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FRIENDSHIP VILLAGE-SCHAUMBURG	350 WEST SCHAUMBURG ROAD SCHAUMBURG, IL 60194

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F 000	INITIAL COMMENTS Annual Certification Survey Alzheimers Sub Part U Complaint Investigation: 1390452/IL61438- F248	F 000		
F 241 SS=E	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide a dignified dining experience for six residents (R56, R57, R58, R59, R60 and R63) in the supplemental sample, reviewed for dignity, by not serving meals in a timely manner. Findings Include: On 2/26/13 at 11:50am during meal observation on the Reflection Unit, E21 (CNA)Certified Nurses Aid was assisting R57 with her meal, during this time, R56 attempted to take R57 ' s food, several times. R56 then received her tray at 12:10 and started feeding herself right away. On 2/26/13 at 11:50am, E20 (CNA) Certified Nurses Aid gave family member the tray for R 59, R 58 then banged her cup against the table several times. E20 redirected R58 and said she would get her meal soon. R 58 was served meal 20 minutes later (12:10pm) and started feeding herself right away. On 2/26/13 at the middle table in the dining room,	F 241		3/20/13

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 241	Continued From page 1 E20 served R63 the first tray at 11:55am and the last tray was served to R60 at 12:20pm. There was a 25minute lapse in between the residents eating at this table. On 2/26/13 at 12:10 E21 stated that one staff will usually sit down and start feeding a resident at a table and other staff will serve other individuals tray in order come to dining room. Also stated residents in this dining room needed different level of set-up, assist and cueing with meals depending on each residents mood and or behavior for that day Facility Policy with revision date of 10/09 " Assistance with Meals " states " Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity	F 241		
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 provide activities for two residents (R2, R8) of 27 residents in a sample of 30 and two residents (R53, R54) in the supplemental sample reviewed for activities . Findings include: 1.) On 2/25/13 at 9:45am, E14 (Registered Nurse-RN) indicated that R2 has a history of	F 248		4/14/13

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behaviors that are sometimes not controlled with medications. R2 has a history of Dementia.

On 2/26/13 at 1:45pm, E16 (Activity Manager) stated, "He comes out and goes to activities. He enjoys chapel, music, sports. These things calm him down. He does not need one on ones. He is redirectable."

On 2/25/13 at 9:45-11:00am, R2 was observed sleeping in his room. According to the facility's Activities Calendar for February 2013, Rosary with Catholic Communion was scheduled for 10:30am on 2/25/13. R2's Resident Activity Attendance Sheet indicates that R2 did not attend Chapel Services.

On 2/25/13 at 1:30pm and 3:00pm, R2 was observed sleeping in bed.

R2 was observed in his room sleeping from 10:15am - 11:00am on 2/26/13. The facility Activity Calendar indicates that Chapel Services took place at 10:30am on 2/26/13. R2's Activity Attendance Sheet indicates that R2 was in attendance.

On 2/26/13 at 2:00pm and 2/27/13 from 10:45am-11:30am, R2 was observed sleeping in bed.

2.) On 2/25/13 at 10:45am and 2:45pm, R8 was observed sitting in his reclining chair, sleeping.

On 2/26/13 at 10:30am, R8 was observed sitting in his reclining chair, sleeping. At 2:05pm, R8 was again in his room in the recliner chair, sleeping. R8 stated, "They don't offer much activity. Don't go to activities because I can't see. I'm legally

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blind. They don't have activities for people that can't see. The only entertainment I get is walking around. I'd like to have something to do. I'm not quite blind yet. It would be nice if someone came to talk."

R8's Activities Reassessment performed on 2/28/13, R8 listed Spiritual/Religious as a Current Interest, Cards/Games as a past interest and Current Events and Discussions as a Current Interest. According to R8's Activity Attendance, R8 did not attend any morning activities 2/25/13, 2/26/13, or 2/27/13.

3.) On 2/27/13 at 12:15pm, R54 was overheard telling E24 (Restorative Aide), "Eat, sleep, eat, sleep. That's all we do." E24 replied, "Well, you didn't go to Bingo." R54 stated, "Nobody told me about it."

On 2/28/13 at 9:20am, E24 stated, "(R54) is very alert. After meals, everyone goes back to the room until morning activity. During the day, it's only 2 activities. But, I think, activity personnel go around and ask residents to participate. I think."

On 2/28/13 at 9:25am, R54 remembered making the previous statements. R54 stated, "After meals, we go right back to bed. They just wheel us back. All we do is lay down, sleep and eat. No one attempts to call us for activities. I would go if it interested me."

On 2/28/13 at 9:30am, R53 stated, "It's the same thing every day. If they offered it to us, we would go. I'm really not happy here. We don't know when they take place."

