

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

PRINTED: 09/09/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14A383</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>HIGHLAND OAKS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2750 WEST HIGHLAND AVENUE ELGIN, IL 60123</b>	
(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 225 SS=D	<p>Annual Licensure and Certification 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified</p>	F 225		

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 225	<p>Continued From page 1 appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to conduct a thorough investigation of bruises of unknown origin to rule out possible abuse.</p> <p>This applies to two of three residents (R3 and R5) in the sample of 12 residents.</p> <p>The findings include:</p> <p>1. The facility identified R3 has cognition impairment per her 9/3/14 Minimum Data Set (MDS) Brief Interview for Mental Status (BIMS) score of '00.' R3's 9/3/14 section 'G' showed she is totally dependent on staff for her activities of daily living.</p> <p>R3's 6/18/14 nurses notes and an incident report showed a Certified Nurse Aide (CNA) when giving shower noticed a 2.5 cm x 1.7 cm bruise to top of left fore head. R3's 6/18/14 incident showed, she may have struck her head on the total mechanical lift bar or struck the radiator during turn out in bed. There were no documented staff or other interviews to gather information to determine the cause of the bruise to rule out abuse.</p> <p>R3 also per her 8/18/14 nurses notes and incident report she sustained four small bruises (total area 11 cm x 2.5 cm) to her right upper forearm. It was noted on 8/18/14 incident report 'other cause' section 'family here for birthday celebration and may have tried to reposition R3 by holding on to her arm and creating the bruise.'</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>There is no documentation to show if the facility conducted staff and or other interviews to rule out possible abuse.</p> <p>On 9/4/14 at 2:00 PM E2 (Director of Nurses - DON) stated she did not think of ruling out abuse with her investigation of bruises or injuries of unknown origin.</p> <p>2. R5's 6/4/14 MDS documents R5 to be rarely understood per her BIMS. R5 is not on any blood thinning medications nor is there a diagnosis of bleeding problems on the 9/2014 physician order sheet.</p> <p>The nursing notes dated 7/31/14 at 10:10 PM documents R5 was noted with a large reddish/purple bruise to her right axilla, right medial upper arm measuring 13 cm x 8 cm. The bruise extends to the right breast and measures 16 cm x 15.4 cm and is noted to be swollen and tender with guarding to the area. There is continued documentation from 8/1/14 through 8/3/14 of the bruised area and resident showing signs and symptoms of pain, guarding the area. R5's 9/2/14 incident investigation section 'other cause' documented the occurrence is possibly related to readjusting / boosting R5 in her wheelchair. There are no employee or others interviews with this investigation. There was no thorough investigation to rule out possible abuse.</p> <p>On 9/4/14 at 8:50 AM, E2, stated there was no further investigation done on this. E2 also stated she interviewed the CNAs, but it was not documented and stated she felt comfortable the bruising / injury occurred during repositioning of R5 and never considered abuse at that time.</p> <p>On 9/4/14 at 9:20 AM, E3 (Social Services), stated she was the abuse coordinator in the facility, but she, E2 and E1 (Administrator) all</p>	F 225			

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F 225	Continued From page 3 worked together on abuse. E3 stated she was not involved with the investigation of R5's injury of unknown origin but she did speak with E2 about it and E2 felt the bruising occurred during repositioning. E3 was asked if she felt R5 was at risk for abuse and she stated, " Why, because she can't communicate for herself? " E3 then stated, " I guess she would be, I never thought about that. " R5's care plan with a problem start date of 9/4/2013 and a goal date of 9/8/2014 documents R5 to have a cognitive loss, dementia and unable to communicate verbally but does not have her at risk for abuse. There is also no update of the care plan with transferring / repositioning of R5 in regards to her recent injury and fragile status during repositioning and transferring.	F 225			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and	F 329			

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F 329	<p>Continued From page 4</p> <p>behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to identify target behaviors for the use of antipsychotic medications, and attempt quarterly antipsychotic medication gradual dose reduction.</p> <p>This applies to two of five residents (R4 and R11) in the sample of 12 residents reviewed for the use of antipsychotic medications.</p> <p>The findings include:</p> <p>1. R4's September 2014 physician orders showed she has an order to receive Quetiapine since April 2012. R4 currently receiving Quetiapine 125 mg 8:30 am and 150 mg at night. This dosage is above the daily thresh hold for the use of antipsychotic medication. The physician order also showed R4 has multiple diagnoses including Dementia with Psychosis.</p> <p>R4's 1/29/14 Minimum Data Set (MDS) triggered the use of psychotropic medications. R4's Care Area Assessment (CAA) showed she is receiving Quetiapine for verbal abuse, anxious, unable to relax, resist care, and refuse medications and her psychiatric sign and symptoms outweigh the benefit of dosage reduction. The facility did not determine how R4's psychiatric symptoms are a threat for the safety of self or others.</p>	F 329			

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F 329	<p>Continued From page 5</p> <p>The facility has no other assessment to show what are the target behaviors for the use of Quetiapine; what are the contributing factors that trigger the behaviors; what are the non-pharmacological interventions that were attempted prior to use of Quetiapine.</p> <p>The facility has monthly (June, July and August 2014) documentation for behaviors (wandering, yelling, hitting and kicking) and interventions (redirect and 1:1). These behaviors were not consistent, occurred two to three times in a month and the interventions were effective.</p> <p>R4's 2/4/14 psychotropic drug use care plan interventions are not specific to her behaviors, did not identify any non-pharmacological interventions as a measure to gradual dosage reduction.</p> <p>R4 has pharmacy drug regimen review dated 7/10/2012 recommended a gradual dose reduction and on 7/15/12 R4's physician declined dose reduction. There is no further documentation to show the facility attempted to reduce antipsychotic medication.</p> <p>On 9/4/14 at 2:00 PM E2 (Director of Nurses - DON) stated R4 is stabilized on the current dosage, but she will look into developing an assessment tool for the use of antipsychotic medication.</p> <p>According to the medical record R11 is a 90 year old female with diagnoses including Dementia with behavioral disturbance, Depressive disorder and Anxiety disorder. R11 currently has an order for Seroquel 50 mg (milligrams) at noon and 25 mg at bedtime. R11 does not have an</p>	F 329			

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F 329	Continued From page 6 assessment in the record for the use of antipsychotic medications nor does she have any behaviors identified to warrant the use of Seroquel. R11's behavioral tracking lists the following behaviors: hitting staff, crying, anxious without ability to redirect and spitting out medication. R11 also has monitoring sheets to document verbalizations, social behavior, mood, physical behavior and wandering/ resisting care. There is no documentation in the record non pharmacological interventions were attempted prior to the use of Seroquel. R11's annual MDS (minimum data set) dated 06/04/14 did not trigger for hallucinations or delusional behavior.	F 329			