STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14E390	A. BUILDING ______ B. WING ______	08/20/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BAYSIDE TERRACE	**1100 SOUTH LEWIS AVENUE** **WAUKEGAN, IL 60085**

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F 000	INITIAL COMMENTS Annual Certification Survey	F 000		
F 323 SS=E	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure resident safety by not assessing and developing interventions to prevent falls for a resident (R6) who had 6 falls in the past 4 months. The facility failed to keep chemicals in locked storage, and failed to ensure resident safety by allowing a space heater in a residents room. This applies to 7 of 24 residents (R2,R6,R14,R17,R19,R20,R22) reviewed for safety and supervision in the sample of 24 and 41 residents (R26-R28-67) in the supplemental sample. The findings include: R6 ' s Minimum Data Set of 8/4/14 shows, R6 requires a 2 person assist for transfers. R6 ' s August 2014 Fall Assessment shows R6 has a score of 65. A score of 45 or above represents high risk for falls. The assessment shows R6 overestimates or forgets limits and has a weak gait. The May 2014 to August 2014 progress notes	F 323		8/22/14

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 323	Continued From page 1 show, R6 had 6 falls during this time. The most recent fall occurred on 8/2/14. R6 ' s Care Plan dated November 2013 shows R6 is at risk for falls related to an unsteady gait. No revision of R6's falls care plan was done. On 8/18/14 at 12:20 PM, R6 transferred himself from the wheelchair to a chair by himself. R6 was shuffling his feet with his back hunched over with both hands grasping on the chairs arm. On 8/20/14 at 9:15 AM, E3 (Licensed Practice Nurse) said, R6 is unsteady and weak he ' s been that way for a while. R6 needs 2 staff members for transfers. On 8/20/14 at 9:50 AM, E2 (Director of Nursing) stated, " R6 takes 2 staff to get him up, he ' s like a 1 to1, he needs to go to a skilled nursing unit. I could put an alarm on him. It would be helpful. " The facility ' s undated Fall Protocol Policy states, " Assess resident to determine the need for a change in the care plan. " 2. On 8/19/14 at 1:40 PM there were 2 housekeeping carts unattended on the right and left sides of the main dining room. The housekeepers were cleaning the tables and chairs in the middle of the dining room. The carts were out of sight of the staff behind partial room separation walls. Both of the housekeeping carts had numerous unlabeled bottles of chemicals on top. On 8/20/14 at 8:20 AM a housekeeping cart with the chemicals stored on the top was unattended in the main dining room. On 8/20/14 at 10:10 AM E5 (Housekeeper) was cleaning a resident's room on the G wing. E5 was inside the bathroom and the housekeeping cart was in the hallway unattended with chemicals stored on the top. R2, R14, R17, R22, R26, &	F 323		

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F 323	Continued From page 2 R48-67 reside on G wing. On 8/20/14 at 11:15 AM, E4 (Maintenance Supervisor) said, "Yes, I had bought some new bottles and they did not have labels on them. We tell them to leave the carts within earshot. We leave them out in the hallway because they bang the doors. About 6 months ago R22 took the acid toilet bowl cleaner off of a cart. This was not an ingestion issue, it was misuse issue. R22 took the toilet bowl cleaner and poured it on the carpet. It burnt the carpet and it had to be replaced." 3.On 8/20/14 at 10:20 AM, a small space heater was in R20's room (D-11) standing next to an upholstered recliner and in front of a dresser filled with clothes. At 10:30 AM, E4(Maintenance Supervisor) stated, "That is not the home's heater. The resident brought that in herself." E4 then stated that he was not aware of the fire ratings or safety precautions for the heater and that he had not inspected it's functionality. R19 and R28-R47 also reside on the D wing where the space heater is located.	F 323		
F 441 SS=F	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	F 441		9/5/14

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

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F 441	Continued From page 3 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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to have an infection control surveillance program to identify staff who should be prohibited from direct patient contact. This affects all 153 residents in the facility. The findings include:	F 441		

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F 441	Continued From page 4 According to the CMS 672, dated 8/19/14 the facility census is 153 residents. On 8/19/14 at 10:35 AM, E2 DON (Director of Nursing) said she does not track/trend employee illness. E2 said if she notices a staff who is sick she would send them home. She said that payroll keeps records if a staff calls in to work. She said staff receive a bonus at the end of the month if they do not call in. E2 was uncertain as to what conditions staff would not be allowed to have direct resident contact. She was uncertain if the kitchen staff were tracked. On 8/20/14 at 9:30 AM, E2 said that she has no policy and procedure related to when a staff should not be allowed to work with the residents. She said she has not been tracking or trending any information related to employee illness. On 8/19/14 at 10:30 A.M. E2 said that she is tracking resident infections. The causative organisms are only recorded if we have a culture and sensitivity report. The facility infection control log showed that residents are written on the log if they are placed on an antibiotic. No other information was available concerning tracking of resident illness.	F 441		
F 516 SS=C	483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS A facility may not release information that is resident-identifiable to the public. The facility may release information that is resident-identifiable to an agent only in	F 516		8/20/14

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F 516	Continued From page 5 accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. The facility must safeguard clinical record information against loss, destruction, or unauthorized use. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to safeguard resident medical records against loss or destruction. This applies to all 153 residents in the facility. The findings include: On 8/20/14 at 12:00 PM, there were 17 cardboard boxes of resident medical records in the medical records room and 12 cardboard boxes of resident medical records in the examination room. Both rooms had a functional sprinkler on the ceiling. At 12:05, E4 (Maintenance Supervisor) stated that the facility was in the process of renting a storage unit because they had no other place to store the records but he was not aware that they had to be protected from the sprinkler system. According to the CMS 672- Resident Census and Conditions Report, there were 153 residents in the facility on 8/19/14.	F 516		