

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

PRINTED: 12/10/2014
FORM APPROVED
OMB NO. 0938-0391

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 12/05/2014
NAME OF PROVIDER OR SUPPLIER BOURBONNAIS TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 133 MOHAWK DRIVE BOURBONNAIS, IL 60914		
(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 309 SS=D	<p>Annual Licensure and Certification</p> <p>Licensure Survey for Subpart S: SMI 483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to notify the physician and failed to monitor a high glucose level for one (R19) of 14 residents observed for medication pass in the sample of 22.</p> <p>Findings Include:</p> <p>The Face Sheet documents R19 was admitted on 2/18/2012 with a pertinent diagnosis of diabetes type 2.</p> <p>On 12/3/2014 at 11:06 AM, R19 was standing in the clean utility room. E7 (Nurse) assisted R19 to take the blood glucose level. R19's glucose level was 436 milligrams / deciliter. E7(Nurse) assisted R19 to draw up a total of 20 units of Humalog and assisted R19 to inject the insulin into his abdomen. R19 left the clean utility room after receiving his injection. The nurse did not</p>	F 309			

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 309	<p>Continued From page 1</p> <p>assess / monitor R19 for symptoms and the physician was not notified.</p> <p>On 12/3/2014 at 12:50 PM, R19 was sitting in his room on the bed. R19 said, the nurse usually will come in and check him and call the doctor after a high glucose number is recorded, nobody came to check him today.</p> <p>On 12/3/2014 at 1:08 PM, E7(Nurse) was at the nursing station. E7 said for high glucose levels she gives the sliding scale insulin ordered and said R19 did receive 12 units per sliding scale in addition to 8 standard units. E7 said she did not call the doctor or assess R19. E7 then called the doctor and went to obtain another glucose level for R19. On 12/3/2014 at 1:20 PM, R19's glucose level was 358 mg/dl, alert and oriented to person, place and time. On 12/23/2014 at 1:23 PM, E7(Nurse) said, " This is all my fault, I got distracted, we have a procedure that we are supposed to follow. I did not follow it. I should have called the doctor right after the recording. The doctor is coming to examine R19."</p> <p>On 12/3/2014 at 2:15 PM, E1 (Director of Nursing) said the doctor should have been called immediately after R19 received a recording of 436 mg/dl.</p> <p>Physician Order dated 12/1/2014 through 12/31/2014 states, " Blood Glucose monitoring four times daily and record- Call medical doctor if blood sugar is below 60 or above 400. Blood Glucose Monitoring, Ok to train consumer to give insulin and blood glucose monitor himself. Humalog insulin 8 units 3 times a day and give 12 units of Humalog for glucose levels 350 and</p>	F 309			

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F 309	Continued From page 2 above."	F 309			
F 329 SS=D	<p>Hyperglycemia Signs And Symptoms dated 06/2013 states, "Medical Care - 2). Monitor for signs and symptoms of hyper/hypoglycemia. General Documentation- 5). Document symptoms of hyperglycemia(diabetic acidosis), care provided and resident's response. 8- Notification of the physician of change in condition and with blood sugar levels as identified in resident record."</p> <p>483.25(I) 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>	F 329			

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F 329	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on record reviews and interviews, the facility failed to obtain consent for use of psychoactive medications prior to administrations for 3 residents (R1, R7, R13) of the 9 reviewed for psychoactive medications inside the 22 sampled residents. Findings include: 1) R1 is a 62 year old male who has multiple medical diagnoses to include Paranoid Schizophrenia. R1's Physician Order Sheet (POS) dated 12/1/14 through 12/31/14 indicates: Divalproex 500 mg tablet DR give 1 tablet twice daily. R1's psychiatric evaluation dated 7/21/14 indicates that Divalproex is being used as one of the medications for behavioral problems related to above diagnoses. 2) R7 is a 46 year old male who has multiple diagnoses to include Major Depression Recurrent with Psychotic Features. R2's POS dated 12/1/14 through 12/31/14 indicates: Divalproex 500 mg tablet, give 3 tablets (1500 mg) every night. R7's psychiatric evaluation dated 5/8/14 indicates that Divalproex is being used as one of the medications for Axis I-V: Bipolar Disorder with psychosis. 3) R13 is a 55 year old female who has multiple medical diagnoses to include Schizoaffective Disorder- Bipolar Type, Disorganized Type	F 329			

