

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

PRINTED: 11/26/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145045</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/21/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>MANORCARE OF NAPERVILLE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>200 MARTIN AVENUE NAPERVILLE, IL 60540</b>		
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F 000	INITIAL COMMENTS	F 000			
F 167 SS=C	<p>Annual Licensure and Certification Survey.</p> <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview facility failed to assure residents and visitors were aware of location of most recent survey results, posting notice of survey result availability in visible areas and placing the results in a readily accessible area, without requiring staff assistance.</p> <p>This has the potential to affect all 59 residents in the facility.</p> <p>The findings include;</p> <p>Facility has 5 separate resident care units (East, West, North, South and Central units).</p> <p>On 11/18/14 during initial tour of facility, no posting of survey results availability found in receptionist area, West unit, North unit, South unit or Central unit. The only location of the survey</p>	F 167			

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 167	Continued From page 1  result availability posting, was in the middle of the East unit, not visible to residents or visitors from the other resident care units. The posting states "The facility's most recent survey results are located at the front desk. Please ask the receptionist if you need assistance."  On 11/18/14 at 10:00 AM, the facilities most recent survey results were not available at the front desk. The most recent survey result binder was found, on the lower shelf of an end table in the reception area. There was no posting in this area directing individuals where to locate this binder.  On 11/19/14 at 9:30 AM, during the resident group meeting, 6 of 6 residents (R13, R18, R19, R20, R21 and R22), stated, they were unaware of availability and location of facilities most recent survey results.	F 167			
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY  The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.  This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide care and services to promote resident's (R5) dignity.  This applies to one resident (R5) in a total sample of 15 residents reviewed for dignity.	F 241			

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F 241	<p>Continued From page 2</p> <p>The findings include:</p> <p>On 11/18/14 at 9:30 AM R5 stated she felt staff did not want to take care of her when she first arrived to the facility in October of 2014. R5 stated she has a Immunodeficiency syndrome and had a staff member tell her she didn't want to care for her. R5 stated she reported it to the Director of Nursing (DON) at that time and felt things had improved since then. E1 (Administrator) and E2 (DON) do not recall those events or an investigation at that time.</p> <p>On 11/19/2014 at 12:15 PM, R5 stated approximately one to two weeks ago R5 called E11(CNA) to empty her full bedside commode. R5 stated the E11 refused and asked R5 if she had asked the day shift CNA to do it because it was shift change at that time. R5 stated she had to get up and do it herself and she was weak and not feeling well. R5 stated, "This made me feel bad, I did not feel well and I couldn't move well. I really needed help."</p> <p>The facility policy titled, "Prevention of Resident Abuse," documents "Failure to provide goods or services necessary to avoid physical harm, mental anguish or mental illness."</p> <p>R5 stated this incident made her feel bad because she was too weak to go to the bathroom and her bedside commode was full and she thought the CNA would help her. R5 stated she reported it to E10 (Staff RN) and wanted to know the outcome.</p> <p>On 11/20/14 at 9:30 AM E1 (Administrator) reported the incident to Illinois Department of Public Health on 11/19/14 and launched an</p>	F 241			

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F 241  F 309 SS=D	<p>Continued From page 3 investigation to rule out abuse and mistreatment. 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to do pain assessments during prn (as needed) medication administration for 3 (R3, R16, R17) of the 8 residents reviewed for pain during the medication observation pass.</p> <p>Findings include:</p> <p>On 11/18/14 from 12:00 PM to 1:00 PM, E3 (Nurse) was observed for medication pass.</p> <p>1. At 12:20 PM R16 requested a pain reliever. E3 gave R16 one tablet 10 milligrams (mg) of Oxycodone HCL.</p> <p>2. At 12:25 PM R17 requested a pain reliever. E3 gave two tablets of Oxycodone 20 mg (40 mg). R17 was almost tearful and trembling with pain upon swallowing the medication.</p> <p>3. At 12:40 PM R3 requested a pain reliever. E3 gave R3 one tablet of Hydrocodone 5-325 mg.</p>	F 241  F 309			

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F 309	<p>Continued From page 4</p> <p>E3 only asked R16 and R17 their pain scale after they took the pain medications however, E3 did not do a complete assessments prior to administering the pain reliever such as scale, location and type of pain to above mentioned residents.</p> <p>On 11/21/14 at 11:06 PM E12 (Nurse) stated, every time a resident request a pain reliever, staff must ask for resident's pain level, location, type and duration. If the resident has a pain score of 7 to 10 even if there's an order of pain reliever the nurse must call doctor for re-evaluation of pain medication. If the resident is asking for pain medication constantly then pain medication should be evaluated. It might not be working well for the resident.</p> <p>Facility's Pain Prevention and Reduction policy and procedure indicates dated 11/2011:</p> <p>Re-evaluate patients pain regularly. Once the determination is made as to the appropriate pain rating scale, evaluation of the patient's pain is recommended on a daily basis. Results are documented on the Medication Administration Records (MAR) following each observation. Patients with a score of 4-7 twice in a 7 day period or who has one score of 8,9 or 10 are reported to the physician for possible treatment adjustment, noted on a 24-Hour Report, reviewed during the Eagle Room process and monitored on the Eagle Room Process Observation Tools: Pain and Pain Management.</p> <p>Pain may fluctuate over time so appropriate pain evaluation is essential. If the patient experiences a change in condition, a re-evaluation of signs and symptoms of the pain is completed to</p>	F 309			

