STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	**2250 PEARL STREET BELVIDERE, IL 61008**

(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 Annual Licensure and Re-Certification Survey Extended Survey was conducted. Complaint investigation #1014440/IL50466 - No deficiencies.	F 000		
F 221 SS=D	483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure the full bed rails on R5's bed were utilized as a mobility aide and not used in a restrictive position with both full rails in the up position. This applies to 1 resident in the sample of 22. (R5) The example includes: On 12/5/10 at 3:00 PM, R5 was observed lying in bed with both full bed rails in the up position. R5 was resting quietly and stated, "These rails are up to keep me from falling out. I've never fallen, but they put them on anyway. I hate these damn things." The Side Rail Assessment form dated 9/24/10 documents the resident is currently using the side	F 221		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 221	Continued From page 1 rails for positioning and support. The form states the resident has requested that the side rails not be lowered while in bed, that they not be lowered during the night, and the family has requested that the side rails be raised while in bed for the resident's own safety and or comfort. The assessment documents one side rail is recommended and the rail will serve as an enabler to promote independence. R4's care plan does not address the indication for use of 2 full side rails, and the medical indication for use of the full rails is not identified in the medical record. On 12/6/10 at 11:30 AM, E11 (Registered Nurse) stated, "R5 is supposed to only have 1 bed rail in use. We do not have half rails for R5 to use for mobility." The facility policy for proper use of side rails states, "Side rails are considered a restraint when they are used to limit the resident's freedom of movement (prevent the resident from leaving his/her bed). The use of side rails as restraints is prohibited unless they are necessary to treat a resident's medical symptoms.	F 221		
F 241 SS=D	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	F 241		

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F 241	Continued From page 2 Review the facility failed to provide R13 with a portable oxygen tank which resulted in the facility's failure to promote R13's independence and dignity. This is for 1 resident in the sample of 22 with oxygen (R13). The examples are: On 12/7/10 at 12:00pm, R13 was observed sitting in a wheelchair in his room. R13 had oxygen on at 3 liters through a nasal canula that was attached to an oxygen concentrator in his room. R13 stated, "I am here for therapy because of my legs. I brought in my own portable (liquid) oxygen and they jumped all over me for it. I have to be on oxygen 24 hours a day, 7 days a week. To go downstairs for therapy I have to drag that machine (oxygen concentrator) that's the dumbest thing. I wanted to bring my portable oxygen for therapy and they said I couldn't because of billing. Until yesterday I did not have a portable tank downstairs at therapy. I was on the concentrator that gets plugged into the wall so in therapy I could only walk around that little room. Meal time depends on if you use a plug in or not." R13 stated he does not attend activities because he does not want the staff to have to drag around the oxygen concentrator. On 12/7/10 at 2:00pm, R24 was observed sitting in a wheelchair with a portable oxygen tank on the back of his chair. R24, had a nasal canula on that was attached to the oxygen concentrator. R13 was sitting in his wheelchair pushing his (unplugged) oxygen concentrator down the hall from his room at the far end of the hall to the opposite end of the hall to go to the resident	F 241		

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F 241	Continued From page 3 council meeting in the dining room. R24 passed the nurses station where 3 nurses were sitting. E12 (Registered Nurse - RN) was at the nurses station. E12 was asked why R13 did not have a portable oxygen tank since R24 just went by with one? E12 stated, "R24 only has portable oxygen if he is going somewhere or off the floor, otherwise he uses a concentrator. Does R13 want a portable oxygen tank? I don't think there is any reason why he can't have one." E12 was told that R13 does not attend activities because he doesn't want to bother anyone to move his concentrator. E12 stated, "If R13 does feel that way then it does inhibit his freedom and ability to do for himself." On 12/7/10 at 2:15pm, E12 stated, "R13 wants the portable oxygen for going to the dining room. R13 won't go to activities." On 12/8/10 at 10:00am, R13 was observed sitting in his wheelchair his room. There was a portable oxygen tank on the back of his wheelchair. R13 stated, "I feel much better now that I have the portable oxygen. With the concentrator you are restricted as to wear you can go because it needs to be plugged into an electrical outlet. I don't like having the concentrator at lunch because I would wait and wait for someone to take me back to my room. Sometimes I have wet myself because by the time I was able to get back to my room and into the bathroom I would wet." R13 confirmed that this was a dignity issue for him. R13 stated that with the portable tank he is able to get himself around the facility more. R13's Minimum Data Set with an Assessment Reference Date of 11/29/10 showed a Score of	F 241		

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F 241	Continued From page 4 13 on his Brief Interview for Mental Status (BIMS).; Resident Mood Interview showed, "Feeling tired or having little energy" on 2-6 days over the past two weeks.; No behavior problems. The Hospital History and Physical dated 11/2/10 for R13 showed, "The patient is 66 years-old and came to the office today complaining of redness, blisters and weeping of his right leg. He was evaluated in the office and admitted to the hospital.; Impression: Stasis Cellulitis, Respiratory failure, Obesity, Medication noncompliance in the past, Diabetes Mellitus, Chronic Ischemic Heart Disease, Peripheral Vascular Disease, Hypertension, Atrial Fibrillation, Status post Gastric Bypass, Chronic Diastolic Dysfunction and Mild Chronic Systolic function. R13's Physician Order Sheet (POS) dated 11/23/10 showed, "Oxygen per nasal canula at 2 liters per minute.; Change oxygen tubing every 4 weeks.; Physical Therapy and Occupational Therapy to evaluate and treat as needed." The facility's policy for Resident's Rights showed, "You have the right to safety and good care. Your facility must provide services to keep your physical and mental health, and sense of satisfaction.; Your facility must develop a written care plan that states all the services it provides. Your facility must make reasonable arrangements to meet your needs and choices." The facility's Contract Between Resident and the Facility showed, "Facility Services: Facility shall furnish the following facility services - personal care, room, board, laundry, activities, equipment and general duty nursing care, necessary for the	F 241		

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F 241	Continued From page 5 health, safety, good grooming and well-being of resident, to the extent required by the minimum standards of the Illinois Department of Public Health and the Health Care Financing Administration."	F 241		
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 review the facility failed to have the oxygen filters free of lint and debris for R10; failed to maintain the nineteen 1st floor dining room chairs and resident room chairs clean and free of liquid spills, stains and debris; failed to maintain the walls and wall paper in 2 resident rooms (R20 & R56) in good repair; failed to control urine odors on the 2nd floor and in resident rooms by not emptying waste cans containing R5's soiled items and failed to maintain over-the-bed lights(for R56 & R57) and towel bars in resident 4's room in a functioning condition. This applies to 4 residents in the sample of 22 (R 4, R5, R10, R20) and 2 in the supplemental sample (R56 & R57). The examples include: 1. The following observations were made during the survey: The 1st floor dining room: There were 19 of 19	F 253		

