

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

PRINTED: 04/20/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145006</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/14/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GROVE OF FOX VALLEY, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1601 NORTH FARNSWORTH AVENUE</b> <b>AURORA, IL 60505</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 312 SS=D	<p>Investigation of Complaint 1571760/IL76204</p> <p>483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide oral hygiene for one (R1) of three residents who needed extensive or total assistance with hygiene.</p> <p>The findings include:</p> <p>The POS (Physician Order Sheet) for the month of April 2015 showed that R1 has multiple diagnoses that includes depression, diabetes, CVA (Cerebral Vascular Accident) and fracture of the left femur.</p> <p>The most recent MDS (Minimum Data Set) dated 11/10/2015 and 4/2/2015 showed that R1 required total assistance for hygiene and eating.</p> <p>On 04/08/2015 at 10:35 A.M., R1 was sitting on a reclining wheelchair in her room. R1's lips were dry and chapped. R1's mouth was open and it was noted that the oral cavity had some dried brownish debris. R1 was alert, coherent and was able to response to questions appropriately. R1 stated, "I am thirsty." This observation was</p>	F 312			

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 312	Continued From page 1 prompted to E7 (CNA, Certified Nurse Assistant) immediately. E7 stated that R1 is a total care for all needs that includes eating, hygiene, transfers and mobility in bed and wheelchair. E7 also stated that the brownish debris noted in the mouth might have been the food from breakfast or the denture paste.	F 312			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to implement preventative measures to prevent worsening of facility acquired pressure ulcers for two of three residents (R1 and R3) reviewed for pressure ulcers.  The findings include:  1) R1 is a 78 year old resident admitted to the facility on 4/30/2010. The POS (Physician Order Sheet) for the month of April 2015 showed that R1 has multiple diagnoses that include depression, diabetes, CVA (Cerebral Vascular Accident) and fracture of the left femur.	F 314			

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F 314	<p>Continued From page 2</p> <p>According to a "Wound Care Specialist Evaluation" dated 4/7/2015, R1 was assessed with the following pressure ulcers and treatments:</p> <ul style="list-style-type: none"> <li>- Stage 4 ulcer of the right heel, measuring 4 x 6 x 5.5 x 0.2 cm, moderate serous exudates. Treatments were Calcium Alginate and Xerofoam daily; Off load wound.</li> <li>- Stage 4 pressure ulcer of the left lateral calf, measuring 3.9 x 1.2 cm, light exudates. The wound progress had deteriorated due to local cast pressure (due to fracture tibia fibula). Treatments were Xerofoam and Off load</li> <li>- unstageable (due to necrosis) pressure ulcer of the left heel measuring 1.5 x 1.6 x not measurable cm; Treatments were Betadine daily; Off-load pressure ulcer.</li> </ul> <p>On 4/14/2015 at 3:30 P.M., E6 (Licensed Practical Nurse/Wound Care Nurse) stated that R1 was a high risk for pressure ulcer development. E6 also stated that R1's pressure ulcers were all acquired at the facility. E6 also stated that R1 had a history of pressure ulcer on the the buttocks area.</p> <p>On 4/8/2015 at 10:35 A.M., 12:00 P.M., 12:30 P.M. and 1:30 P.M., R1 was sitting in her reclining wheelchair. R1's upper knees were semi flexed and were pointed towards her right side. There was a pillow placed behind R1's calves. R1's feet/heels were not off loaded and were actually pressed against the footrest thus causing more pressure to the heels. There was also not enough space for R1 to be turn and reposition to sides to relieve from pressure while seated in the reclining chair.</p> <p>On 4/14/2015 at 10:00 A.M., 12:10 P.M. and 1:10</p>	F 314			

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F 314	<p>Continued From page 3</p> <p>P.M., R1 was sitting in her reclining wheelchair. R1's upper knees were semi flexed and were pointed towards her right side. There was a pillow placed behind R1's calves. R1's heels were not off loaded and feet were actually pressed against the footrest causing more pressure to the heels.</p> <p>On 4/14/2015 at 11:45 P.M., E7 (CNA, Certified Nurse Assistant) stated that R1 was not turned and repositioned to sides while seated in the reclining wheelchair. E7 also stated that there was not enough space for R1 to be turn to sides while seated in the reclining wheelchair. As E7 further stated, R1 was gently pulled up from her seat for few seconds but it does not relieve any pressure from the buttocks area. E7 also added that R1 required total assistance from staff for turning and repositioning, bed mobility and transfers.</p> <p>The MDS (Minimum Data Set) dated 11/10/2015 showed that R1 required total assistance for bed mobility and transfer.</p> <p>R1's current care plan showed that there was no specific/individualized intervention regarding turning and repositioning to prevent further deterioration of the pressure ulcers.</p> <p>2) R3 was admitted to the facility on 12/5/2014 with multiple diagnoses that includes diabetes, spinal befidia, anemia and seizure disorder.</p> <p>During the investigation on 4/8/2015, R3 was observed most of the day roaming around in her motorized wheelchair. R3 stated, "I like to go around during the day in my motorized wheelchair. I'm still waiting for my seat cushion. I have a sore on my behind and it hurts so I need</p>	F 314			

