

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

PRINTED: 10/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E836	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2014
NAME OF PROVIDER OR SUPPLIER BELMONT NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1936 WEST BELMONT AVENUE CHICAGO, IL 60657		
(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 272 SS=F	<p>Annual Certification Survey</p> <p>483.20(b)(1) COMPREHENSIVE ASSESSMENTS</p> <p>The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.</p> <p>A facility must make a comprehensive assessment of a resident's needs, using the resident assessment instrument (RAI) specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence; Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed on the care areas triggered by the completion of the Minimum Data Set (MDS); and Documentation of participation in assessment.</p>	F 272			9/28/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

09/04/2014

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 272	<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 conduct periodic assessments using the Resident Assessment Instrument (RAI) for 12 residents (R1, R2, R3, R4 and R8 - R15) in the sample of 13. This failure affects all 51 residents in the facility.</p> <p>Findings Include:</p> <p>R1's MDS (Minimum Data Set) indicated that the last comprehensive assessment based on RAI was done 3/14/13 and the last quarterly was done 9/12/13.</p> <p>R10's MDS indicated that the last comprehensive assessment based on RAI was done 12/10/12 and the last quarterly was done 9/9/13.</p> <p>R11's MDS indicated that the last comprehensive assessment based on RAI was done 7/11/12 and the last quarterly was done 10/2/13.</p> <p>R14's MDS indicated that the last comprehensive assessment based on RAI was done 2/15/13 and the last quarterly was done 8/16/13.</p> <p>R15's MDS indicated that her last comprehensive assessment based RAI was done 6/12/13 and the last quarterly was done 9/11/13.</p> <p>R3's MDS indicated the last comprehensive assessment based on RAI was done on</p>	F 272			

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F 272	<p>Continued From page 2</p> <p>1/31/2013. R3 did not have a comprehensive assessment using the MDS based on RAI in January 2014 or two quarterly assessments (4/2014, 7/2014) were also missed.</p> <p>R8 MDS indicated the last comprehensive assessment based on RAI was done on 10/16/12. R8 did not have a comprehensive assessment using the MDS, in October of 2013 and three quarterly (1/2014, 4/2014, 7/2014) assessments were also missed.</p> <p>R2 ' s MDS indicated that the last comprehensive assessment based on RAI was done 12/3/13 and the quarterly last done 9/2/13.</p> <p>R4 ' s MDS indicated that the last comprehensive assessment based on RAI was done 6/24/13 and the quarterly last done 9/23/13. R4 had two falls in January of 2014 and if the quarterly assessment had been done based on RAI it would have triggered fall which would have resulted in facility creating a fall care plan. R4 did not have a fall care plan initiated until 6/23/14.</p> <p>R9 ' s MDS indicated that the last comprehensive assessment based on RAI was done 9/4/13 and the quarterly last done 6/5/13.</p> <p>R12 ' s MDS indicated that the last comprehensive assessment based on RAI was done 9/13/13 and the quarterly last done 6/14/13.</p> <p>R13 ' s MDS indicated that the last comprehensive assessment based on RAI was done 1/30/13 and the quarterly last done 10/30/13.</p> <p>On 8/11/14 at 1:00pm, E1 (Administrator/Director of nurses) stated in part that the facility has stopped documenting on the MDS since last year October (10/2013) because she has the impression that under the new rule from the State</p>	F 272			

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F 272 F 275 SS=F	Continued From page 3 they (Facility) do not have to do it anymore. 483.20(b)(2)(iii) COMPREHENSIVE ASSESS AT LEAST EVERY 12 MONTHS A facility must conduct a comprehensive assessment of a resident not less than once every 12 months. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to conduct annual comprehensive assessments using the Resident Assessment Instrument (RAI) for 9 residents (R1, R3, R4, R8, R10, R11, R13, R14, R15) in the sample of 13. This failure has the potential to affect all 51 residents. Findings Include: R1's MDS (Minimum Data Set) indicated that the last comprehensive assessment based on RAI was done 3/14/13. R1 did not have an annual comprehensive MDS in 3/2014. R10's MDS indicated that the last comprehensive assessment based on RAI was done 12/10/12. R10 did not have an annual comprehensive MDS in 12/2013. R11's MDS indicated that the last comprehensive assessment based on RAI was done 7/11/12. R11 did not have an annual comprehensive MDS in 7/2013 and 7/2014. R14's MDS indicated that the last comprehensive assessment based on RAI was done 2/15/13.	F 272 F 275		9/28/14	