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F 253	Continued From page 6 vinyl chairs dirty and stained with food and liquid spills on the seats and backs of the chairs. The wooden chair handles were worn and contained a sticky residue. The green vinyl chair in room #230 had brown stains on the seat. Resident room #220 - The wall paper was peeling off the wall behind bed #2. The pull cord for the over-the-bed light switch was short. Resident room #203 - The small towel rack by the sink was broken. There were strong pervasive odors in the room on 12/5/10 that could be detected when walking by the room door. Resident room #234 - The over-the-bed light for bed#2 does not come on when the light cord is pulled. Resident room #226 - The oxygen filter for R10's oxygen concentrator was dirty and linty. There were strong, lingering urine odors present on 12/5 and 12/6/10 on the 2nd floor when entering the 2nd floor dining room. 2. On 12/5/10 at 3:00 PM, R5 was observed lying in bed. A strong odor of urine was observed in the room. R5 was awake and resting in bed. Two full length side rails were in the up position on her bed. During observation of the room environment, a wet incontinence brief was found in the bedside garbage can near R5's bed. The odor of urine was coming from the garbage can. R5 states, "I can't get out of bed. They changed (incontinence brief) me after lunch when I laid down." R5's care plan states she is incontinent of urine at night and requires assistance in bathing and	F 253		

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F 253	Continued From page 7 personal hygiene to ensure cleanliness. 3. On 12/8/10 at 10:15am room 120 was observed to have white trim near the ceiling with black marks on it, wallpaper that was torn behind R20's bed. The corner of the wall near R20's bathroom had baseboards that were coming away from the wall, torn up wallpaper and openings into the wall. On 12/8/10 at 10:15am, R20 stated, "This is supposed to be my home so I want it to look like it would be if it actually was my home. I have told them (Facility Staff/Social Services) about the trim and walls and they don't do anything about it." On 12/8/10 at 10:45am, E21 (Social Services) stated, "R20 has never voiced any concerns about the appearance of her room." E21 denied being aware of discolored trim or torn wallpaper in R20's room.	F 253		
F 279 SS=D	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	F 279		

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F 279	Continued From page 8 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 Observation, Interview and Record Review the facility failed to have care plans in place for R14 to include her use of Continuous Positive Airway Pressure (CPAP) and her Peripherally Inserted Central Catheter (PICC) line in her right arm. The facility failed to have a care plan in place for a resident with a history of fecal impaction to include a bowel management program and/or hydration needs. Theis is for 2 residents in the sample of 22 without comprehensive care plans (R14 & R20). The examples are: 1. The hospital Pulmonary Critical Care Consult dated 10/12/10 for R14 showed, "The patient is an 80-year-old nonsmoker who was transferred to the intensive care unit today for for evaluation of worsening hypoxic hypercarbic respiratory failure and metabolic acidosis. R14...has suffered from complications of morbid obesity for many years. In about May 2010, she was hospitalized with a left frontal lobe cerebrovascular accident. She has been living with her daughter since January 2010. R14 ambulates about the home with a walker but more recently has had problems with shakiness and several falls. She has also been bothered	F 279		

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F 279	Continued From page 9 with diarrhea. R14 was recently hospitalized and sent home. She returned to a different hospital on 10/11/10 for evaluation of increasing confusion. At that time, acute on chronic renal failure was identified. Her condition failed to improve with a 2 liter fluid bolus. She became increasingly obtunded and developed more respiratory distress. R14 was transferred to the Intensive care Unit. Bilevel ventilatory support was initiated .... The patient's family has requested a no intubation/no resuscitation advance directive.; Past medical history: Morbid obesity...Obstructive Sleep Apnea diagnosed approximately two months ago at the hospital and treated with nasal CPAP (Continuous positive airway pressure) at 11cm of pressure." On 12/6/10 at 2:50pm, R14 was observed sitting up in bed with a CPAP machine next to her bed. R14 stated, "I was faithful about wearing my CPAP at home, but after my last stay in the hospital I found it hard to wear that full face mask. So I told my daughter to take the machine home. A respiratory therapist came to talk to me. I told him I would wear the CPAP if he got me the mask that goes over my nose only. I am still waiting for the nose mask. They keep saying that it is coming." R14's Care Plan dated 11/1/10 showed, "The resident is resistive to care: Removes positioning devices, refuses to use CPAP machine." There were no interventions on R14's care plan related to the use of CPAP including type of machine, settings, contraindications for use, monitoring, type of face mask . R14's care plan dated 11/1/10 showed no reasons why R14 is "non compliant" with the use of CPAP or interventions related to "non compliance."	F 279		

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F 279	Continued From page 10 A fax dated 11/23/10 to R14's physician showed, "R14 has refused CPAP for 3-4 days and her daughter took CPAP machine home due to R14's request. Since R14 is noncompliant may we discontinue CPAP?; Medical Doctor Response: The CPAP is very important so I am reluctant to discontinue it. I will re-address this with R14." R14's Nurses Notes dated 11/3/10 showed she was re-admitted to the facility with a "2 lumen PICC to the right antecubital area" of her arm. R14's Treatment Administration record (TAR) for the month of October 2010 showed, "PICC site - Routine dressing care" and had a dressing change marked on 10/18/10. R14's October 2010 TAR showed, "PICC site, change dressing and caps weekly" and had initials on 10/22/10 and 10/30/10. R14's TAR for November 2010 showed, "PICC site, change dressing and caps weekly." There was no documentation on the November 2010 TAR for R14 that showed the dressing or caps had been changed. A review of R14's Care Plans from 10/28/10 to 12/8/10 showed no care plan in place for the care of R14's PICC line. R14's Resident Interim Care Plan Resident Kardex (with no date) showed not applicable marked in the area of intravenous access/lines/devices. The facility's policy for Peripherally Inserted Central Catheter, faxed to the facility on 12/8/10, showed, "Considerations: Specific flush orders	F 279		