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F 329	<p>Continued From page 4</p> <p>Obsessive Compulsive Disorder (OCD), Borderline Personality Traits.</p> <p>R13's POS dated 12/1/14 through 12/31/14 indicates: Lamotrigine 200 mg twice daily for mania.</p> <p>R13's psychiatric evaluation dated 1/10/14 indicates that Lamotrigine is being used as one of the medications for Axis I-V: Bipolar Disorder with Psychosis.</p> <p>R1's, R7's and R13's documentation has no evidence of a signed consent and education for the use of Divalproex and Lamotrigine medications.</p> <p>On 12/5/14 at 12:20 PM, E8 (Nurse) stated, psychoactive medications are supposed to be consented by the residents and/or legal guardians prior to administration to ensure that they know the purpose and potential side effects of these medications.</p> <p>Facility's Policy and Procedure for Psychotropic Medication Use indicates:</p> <p>Purpose: To establish a standardized system to inform residents and/or their responsible parties about psychotropic medications and their side effects.</p> <p>Consent:</p> <p>- For each psychotropic medication ordered either a verbal or a written consent from the resident or the resident's responsible party will be obtained prior to initiation of the medication.</p>	F 329			

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F 329	Continued From page 5 - The resident and/or resident's responsible party will be notified regarding any changes in medication dosage; this information will be documented in the resident's medical records. - Consents and psychotropic medication use will be reviewed quarterly at resident care conference.	F 329			
F 371 SS=F	483.35(i) FOOD PROCURE, 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 observations, interviews and record reviews, the facility failed to sanitize kitchen wares/dishes in accordance to manufacturer's guidelines, failed to ensure staff are educated with the type and concentration of the sanitizing agent used for kitchen wares/dishes, failed to date/label food items after being opened and failed to store equipments and food item in a sanitary conditions. This failure affects all of the 107 being served food in the facility. Findings include: On 12/3/14 during initial kitchen tour with E4	F 371			

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F 371	<p>Continued From page 6 (Dietary Supervisor) that started at 9:30 AM the following were observed:</p> <p>1) E4 placed a hair net only halfway in her head, with full bangs exposed.</p> <p>2) Inside the walk-in refrigerator there were 2 five pounds cheese (1-Swiss Cheese and 1-American Cheese) that were opened and undated.</p> <p>3) Dish washing machine in use. Measurement of Chlorine level showed 200 parts per million (ppm).</p> <p>4) There's a stainless rack in the front part of the kitchen where clean steam table pans are stored. This rack has accumulations of dust and stained with multiple old unidentified fluid drips.</p> <p>5) Inside the dry food storage or kitchen storage, there was a stack of clean but used floor mops on top of a box and stack of used but clean rags/towels that were stored directly in front of 2 open boxes of plastic utensils and an uncovered container of plastic/disposable utensils with plastic spoons, forks and knives in it.</p> <p>6) Inside the dry food storage or kitchen storage, there was a 3 layered rack where several containers of chemicals stored namely: Two 8 lbs containers of silver power, eight 5 lbs container of detergents, one gallon of multi-quats sanitizer and one 1.5 gallon bucket of chlorine sanitizer. Stored directly beside these chemicals is a 3 shelves rack that has an open box of one quart storage freezer bags, one open box of one gallon freezer bags, six boxes of 10 x 14 utility bags, one open container of roll foil 18 x 500/500</p>	F 371			

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F 371	<p>Continued From page 7</p> <p>square feet (sq/ft), one open container plastic wrap 18 x 2000/300 sq. ft., and one box gloves.</p> <p>7) At 11:45 AM, E5 (kitchen staff) was washing the dishes via dish washing machine. The Chlorine sanitizing agent was again measured, with a result of 200 (ppm). E5 and E6 (both kitchen staff) were unable to tell what sanitizing agent they used for their dish washer and what is the acceptable level of concentration is needed.</p> <p>On 12/4/14 at 9:30 AM, E3 (Registered Dietitian) stated, Chlorine in the dishwasher should be 100 ppm. Food items must be labeled when opened. The equipments in the kitchen should be cleaned once a week, once a month or as needed on how dirty it is.</p> <p>On 12/5/14 at 11:30 AM, E2 (Administrator) stated, staff should fully cover their hair when inside the kitchen to prevent hairs from getting into food and food equipment. "The mops and rags/towels should be stored in the utility room off the kitchen not inside the food storage, that is plain common sense."</p> <p>Facility's Policy and Procedure for Mechanical Washing Sanitation Testing indicates:</p> <p>Policy: Dishmachine test strips will be used to verify the dishmachine sanitation system is working correctly.</p> <p>Purpose: To reduce the risk of food borne illness.</p> <p>- For chemical sanitizing machines: The test strip should turn the appropriate color to indicate 100 ppm for Chlorine.</p>	F 371		

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F 371	<p>Continued From page 8</p> <p>- If the test strip does not turn the correct color, the above procedure should be repeated. If the test strip does not turn the appropriate color on the second attempt, the dishmachine should be evaluated for proper functioning before the dishes are washed.</p> <p>Facility's Policy and Procedure for Chemical Safety indicates:</p> <p>Policy: Dining Services staff will be aware of the guidelines for use and storage of chemicals. They will have the knowledge of the Material safety Data Sheets.</p> <p>Purpose: To reduce the risk of workplace injury.</p> <p>Procedure:</p> <p>- Chemicals must be stored separately from food and paper products.</p>	F 371			