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F 314	<p>Continued From page 4</p> <p>the seat cushion. I hope I can get my cushion soon."</p> <p>The "Skin/Wound Note" dated 3/24/2015 showed that R3 was assessed with the following pressure ulcers:</p> <ul style="list-style-type: none"> <li>- Stage 2 pressure ulcer of the left ischium measuring 2.0 x 0.5 x not measurable in cm, light exudates. Treatments were Xerofoam dressing daily; Off-loading and remind resident to redistribute weight while sitting up in the chair; pressure relieving cushion in the chair.</li> <li>- Stage 3 pressure ulcer of the right ischium measuring 1.3 x 1.1 x 0.1 cm with light serous exudates.</li> </ul> <p>On 4/14/2015 at 2:00 P.M., E2 (Director of Nursing) stated that the delay of the seat cushion had something to do with "payment/approval from the trustee."</p> <p>On 4/14/2015 at 3:05 P.M., E6 (Licensed Practical Nurse/Wound care Nurse) stated that R3's seat cushion was not available until 4/13/2015. E6 also stated that R3 was informed to redistribute her weight by trying to get up from her wheelchair for 15 minutes.</p> <p>On 4/14/2015 at 3:10 P.M., R3 was sitting in her motorized wheelchair. R3 was smiling and stated, "I have my seat cushion now, got it yesterday." R3 stated that she gets up from her wheelchair by lifting herself up with her arms pushed against the armrest. R3 also added that "I just occasionally do this." E6 was present during this time of observation.</p> <p>The current care plan does not reflect any alternative intervention pending the arrival of the</p>	F 314			

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F 314	Continued From page 5 seat cushion.  According to the facility's "Wound Program" dated 2/2014 showed that "...Residents whose clinical condition increase the risk for impaired skin integrity and pressure ulcers are being assessed, and identified and implement preventative measures ...Establish an individualized turning and repositioning schedule if the resident is immobile...While in bed or in wheelchair, resident should be turned/repositioned at least every two hours or as indicated in the plan of care....Place on a pressure reduction or pressure relief surface in bed and in wheelchair....While sitting position, if the resident is capable of repositioning self, should be encourage to perform push-ups every 15 minutes to relieve pressure on the sacral area/ischial areas."	F 314			
F 364 SS=E	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP  Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.  This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide palatable food as evidenced by acceptable temperatures as discerned by five (R1 through R5) of five sampled residents.  The findings include:  On 4/8/2015 between the hours of 12:30 P.M. to	F 364			

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F 364	<p>Continued From page 6</p> <p>1:45 P.M., R1 through R5 have all stated that their foods were served cold (pork chop and vegetable zucchini). R1 through R5 also stated that their meals were not served at an acceptable temperature most of the time. R1 through R5 further stated that the hot foods were served cold.</p> <p>On 4/8/2015 at 11:30 A.M. for the noon meal, the thermometer was calibrated by the facility staff in order to check the temperature of the food items on the steam table in the facility's kitchen. E9 (Dietary Manager) took the food temperatures prior to meal distribution. The food temperatures were maintained at the appropriate temperatures including the pork chop which was 182 Degrees Fahrenheit; the vegetable zucchini which was 186 Degrees Fahrenheit. A test tray was requested. When the last resident was served a tray at 11:53 A.M., E9 tested the test tray for temperature. The pork chop temperature had dropped to 120 Degrees Fahrenheit (62 degrees dropped) and the zucchini temperature had dropped to 125 Degrees Fahrenheit (61 degrees dropped).</p> <p>On 4/14/2015 at 11:30 A.M., E9 stated that the reason for the sudden huge dropped of the food temperature was that the serving plates were not placed in the heated cart to warm the plates when test tray was done on 4/8/2015 noon meal.</p>	F 364			