

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

PRINTED: 07/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146069	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/08/2015
NAME OF PROVIDER OR SUPPLIER EAST BANK CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 6131 PARK RIDGE ROAD LOVES PARK, IL 61111		
(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 246 SS=D	<p>Annual Licensure and Certification survey</p> <p>483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide a communication board for a resident with expressive aphasia. This applies to 1 of 10 residents (R1) reviewed for accommodation of needs in the sample of 10. The findings include: The Physician Order Sheets dated through July 2015 shows R1 has a diagnosis including Aphasia due to Cerebral Vascular Accident, and Right Hemiplegia. The Social Services Assessment report dated May 21, 2015 shows R1 has a limited ability to communicate and needs a communication board. R1's Care Plan dated through August 2015 shows he has a communication difficulty due to aphasia, but there are interventions implemented to assist R1's communication needs. On July 6, 2015 at 2:30 PM, R1 was in his room with no communication board at the bedside. On July 7, 2015 at 11:30 AM, E5 (Certified Nursing Assistant-CNA) said, R1 is able to</p>	F 246			

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 246	Continued From page 1 answer yes/no questions. He can say yes or he will shake his head for no. He points at things to. " He gets a little frustrated " when we can't figure out what he wants. I have not used a communication board with R1. On July 8, 2015 at 9:00 AM, E13 (Licensed Practical Nurse-LPN) said, no he doesn't have a communication binder/board. He is able to answer yes/no questions. On July 8, 2015 at 9:05 AM, E5 (Assistant Administrator) said, R1 used to have a binder with pictures in it. R1 had a universal communication board/binder, but he did have a room change. R1 can't verbalize his needs, but he is able to understand.	F 246			
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the activity program was implemented. This applies to 2 of 10 residents (R2, R7) reviewed for activities in the sample of 10 and 5 residents (R13, R14, R15, R16, and R17) in the supplemental sample. The findings include: 1. On July 6, 2015 at 10:00 AM, no staff was observed performing a scheduled "meet and greet" activity in resident rooms. At 10:15 AM, no staff was observed providing scheduled activity of	F 248			

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F 248	<p>Continued From page 2</p> <p>spa manicures in resident' s rooms. At 10:20 AM, there was no posting of the activity calendar in resident rooms or at the facility' s bulletin board. On July 6, 2015 at 12:48 PM, E4 (Activity Director) said, I have the activity schedule in a binder, I don' t have them posted anywhere yet. I don' t know why the meet and greet and spa manicures did not happen today. The Certified Nurse' s Assistant (CNAs) do the manicures. My responsibilities are to make sure the activities get done. I try to do both positions office manager and activity director.</p> <p>On July 6, 2015 at 1:00 PM, R13 stated, "I' ve been here for 3 weeks and no activities have been offered to me." There is no posting of the activity schedule. "I would' ve loved to have gotten my nails done look at my nails."</p> <p>On July 6, 2015 at 1:25 PM, E6 (CNA) said, there are no activities offered on a daily basis.</p> <p>On July 7, 2015 at 3:05 PM, E7 (CNA) said, the CNAs help residents with their daily activities related to washing, transferring and toileting residents. CNAs do not give residents spa manicures.</p> <p>On July 7, 2015 at 11:00 AM, E5 (Assistant Administrator) said, we do not keep attendance logs for activities."</p> <p>The facility's Program Calendar shows on July 6, 2015 at 10:00 AM "meet and greet" is to be held in the resident's rooms. At 10:15 AM, "spa manicures" are to be held in resident' s room. (Both activities were not offered or performed).</p> <p>The facility's Activity Program Policy dated August 2014 states,"Activity programming is provided on an ongoing basisscheduled activities are posted on the facility bulletin board. Activity programming is designed to encourage positive individual participation and is based on resident personal interest, comprehensive assessment</p>	F 248			

