

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

PRINTED: 04/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145006	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/31/2015
NAME OF PROVIDER OR SUPPLIER GROVE OF FOX VALLEY,THE			STREET ADDRESS, CITY, STATE, ZIP CODE 1601 NORTH FARNSWORTH AVENUE AURORA, IL 60505		
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F 000	INITIAL COMMENTS	F 000			
F 157 SS=D	<p>Investigation of complain number 1571501/IL75852- F157, F246</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p>	F 157			

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 157	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to notify state guardian for change of condition.</p> <p>This applies to one (R1) of 3 residents reviewed for notification of responsible party.</p> <p>The findings include:</p> <p>Nurses notes dated 03/14/15 showed that R1 had some swelling on the face. Z2 (Physician) was notified and order was given. R1 was started on antibiotic.</p> <p>Progress note dated 3/15/2015 22:07 (10:07 PM) showed, "Resident sister (Z4) was called by this nurse on 03/15/2015 to inform her that R1 was placed on antibiotic Augmentin 875 mg tablet for right side of face swelling, voice mail left, awaiting call back. Resident's daughter Z3 visited and was notified that the resident was place on antibiotic Augmentin mg tablet for right side swelling"</p> <p>No documentation showing that R1's legal representative which was from the Office of the State Guardian was notified.</p> <p>Progress notes dated 3/18/2015 note text showed that R1 tongue was protruding and slurred speech noted. Z2 was called and ordered for new medication and also to send R1 to the Emergency room in case health status deteriorate. Z3 was notified and left message on Z4's phone.</p> <p>R1's legal representative from OSG (Office of the State Guardian) was not notified.</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>Review of the information sheet showed that Z3 was not even listed as contact person to be notified. This was confirmed on interview with E2 DON (Director of Nursing) on 03/31/15 at 1:45 PM.</p> <p>Circuit Court for the 16th judicial circuit showed that R1 had State Guardian since 05/10/12 saying that the appointed guardian of Estate and person of above named disabled and are authorized to have, under the direction of the court, Care, Management, and Investment of the ward's estate and the custody of the ward and to do all acts required of him. her by law, pursuant to order of court.</p> <p>On 03/31/15 at 11 AM, E2 DON (Director of Nursing) was informed that the facility did not informed the State Guardian when R1 received antibiotic on 03/14/15 and when R1 was sent to hospital on 03/18/15. E2 said that she noticed it so she asked E6 (Nurse) who were notified regarding R1's change of condition. E2 said that per E6 he notified the family but not the POA (Power of attorney /State Guardian).</p> <p>E2 was also asked who should be notified in R1's changes of condition. E2 said, technically it should be the State Guardian.</p> <p>Facility's policy in change of resident's condition and status dated 02/14 Policy: The attending physician, independent licensed practitioner and or resident family or legal representative will notified of any changes in the resident's medical/ mental and/ or status such as level of care...etc.</p> <p>This include: 1.d. A significant change in the resident's</p>	F 157			

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F 157	Continued From page 3 physical, emotional/ mental condition. 1. e. A need to significantly change the resident's medical treatment or plan of care. 1. g. A need for hospital transfer or other treatment center. 1. k. A significant change in resident's physical, mental or psychosocial status. 3. Regardless of the resident's current mental or physical condition, the nursing supervisor/ charge nurse will inform the attending physician, resident or resident legal representative of any changes in his/her medical care or nursing treatment.	F 157			
F 246 SS=E	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of policy and procedure the facility failed to place call light with in reach for residents to accommodate their needs. This applies to 9 residents (R1, R7, R8, R9, R10, R11, R12, R13, R14) observed with call lights not with in reach. Findings include:	F 246			

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F 246	<p>Continued From page 4</p> <p>On 03/26/15 at 3:35 PM with E3 (Nurse) in 300 unit, R1, R7 and R9 were in bed and their call lights were observed inside the resident's drawer. R8, R10 and R11 were also noted in bed in their rooms with call lights not within reach.</p> <p>On 03/26/15 at 3:45 PM with E4 (Restorative Nurse) in unit 400, R12 and R14 were in bed and their call lights were not accessible. R13 was up in wheel chair inside his room and his call light was tied and wrapped in the side rails and the call light was not accessible.</p> <p>The above residents were identified as needing assistance in their ADL's (Activity of Daily Living), ambulation and requires the use of the call light to get assistance to meet their needs such as toileting and ambulation.</p> <p>On 03/30/15 at different times R8 and R10 were asked about the call light accessibility. R8 stated that the call light is not accessible all the time and has to wait for staff to come around to get her needs met. R10 said that call light can not be reached or placed where she can easily get it.</p> <p>The facility's policy and procedure with the use of call light dated 04/14 showed to be sure call lights are placed within reach at all times.</p>	F 246			