

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

PRINTED: 08/25/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145625	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2015
NAME OF PROVIDER OR SUPPLIER CALIFORNIA GARDENS N & REHAB C			STREET ADDRESS, CITY, STATE, ZIP CODE 2829 SOUTH CALIFORNIA BLVD CHICAGO, IL 60608		
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F 000	INITIAL COMMENTS	F 000			
F 176 SS=D	<p>Annual Licensure & Certification Survey Complaint Investigation: #1582476/#IL77076 - No Deficiencies</p> <p>483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE</p> <p>An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to adequately assess, care plan and obtain a physician order for the self administration of inhalation medications. This applies to 1 of 1 residents (R27) in the sample of 30 reviewed for administrating their own medications.</p> <p>Findings include:</p> <p>On 08/19/15 at 10:50am, accompanied by E13(nurse), E11(nurse), observed handing R27 the Spiriva HandiHaler and R27(seated in a wheelchair) administered the medication to self.</p> <p>At 10:52am, R27 was interviewed about the use of the inhaler accompanied by E13. R27 stated, "When I (R27) want my(R27) inhaler and get real short of breath I (R27) go ask my nurse for the Albuterol and Spiriva, they/nurse give it to me/R27. I (R27) use the Spirivia twice a day, I (R27) use it about 5:00am in the morning and at bedtime about 8:00pm at night. I (R27) do it</p>	F 176			

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 176	<p>Continued From page 1 myself/R27. They did it for me (R27) about three weeks the timing wasn't right. I (R27) have been using it here about four months."</p> <p>There is no current physician order indicating R27 can self administer any medications. In addition, a list of residents in the facility who self administer medications were requested from E3(nurse). E3 stated, "Not to my/E3 knowledge, we/facility don't have any residents who self administer their medication."</p> <p>At 11:02am, E11 was asked about allowing R27 to administer the inhaler. E11 stated, I/E11 gave it to R27 because it is R27's time to do it. R27 requested to self administer.</p> <p>A review of R27's current care plan (target date: 10/30/2015) does not address R27's ability to self administer medication; nor is there an assessment which indicate R27 has been deemed safe to administer R27's medication.</p> <p>The facility provided their policy and procedure related to Self Administration Of Medication which stated, General: to provide an evaluation of the resident's ability to self administer their medications; 4. if a resident chooses to self administer their medication, a self administration of medication tool is completed to ensure that the resident is capable of self administering the medication; 5. once the tool is completed, the interdisciplinary team decides if the resident is capable of administering the medication; and 6. the care plan coordinator will care plan the medication self administered as well as the</p>	F 176			

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F 176	Continued From page 2 evaluation.	F 176			
F 241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation,interview and record review, the facility failed to provide privacy for 2 of 5 residents(R2,R19), reviewed for privacy, in a sample of 30 and 1 resident(R38), from the supplemental sample</p> <p>Findings Include:</p> <p>On 8/17/15 at 10:15 during initial tour R19 has an indwelling urinary catheter that's openly exposed to the hall with the tubing and drainage bag touching the floor. E16 (Unit Manager) states, "It shouldn't be like that and the drainage bag should have been in a privacy bag. Let me get someone to fix that."</p> <p>On 8/18/15 at 9:10am R2 is receiving wound care to the left foot from E17 (Treatment Nurse), and assisted by E18(Treatment Nurse). R2 is openly exposed to residents that share the room during care due to curtain not being pulled completely closed. While care was in progress a dietary staff member enter with the food tray , and the resident that shares the room also entered during this time.</p>	F 241			

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F 241	Continued From page 3 E18 states, "I'm going to let E19 (Housekeeping Supervisor) know right away to fix the curtain so that it would close completely." Example: 2) On 8/17/15 at 2:45pm, E22 CNA (Certified Nursing Assistant) and E29 CNA were observed giving incontinence care to R38. The privacy curtain was not drawn during care. Facility resident rights admission document dated 11/2001 indicate that residents will be provided privacy and dignity will be maintained.	F 241			
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that call lights are accessible for use for one (R3) of seven residents reviewed for accommodation of needs in the total sample of 30. Findings include:	F 246			