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F 248	Continued From page 3 ...activities opportunities are provided daily... " 2. On July 6, 2015 at 3:55 PM, R14 said, "I am a busy body, I like to stay busy. This is hard for me not doing much." I would go to activities if they offered them. On July 7, 2015 at 2:00 PM, R14 was offered to play bingo and participated in the activity with four other residents. 3. On July 7, 2015 at 9:30 AM, R2 stated "I've been here for 2 months. The only time I have been offered to do any activities was yesterday afternoon. If they offered anything to do, I would go". On July 7, 2015 at 10:00 AM, R13, R15, R16, and R17 stated staff had never asked them if they wanted to attend any activities during their admissions. The facility did not give an activity schedule to the residents. R13, R15, R16, and R17 stated if activities were offered they would attend them. On July 8, 2015, at 7:30 AM, R7 stated if activities were offered she would go to them. R7's Minimum Data Set (MDS) section F (Preferences for Customary Routine and Activities) on June 5, 2015, shows activities are important to the resident. No follow up activities assessment or care plan for activities were documented.	F 248			
F 249 SS=E	483.15(f)(2) QUALIFICATIONS OF ACTIVITY PROFESSIONAL The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who is licensed or registered, if applicable, by the State in which practicing; and is eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October	F 249			

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F 249	Continued From page 4 1, 1990; or has 2 years of experience in a social or recreational program within the last 5 years, 1 of which was full-time in a patient activities program in a health care setting; or is a qualified occupational therapist or occupational therapy assistant; or has completed a training course approved by the State. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to employ a qualified activities professional to direct the activities program. This applies to 2 of 7 residents (R2, R7) reviewed for activities in the sample of 10 and 5 residents (R13, R14, R15, R16, & R17) in the supplemental sample: The findings include: On July 6, 2015 at 12:48 PM, E4 (Activity Director/Office Manager) said, I just started last week. I'm learning the position. I do not have any certifications or received training. I am the office manager as well. I am trying to do both positions. My responsibilities as the Activity Director is to make sure the activities get done. The facility's Long Term Care Consultant Report shows a visit in November 19, 2014 and February 27, 2015. The November 2015 report states, "at this time the facility does not have an Activity Director ..." The February 2015 report shows the facility has an activity aide, but no activity director. There were no additional consultant reports from February to July 2015.	F 249			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a	F 441			

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F 441	<p>Continued From page 5</p> <p>safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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 ensure staff use an</p>	F 441			

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F 441	<p>Continued From page 6</p> <p>effective sanitizing agent, to prevent cross-contamination, when caring for a resident with Clostridium Difficile (C.Diff).</p> <p>This applies to 1 of 4 residents (R5) reviewed for infections in the sample of 10.</p> <p>The findings include:</p> <p>On July 8, 2015 at 9:47 AM E9 (Licensed Practical Nurse-LPN), at 9:49 AM E8 (Housekeeper), and at 12:05 PM Z1 (Physical Therapy Aide), all stated "the red container of Sani-Wipes" are used to clean C.Diff isolation rooms.</p> <p>On July 8, 2015 at 9:30AM, the 300 Wing nurses station Sani-Wipes Plus container (used for C.Diff isolation rooms) reads that the ingredients are not effective against the C.Diff organism. The expiration date on the container reads "Exp 4/2015."</p> <p>The website printout for Sani-Cloth Plus wipes reads it is not effective against the C.Diff organism.</p> <p>R5's June 29, 2015 lab result shows her stool was positive for C.Diff.</p> <p>R5 did not have an isolation sign on her door on July 6, 2015. An isolation sign was not on R5's door July 7, 2015 until 1:45 PM.</p> <p>On July 6, 2015 at 11:15 AM, E6 (Certified Nursing Assistant-CNA) provided perineum care to R5 after she urinated. E6 pulled R5's slacks up and walked her back to her wheelchair. E6 placed R5's tray table in front of her and then turned on R5's lap top computer. E6 used</p>	F 441			

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F 441	<p>Continued From page 7</p> <p>alcohol sanitizer to cleanse her hands and did not use soap and water.</p> <p>On July 7, 2015 at 1:45 PM, E9 (Licensed Practical Nurse-LPN) stated, "I don't know why R5 does not have an isolation sign on her door, it should. R5 is incontinent and has had a small loose stool today."</p> <p>On July 8, 2015 at 8:15 AM, E10 (Registered Nurse-RN) stated, "If a resident is on isolation for C.Diff they are expected to wash their hands with soap and water."</p> <p>On July 8, 2015 at 8:20 AM, E3 stated, "Certified nursing assistants are expected to wash their hands with soap and water if a resident has C.Diff, even if the resident did not stool."</p> <p>On July 8, 2015 at 9:30 AM, E7 (CNA) stated, "If a resident is on isolation for C.Diff, we wash our hands with soap and water, even if they did not stool."</p> <p>The facility's Infection Control: Handwashing procedure policy last reviewed October 14, 2014 states, "Alcohol based gel or wipes may be used in place of handwashing except in the case of C.Diff or visibly dirty hands."</p>			F 441			