

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14A151	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/26/2014
NAME OF PROVIDER OR SUPPLIER BOURBONNAIS TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 133 MOHAWK DRIVE BOURBONNAIS, IL 60914	
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F 000	INITIAL COMMENTS	F 000		
F 329 SS=D	<p>Annual licensure and certification survey. Licensure survey for Subpart S: SMI</p> <p>483.25(l) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS</p> <p>Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure one resident (R17) did not receive antipsychotic medications without a psychiatric diagnosis.</p>	F 329		

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 329	Continued From page 1 This is for one resident in the sample of 26. (R17) The findings include: Review of R17's admission face sheet showed R17 is a 59 year old resident who was admitted to the facility on 3/2/11 with diagnoses of Dementia and Hyperlipidemia. Observation of R17 on 2/18 and 2/19/14 at various times during the day noted R17 to wander the facility and sit at times. When R17 was asked questions he only grunted with responses. During questioning R17 grunted responses but responded appropriately with gestures. Review of R17's current physician's orders (2014) and MAR (medication administration record - 2/2014) showed R17 was receiving Risperdal 1 mg.(antipsychotic medication) two times a day and Haldol 5 mg (antipsychotic medication) every 6 hours PRN (as needed). Review of R17's Consents for Psychotropic Medication Use showed R17's consent for Risperdal had been signed on 6/26/13 and the consent for Haldol had been signed on 4/15/13. Documentation on R17's MAR's from 6/2013 to 2/2014 showed R17 was receiving Risperdal as ordered. MAR documentation from 6/2013 to 2/2014 showed R17 had received the PRN Haldol at least 10 times. Review of R17's psychiatric progress notes dated 8/9/13 and 12/13/13 showed R17's psychiatrist documented the diagnosis of "Schizoaffective Disorder, Bipolar Type." Review of R17's physician's orders showed R17 had been receiving Risperdal since 6/26/13.	F 329			

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F 329	Continued From page 2 Further review of R17's physician's orders dated 1/10/14 showed an order to add the diagnosis of "Schizoaffective Bipolar Type." Review of the facility's SMI (Serious Mental Illness) list did not include R17's name. On 2/19/14 at 10:30 a.m. E3 (PRSD -Psych Rehab Services Director) was asked why R17's name was not included on the SMI list and why R17 had been receiving psychotropic medications without a psychiatric diagnosis. E3 responded, "R17 doesn't have a psych diagnosis. His diagnosis is only Dementia." When E3 was shown the documentation of R17's psychiatrist and physician addressing R17's diagnosis of Schizoaffective Disorder, Bipolar Type, E3 stated, "I didn't know R17 had a psychiatric diagnosis." On 2/19/14 at 1:45 p.m. E9 (PRSC - Psych Rehab Service Coord for R17 was asked why R17 had been receiving antipsychotic medications without a psych diagnosis. E9 responded, "I didn't know R17 had a psych diagnosis. I didn't know you need a psych diagnosis to get antipsychotic medications. Is that a requirement?" Review of R17's annual MDS (Minimum Data Set) dated 1/21/14 showed R17 had no SMI diagnosis but, review of the Psychiatric Drug Use CAA (Care Area Assessment) dated 1/28/14 showed documentation that "R17 triggered due to treatment of diagnosis Schizoaffective Bipolar Type ordered with antipsychotic and antidepressant meds."	F 329			
F 371	483.35(i) FOOD PROCURE,	F 371			

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F 371 SS=F	Continued From page 3 STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, policy/protocol review, and interview the facility failed to properly store, label, and date food items. The facility failed to properly clean (wash and sanitize), contaminated food contact surfaces, work areas, kitchen cooking equipment, dry food storage area, ice machine, food transport carts, refrigerators and kitchen floors. The facility also failed to ensure staff operating the dishwashing machine knew how to monitor the dish machine to ensure the machine was sanitizing properly. This failure had the potential to affect all 168 resident in facility. The findings include; On 02/18/14, during the initial tour of the kitchen with E4 (cook), the following observations were made: 1) The walk in cooler: The cooler contained a pan of coleslaw with an unsealed piece of tin foil loosely laying on top and a sauce pan lying directly in the middle of the pan, undated pan of lettuce salad, un-sealed loosely covered half of an onion and an opened and undated container of cottage cheese. The	F 371			