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F 246	Continued From page 4 On 08/17/2015 at 10:11 AM during the initial tour with E4 (Nurse Manager), call light of R3 was observed placed at the head of the bed, the call light string was not within reach. R3 was asked if R3 knows how to use the call light. R3 answered by moving head from right to left meaning no. E4 stated that R3 used the call light before. R3 said no. On 08/18/2015 at 9:03 AM, call light of R3 was observed placed at the head of the bed, the call light string was not within reach. R3 was asked if resident knows how to reach and use the call light. R3 answered no. Surveyor asked R3 if resident needs something because R3 was observed to be trying to get up from bed. R3 responded yes. Surveyor called E6 (Certified Nurse Aide) to check on R3. E6 stated that the call light string needs a clip and should be clipped to the bed sheet. Care plans of R3 were reviewed. R3's care plan related to be at risk for falls documented in part under the intervention/tasks, "call light within resident's reach when in room." This intervention was initiated 04/14/2015 as documented in the care plan.	F 246			
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 253			

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F 253	<p>Continued From page 5</p> <p>review, the facility failed to provide and maintain sanitary residents' personal and disposable care items through improper storage and unlabeled of residents' names. This deficiency has the potential to affect one of seven (R11) residents reviewed for housekeeping and maintenance services in the total sample of 30 and 8 residents (R42, R54, R63, R64, R65, R66, R67 and R68) in the supplemental sample.</p> <p>Findings include:</p> <p>On 08/17/2015 at 9:50 AM during the initial tour with E4 (Fourth Floor Nurse Manager), the following were observed:</p> <p>a. Bathroom of R63 and R54 : a razor was placed at the top of paper towel dispenser; one 7.5 fluid ounces (fl. oz.) of hand soap and one 15 fl. oz. body wash container was placed at the bath tub. All the said items were unlabeled with residents' names.</p> <p>b. Bathroom of R42 and R11 : an unlabeled and uncontained bedpan was placed on the floor.</p> <p>c. Bathroom of R64, R65 and R66: an unlabeled and uncontained basin and bedpan was found on floor.</p> <p>d. Bathroom of R67 and R68: a toothbrush; two bottles of 1.5 fl. oz. shampoo; two bottles of 4 fl. oz. mouthwash; one 1.5 fl. oz. deodorant; three pieces of razors; three hairbrushes and one 4oz. cream. All items were placed on top of the light fixture, unlabeled. On the sink countertop by the faucet - a hair comb, a toothbrush, one container of 11 oz. shaving cream and 8 oz. shampoo and body wash container were observed placed, all were unlabeled.</p> <p>E4 stated that residents' personal care items need to be labeled. E4 further mentioned that certified nurse aides are responsible for labeling</p>	F 253			

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F 253	Continued From page 6 the care items and should be placed in a plastic bags.	F 253			
F 279 SS=D	Facility's policy on disposable patient care items, revised date 11/03 documented in part, "POLICY: 4. They will be labeled with a patient identifier such as room number, name, etc. 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a comprehensive care plan for one resident (R14) out of seven residents reviewed for careplans in the sample of 30 and one supplemental resident (R57).	F 279			

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F 279	<p>Continued From page 7</p> <p>Findings include:</p> <p>On 8/17/15 at 10:24am, accompanied by E28 LPN (Licensed Practical Nurse-Unit Manager), R57's room was observed to have increased clutter with personal belongings. A wash basin that contained six (8) ounce cartons of milk on ice was observed on R57's bedside table.</p> <p>E28 stated. "We have discussed with him how unhealthy it is for him to keep milk at the bedside because the ice will melt and then the milk will become room temperature. This is a behavior problem."</p> <p>On 8/20/15 at 10:50am, E3 ADON (Assistant Director of Nursing), stated, "Milk should not be kept at the resident's bedside. If this is a behavior, R57 should have a care plan. "</p> <p>Review of R57's current care plans presented by the facility does not document a care plan for behavior of hoarding or storing unapproved items at the bedside.</p> <p>During initial tour on 8/17/15 at 10:45am with E28, R14's room was noted with increased clutter. Blankets, clothing, and personal care items were observed on the floor.</p> <p>E28 stated, "We have tried to put E28's items in storage, but he is not compliant. We can try again and let social service know."</p> <p>Review of R14's care plan presented by the facility documents a care plan that indicates resident has a behavior problem related to</p>	F 279			