On 2/26/13 at 2:30pm, E16 (Activity Manager)

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F 248	Continued From page 4 stated, "We have requested more staff for the upcoming budget year because we don't have enough staff." On 2/28/13 at 9:00am, E16 stated, "Our goal is to offer more resident centered activities. By getting more staff, we can achieve this. And this would increase the amount of activities offered. I requested 2 more full time staff." On 2/28/13 at 9:35am, E17 (Activity Lead) stated, "It is safe to say that on any given day, Monday thru Friday, there are only 2, sometimes 3, activities going on from 8:00am to 3:00pm. I honestly don't think this activity program is adequate. We've noticed the staffing issue too."	F 248		
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.	F 425		3/20/13

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This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to ensure that there were no expired medical supplies in two of seven medical supply rooms and one of two emergency response carts reviewed for medical supplies.

Findings include:

On 2/25/13 at 2:15pm, the emergency response cart located in the Elm 2 Station (E2) was reviewed with E12 (Registered Nurse-RN) for expired medical supplies. The following expired items were found:
-one disposable humidifier bottle - expiration date 5/2012
-one 30 milliliter (ml) 0.9% Sodium Chloride bottle - expiration date 6/1/2012
-one 1 inch 20 gauge angiocatheter - expiration date 5/2011
-two 24 gauge angiocatheters - expiration date 9/2011

On 2/25/13 at 2:30pm, the Elm 1/Elm 2 (E1/E2) medical supply room was reviewed with E12 (RN). The following expired items were found:
-one 14 french suction catheter tray - expiration date 11/2012
-two intravenous start kits - expiration date 1/2013

On 2/25/13 at 3:35pm, the Gingko (G) medical supply room was reviewed with E13 (RN). The following expired items were found:
-one 24 gauge angiocatheter - expiration date

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F 425	Continued From page 6 4/2011 During the morning facility meeting, on 2/27/13 at 10:05am, E2 (Director of Nursing-DON) stated, "There should be no expired medical supplies on the units." The facility policy dated 2/27/13 and entitled, "Medical Supplies/Supplement Expiration Dates" states: Purpose: To ensure that all "outdated" supplies are nonexistent, monitored and maintained. Clinical staff is responsible for verification and checking the expiration dates on all crash carts, isolation carts, medication rooms and all lab supplies provided by pharmacy.	F 425		
F 516 SS=C	483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS A facility may not release information that is resident-identifiable to the public. The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so. The facility must safeguard clinical record information against loss, destruction, or unauthorized use. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that active resident charts were maintained and secured in a manner that was not	F 516		3/20/13

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F 516	Continued From page 7 easily accessible to residents, visitors and/or unauthorized personnel involving 1 resident (R25) from the sample of 30 and 25 residents from the supplemental sample (R31-R55) during review for patient confidentiality. This failure had the potential to affect all 26 residents that reside on the Forest (F1) Unit of the facility. Findings include: On 2/25/13 at 9:45am, E14-Registered Nurse (RN)/Unit Manager indicated that the Forest Unit is comprised of three sections-F1, F2 and F3. On 2/25/13 at 9:55am, during the Initial Tour of the Forest Unit, it was observed that there were active resident charts on a metal rolling cart situated outside of the Nursing Station. The names on the charts were visible and facing a main hallway of the hub of the F1, F2 and F3 nurses' station. On 2/25/13 at 9:55am, E14 stated, "The charts in the nurses station are for the F2 and F3 sections. And these (pointing to the charts outside of the nurses' station) are for the F1 residents. We have limited space." According to E14, there are currently 25 residents on the F1 wing. On 2/28/13 at 10:05am and 10:45am, a request for the facility policy regarding storage of active resident charts was made.	F 516		
F 518 SS=D	483.75(m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing	F 518		4/14/13

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staff; and carry out unannounced staff drills using those procedures.

This REQUIREMENT is not met as evidenced by:
Based on observation and interview, the facility failed to ensure that two staff members could accurately locate the emergency response cart for one wing of the facility during staff review of emergency procedures.

Findings include:

According to the facility census sheet that was presented on 2/25/13, the day of entrance, there are 58 residents on the Gingko Unit.

During the Medication Pass task, on 2/26/13 at 3:25pm, E13-Registered Nurse (RN) and E15-(RN) were unable to indicate where the emergency response cart was located on the Gingko Unit. E13 indicated that she was the Unit Manager of the Gingko Unit.

On 2/26/13 at 3:25pm, E13 stated, "I'm not from here. I have to check." After checking down one side of the hallway, E13 stated, "Let me ask the Supervisor."

On 2/26/13 at 3:27pm, E15 responded, "It's in the oxygen room." E13 checked both closets that are designated for storage of oxygen tanks. Neither closet housed an emergency response cart. E13 went back to E15 and indicated that the emergency response cart was not there.

On 2/26/13 at 3:30pm, E15 stated, "Honestly, I don't know where it is. That's something I should

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F 518	Continued From page 9 learn." On 2/26/13 at 3:31pm, E13 phoned the Director of Nursing. The Gingko Unit does not have an emergency response cart.	F 518		