

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

PRINTED: 01/30/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14A539		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/16/2011	
NAME OF PROVIDER OR SUPPLIER JENNINGS TERRACE				STREET ADDRESS, CITY, STATE, ZIP CODE 275 SOUTH LASALLE AURORA, IL 60505			
(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 167 SS=C	<p>Annual Licensure and Certification</p> <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to:</p> <ol style="list-style-type: none"> 1). Clearly indicate the location of the Survey Results/ Statement of Deficiencies. 2). Provide the Statement of Deficiencies generated by the most recent standard survey. 3). Post the survey results and approved plan of correction in a place readily accessible to all facility residents. <p>Findings include:</p> <p>On 12/14/11 and 12/15/11 it was determined that the Statement of Deficiencies were not readily available and posted for review without persons having to ask for the location of the results. When asked for the location of the Statement of Deficiencies from the most recent survey(s), facility staff verbally gave the location of the</p>			F 167			

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 167	Continued From page 1 Deficiencies. The information identified by the facility as the Statement of Deficiencies was observed to be in the lobby at the receptionist's window in a binder that had the title "Required Documents" written on the side. This binder was almost obscured as it was positioned behind a clear plastic multi tiered brochure holder and was not clearly visible. To the right of the receptionist's window, partially positioned in a small alcove, was a small sign that informed the reader that the facility has many documents in the 3 ring binder titled "Required Documents" on the counter and suggested that if one has any questions that they ask the Administrator or Nursing Director for clarification. The sign listed documents in the binder as Public Health Surveys, Residents Rights, Resident Contracts and Admission Policy. When the "Required Documents" Binder was inspected, it was noted that there were not any survey results or accepted Plans of Correction in the binder.			F 167			
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced			F 309			

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F 309	<p>Continued From page 2</p> <p>by:</p> <p>Based on observation, record review and interview, the facility failed to:</p> <ul style="list-style-type: none"> - assure 1 of 1 facility residents (LR2, a resident outside of the supplemental sample of 5 residents.) with a peripherally inserted central catheter (PICC), (LR2), receive proper care and treatment of the PICC line. - assure all nurses are trained and competent in care of PICC lines - develop and implement a thorough and comprehensive policy and procedure using current standards of practice for care and maintenance of PICC lines - utilize and make readily available to nursing staff contracted pharmacy and infusion therapy services PICC line care policies <p>Findings include;</p> <p>LR2 was re-admitted to facility 11/18/11 with a left upper arm PICC line.</p> <p>During the 12/14/11 initial tour LR2 was observed in bed with a left upper arm PICC line.</p> <p>LR2's November and December 2011 treatment administration record (TAR), November 18 - 12/16/11 nursing progress notes and 11/18/11 admission nursing assessments failed to include a comprehensive assessment of PICC line site (no arm circumference, PICC line catheter length or site description).</p> <p>LR2's 12/2011 TAR includes "Change PICC line dressing every 7 days." The TAR includes the PICC line dressing was changed 12/03, 12/10, 12/11 and 12/13/11.</p>			F 309			

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F 309	<p>Continued From page 3</p> <p>LR2's 11/18/11 hospital transfer form failed to included type and date of insertion and the external PICC line catheter length.</p> <p>LR2's 11/29/11 nursing notes included the facility nurse spoke to "Intravenous (IV), Nurse" about PICC line dressing changes. The IV nurse told facility to change PICC line dressing every 7 days and the IV tubing every 24 hours.</p> <p>During 12/16/11 interview with E3 (RN), E3 stated she works two days a week and flushes LR2's PICC line with 10 cc of Normal Saline before and after antibiotic administration. When asked, E3 said she only knew LR2 had a single lumen catheter, but she was not aware of LR2's catheter line length or arm circumference. When asked about physician orders for the care and maintenance of LR2's PICC, E3 reviewed LR2's clinical record. After reviewing LR2's clinical record, E3 stated she could not find LR2's physician's orders for the care and maintenance of his (LR2's) PICC line.</p> <p>On 12/15/11, the facility's PICC line care policy and procedures had the following documented: - The PICC line dressing change policy included: III. 7. with dressing changes : Assessment is to include the absence or presence of erythema, drainage, swelling, induration, skin temperature at site or complaint of tenderness at the site or along the vein tract. - The PICC line flushing policy includes: III.1. A physician's order is required to flush a PICC catheter.</p> <p>No documentation was found in any of LR2's</p>			F 309			

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F 309	Continued From page 4 medical records to validate comprehensive PICC line assessments were completed. LR2's record failed to include arm circumferences and external PICC line catheter length on admission or with dressing changes. LR2's November 18 through December 16, 2011 physician orders failed to include any orders for PICC line care and maintenance or flushing orders. In addition LR2's current care plan did not include care and maintenance of the PICC line.			F 309			
F 315 SS=G	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews, the facility failed to provide appropriate care/services for one resident's (LR2 one resident outside of the sample of eight residents and in the supplemental sample) indwelling urinary catheter and to prevent possible urinary tract infection. This failure resulted in this resident experiencing multiple reinsertion of his indwelling catheter,			F 315			