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F 279	Continued From page 8 hoarding food and items in room. R14's care plan has an date of 8/17/15 (date of tour) of which the care plan was initiated. There were no care plan for this behavior documented prior to that date. The facility's Care Plan Policy with revision date 5/14, documents in part that care plans are developed by the members of the interdisciplinary team based on their observations and interaction with the resident. The care plans are updated with significant change of the resident by the team initiating the care plan. The facility failed to implement and develop care plans for residents who are displaying behaviors that require goals, interventions, and evaluation.	F 279			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide residents who depend on staff assistance, with trim and clean nails. This affected one (R4) of ten residents in a total sample of 30, and one resident (R32) in the supplemental sample, reviewed for hygiene and grooming. Findings include: On 8/17/15 at 10:10 a.m. during the initial tour	F 312			

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F 312	Continued From page 9 with E3 (Assistant Director of Nursing), both R4 and R32 were observed to have long fingernails with brownish caked substances underneath. E3 stated "We will follow up with that." R4's care plan initiated on 6/27/15 indicated that R4 requires extensive assistance from staff for grooming and hygiene. R4's Minimum Data Set (MDS) showed that R4 requires extensive assistance for dressing, hygiene, and bathing. R32's care plan dated 11/29/14 and updated on 3/1/15 indicated that R32 requires extensive assistance with grooming and hygiene. R32's MDS also showed that R32 requires extensive assistance with dressing, hygiene, and bathing.	F 312			
F 328 SS=E	On 8/19/15 at 11:00 a.m., E2 (Director of Nursing) presented the facility's guidelines on "Activities of Daily Living." This policy states "Residents are given instructions and assistance as required." The facility did not follow this policy. 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses. This REQUIREMENT is not met as evidenced by:	F 328			

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F 328	Continued From page 10 Based on observation and interview, the facility failed to store and label oxygen equipment for 5 of 5 residents(R33,R34,R35,R36,R37),reviewed for respiratory care, from the supplemental sample. Findings include: On 8/17/15 at 10:00am during initial tour with E16 (Unit Manager on 2nd floor) R33 is resting up in bed with oxygen in use per nasal cannula, there's no date on the tubing or humidity bottle. R34 is resting back in bed with large silver oxygen cylinder at the bed side and tubing in a clear plastic bag and no date are available on any of the tubing, humidity, or equipment. At 10:10am on 8/17/15 R36 is up in the wheelchair with Oxygen in use per nasal cannula, and there's no date on the tubing. During continued observations at this time is with R37's Oxygen nasal cannula uncontained in hanging across the Oxygen cylinder in the room without a date on the tubing or the humidity. E16(Unit Manager) states, "The tubing,and humidity should be dated, and the equipment should be in a bag when not in use." At 2:45pm on 8/17/15, R35 is sitting in the hall near the nurses station with O2 (Oxygen) in use per nasal cannula without a date on the tubing. R35 states, "I think they may have changed it on yesterday, but I'm not sure." Requested policy on oxygen maintenance. No policy received.	F 328			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY	F 371			

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F 371	<p>Continued From page 11</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to date potentially hazardous food when opened, failed to maintain sanitary conditions in the dry food storage area, failed to ensure that wet dishes from the dishwasher are allowed to air dry, and failed to maintain the top of the oven and steamer in a clean and sanitary manner. This has the potential to affect all 269 residents who receive oral diets from the facility's kitchen.</p> <p>Findings include: On 8/17/15 between 9:45 a.m. and 10:00a.m.during the initial tour of the kitchen with E10 (Director of Dietary), the following observations were made: In the walk-in cooler, a gallon container of 2 percent milk that was one-third full was not labeled with the open date. E10 stated "They know to always put the date." The facility's policy on "Labeling and Dating Foods" states "Commercially processed foods that have been prepared and packaged by a food processing</p>	F 371			

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F 371	Continued From page 12 plant will be labeled with the date it is opened." In the dry storage area, a used basketball was placed on the floor right next to the bottom shelf where bags of dry cereals like corn flakes and bran flakes were stored. E10 stated "I don't know who put it there, it is the wrong place." Wet dishes from the dishwasher were observed to be stacked together in the dish dispenser; E10 stated "Dishes should be allowed to air dry before removing them from the rack. Facility's policy on "Dietary Department Sanitation and Safety Operation" states "Remove rack to drain board when wash and rinse cycle is complete; allow dishes to air dry."	F 371			
F 441 SS=E	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 The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility;	F 441			

