

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

PRINTED: 09/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/13/2013
NAME OF PROVIDER OR SUPPLIER ABBOTT HOUSE			STREET ADDRESS, CITY, STATE, ZIP CODE 405 CENTRAL AVENUE HIGHLAND PARK, IL 60035		
(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 000	INITIAL COMMENTS	F 000			
F 174 SS=E	<p>Annual Licensure and Certification Survey 483.10(k) RIGHT TO TELEPHONE ACCESS WITH PRIVACY</p> <p>The resident has the right to have reasonable access to the use of a telephone where calls can be made without being overheard.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to provide residents with access to a telephone where they can make calls without being overheard.</p> <p>This applies to one of 21 residents (R10) sampled residents who were present in the group interview and seven residents (R22 through R28) from the supplemental sample.</p> <p>This practice of facility non-compliance had the potential to effect all the residents who do not have their own phone.</p> <p>The findings include:</p> <p>Resident's group meeting was conducted on 09/11/2013 at 10:12 am with eight alert, oriented residents (R10, R22, R23, R24, R25, R26, R27 and R28). R22, R23, and R28 stated that there is only one working pay phone to make calls. The phone is located in a busy hallway on first floor. They (R22, R23 and R28) also stated that there is another phone on the second floor, but it is not working.</p>	F 174			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 174	Continued From page 1 On 09/11/2013, the phone located in the first floor hallway was observed situated between the elevator, drinking fountain, and the exit to smoking area with people walking by. The phone located on second floor is in an open exercise area near a lounge. The second floor phone is not working. E1 (administrator) stated that the second floor phone has been defective for one month and she has been trying to get the phone activated.	F 174			
F 272 SS=E	483.20(b)(1) COMPREHENSIVE ASSESSMENTS The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity. A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures;	F 272			

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F 272	<p>Continued From page 2</p> <p>Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to conduct a comprehensive evaluation of residents who have severe mental illness (SMI) mood, behaviors and use of psychotropic medication by using complete resident assessment instrument (RAI).</p> <p>This is for seven of 21 residents (R8, R16, R2, R9, R14, R4 and R5) reviewed in the sample of 21 residents.</p> <p>Findings include:</p> <p>1. R8's current physician orders showed he is receiving Abilify 30 mg at 4:00 PM daily since 8/10/11; Chlorpromazine 100 mg at 8:00 PM (6/6/12) and 25 mg at 8:00 AM (10/8/12); and Haloperidol 200 mg Decanoate intramuscularly every month (11/22/11). The physician orders also showed R8 has Schizophrenia Paranoid Type.</p> <p>R8's 8/16/13 Minimum Data Set (MDS) triggered problems included mood, behavior and use of</p>	F 272			

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F 272	<p>Continued From page 3</p> <p>psychotropic medications. It was noted on the trigger legend to see integrated Care Area Assessment (CAA) to find thorough evaluation related to these triggered problems. R8's 2/19/13 integrated CAA showed no comprehensive evaluation of R8 to show his paranoid ideations, hallucinations, delusions or undesirable behaviors. R8's 2/27/09 (admission) psychosocial assessment showed he was not bathing for weeks. The facility had no comprehensive evaluation of R8's undesirable behaviors, what non-pharmacological interventions were attempted prior or after his admission to the facility.</p> <p>On 9/13/13 at 11:30 am E3, psychiatric rehabilitation service counselor (PRSC) stated R8 gets irritable by the time he is due for getting Haloperidol Decanoate injection, but she could not explain the effectiveness of R8 receiving multiple antipsychotic medications.</p> <p>R8 on 9/12/13 at 10:30 am was able to engage in conversation. He was alert and oriented and stated he was not sure if he should continue to take his medications.</p> <p>2. R16's current physician orders showed she is receiving Thiothixene 10 mg 8:00 am and 8:00 PM (5/12/12) and Quetiapine 300 mg 8:00 PM (11/29/12). The physician orders also showed R16 has diagnosis of Schizophrenia paranoid type.</p> <p>R16's 5/22/13 MDS triggered problems included mood, behavior and use of psychotropic medications. It was noted on the trigger legend to see integrated CAA to find thorough evaluations related to these triggered problems. R8's 5/12/13</p>	F 272			

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F 272	<p>Continued From page 4</p> <p>integrated CAA shows a comprehensive evaluation of R16 to her paranoia, what non-pharmacological interventions the facility attempted to alleviate paranoid ideations.</p> <p>On 9/13/13 at 10:00 am R16 was pleasant, alert oriented to time place and person stated her doctor insists she should taken her current medication.</p> <p>On 9/13/13 at 11:30 am E3 stated that R16 came to the facility from an outside rehabilitation center and since then she has improved with the current medications.</p> <p>3. R2's current physician orders (8/27/13) showed R2 has diagnoses including Schizoaffective disorder and Bipolar disorder. The current physician's order sheet (POS) dated 08/27/13 showed R2 receives the antipsychotic medication Prolixin 5 mg twice a day. R2's CAA form for Psychotropic Drug Use in the medical record does not include Prolixin as one of the antipsychotic medications being used to treat R2's mental illness. R2's last 4 Quarterly psychotropic drug nursing assessments do not include the specific behavioral problem for the use of Prolixin and R2's daily behavioral monitoring record only lists anxiety as a targeted behavior.</p> <p>4. R9's current physician orders (8/15/13) showed R9 has Schizophrenia disorder and Bipolar disorder. The POS dated 08/15/13 lists an order for Haloperidol Decanoate 100 mg intramuscularly (IM) monthly. R9's quarterly psychiatric assessment does not list a specific behavior problem for the use of Haloperidol and R9's daily behavioral monitoring sheet only lists anxiety as a targeted behavior.</p>	F 272			

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F 272	Continued From page 5 5. R14's current physician orders (8/15/13) showed R14 has diagnoses including Bipolar disorder and Schizoaffective disorder. R14's current POS dated 08/15/13 lists Haloperidol 50 mg IM monthly as one of his scheduled medications. R14's quarterly psychotropic nursing assessment dated 05/15/13 does not include Haloperidol as one of R14's psychotropic medications. R14's quarterly psychiatric assessment dated 05/15/13 does not list any specific behavioral problems for the use of Haloperidol and the current 3 months of daily behavioral monitoring records only lists anxiety as a target behavioral symptom. R4 and R5 are the other examples of the facility not conducting comprehensive evaluation of residents, cognition, mood, behavior and psychotropic medications.	F 272			
F 458 SS=C	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation and measurement of all resident rooms multiple resident rooms provide less than 80 square feet per resident bed. This failure impacts 36 of the facility resident rooms. The facility has a population of 103 seriously mentally ill residents residing in an intermediate care facility and although the residents may have some medical complications, the facility does not routinely admit seriously ill residents	F 458			

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F 458	<p>Continued From page 6</p> <p>who are medically compromised needing ambulation aides, oxygen or suctioning equipment.</p> <p>Findings Include:</p> <p>The following multi resident rooms were found to be less than 80 square feet per resident bed after being measured during the survey of 11/01/12: Rooms 101, 102, 103, 105, 106, 107, 108, 109, 110, 111, 115, 118, 121, 123, 202, 204, 205, 206, 207, 209, 210, 217, 218, and 219 provide 131 square feet offering 66 square feet per bed. Rooms 112, 113, 114, 117, 120, 208, 211, 212, 213, 216, 217, and 224 provide 139 square feet or 69 square feet per bed.</p>	F 458			