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F 309	Continued From page 5  determine if additional interventions or an alternative course of action is indicated. Pain status and interventions are re-evaluated if the caregiving staff believe inadequate pain control may be affecting the patient's:  - ability to perform ADL (Activities of Daily Living) - sleep pattern - attainment of personal goals - mood, cognition and behavior - participation in usual activities - appetite  Review of R3, R16 and R17's progress notes dated 11/17/14 through 11/20/14 does not show or reflect complete pain assessments during pain med administrations, enabling staff to determine if resident's pain needs to be reported to the physicians and treatment plan reviewed or re-evaluated.	F 309			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.	F 441			

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F 441	<p>Continued From page 6</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to follow standard infection practices during provisions of care for 2 (R3, R12) of the 9 residents reviewed for activities of daily living (ADL) care in the sample of 15.</p> <p>Findings include:</p> <p>1) R3 is a 65 year male who is on contact isolation for Clostridium Difficile (C-Diff), R3 is totally dependent with ADL. On 11/19/14 at 9:25 AM, E4 (Certified Nursing Assistant/CNA) was inside R3's room without personal protective equipment (PPE) and was assisting R3 to make a</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>phone call. E4 stated she removed the PPE already when R3 suddenly asked to assist him for phone call.</p> <p>On 11/19/14 at around 1:00 PM E4 assisted R3 during lunch time inside the room. E4 donned PPE (gloves and gown). However E4's gown was open at the back, her uniform touching on R3's chair directly while sitting in it. R3 asked E4 for his nutritional drink, E4 then used R3's telephone to call the kitchen. E4 did not sanitize the phone before using it.</p> <p>On 11/19/14 at 1:25 PM, R3 informed E4 that he made a bowel movement (BM). E4 donned PPE then proceeded to render care. E4 cleaned R3's buttocks. R3 had redness in his inner left buttock, wearing the same soiled gloves E4 went to R3's bedside table and opened his drawer to get an ointment. E4 then applied the ointment to R3's buttock. After the care E4 removed her PPE and washed her hands. R3 suddenly asked E4 to assist him to make a phone call. E3 proceeded to make a phone call for R3 without PPE.</p> <p>2) On 11/20/14 at around 11:30 AM, E5 rendered incontinence care to R12. R12 had a bowel movement. E5 wiped the feces off R13's buttocks. E5 then removed her gloves and put a new set of gloves without hand washing or hand hygiene. E5 repeated the same process several times during the care. E5 kept changing gloves without hand washing in between.</p> <p>On 11/21/14 at 11:06 AM E12 (Nurse) stated, when rendering incontinence care staff should prepare supplies first before starting care. E12 added staff must wash hands, put on gloves clean/wipe the area then remove gloves, wash</p>	F 441			



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F 441	<p>Continued From page 8</p> <p>hands and put on a new set of gloves. E12 also stated she educates/remind staff the process of handwashing and changing gloves in between task with the same resident.</p> <p>E12 also stated with regards to PPE, if a staff removed her PPE and did her hand washing after rendering care for a resident who has a C-diff or any form of isolation, then suddenly the resident asked for assistance again, the staff should leave the isolation room and put on a new set of PPE before attending to this same resident again. Staff should always wear a PPE while assisting a resident on isolation.</p> <p>Facility's Policy and Procedure for Hand washing/hygiene and the use of Personal Protective Equipment (PPE) indicates dated 05/2013:</p> <p>Hand hygiene after removal of gloves decreases the incidence of healthcare associated infections. Benefits of wearing gloves include:</p> <ul style="list-style-type: none"> <li>- Provides protective barrier and prevents gross contamination of hands when touching blood, body fluids, secretions, excretions, mucous membranes and non-intact skin.</li> <li>- Reduces the likelihood of transmitting microorganisms present on hands of employees to individuals during invasive or other procedures that involve touching mucous membranes or non intact skin.</li> <li>- Reduces the likelihood of transmitting organisms on hands of employees contaminated with microorganisms from a patient or inanimate object to another patient.</li> </ul>	F 441			

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F 441	<p>Continued From page 9</p> <p>Wearing gloves does not replace the need for hand hygiene as gloves may have small unapparent defects, be torn during use or hands may become contaminated during removal.</p> <ul style="list-style-type: none"> <li>- Change gloves after each contact.</li> <li>- Wash hands or use waterless hand sanitizer after removal of gloves.</li> </ul> <p>Gowns and Protective Apparel: Non permeable gowns are worn to provide protection of clothing or skin during procedures likely to generate splashes or sprays of blood, body fluids, secretions or excretions and against spread of infectious droplets transmitted by close contact. Torn gowns are change immediately.</p>	F 441			