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F 279	Continued From page 11 must be documented. Positive pressure within the lumen of the cathter must be maintained to prevent reflux of blood into the catheter. Intermittently used catheters must be clamped if necessary according to manufacturer's guidelines for catheter. Flushing is performed to ensure and maintain catheter patency and to prevent mixing of incompatible medications/solutions. Licensed nurses caring for residents receiving infusion therapies are expected to follow infection control and safety compliance procedures.; Guidance: A physician order is required to flush catheter. Only 10 ml syringes or larger will be used to flush catheters. If resistance is met when flushing, no further attempts to flush will be made, and appropriate support staff per policy, will be contacted. Single use flushing systems must be used.; Procedure: Instill flushing agent using pulsing technique while observing for signs of complications/infiltration." The facility's Peripherally Inserted Central (PICC) Dressing Change policy, faxed to the facility on 12/8/10, showed, "Considerations: The catheter insertion site is a potential site for bacteria that may cause a catheter related infection. Transparent dressing is the preferred dressing.; 1. Dressing changes using transparent dressings are performed: At least weekly.; If the integrity of the dressing has been compromised (wet, loose or soiled).; 2. When a transparent dressing is applied over a guaze dressing it is considered a guaze dressing and is changed: Every 48 hours.; If the integrity of the dressing has been compromised (wet, loose or soiled).; 4. Antimicrobial ointment should not be used under transparent dressings.; 5. Assessment of venous access site is performed: During dressing changes.; Every 2 hours during	F 279		

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F 279	Continued From page 12 continuos therapy.; Before and after administration of intermittent infusions.; At least once every shift when not in use.; 6. Assessment is to include, but is not limited to, the absence or presence of: Erythema, drainage, swelling or induration. Change in skin temperature. Tenderness at the site or along vein tract. Integrity of transparent dressing.; 7. Length of the external catheter and upper arm circumference (3 inches or 10 centimeters above insertion site) is obtained: Upon admission.; During dressing changes.; If signs or symptoms of complications are present." The facility's policy on PICC needleless Access Device Change, faxed to the facility on 12/8/10, showed, "Guidance: 1. Needleless access devices are changed: Upon admission and at least every 7 days.; After blood is drawn through the needleless access device.; After blood is administered through the needleless access device.; Anytime the integrity of the needleless access device is in question.; Anytime the needleless access device is removed for any reason." 2. On 12/7/10 at 12:20pm, R20 was observed sitting in her wheelchair in the dining room at the table. R20 had a cup of soup, potatoes, carrots and spice cake in front of her. There were no oral fluids on the table for R20. R20 stated, "This table never has water." R20 then asked dietary staff to bring her the fluids she ordered on her menu (lemonade and milk). R20's Computerized Tomography Scan dated 11/9/10 showed, "Very large amount of formed stool throughout the colon, to include rectal distension with rectal wall thickening."	F 279		

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NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 279	Continued From page 13 R20's Physician Progress Note dated 11/18/10 showed, "Patient was recently hospitalized for abdominal pain and constipation.; Assessment/Plan: Constipation - order suppository and magnesium citrate." The Geriatric Psychiatry Note dated 11/29/10 for R20 showed, "Staff report R20 is very irritable due to fecal impaction. R20 states she is very constipated and stool is hard and it is difficult to have a bowel movement. R20 had been on Morphine for an extended period of time for pain management resulting in impaction. R20 stated she had decreased caloric intake at meals to prevent further abdominal bloating. Current medications, Lorazepam...Amitriptyline...Trazodone.... Recommend discontinuing Amitriptyline due to side effect of constipation and paralytic ileus. Also trazodone can cause constipation." R20's Care Plan dated 11/13/10 showed no care plan in place related to fecal impaction and/or a bowel management program. R20's Care Plan dated 11/13/10 showed no care plan in place to show her specific hydration needs. R20's Care Plan dated 11/13/10 showed, "Potential for infection (Urinary Tract Infections) related to the presence of a catheter.; Encourage resident to drink all fluids served during meals and drink extra fluids between meals unless contraindicated." The care plan did not show R20's exact fluid needs. The care card dated 10/14/10 for R20 showed, "Fluid Management" with boxes to check if the facility should encourage the resident to drink	F 279		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 279	Continued From page 14 fluids or restrict fluids, neither boxes were checked for R20. R20's Nutrition Assessment dated 11/13/10 showed no assessment of her hydration needs. No fluid amount was identified for R20 on the assessment. A Dietary Note dated 11/24/10 for R20 showed a weight of 101.5 pounds and fluid needs of 1400ml to 1500ml. R20's Minimum Data Set (MDS) with an Assessment Reference Date of 9/7/10 showed impairment of short term memory and cognition.; Height 63 inches.; Weight 106 pounds. The facility's policy for Resident's Rights shows, "You have the right to safety and good care. Your facility must provide services to keep your physical and mental health, and sense of satisfaction.; Your facility must develop a written care plan that states all the services it provides. Your facility must make reasonable arrangements to meet your needs and choices."	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, and record review the facility failed to use a gait belt and ensure a	F 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 312	Continued From page 15 resident was transferred in a safe manner. This applies to 1 resident, in the sample of 22, requiring assistance for transfer. (R9) The examples include: 1. R9's current Physician's Order Sheet documented that R9's diagnoses incudes Dementia with Agitation. R9's Minimum Data Set (MDS) assessment of 10/12/10 showed that R9 required extensive assistance of one person for transfer. R9 did not ambulate. The same assessment showed R9 was not steady, and able to stabilize with assistance only, when moving from seated to standing position. R9 had limitation in range of motion to both lower extremities. R9's care plan for behavior dated through 1/10/11 showed that R9 can become physically aggressive towards staff during care. R9's current care plan for Transfers showed that R9 required limited assistance to transfer due to weakness of the lower extremities. The goal showed that R9 will stand and bear weight with the assist of one at every transfer. The approaches include apply gait belt, cue, and assist to lock wheel chair. The same care plan showed cue that R9 should be cued to scoot to the edge of the chair, assisted to stand, and allowed time to get her balance. On 12/6/10 at 3:30 PM, E9 Certified Nursing Assistant was observed transferring R9 from her bed to the wheelchair. E9 sat R9 on the edge of the bed, placed her arms up by his neck, then stretched his arms around R9 and picked her up.	F 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 312	Continued From page 16 E9 then placed R9 in the wheel chair. According to the facility policy entitled Assisting a Resident from Bed into Wheelchair showed under item 11) apply transfer belt around the resident's waist. Item 13) showed grab the transfer belt gently and instruct resident to lean forward from the waist, straighten elbow, and stand up, allowing a moment for resident to adjust to new position and providing support by pressing your knees against the residents. The policy entitled Safety Belt showed that the purpose of the safety belt was for safety and security for the resident requiring assistance with ambulation or transferring.	F 312		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to identify a pressure ulcer on R15's left heel before it became a Stage II blister. The facility failed to have a care plan in place for the prevention of pressure ulcers and for the treatment of R15's pressure ulcers to her coccyx or left heel.	F 314		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 314	Continued From page 17 This is for 1 resident in the sample of 22 with pressure ulcers (R15). The examples are: The Weekly Wound Narrative Documentation Form for R15 showed, "11/4/10 - R15 re-admitted to facility from the hospital per ambulance. Has 2 stage II wounds to coccyx area...." No other wounds were documented for R15. The Monthly Summary for R15 for November 2010 showed, "Bed mobility: Dependent.; Transfers: Mechanical lift.; Skin integrity: Intact, dry.; Devices: Brace - immobilizer to right lower leg." The Comprehensive Admission, Readmission or New Site Documentation sheet for R15 dated 11/15/10 showed, "Type: Pressure.; Location of Site: Left calcaneus.; Stage II.; Measurement: 1cm (length) by 1cm (width) by 0.1cm (depth).; Margin: Uneven, defined not attached to wound bed.; Wound bed: Superficial -abrasion blister, shallow crater, warm. Red tissue = 100%.; Drainage: small, yellow, serous.; Periwound: pink.; Treatment orders obtained." R15's Physician Order Sheet (POS) dated 11/14/10 showed, "Left heel: cleanse with normal saline, apply clear dressing. Check every shift and change dressing every 3 days and as needed until healed." On 12/7/10 at 3:35pm, E2 (Director of Nursing) stated, "Pillows are what we use to offload. We use boots for R15 now and after we discovered	F 314		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 314	Continued From page 18 that (pressure ulcer to R15's left heel). Heel protectors are not preventative." R15's Nurse Notes from 11/4/10 to 11/14/10 showed R15 has a knee immobilizer to her right leg and that bilateral lower extremities are being "elevated." The Minimum Data Set for R15 with an Assessment Reference Date of 9/21/10 showed impairment of short term memory and cognition.; Extensive assistance needed for bed mobility, transfers, dressing, toilet use and bathing.; No pressure ulcers, skin problems or lesions. R15's Kardex Report dated 10/14/10 showed, "Skin Care: Pressure Relief - Turn and reposition.; Ointment and cream.; Other protective skin care." No time was included for turning and repositioning, ointments to be used, where or how often ointments are to be used or the other protective skin care in place.	F 314		
F 315 SS=D	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:	F 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 315	Continued From page 19 Based on observation, interview and record review the facility failed to ensure a resident's skin was washed, rinsed, and dried thoroughly to remove urine odors after incontinence episodes. This applies to 1 resident in the sample of 22. (R4) The example includes: On 12/5/10 at 3:30 PM, R4 was observed lying in bed with her husband (Z3) at the bedside. A very strong odor of urine was observed in the resident's private room. Z3 stated R4 had not been changed since he arrived around 1:30 PM today. There were no soiled materials in the waste cans in the room or bathroom. On 12/5/10 at 5:00 PM, E7 and E8 (Certified Nursing Assistants - CNA) approached R4 to get her out of bed for the evening meal. R4 was incontinent of a large amount of urine. A strong odor of urine was noted. E8 prepared 2 wet washcloths in the bathroom for peri care. E7 used 1 cloth to cleanse the groin and front perineal area. R4's skin was not rinsed or dried before she was turned to onto her side. E7 wiped the buttocks and rectal area with the other washcloth. E7 dried the buttocks without rinsing off the soap. E7 put a dry brief on R4 and finished dressing her for dinner. On 12/5/10 at 5:10 PM, R4 was wheeled into the dining room by E8. A lingering odor of urine was detected as the resident passed the surveyor in the dining area. On 12/5/10 at 5:05 PM, E8 stated, "I used the soap from the dispenser in the bathroom on the	F 315		