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F 275	Continued From page 4 R14 did not have an annual comprehensive MDS in 2/2014. R15's MDS indicated that the last comprehensive assessment based RAI was done 6/12/13. R15 did not have an annual comprehensive MDS in 6/2014. R3's MDS indicated that the last comprehensive assessment based on RAI was done 1/31/13. R3 did not have an annual comprehensive MDS in 1/2014. R8's MDS indicated that the last comprehensive assessment based on RAI was done on 10/16/12. R8 did not have an annual comprehensive MDS in 10/2013. R4 ' s MDS indicated the the last comprehensive assessment based on RAI was done 6/24/13. R4 did not have an annual comprehensive MDS in 6/2014. R13 ' s MDS indicated that the last comprehensive assessment based on RAI was done 1/30/13. R13 did not have an annual comprehensive MDS in 1/2014. On 8/11/14 at 1:00pm, E1 (Administrator/Director of nurses) stated in part that the facility has stopped documenting on the MDS since last year October (10/2013) because she has the impression that under the new rule from the State they (Facility) do not have to do it anymore.	F 275			
F 276 SS=F	483.20(c) QUARTERLY ASSESSMENT AT LEAST EVERY 3 MONTHS A facility must assess a resident using the	F 276			9/28/14

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F 276	<p>Continued From page 5</p> <p>quarterly review instrument specified by the State and approved by CMS not less frequently than once every 3 months.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to conduct quarterly assessments using the Resident Assessment Instrument (RAI) for 12 residents (R1, R2, R3, R4 and R8 - R15) in the sample of 13. This failure affects all 51 residents in the facility.</p> <p>Findings Include:</p> <p>R1's MDS (Minimum Data Set) indicated that the last quarterly assessment based on RAI was done 9/12/13. R1 did not have a quarterly MDS in 12/2013 and 6/2014.</p> <p>R10's MDS indicated that the last quarterly assessment based on RAI was done 9/9/13. R10 did not have a quarterly MDS in 3/2014 and 6/2014.</p> <p>R11's MDS indicated that the last quarterly assessment based on RAI was done 10/2/13. R11 did not have a quarterly MDS in 1/2014 and 4/2014.</p> <p>R14's MDS indicated that the last quarterly assessment based on RAI was 8/16/13. R14 did not have a quarterly MDS in 11/2013 and 5/2014.</p> <p>R15's MDS indicated that the last quarterly assessment based RAI was done 9/11/13. R15 did not have a quarterly MDS in 12/2013 and 3/2014.</p>	F 276			

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F 276	Continued From page 6 R3's MDS indicated the last quarterly assessment based on RAI was done 10/13/2013. R3 did not have a quarterly MDS in 4/2014 and 7/2014. R8's MDS indicated the last quarterly assessment based on RAI was done 10/16/2012. R8 did not have a quarterly MDS in 1/2014, 4/2014, 7/2014. R2 's MDS indicated that the last quarterly assessment based on RAI was done 9/2/13. R2 did not have a quarterly MDS in 12/2013, 3/2014 and 6/2014. R4 's MDS indicated that the last quarterly assessment based on RAI was done 9/23/13. R4 did not have a quarterly MDS in 12/2013 and 3/2014. R9 's MDS indicated that the last quarterly assessment based on RAI was done 6/5/13. R9 did not have a quarterly MDS in 9/2014, 12/2013 and 3/2014. R12 's MDS indicated that the last quarterly assessment based on RAI was done 6/14/13. R12 did not have a quarterly MDS in 9/2014, 12/2013 and 3/2014. R13 's MDS indicated that the last quarterly assessment based on RAI quarterly was done 10/30/13. R13 did not have a quarterly MDS in 1/2014, 4/2014. On 8/11/14 at 1:00pm, E1 (Administrator/Director of nurses) stated in part that the facility has stopped documenting on the MDS since last year October (10/2013) because she has the impression that under the new rule from the State they (Facility) do not have to do it anymore.	F 276			
F 280 SS=D	483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP	F 280			9/28/14

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F 280	<p>Continued From page 7</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to develop and implement new care plan interventions following falls for 1 resident (R14) in the sample of 13; failed to develop a care plan for falls following 3 falls for 1 resident (R4) in the sample of 13. R14 suffered 2 falls in one month with no new interventions R4 suffered 4 falls over five months and R14 with no new interventions .</p> <p>Findings Include:</p> <p>R14's incident report dated 4/15/14 indicated that R14 was found on the floor leaning against the door and that R14 stated in the report that he fell and tried to get up and fell again. The incident</p>	F 280			