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F 315	<p>Continued From page 5 treatment for urosepsis and penial pain.</p> <p>Findings include:</p> <p>On 12/16/2011, LR2 was observed sitting in the dayroom. LR2 observed to be confused and dependent upon staff. LR2 had an indwelling urinary catheter and PICC line for antibiotic therapy.</p> <p>The nurse (E3) responsible for the care of LR2 was interviewed on 12/16/11. When asked why LR2 had a PICC line, E3 responded: "He (LR2) had urosepsis (infection of the urinary system). He plays with his private area a lot. He has a catheter. That's when it all started, when he pulled it out, his catheter." E3 said LR2 is redirected multiple times not to pull his catheter out, but LR2 keeps pulling it out. When asked why LR2 pulled out his catheter so many times, E replied: "He (LR2) can be resistive. He can pull it out, when alone in his room. He has periods of confusion. He's like a four year old or five year old sometimes." E3 was asked to present any physician orders for the care and service of LR2's catheter. After review of LR2's clinical record, E3 said she could not find any physician's orders for the catheter size to replace LR2's indwelling catheter or daily care of LR2's catheter.</p> <p>Review of LR2's Admission Record documented he was originally admitted to the facility on 9/02/2011 and has diagnosis including: dementia, mental retardation, depression, urinary retention and indwelling catheter.</p> <p>Review of LR2's nursing notes documented multiple incidents of LR2 pulling out his indwelling</p>			F 315			

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F 315	<p>Continued From page 6</p> <p>catheter with balloon intake and/or foley bag on the following days: 9/7/11, 9/08/11, 9/09/11, 9/10/11, 9/12/11, 9/28/11, 10/18/11, 10/21/11, 10/29/11, 11/03/11 and 11/04/11. Staff documented that LR2 would sometime have bleeding or pain in the penis area, after pulling out the indwelling catheter. LR2's nursing notes had no documentation of nursing interventions being put in place to prevent LR2 from pulling out his indwelling catheter or the bag.</p> <p>Review of LR2's Physician Order Sheet also had no documentation of orders for the care and daily maintenance of his indwelling catheter.</p> <p>Review of LR2's care plan documented staff should follow the facility's catheter policy and procedure.</p> <p>Review of the facility's policy and procedure on Care of Indwelling Catheter documented the following: "The purpose of catheter care is to prevent possible urinary tract infections from bacteria spreading from the peri area.... Peri-care is to be given twice a day in the morning and evening..." However this was not documented as being done.</p> <p>Review of LR2's Medication Administration and Treatment Record had no documentation of nursing staff providing daily care/services for LR2's indwelling catheter.</p> <p>Also, review of LR2's nursing notes, starting on 11/05/11 on the 3-11 shift to 11/07/11, documented LR2 experienced increasing signs of urinary infection (mental confusion, decreased</p>			F 315			

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F 315	Continued From page 7 urine output, increase temperature and redness in the penis area.) But, staff took several days trying to reach LR2's primary physician to inform him LR2 was displaying multiple systems of infections. The 11/07/11 nursing note at 7:05 AM documented that on LR2 family demanding staff stop waiting for his physician and send him to the hospital for treatment. When LR2 got to the hospital, he was assessed and treated for "urosepsis." During the Daily Status Meeting on 12/16/2011 with administrative staff (E1/administrator and E2/director of nursing) the survey team expressed concerns LR2's clinical record had no documentation of physician orders for the care and maintenance of LR2's indwelling catheter, which nursing staff reinserted several times. E1 and E2 were questioned about the lack of nursing interventions being tried to prevent LR2 from pulling out his indwelling catheter. Also, E2 was asked to explain why staff waited so long to get LR2 medical assessment and treatment, when he had additional signs of infection. E2 provided physician orders for catheter. These orders lack any directions for staff to reinsert the catheter or provide daily care. E1 and E2 gave no evidence to support that LR2 was given the care/service for his indwelling catheter.			F 315			
F 441 SS=F	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.			F 441			

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F 441	<p>Continued From page 8</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it -</p> <p>(1) Investigates, controls, and prevents infections in the facility;</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 (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, record review and interviews, the facility failed to provide: Hot water at an appropriate temperature, during the wash cycle, to clean soiled linen. This failure had the potential to effect all residents.</p>			F 441			

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F 441	<p>Continued From page 9</p> <p>Findings include;</p> <p>Hot water temperatures were 120 degrees F. in the laundry.</p> <p>During an interview on 12/15/11, E1 (administrator) stated, "The water heater only heats to a 120 degrees F. We add a sanitizing solution to the washer.."</p> <p>E1 provided Center for Disease Control recommendations which indicated hot water laundry cycles should be 160 degrees F. or greater. Or a low temperature wash with appropriate chemicals could be used to clean soiled linen. The manufacturer product label for the sanitizer being used by the facility did not say the sanitizing solution could be used in the laundry wash cycle.</p>			F 441			