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	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 315	Continued From page 20	F 315		

washcloth. I squeeze most of the soap out for R4. Her skin is very sensitive. Her husband usually bring baby bath soap in for her, but I could not find any so I used the soap in the bathroom. I totally rinse the soap out of the washcloth." E7 confirmed that she only used 1 washcloth for the front and 1 for the back to wash R4.

On 12/6/10 at 3:00 PM, Z3 stated, "I took care of her for 6 years at home before she had to come to a nursing home. Her skin has always been in great condition." Z3 stated, "I don't have to bring in any lotions or soap because they said they use the special cleaning products available here." Z3 stated, "Sometimes I do notice odors in her room when I come to visit, it usually is from her urine. She has had a history of urinary tract infections, and I think that causes her urine to smell strong."

The Minimum Data Set dated 10/21/10 documents R4 is frequently incontinent, and requires extensive assistance for toileting and hygiene. The care plan dated 10/21/10 documents R4 has "Periods of incontinence of urine. R4 is unable to take self to the toilet due to confusion from Dementia". The interventions include to "Assist resident to wash with incontinence product. After careful drying, apply a skin barrier cream".

According to the facility policy, "Perineal care is done whenever the area is contaminated with urine or feces". The policy states, "Wet 4-5 washcloths with warm water...Spray shaving cream, soap or provon on washcloth....Rinse area....dry washed area with towel."

The product information label for the cleanser

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 315	Continued From page 21 dispensed in the bathrooms (Renown) states, "Use for handwashing to help decrease bacteria on the skin. Directions: Wet hands. Apply product and thoroughly cover hands with lather, rinse well, and dry hands completely."	F 315		
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to assess and document the presence of a resident's wrist contracture. The facility failed to develop a plan to prevent a contracture from worsening. The facility failed to apply a wrist brace to a residents contracted wrist. This applies to one resident in the sample of 22 with a right wrist contracture. (R11) The examples include: R11's December, 2010 Physician's Order Sheet documented that R11's diagnoses included Anxiety, and Alzheimer's with Delusions. R11's Minimum Data Set (MDS) of 11/26/10 showed that R11 had an impairment of range of motion on one side. (upper extremity)	F 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

