

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

PRINTED: 05/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G365</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/15/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN VILLAGE NORTH</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7464 NORTH SHERIDAN ROAD</b> <b>CHICAGO, IL 60626</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	
W 000	INITIAL COMMENTS	W 000			
W 331	<p>COMPLAINT INVESTIGATION Complaint # 1681856 /IL84609 483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>This STANDARD is not met as evidenced by: Based on observations, record review and interview, the facility failed to ensure that 1 of 2 client (R1) who currently has an open pressure sore 1) went for a follow up visit to the podiatrist as was recommended and 2) had his pressure sore measure the same way in order to be able to assess healing.</p> <p>Findings include:</p> <p>1) R1's record was reviewed. R1's 3/22/16 podiatry consult was reviewed. It includes under chief complaint: "...present with a chief complaint of an ulcer right plantar heel of unknown duration..." Under physical exam it includes; "... black eschar skin lesion 4cm dia (diameter) with small 1mm open wound with sanguineous drainage rt (right) plantar foot." Under plan it includes; "...monitor for healing or infection RTC (return to clinic) 1 week if wound remains open and draining."</p> <p>Review of R1's record showed that his pressure sore is currently open as of 4/14/16 and that he had not been to see the podiatrist again after the initial consult of 3/22/16.</p> <p>E8, nurse, was interviewed on 4/13/16 at</p>	W 331			

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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W 331	Continued From page 1 2:14pm.. E8 stated, "He didn't go back to the podiatrist. He never went back to the podiatrist."  E6, Physician Assistant, was interviewed on 4/14/16 at 10:11am. E6 stated, "I recommended wound care clinic. I didn't know they will not send him back to podiatry."  2) R1 was observed on 4/13/16 at 10:00am in his bed in his room wearing bunny boots. E8, nurse changed R1's dressing. Surveyor observed R1 currently has an opened wound on his right heel. E8 measure R1's pressure sore to be 3cm x 4cm x 0.8cm.  R1's treatment record was reviewed. Measurement for R1's pressure sore measurements are as follows: "3/23/16 callous to right heel peeling, no drainage noted 3/30/16 site noted with small opening 0.7cm x 0.5cm x 0.2cm with small amount of serosanguinous drainage 4/6/16 callous to right heel 1.5cm x 1.5xm x 0.2cm with slight drainage  E4, Assistant Director of Nursing, was interviewed on 4/14/16 at 1:03pm. Surveyor asked why R1's pressure sore is getting worse, as evidenced by the measurement. E4 stated, "No, it is getting better but I measure just the open area and E8 measure the discolored area." Surveyor informed E4 and E3 (Director of Nursing) that if nurses are measuring the pressure sore differently then the facility will have a difficult time assessing the healing of the wound. E3 and E4 agreed.	W 331			
W 460	483.480(a)(1) FOOD AND NUTRITION	W 460			

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W 460	<p>Continued From page 2 SERVICES</p> <p>Each client must receive a nourishing, well-balanced diet including modified and specially-prescribed diets.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure 1 of 1 client in the sample (R1) received a nutritional supplement for lunch as ordered by the physician.</p> <p>Findings include:</p> <p>R1 was observed on 4/8/16 at 11:55am in the 3rd floor dining room. At 12:12pm R1's hands were wiped prior to being served lunch. R1 was served his lunch at 12:19pm. E10 (CNA - Certified Nursing Assistant) was observed to feed and assist R1 with his lunch. R1 was served cooked carrots, 2 pieces of bread, chopped up bologna, peaches and skim milk.</p> <p>R1 was observed to consume 1 piece of bread, all of the carrots, approximately 90% of the bologna, most all of the fruit and the milk.</p> <p>At 12:39pm R1 stated that he was done eating. E10 verified that R1 was done with his lunch. R1's dietary sheet, that was observed on R1's lunch tray, was reviewed. The dietary sheet notes that R1 is to receive a vanilla or strawberry nutritional shake.</p> <p>At approximately 12:40pm E10 was asked why R1 did not receive his nutritional shake. E10 stated that the kitchen did not send any nutritional shakes. E10 verified that R1 did not receive his nutritional shake for lunch on 4/8/16.</p> <p>R1's clinical record was reviewed. R1's POS</p>	W 460			

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W 460	Continued From page 3 (Physician's Order Sheet), dated 3/16/16 thru 4/15/16 was reviewed. R1 has an order for a nutritional shake 3 times a day with meals. The order is dated 4/5/16.  R1's record includes an IDT (Inter Disciplinary Team) meeting that was held on 4/5/16. The IDT identified that R1 was assessed by the dietician and R1 has an order to increase a nutritional supplement to three times a day.	W 460			