

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

PRINTED: 08/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E148	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/30/2015
NAME OF PROVIDER OR SUPPLIER BRYN MAWR CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 5547 NORTH KENMORE CHICAGO, IL 60640		
(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			
	Annual Licensure and Certification Survey				
	Complaint Investigation				
	1583521/IL078355-Unsubstantiated				
	1583603/IL078441-Unsubstantiated				
F 328	483.25(k) TREATMENT/CARE FOR SPECIAL	F 328			
SS=D	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:				
	Based on observation, interview and record review, the facility failed to maintain a full, sanitary oxygen tank, and oxygen equipment for emergency use on the 5th floor. This finding has the potential to affect all 23 residents on the 5th floor.				
	Findings include:				
	On 7/27/15 at 10:40am, during the initial tour, accompanied by E11 (Psychiatric Rehabilitative Social Coordinator) on the 5th floor, E11 was asked to open the medication room door. E11 indicated he did not have the key, and called the				

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 328	Continued From page 1 nurse. E12 (Licensed Practical Nurse) came with the key, and opened the door to the medication room. Inside the medication room was an oxygen tank with a plastic bag hanging on the tank. The bag was covered with dust and debris particles. Inside the bag were an oxygen respiration bulb, an oxygen mask, and nasal cannula tubing in a smaller plastic torn bag. All the oxygen equipment was clouded with dust and debris particles and none of the items were dated. E12 was asked if the oxygen tank was full. E12 stated, "Yes, we've never used it since I've been here, and I've been here for two years." E12 used the key and opened the oxygen tank. The tank registered empty. There was no emergency oxygen in the oxygen tank. Review of the facility's policy and procedure dated 7/27/15 "Maintenance of Oxygen Tanks" documents: " 2. The following will be assessed: -O2 supply in each tank if less than half full, tank will be replaced. -Cleanliness of O2 nasal cannula, mask, respiration bag, and plastic container. -Date items when placed in plastic bag. "	F 328			
F 458 SS=B	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 facility room	F 458			

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F 458	<p>Continued From page 2</p> <p>measurements, the facility failed to provide at least 80 square feet per resident in two resident rooms, 503 & 603.</p> <p>Findings include:</p> <p>Facility measurements for the following rooms are as follows: 503=73.13 Sq ft. (Two residents/two beds) 603=73.13 Sq ft. (Two residents/two beds) These rooms have less than the required square footage. The four residents occupying the rooms were interviewed on 7/29/10 at 12:25pm and stated they had no problems with their room space.</p>	F 458			