(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 318	Continued From page 22 The same MDS showed that R11 had not received any restorative nursing programs, that included range of motion or the application of splint or brace. R11's care plan for pain showed the following " Positioning device (hand rolls, soft splint) in place. On 12/6/10 at 3:00 PM, R11 was in bed with an ace wrap around her right forearm. R11's right wrist was flexed sharply so that R11's palm of her hand was touching the inner aspect of her forearm. R11's fingers were swollen, warm and red. R11 had several cotton balls placed between her fingers. When R11 was asked what happened to her hand, she said " I don't know, but I did a number on it." R11 was unable to move the hand when asked. E14 Licensed Practical Nurse (LPN) was interviewed on 12/7/10 at 9:35 AM. E14 said that R11 had the contracted wrist when she came into the facility. (not identified on her admission nursing assessment of 2/26/10) E14 said that R11 had a hand roll in place at all times and that they applied an ace wrap and elevated the arm, after R11 had a fall. E14 said that R11's Physician wanted a "different splint " for R11. A physician's order for 11/4/10 documented to apply a soft splint to R11's wrist. A physicians order for 11/30/10 documented "Ask Occupational Therapy to order a proper splint for R11's hand and wrist." R11's Nursing Notes showed that she had a fall	F 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 318	Continued From page 23 on 10/29/10 and began complaining of pain in her right hand on 10/30/10. On 11/4/10 an Xray of R11's wrist was ordered. E14 LPN said on 12/7/10 at 9:35 AM, that R11's first X-ray showed a hairline fracture and then 2 weeks later when they re-X-rayed the wrist, there was no fracture. E2 Director of Nursing was interviewed on 12/7/10 at 2:20 PM and said R11 is wearing her brace now. We were washing it yesterday, we got a new one today. E2 confirmed there was no documentation related to a contracted right wrist when R11 was admitted. E2 confirmed that R11's care plans did not include the presence of a wrist contracture, or nursing interventions to maintain or prevent R11's contracture from worsening.	F 318		
F 323 SS=J	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: I. Based on observation, interview and record review the facility failed to supervise a resident during meal times to avoid consumption of foods and fluids that placed the resident at risk of aspiration. This failure resulted in R4 developing aspiration pneumonia after ingesting thin liquids from another resident's tray in mid October,	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 323	Continued From page 24 2010. On 12/6/10, R4 consumed a dinner roll from another resident's tray while at a supervised meal, while on a prescribed puree diet with nectar thickened liquids. This failure resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 12/7/10. It began on 10/18/10 when R4 developed aspiration pneumonia after consuming thin liquids while being supervised by facility staff. The Immediacy was removed on 12/7/10 when the facility put safety interventions in place for R4, revised the resident care plan and inserviced staff feeding and monitoring residents in the dining room. The facility remains out of compliance at a level 2 due to the need to evaluate the effectiveness of corrective measures put in place, and monitor and evaluate the effectiveness of the care changes. This applies to 1 of 7 residents on thickened liquids who is at risk for aspiration. (R4) The example includes: 1. On 12/6/10 at 11:15 AM, R4 was seated at the dining room table. R4's lunch tray was delivered to the table, but was pushed back from R4's reach. No food or fluids were given to R4 while the remaining trays were passed. The resident tried to reach for her food, and attempted to remove the metal plate cover. R4 then reached over and removed a dinner roll wrapped in plastic wrap from a table mate's tray. R4 tried to take a bites out of the roll with the plastic wrap still on the bread; then put her fingers into her food trying to feed herself. E23 (Activity Aide) was seated at	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 323	Continued From page 25	F 323		

the table assisting 2 other residents with their meal, while R4 tried to eat the dinner roll and played in her food. E15 (Activity Aide/Feeding Assistant) returned to the table to feed R4. R4 ate the whole roll without staff intervening.

After the observation of R4 consuming the dinner roll, the medical record was reviewed. The Physician Order Sheet dated 12/1/10 lists R4's diagnoses to include Head Contusion, Alzheimer's Disease, Seizure Disorder and Parkinson's Disease. R4 is prescribed to receive puree foods with nectar thickened liquids. The Minimum Data Set of 10/21/10 documents R4 requires supervision and staff assistance for eating. R4's care plan states to "Monitor for Chewing/swallowing problems and for signs and symptoms of aspiration: Gasping for air, gurgling sounds, shortness of breath, ashen color and report to nurse".

The nurses' notes dated 10/18/10 (Monday) documents, "Resident is awake but sleepy. Lungs with loud expiratory rhonchi heard bilaterally, suctioned with a moderate amount of thick light yellow secretions".

The x-ray report dated 10/21/10 documents R4 had a right lower lobe infiltrate and small left pleural effusion.

On 12/6/10 at 3:00 PM, Z3 stated, "My wife was quite ill about 1 month ago. I still haven't received an explanation of what made her so sick. I visited her on Sunday and she was OK. The next day they called to tell me how sick she was and they wanted to send her to the hospital."

On 12/6/10 at 9:45 AM, during a (confidential

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

(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 323	Continued From page 26 staff nurse interview) stated, "R4 had aspiration pneumonia a few months ago. R4 probably aspirated when she grabbed liquids from another table mate's tray and drank them. She should have nectar thick liquids. The liquid she drank was not thickened. R4 tries to take others' food and fluids". The incident was not reported on the facility accident log, and the nurses' notes did not contain any information about incident. R4's care plan was not revised to reflect interventions to prevent R4 from receiving the wrong diet or fluids. E1 (Administrator) was informed of the Immediate Jeopardy on 12/7/10 at 4:45 PM. The survey team confirmed through interview, observation and record review, the facility took the following actions to remove the immediacy: On 12/7/10 R4 was positioned at the dining room table with a table extension to prevent R4 from reaching others' foods and fluids from their trays. R4's care plan was revised to include R4's behavior, and interventions to prevent R4 from access of foods and fluids which increase her risk of aspiration. Staff inservices were provided to address supervision of residents at meal times, and resident observations of inappropriate behaviors at meal times. II. Based on observation, interview and record review the facility failed to reposition a resident in a manner to avoid striking her head on the bed frame which resulted in R4 receiving a laceration	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

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NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 323	Continued From page 27 to the top of the head. This applies to 1 resident in the sample that sustained an injury. (R4) The example includes: The nurses' notes dated 11/24/10 at 10:45 PM, states, "Nurse called to the room by the evening shift CNA. The CNA stated when they moved resident up in bed, she struck her head on the headboard. Resident sustained a 1/4 inch laceration on the top of her head with a moderate amount of bleeding". On 12/6/10 at 11:45 AM, E14 (Licensed Practical Nurse - LPN) stated, "R4 had a small laceration on the top of her head. She hit her head on the headboard when the staff pulled her up in bed." E13 stated, "There are some new CNA's on the night shift." The Minimum Data Set of 10/21/10 documents R4 requires extensive assistance with 2 staff members for repositioning in bed. The care plan does not address how the facility will prevent further injury when repositioning R4 in bed. On 12/6/10 at 3:00 PM, R4 was observed lying in bed. The headboard was made of wood and had an ornate decorative design with notable sharp edges. On 12/6/10 at 3:00 PM, Z3 stated, "When they repositioned her she hit her head on the head board. It's too bad the head board is not smooth. It looks very nice, but she must have cut her head on the sharp edges. It's healed up now." Z3 stated she had not changed beds, and she	F 323		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

