R64's temperature as required in Nursing Policy 16 that states when high grade temperature is a change in condition, the individual should be monitored and charted every 4 hours until resolved. There is no evidence that a follow up was done by Nursing to monitor R64's temperature on 8/15/14.</p> <p>On 8/25/14, at 12:50 p.m, when asked if a follow up should have been done, E22 stated, the next shift should have followed up. When asked if she should have informed the next shift Nurse about the temperature taken and acetaminophen administration, E22 stated she did not have time to do that. E22 added that the normal protocol is to read the 24 note at the beginning of the shift and follow up.</p> <p>Based on interview, and review of Nurses Notes, 24 Hour Nurses report notes, Nursing Services</p>	Z9999		

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Z9999	<p>Continued From page 13</p> <p>failed to follow up as required by facility nursing policy. On 8/15/14, Nursing failed to follow up after taking temperature. On 8/18/14, E5 failed to notify Nursing regarding her assessment and staff reports of R64 not eating and coughing on 8/18/14 morning. On 8/20/14, 7:15 a.m. E23 failed to document significant information (that he looked white) about R64 in the Nursing notes, and failed to inform Nursing staff of changes in medical condition for R64 before going to workshop.</p> <p>Facility was unable to make an accurate and timely follow up of R64's change in medical condition due to DSP failure of documenting nursing notification and Nursing failure of obtaining full set of vitals, monitoring of temperature upon notice of low grade fever, failure to document significant findings (such as, appearance upon assessment, vitals), and failing to endorse to the next shift regarding significant findings.</p> <p>4) On 8/15/14, Nursing took temperature and administered Acetaminophen, but did not conduct a full set of vitals, did not state the reason for the assessment, did not endorse to the next shift for follow up; thus, failing to make an assessment on whether R64's condition worsened. Nursing failed to follow facility policy 16 (undated) on charting of monitoring temperature every 4 hours until resolved.</p> <p>On 8/18/14, Nursing assessed R64 for cough but failed to document in Nursing Notes that staff reported that he was not eating and that he had a cough. Nursing did not conduct a full set of vitals, and did not endorse to the next shift for follow up. On 8/18/14, upon obtaining staff complaints on</p>	Z9999		

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Z9999	<p>Continued From page 14</p> <p>R64's medical condition, Nursing did not review note on 8/15/14 to determine why R64 was administered the Acetaminophen and why his temperature was taken and why a follow up was not done.</p> <p>Due to lack of further monitoring of temperature on 8/15/14, and lack of thorough assessment and lack of thorough follow up of R64 until 8/20/14 at 11:15 a.m., Nursing was unable to make an assessment on whether Physician should have been notified during the period between 8/15/14 and 8/20/14.</p> <p>On 8/26/14, at 1:35 p.m., Z2 (Physician) confirmed that if the individual's condition is different from baseline condition, he should be notified.</p> <p>5) a) POS dated 7/19/14 to 8/17/14 notes R64's Diet as "pureed, double portions, lactose free, fortified juice three times daily". R64's Weight Record notes his Ideal Body Weight (IBW) as 89 to 108. Weight Record for R64 documents the following for the past year: August 2013 - 86 September 2013 - 87 October 2013 - 87 November 2013 - 86 December 2013 - 86 January 2014 - 81 February 2014 - 85 March 2014 - 81 April 2014 - 80 May 2014 - 78 June 2014 - 77 July 2014 - 77 August 2014 - 78</p> <p>Dietary recommendations dated 6/26/14 reads,</p>	Z9999		

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Z9999	<p>Continued From page 15</p> <p>"Diet Order change - [caloric supplement] 1 pack mixed into food at breakfast and lunch. Reason for Diet Order Change - significant weight loss of 8.2% [for] 3 months based on May weight. Basic Metabolic Index (BMI) = 18.1 underweight."</p> <p>On 8/26/14, Z2 (Physician) confirmed that R64 should have been monitored for food intake to address weight loss issues.</p> <p>Nursing Procedure 29 on Weight Loss (undated) requires "a special staffing is scheduled by the QIDP to discuss weight loss".</p> <p>On 8/26/14, at 11:10 a.m., E4 (DON) stated that the QIDP is supposed to have a special staffing to address R64's weight loss issues and initiate a monitoring sheet that tracks R64's food intake. E4 confirmed that the Facility did not conduct a Special Staffing after significant weight loss identified by Dietician on 6/24/14. E4 also confirmed that the Facility has not been monitoring R64's food intake since his weight loss issues were identified on 6/25/14.</p> <p>b)Dietary Communication dated 7/3/14 notes "add [caloric supplement] to Breakfast and Lunch" signed by E54, Licensed Practical Nurse (LPN).</p> <p>Nursing Notes dated 7/3/14, at 10 a.m., reads, "Dietary recommendation to add [caloric supplement] to food [with] breakfast and lunch has to be approved by Z2 (Physician)."</p> <p>On 8/26/14, at 11:10 a.m., E4, Director of Nursing (DON) stated that the Dietary recommendation is signed off by the Physician, the Nurse transfers the dietary recommendation to a Dietary Communication sheet, a copy of which is kept in</p>	Z9999		

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Z9999	<p>Continued From page 16</p> <p>the Nurses office, and a copy is sent to the QIDP to train staff. When asked whether the intake of the caloric supplement should have been tracked by the DSP staff, E4 confirmed it should have been monitored on a treatment sheet - I'm not sure who ensures that it's done.</p> <p>The POS for the month of July 2014 and August 2014 did not reflect the addition of caloric supplement to food. On 8/26/14, at 11:10 a.m., E4 confirmed that the caloric supplement should be in the MAR (Medication Administration Record) and the Physicians Orders Sheet (POS).</p> <p>On 8/26/14, 12:35 p.m., when asked, E8 (Lead QIDP) stated that Nursing should have added the caloric supplement in the treatment sheet for DSP staff to track.</p> <p>On 8/26/14, 1:35 p.m., Z2 (Physician) confirmed caloric supplement should be part of the Medical Record of R64. On 8/26/14, E4 confirmed that the Facility lacks documentation on R64's daily intake of caloric supplement.</p> <p>(A)</p>	Z9999		

W318

The facility will ensure that specific health care services requirements are met.