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F 280	<p>Continued From page 8</p> <p>report indicated that R14 was sent to the local emergency room for full work-up and labs. R14's falls care plan dated 4/15/14 indicated under interventions that the facility will continue with prescribed interventions. No new interventions were added.</p> <p>R14's incident report dated 5/17/14 indicated that R14 was found on his knees with his cane at his side and R14 stated in the report that as he was walking his leg gave out. R14's progress note 5/17/14 indicated that R14 was sent to the local emergency room for evaluation. R14's falls care plan dated 5/17/14 indicated under interventions that the facility will continue with prescribed intervention. No new interventions were added. On 8/12/14, R4 ' s incident reports documented four fall incidents on 1/23/14, 1/29/14, 4/17/14 and 5/30/14. R4 ' s medical record indicated that for the recorded falls no fall assessment was done until 6/23/14 and R4 ' s fall care plan was not initiated until 6/23/14.</p> <p>R4 ' s medical record MDS (Minimum Data Set) indicated that her last comprehensive assessment based on RAI (Resident Assessment Instrument) was done 6/24/13 and the quarterly last done 9/23/13. R4 had two falls in January of 2014 and if the quarterly assessment had been done based on RAI it would have triggered fall which would have resulted in facility creating a fall care plan. R4 did not have a fall care plan initiated until 6/23/14.</p> <p>On 8/11/14 at 1:00pm, E1 (Administrator/Director of nurses) stated in part that the facility has stopped documenting on the MDS since last year October (10/2013) because she has the impression that under the new rule from the State they (Facility) do not have to do it anymore.</p> <p>On 8/14/14 at 12:00pm, E1 presented admission</p>	F 280			

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F 280	Continued From page 9	F 280			
F 354	policy that indicated that each resident should be " reassessed no less than 90days or sooner if there is a significant change in resident status. " This policy was not followed.				
SS=E	483.30(b) WAIVER-RN 8 HRS 7 DAYS/WK, FULL-TIME DON	F 354			9/28/14
	Except when waived under paragraph (c) or (d) of this section, the facility must use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.				
	Except when waived under paragraph (c) or (d) of this section, the facility must designate a registered nurse to serve as the director of nursing on a full time basis.				
	The director of nursing may serve as a charge nurse only when the facility has an average daily occupancy of 60 or fewer residents.				
	This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to have a full time Director of Nursing (DON). This failure has the potential of affecting the 51 residents in the facility.				
	Findings Include:				
	The Facility Roster matrix documented a list of key personnel indicated E1 as Administrator and DON.				
	8/13/2014, during the Daily Status Meeting at 4:15pm, discussed E1's (Administrator and DON) dual job status. E1 confirmed that she was				

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F 354	Continued From page 10 performing both jobs in a 40 hour week. E1 stated that she had an Assistant Director of Nursing (ADON), E2, to help her. E1 indicated that E2, ADON, is a Licensed Practical Nurse (LPN)	F 354			
F 458 SS=B	During Daily Status Meeting or at any other time after the concern was raised, the facility did not present another Registered Nurse in its employ. 483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide 80 square feet of living space for residents residing in eleven multiple resident bedrooms; failed to provide 100 square feet of living space for each resident residing in three single resident bedrooms. This failure affects R1, R4, R9, R12, R13 and R17-R38. Findings Include: On 8/11/14 at 11:00am, E1 Administrator stated that the facility has multiple bedrooms in the facility that do not meet the required measurements for living space per resident. The following multiple resident bedrooms do not provide 80 square feet of living space per resident: Room 112 - 69 square feet where R17 and R18	F 458		9/28/14	

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F 458	<p>Continued From page 11</p> <p>reside Room 113 70 square feet where R19 and R20 reside Room 120 - 69.9 square feet where R4, R13 and R21 reside Room 121 - 72.5 square feet where R22 and R23 reside Room 122 - 72.5 square feet where R24 reside Room 124 - 72.5 square feet where R25 and R26 reside Room 125 - 72.5 square feet where R27 and R28 reside Room 126 77 square feet where R29, R12, R30 and R31 reside Room 202 55.25 square feet where R1 and R32 reside Room 204 62.5 square feet where R33 and R34 reside Room 206 68 square feet where R35 and R36 reside</p> <p>The following single resident bedrooms do not provide 100 square feet of resident living space per resident: Room 109 - 88 square feet where R9 reside Room 110 - 88 square feet where R37 reside Room 111 - 80 square feet where R38 reside</p>	F 458			