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F 323	Continued From page 28 had a facility owned bed.	F 323		
F 328 SS=D	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: Based on Observation, Interview and Record Review the facility failed to assess why R14 was "non - compliant" with her use of Continuous Positive Airway Pressure (CPAP) and provide R14 with the mask of her choice for the CPAP. The facility failed to provide assessments and monitoring of R14's Peripherally Inserted Central Catheter (PICC) line in her right arm including diameter of the arm, length of PICC line on the outside of the arm, weekly dressing changes, weekly cap changes and assessments of the PICC line site every shift. This is for 1 resident in the sample of 22 with a PICC line and on CPAP (R14). The examples are: 1. The hospital Pulmonary Critical Care Consult	F 328		

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F 328	Continued From page 29 dated 10/12/10 for R14 showed, "The patient is an 80-year-old nonsmoker who was transferred to the intensive care unit today for for evaluation of worsening hypoxic hypercarbic respiratory failure and metabolic acidosis. R14...has suffered from complications of morbid obesity for many years. In about May 2010, she was hospitalized with a left frontal lobe cerebrovascular accident. She has been living with her daughter since January 2010. R14 ambulates about the home with a walker but more recently has had problems with shakiness and several falls. She has also been bothered with diarrhea. R14 was recently hospitalized and sent home. She returned to a different hospital on 10/11/10 for evaluation of increasing confusion. At that time, acute on chronic renal failure was identified. Her condition failed to improve with a 2 liter fluid bolus. She became increasingly obtunded and developed more respiratory distress. R14 was transferred to the Intensive care Unit. Bilevel ventilatory support was initiated .... The patient's family has requested a no intubation/no resuscitation advance directive.; Past medical history: Morbid obesity...Obstructive Sleep Apnea diagnosed approximately two months ago at the hospital and treated with nasal CPAP (Continuous positive airway pressure) at 11cm of pressure." On 12/6/10 at 2:50pm, R14 was observed sitting up in bed with a CPAP machine next to her bed. R14 stated, "I was faithful about wearing my CPAP at home, but after my last stay in the hospital I found it hard to wear that full face mask. So I told my daughter to take the machine home. A respiratory therapist came to talk to me. I told him I would wear the CPAP if he got me the mask that goes over my nose only. I am still	F 328		

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F 328	Continued From page 30 waiting for the nose mask. They keep saying that it is coming." R14's Nurses Notes showed R14 was admitted to the facility on 10/16/10. The first documented note about R14's CPAP was dated 10/30/10 and showed, "Restless due to CPAP mask. Complains of feeling closed in. Encouraged to keep mask on." R14's Nurses Notes showed, "11/1/10 at 3:30am - CPAP is in place.; 9:30am - Critical Basic Metabolic Panel results.... New orders received to send to the Emergency Room.; 11/3/10 - Admitted R14 to medicare bed.... Was in the hospital for Hyperkalemia. She is alert and oriented and answers questions appropriately." The first Nurses Note for R14 related to CPAP was on 11/8/10 and showed, "CPAP applied at bedtime. Tolerates well." R14's Nurses Notes showed, "11/10/10 - CPAP machine applied only at night.; 11/13/10 - Removes CPAP at times. Educated on importance.; 11/14/10 - At times removes CPAP. Educated on importance.; 11/15/10 at 12:30am - CPAP off at this time. Educated on importance of using CPAP. R14 states, "I just want it off for a little while."; 11/16/10 at 2:00am - R14 refuses to wear CPAP.; 11/16/10 at 6:30pm - CPAP applied at bedtime.; 11/19/10 at 2:00am - CPAP in place per orders. Does remove at times. Educated on the importance of wearing CPAP.; 11/19/10 at 6:30pm - CPAP applied at bedtime. Non compliant at times.; 11/22/10 - Refused CPAP. Educated on importance of wearing CPAP.; 11/24/10 at 2:00am - Refusing to wear CPAP."	F 328		

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F 328	Continued From page 31 A fax dated 11/23/10 to R14's physician showed, "R14 has refused CPAP for 3-4 days and her daughter took CPAP machine home due to R14's request. Since R14 is noncompliant may we discontinue CPAP?; Medical Doctor Response: The CPAP is very important so I am reluctant to discontinue it. I will re-address this with R14." R14's Nurses Notes dated 11/24/10 at 10:00am showed, "Respiratory therapist to evaluate R14. Order new mask for her due to noncompliance with CPAP mask." On 12/7/10 at 1:45pm, E2 (Director of Nursing - DON) stated, "The respiratory therapist is brining it (nasal CPAP mask) tomorrow. The respiratory therapist was here last week and said he would bring the nasal mask if R14 would use it." On 12/8/10 at 9:45am, R14 stated she just got her mask today (14 days after the respiratory therapist saw her and ordered the mask.). R14 stated, "I am going to try it tonight (new mask). I used it every day at home, even with a nap. I had a full face mask at home. After my hospitalization I couldn't tolerate it anymore. I told the nurses that I couldn't wear the mask (full face mask) and they would tell me to just try it and just passed the buck. I told my doctor I couldn't use that mask and then the respiratory therapist came. I still don't understand why it has taken two weeks to get the new mask since this is something I need and the doctor said I needed it. The Minimum Data Set for R14 with the Assessment Reference Date of 10/22/10 showed a score of 14 out of 15 for the Brief Interview for Mental Status.	F 328		

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F 328	Continued From page 32 R14's Care Plan dated 11/1/10 showed, "The resident is resistive to care: Refuses to use CPAP machine." There were no interventions on R14's care plan related to the use of CPAP including type of machine, settings, contraindications for use, monitoring, type of face mask . R14's care plan dated 11/1/10 showed no reasons why R14 is "non compliant" with the use of CPAP or interventions related to "non compliance." The facility's policy for CPAP/Bilevel Units, faxed to the facility on 12/8/10, showed, "Description: CPAP - Provides continuous positive airway pressure to airways to spontaneously breathing residents. Delivered via circuit to nasal mask, full face mask or nasal prongs.; Purpose: To augment resident breathing.; To treat residents with sleep disorders, obstructive sleep apnea as determined by sleep study.; To correct arterial hypoxemia.; To decrease the work of breathing.; To avoid tracheostomy and/or mechanical ventilation.; To decrease atelectasis.; To increase compliance.; Policy: All orders must include the following: Type of unit. Pressure settings. Oxygen order (if applicable). Delivery device and size (mask, nasal prongs). Frequency of therapy. Need for humidifier." R14's Nurses Notes dated 11/3/10 showed she was re-admitted to the facility with a "2 lumen PICC to the right antecubital area" of her arm. R14's Treatment Administration record (TAR) for the month of October 2010 showed, "PICC site - Routine dressing care" and had a dressing change marked on 10/18/10. R14's October 2010	F 328		