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F 441	<p>Continued From page 13</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain infections control practices with transporting contaminated trash, and storing contaminated items with the clean linen supply. The facility also failed to follow current infection control practices during wound care for one resident (R2) of four reviewed for infection control in a total sample of 30.</p> <p>Findings include:</p>	F 441			

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F 441	<p>Continued From page 14</p> <p>During initial tour on 8/17/15 at 10:10am with E28 LPN (Licensed Practical Nurse-Unit Manager), a bag containing resident's personal clothing was observed on the clean linen cart in the third floor hallway. The cart contained clean linen for all of the residents located on the third floor.</p> <p>E28 stated, "resident's personal clothing should not be stored on the clean linen cart. It should be in the clean linen room."</p> <p>Example: On 8/19/15 at 10:25am, E15 (Housekeeper) was observed transporting two garbage containers with stacked garbage bags on the general elevator. The elevator contained residents and staff during transport of the garbage. The garbage was uncovered.</p> <p>E15 stated, "we usually always use the general elevator to transport the garbage. The kitchen uses the service elevator to transport the food."</p> <p>E19 (Housekeeping Supervisor) was present and stated, "the trash should have been covered.</p> <p>Review of the facility's Trash Disposal Policy dated 8/15, indicates large carts used to transport trash should be marked "Trash Only" and have a lid or cover.</p> <p>Example: Prior to providing wound care to R2 on 8/18/15 at 9:10am, E18 LPN (Licensed Practical Nurse) removed gloves from her pocket to use for treatment. E18 performed wound care on R2 and then proceeded to touch the privacy curtain</p>	F 441			

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F 441	Continued From page 15 gloves with the soiled gloves. E18 stated to surveyor that gloves should have been taken off post wound care. During interview on 8/18/15 at 3:45pm, E2 (Director of Nursing) stated that gloves should not be carried in the staff's pockets. Review of the facility's policy on Handwashing/Cleansing (Revision date 7/14), indicates handwashing/cleansing is done after resident contact, before and after any procedure, and when hands are obviously soiled and regardless of glove use.	F 441			
F 465 SS=D	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 observation, interview and record review, the facility failed to ensure that resident refrigerator was at a temperature of 41 degrees Fahrenheit and below and failed to ensure that personal belongings were stored in a clean and comfortable environment. This failure applies to 3 of 3 residents(R62,R71,R80), reviewed for environmental conditions, from the supplemental sample. Findings include:	F 465			

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F 465	<p>Continued From page 16</p> <p>On 8/17/15 at 10:20am during initial tour with E28 LPN (Licensed Practical Nurse-Unit Manager), R62's refrigerator was observed at 48 degrees Fahrenheit. R62's refrigerator contained one opened (30) ounce jar of mayonnaise, one (8) ounce can of supplemental drink, and six (8) ounce cartons of milk.</p> <p>E28 stated that the temperature of R62's refrigerator was too warm. The CNA's (Certified Nursing Assistants) and Nurses are the ones responsible for checking the temperatures of the resident refrigerators.</p> <p>On 8/19/15 at 10:45am, R62's refrigerator was not present in the room. E28 stated "the refrigerator was removed because it was not working properly . Maintenance was trying to see if the temperature could be regulated."</p> <p>Review of the facility's policy on Storage of Refrigerated Foods dated 2010, documents that spot checks will be done periodically to ensure foods are held in refrigeration at 41 degrees Fahrenheit or below. This policy was received on 8/20/15 at 1:10pm by E10 (Director of Food Service). E10 stated this policy applies to also applies to resident's refrigerators.</p> <p>During initial tour on 8/17/15 at 10:00am with E28, the following observations were noted:</p> <p>R62's and R71's room was noted with a bag of clothing on the floor.</p> <p>R80's room contained two bags of clothing on the floor. In R80's bathroom, one of the connections to the toilet seat was loose and hanging.</p>	F 465			

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F 465	Continued From page 17 R80 stated, it has been like this for a while and I don't know how long it's been like that. E28 stated, "It is the responsibility of the CNA's (Certified Nursing Assistants) to pick up the residents clothes off the floor. The clothes should not be stored on the floor."	F 465			