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F 371	Continued From page 4 shelving racks in the cooler contained a build up of a black sticky substance. Food was stored on these shelving racks. A large area of sticky substance and debris was observed on the floor of the cooler. An employee's opened lunch bag was observed on the shelf with resident food items. Cases of Health Shakes without stamped expiration dates were observed. E4 said she was unable to tell when the Health Shakes expire. On 02/19/14 at 10:00 AM, Z1 (RD consultant), said the Health Shakes are labeled with a special code that tells shelf life. Z1 said facility kitchen staff did not have the expiration code information. This code breaker lets staff know the shelf life of that item. Z1 provided facility staff the code breaker information on 02/19/14. 2) The dry food storage area: -There was debris on the floor under the food shelving racks, dirty and sticky substance on the top and sides of the sugar, rice, and flour bins, and an opened and unsealed bag of brownie mix on the shelf. A single plastic, uncovered scoop used for the sugar, flour, and rice bins was placed directly on a box of uncooked raw potatoes. A pair of used shoes and a dirty foot stool were sitting on a shelf directly next to food items. 3) The main kitchen area: -There was an open box, containing a bag of shredded cabbage and a dirty used glove, which was placed directly on the floor, in a puddle of water under the handwashing sink. There was also heavily soiled floors with debris and a sticky substance on the entire outside of the ice machine, conventional oven, and steaming unit shelf. Two oven racks were observed sitting directly on the dirty floor, next to the oven, and leaning against the wall. E5 (kitchen staff) stated, "We take the oven racks out when we have pans that need more	F 371			

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F 371	Continued From page 5 space and put them back in the ovens when we're done cooking." All food transportation carts were observed with spills and debris on them. The milk chest cooler cover had open gaps and could not be sealed closed. The kitchen was observed with only one bucket for surface cleaning. This small bucket, containing a soapy liquid, was observed in the sink. E5 stated, "The contents of this bucket is soap and water. It is used to clean off counters and shelves. We do not use bleach or any sanitizing solutions to clean off counters; just soap and water." Review of the facility's cleaning and sanitizing protocol documents the use of two different colored buckets (soap and water in the green bucket and bleach concentration in the red bucket). On 2/18/14 there was not two buckets in the kitchen with cleaning / sanitizing solutions. There was only one bucket which only contained soap and water.	F 371			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced by: Based on observations, interviews, and record reviews, the facility failed to ensure housekeeping maintained clean privacy curtains, toilet bowls, toilet seats, sinks, tubs, walls, doors and floors. The facility failed to ensure maintenance repaired a backed up sink, hole in a wall and broken floor	F 465			

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F 465	<p>Continued From page 6 tiles.</p> <p>This applies to 2 of the 26 (R4 and R21) in the sample, and 20 residents (R30 to R42 and R44 to 49) in the supplemental sample but, this failure has the potential to effect all residents who reside at the facility affected by these housekeeping and maintenance issues.</p> <p>The findings include:</p> <p>During the initial tour of the facility on 2/18/2013, the following was observed:</p> <p>Toilet bowels and toilet seats were dirty with brown stains in rooms C12 and C19.</p> <p>The sink in room C11 was excessively dirty. Water was observed backed up in the sink, when the faucet was turned on. R30 said that the sink had been backed up for a week. R30 complained the sink was dirty, but her roommate (R31) continued to brush her teeth using the dirty sink.</p> <p>Privacy curtains in residents rooms were dirty with dark stains in room C17.</p> <p>Several resident's rooms were observed to have strong offensive odors. In the bathroom of C12 there was a large brown stain on the floor around the toilet.</p> <p>The bathroom for rooms C6 and C4 had a strong urine smell and the sink was excessively dirty.</p> <p>During the Daily Status Meeting with E1 (administrator) and E2 (director of nursing) on 2/18/2013, the survey team informed E1 and E2 of the strong offensive odors present in multiple</p>	F 465			

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F 465	<p>Continued From page 7</p> <p>areas of the facility. E1 told surveyors the odors in the facility would be addressed. However, E1 nor E2 explained what plan/interventions were in place to prevent the cause of the offensive odors in the facility.</p> <p>During the General Observation of the Facility with the Director of Maintenance (E7) and Director of Housekeeping (E8) on 2/19/2014 at 1:30 PM, the following was observed:</p> <p>Toilet seats and bowels were dirty with rust and brown stains in rooms A19 and A8.</p> <p>Privacy curtains surrounding residents beds were dirty with large stains and partially hanging off the rods in R21's and in rooms A8 and C19.</p> <p>In Unit A -The men's tub/shower room tub was dirty with rust stain and hair. The wall next to the tub was dirty with a dried liquid stain running down the wall. Multiple dried liquid stains were running from the bottom of the shower room door handle to the base of the door. The emergency call light did not have a string attached. A resident who had fallen would not be able to activate the call light to call for help.</p> <p>Room B4 had a hole in the wall which needed to be repaired.</p> <p>Resident bathrooms (A8 and B2), had dark rings around the base of the toilet. E7 said this occurred because some of the male residents missed urinating in the toilet at night.</p> <p>The floor of room AA had broken tiles.</p>	F 465			

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

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F 465	<p>Continued From page 8</p> <p>The medication refrigerator for the A and B unit were dirty with dried liquid spills.</p> <p>The soiled utility room on the C and D unit had a garbage bin that was left uncovered.</p> <p>In the shower room across from room D2, one stall emergency call light did not have a string attached to the switch. If a resident fell in this stall, the emergency call light could not be used to call for help.</p> <p>The floor tile in front of R4's room was cracked with missing parts.</p> <p>The facility had two dumpster outside, which were uncovered. Three large bags of garbage were on the ground beside the dumpster. This allowed pests access to the facility's garbage.</p>	F 465			