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F 328	Continued From page 33 TAR showed, "PICC site, change dressing and caps weekly" and had initials on 10/22/10 and 10/30/10. R14's TAR for November 2010 showed, "PICC site, change dressing and caps weekly." There was no documentation on the November 2010 TAR for R14 that showed the dressing or caps had been changed. A review of R14's Care Plans from 10/28/10 to 12/8/10 showed no care plan in place for the care of R14's PICC line. A review of R14's medical records from 11/3/10 to 12/8/10 showed no documentation of the length of the external portion of the PICC, measurements of the circumference of R14's arm above the PICC line site or type of dressing to be applied to R14's PICC line site. The facility's policy for Peripherally Inserted Central Catheter, faxed to the facility on 12/8/10, showed, "Considerations: Specific flush orders must be documented. Positive pressure within the lumen of the cathter must be maintained to prevent reflux of blood into the catheter. Intermittently used catheters must be clamped if necessary according to manufacturer's guidelines for catheter. Flushing is performed to ensure and maintain cathter patency and to prevent mixing of incompatible medications/solutions. Licensed nurses caring for residents receiving infusion therapies are expected to follow infection control and safety compliance procedures.; Guidance: A physician order is required to flush catheter. Only 10 ml syringes or larger will be used to flush catheters. If resistance is met when flushing, no further attempts to flush will be made, and	F 328		

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F 328	Continued From page 34 appropriate support staff per policy, will be contacted. Single use flushing systems must be used.; Procedure: Instill flushing agent using pulsing technique while observing for signs of complications/infiltration." The facility's Peripherally Inserted Central (PICC) Dressing Change policy, faxed to the facility on 12/8/10, showed, "Considerations: The catheter insertion site is a potential site for bacteria that may cause a catheter related infection. Transparent dressing is the preferred dressing.; 1. Dressing changes using transparent dressings are performed: At least weekly.; If the integrity of the dressing has been compromised (wet, loose or soiled).; 2. When a transparent dressing is applied over a guaze dressing it is considered a guaze dressing and is changed: Every 48 hours.; If the integrity of the dressing has been compromised (wet, loose or soiled).; 4. Antimicrobial ointment should not be used under transparent dressings.; 5. Assessment of venous access site is performed: During dressing changes.; Every 2 hours during continuos therapy.; Before and after administration of intermittent infusions.; At least once every shift when not in use.; 6. Assessment is to include, but is not limited to, the absence or presence of: Erythema, drainage, swelling or induration. Change in skin temperature. Tenderness at the site or along vein tract. Integrity of transparent dressing.; 7. Length of the external catheter and upper arm circumference (3 inches or 10 centimeters above insertion site) is obtained: Upon admission.; During dressing changes.; If signs or symptoms of complications are present." The facility's policy on PICC needleless Access	F 328		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 328	Continued From page 35 Device Change, faxed to the facility on 12/8/10, showed, "Guidance: 1. Needleless access devices are changed: Upon admission and at least every 7 days.; After blood is drawn through the needleless access device.; After blood is administered through the needleless access device.; Anytime the integrity of the needleless access device is in question.; Anytime the needleless access device is removed for any reason."	F 328		
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to follow the planned menu for serving the ground chicken nuggets at the evening meal on 12/5/10 and for the pureed bread at the noon meal on 12/6/10. This applies to 23 residents who receive a mechanical soft diet (R9, R10, R15, R24, R30-R39, R40-R48, R50-R54) and to 17 residents who receive a pureed diet (R4, R7, R11, R12, R17, R18, R19, R21, R25-R29, R32, R33, R34, R35). The examples include: 1. On 12/5/10 at 4:30pm, Dietary staff were	F 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 363	Continued From page 36 observed preparing the food cart for the 2nd floor dining room. E20 (Dietary) used tongs to serve the ground chicken nuggets for the mechanical soft diets. E20 would give the resident 1 or 2 "tongs" of ground chicken nuggets. E20 was asked how much ground chicken nuggets the residents were to receive? E20 said, 1 to 2 tongs. I usually give them 2 [tongs]." At 4:50pm, E10 (Cook) was observed serving the ground chicken nuggets to the 1st floor dining room residents who have a mechanical soft diet. E10 used tongs and served 1 or 2 tongs of ground chicken nuggets for the mechanical soft diets. E10 was asked does she measure the amount of ground chicken nuggets the residents are to receive? E10 said, "They are to get 5 nuggets, I just go by what it looks like." The menu showed the mechanical soft diets were to receive 5 ground chicken nuggets each. Dietary staff had no way to determine if the residents received the correct amount of ground chicken nuggets. 2. The menu for the noon meal on 12/6/10 showed the pureed diet was to receive: Jambalya, broccoli and bread. On 12/6/10 at 10:45am, E19 (Cook) had pureed the broccoli and was observed dishing up the portions of the prepared entree (Jambalya) and pureeing it for the noon meal. E19 said she did the same to puree the broccoli. At 11:15am, the 2nd floor residents received their lunch trays. The general diets were served the Jambalya and received a dinner roll. R4 was observed taking a dinner roll off of another resident's plate. There was no evidence that the	F 363		