Individual R64 noted in the survey to be lacking adequate healthcare services and monitoring.

Effective 8/25/14, training began with direct support personnel on the policy and procedure for the DSP daily shift change log. Direct care personnel were trained by the Director, Denise Rau and Administrator, Marianne Hickey-Scaccia to ensure direct care personnel understood the importance of this procedure and the documentation and follow-up necessary when reporting a change in medical condition. Evidence of this training will be represented by staff training rosters and staff signatures. Responsible party for completion will be Marianne Hickey-Scaccia, Administrator, by 10/1/14.

Effective 8/25/14, nursing personnel were trained on assessing changes in medical condition, and the components necessary for the assessment. Policy and Procedure was reviewed with nursing personnel by the Director of Nursing, Dorothy Hart and will be represented by staff training rosters and staff signatures. Responsible party for completion will be Dorothy Hart, RN/DON, by 10/1/14.

Effective 8/25/14, nursing personnel were re-trained on the policy and procedure for documenting change in medical conditions. Nursing personnel were informed that change in medical condition for a resident needs to be assessed, and follow-up to assessments needs to occur. Treatment needs to be documented in the nursing note until the medical condition is resolved. This training was completed by the Director of Nursing, Dorothy Hart and will be represented by staff training rosters and staff signatures. Responsible party for completion will be Dorothy Hart, RN/DON by 10/1/14.

Nursing personnel were trained on 8/26/14 by the Director of Nursing, Dorothy Hart to ensure nurse are following the procedure for notifying a physician of any changes in medical condition for a resident in a timely manner. Evidence of this training will be represented by staff training roster and staff signatures. Responsible party for completion will be Dorothy Hart, RN/DON by 10/1/14.

Effective 8/26/14, a dietary procedure and tracker were developed for implementation to monitor significant weight loss. Evidence, procedure and dietary tracker form. Responsible party for completion were Dorothy Hart, RN/DON and Nicole Enverga, Lead QIDP.

On 8/28/14, nursing personnel, along with the Lead QIDP, Nicole Enverga, developed a list of residents that require a dietary tracker to monitor significant weight loss. Evidence, implementation of dietary tracker.

Effective 8/28/14, Lead QIDP, along with QIDP team discussed the implementation of the dietary tracker, and implementation to begin based on IDT process and conclusion. IDT will be evidence of this process. Responsible party for implementation and completion will be Lead QIDP, Nicole Enverga by 10/01/14.

W331

The facility must provide clients with nursing services in accordance with their needs.

Effective 8/26/14, Staff training began on the protocol for reporting changes in medical condition for people served. This training was given by the Director, Denise Rau and Administrator, Marianne Hickey-Scaccia, of the program, and has continued to ensure all staff working with individuals are trained. Staff training rosters and signatures will be evidence of completion. Responsible party for completion will be Marianne Hickey-Scaccia, Administrator, by 10/1/14.

Effective 8/26/14, A training tool/posting was developed for staff to ensure they are well informed and trained on detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention. Evidence of completion, the posted document. Responsible party for implementation Dorothy Hart, RN/DON.

Effective 8/28/14, staff re-training began for direct care personnel on the basic skills required to meet the health needs of the residents served. Direct care personnel were reminded to document and communicate any changes to a resident's health status to designated staff outlined within their home documentation process. Evidence of completion, staff training roster and signatures. Responsible party for completion will be Marianne Hickey-Scaccia, Administrator, by 10/1/14.

Effective 8/28/14, staff re-training began for direct care personnel to ensure proper first aid procedures are followed for residents during a change in medical condition, or in the process of an accident or illness. Responsible party for completion will be Marianne Hickey-Scaccia, Administrator, by 10/1/14.

Effective 8/25/14, nursing personnel were trained on assessing changes in medical condition, and the components necessary for the assessment. Policy and Procedure was reviewed with nursing personnel by the Director of Nursing, Dorothy Hart, and will be represented by staff training rosters and staff signatures. Responsible party for completion is Dorothy Hart, RN/DON, by 10/1/14.

Effective 8/25/14, nursing personnel were re-trained on the policy and procedure for documenting change in medical conditions. Nursing personnel were informed that change in medical condition for a resident needs to be assessed, and follow-up to assessments needs to

occur. Treatment needs to be documented in the nursing note until the medical condition is resolved. This training was completed by the Director of Nursing, Dorothy Hart and will be represented by staff training rosters and staff signatures. Responsible party for completion is Dorothy Hart, RN/DON, by 10/1/14.

Nursing personnel were trained on 8/26/14 by the Director of Nursing, Dorothy Hart to ensure nurse are following the procedure for notifying a physician of any changes in medical condition for a resident in a timely manner. Evidence of this training will be represented by staff training roster and staff signatures. Responsible party for completion is Dorothy Hart, RN/DON, by 10/1/14.

Effective 8/26/14, a dietary procedure and tracker were developed for implementation to monitor significant weight loss. Evidence, procedure and dietary tracker form.

On 8/28/14, nursing personnel, along with the Lead QIDP, Nicole Enverga, developed a list of residents that require a dietary tracker to monitor significant weight loss. Evidence, implementation of dietary tracker. Responsible party for implementation and completion will be Nicole Enverga, Lead QIDP, along with Dorothy Hart, DON, by 10/1/14.