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F 363	Continued From page 37 pureed diets received bread. E23 (Activities) said, I think they [Dietary] put the bread in the vegetable. I used to be a cook and I would have put it in there." E17 (Dietary Manager) said, "The Jambalya has rice in it, so that's probably why E19 did not serve the bread to the purees. At 11:55am E19 was asked about the bread for the purees. E19 stated, "I usually put the bread in the meat. I did not put it in the Jambalya because it has rice in it and it [bread] is not in the vegetable."	F 363		
F 364 SS=D	483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to puree foods to obtain a smooth texture for pureed Chicken & Sausage Jambalya prepared for the noon meal on 12/6/10. This applies to 17 residents who receive a pureed diet (R4, R7, R11, R12, R17, R18, R19, R21, R25-R29, R32, R33, R34, R35). The examples include: On 12/6/10, the menu for lunch showed, Chicken & Sausage Jambalaya with rice was the main	F 364		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 364	Continued From page 38 entree for the pureed diets. On 12/6/10 at 10:45am, E19 (Cook) was dishing up the portions of the prepared entree (Jambalaya) and pureeing it for the noon meal. The consistency of the Jambalaya was thick, lumpy and contained pieces of rice in the mixture. After tasting the pureed Jambalaya, there were residual pieces of the mixture left in the mouth. At 2:30pm, E17 (Dietary Manager) said, "We usually use cream of rice, since rice doesn't puree well." On 12/5 at dinner and on 12/6/10 for the noon meal, staff were feeding R19. R19 was noted to cough and make gurgling sounds. There are 17 residents who receive have swallowing/chewing problems and receive a pureed diet.	F 364		
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY 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 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to record the temperature of food items in the steamtable at the evening meal on 12/5/10; failed to have	F 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 371	Continued From page 39 sectional plates and a serving utensils (in clean storage) free of dried food debris; failed to maintain the commercial can opener clean and free of dried food and metal shavings and failed to have the front of the ice machine and door handles of the spice cabinet clean and free of grime. This has the potential to effect all 104 residents in the facility. The examples include: 1. On 12/5/10 at 4:50pm, E10 (Cook) was serving the evening meal in the 1st floor dining room. The steamtable contained 7 hot items and 4 cold items. E10 was asked to see the documentation of the food temperatures. E10 said, "I will write them down later. I keep the temperatures in my head." On 12/6/10, the facility's temperature log showed E10 failed to record the temperatures for the ground meat and for one of the other hot food items. E10 did not record any of the cold food item temperatures. On 12/6/10 at 10:40am, E19 (Cook) was preparing the noon meal. E19 had recorded the temperatures for the items that were in the steamtable. E19 said, "I write down the food temperatures before I serve the food." The 2008 Illinois Food Service Sanitation Code for Section 750.130 (a) documents, "Where it is impracticle to install thermometers on equipment such as steamtables, a product thermometer must be available and used to check internal food temperature." 2. On 12/6/10 at 10:45am, the following was observed in the kitchen during the sanitation tour:	F 371		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 371	Continued From page 40 a) There were 17 sectional plates stacked near the steamtable ready to be used for the noon meal. Eight(8) of the 17 plates were stored with dried food debris attached to the plate surface. One of 4 serving spoons (in the utensil drawer) had dried food attached to the spoon. The grooves of the commercial can opener contained sticky residue, dried food debris and metal shavings. The 2008 Illinois Food Service Sanitation Code for Section 750.800(b) documents,"To prevent cross contamination, kitchenware and food contact surfaces of equipment shall be washed, rinsed and sanitized after each use." b) The handles of the spice storage cabinet had a build-up of grime that could be scraped off. The front door of the ice machine was splattered with dried liquid residue. The 2008 Illinois Food Service Sanitation Code for Section 750.800(e) documents,"Non-food contact surfaces of equipment shall be cleaned as often as is necessary to keep the equipment free of accumulation of dust, dirt, food particles and other debris.	F 371		
F 373 SS=J	483.35(h) FEEDING ASST - TRAINING/SUPERVISION/RESIDENT A facility may use a paid feeding assistant, as defined in §488.301 of this chapter, if the feeding assistant has successfully completed a State-approved training course that meets the requirements of §483.160 before feeding residents; and the use of feeding assistants is consistent with State law.	F 373		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 373	Continued From page 41 A feeding assistant must work under the supervision of a registered nurse (RN) or licensed practical nurse (LPN). In an emergency, a feeding assistant must call a supervisory nurse for help on the resident call system. A facility must ensure that a feeding assistant feeds only residents who have no complicated feeding problems. Complicated feeding problems include, but are not limited to, difficulty swallowing, recurrent lung aspirations, and tube or parenteral/IV feedings. The facility must base resident selection on the charge nurse's assessment and the resident's latest assessment and plan of care. NOTE: One of the specific features of the regulatory requirement for this tag is that paid feeding assistants must complete a training program with the following minimum content as specified at §483.160: o A State-approved training course for paid feeding assistants must include, at a minimum, 8 hours of training in the following: Feeding techniques. Assistance with feeding and hydration. Communication and interpersonal skills. Appropriate responses to resident behavior. Safety and emergency procedures, including the Heimlich maneuver. Infection control. Resident rights. Recognizing changes in residents that are inconsistent with their normal behavior and the	F 373		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

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F 373	Continued From page 42 importance of reporting those changes to the supervisory nurse. A facility must maintain a record of all individuals used by the facility as feeding assistants, who have successfully completed the training course for paid feeding assistants. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure residents with complicated eating and drinking problems were not fed by a feeding assistant/resident attendants. R4's clinical record failed to show the resident had been assessed by the charge nurse for eligibility to be fed by a feeding assistant/resident attendant. The facility failed to ensure the state approved feeding assistant /resident attendant program was renewed prior to the 10/2/10. These failures resulted in an Immediate Jeopardy. The Immediate Jeopardy was identified on 12/8/10. It began on 10/18/10 when R4 developed aspiration pneumonia after consuming thin liquids while being supervised by facility staff. R4 consumed a dinner roll on 12/6/10 while being supervised by a feeding assistant/resident attendant. The Immediacy was removed on 12/8/10 when the facility terminated the resident attendant program and the care plan was revised and safety interventions during meals was put into place for R4. The facility remains out of compliance at a level 2 due to the need to	F 373		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 373	Continued From page 43 evaluate the staffing needs to ensure the residents who require assistance with feeding are accommodated; revise the resident attendant policy and procedure and to monitor and evaluate the effectiveness of the care changes. This applies to 1 resident identified at risk for aspiration being fed by an feeding assistant/resident attendant (R4) on the second floor. The example includes: On 12/5/10 at 5:45 PM, R4 was seated at the dining room table in a wheelchair. E15 (Activity Aide/Resident Attendant) was seated next to R4 and was feeding her the evening meal. R4 ate and drank 100% of the puree foods and thickened fluids provided. On 12/5/10 at 6:00 PM, E2 (Director of Nurses) was observed monitoring the dining room activity. E2 stated E15 was not a Certified Nursing Assistant, but a trained staff member of the paid resident attendant program at the facility. E2 stated their license expired in October of 2010, but the application and paper work had been sent to Springfield for renewal. On 12/6/10 at 11:15 AM, R4 was seated at the dining room table. R4's lunch tray was delivered to the table, but was pushed back from R4's reach. No food or fluids were given to R4 while the remaining trays were passed. The resident tried to reach for her food, and attempted to remove the metal plate cover. R4 then reached over and removed a dinner roll wrapped in plastic wrap from a table mate's tray. R4 tried to take a bites out of the roll with the plastic wrap still on	F 373		

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	145312	A. BUILDING _____ B. WING _____	12/14/2010

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NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 373	Continued From page 44	F 373		

the bread; then put her fingers into her food trying to feed herself. E23 (Activity Aide) was seated at the table assisting 2 other residents with their meal, while R4 tried to eat the dinner roll and played in her food. E15 (Activity Aide/Resident Attendant) returned to the table to feed R4. R4 ate the whole roll without staff intervening.

After the observation of R4 consuming the dinner roll, the medical record was reviewed. The Physician Order Sheet dated 12/1/10 lists R4's diagnoses to include Head Contusion, Alzheimer's Disease, Seizure Disorder and Parkinson's Disease. On 3/9/10, R4 was prescribed to receive puree foods with nectar thickened liquids. The Minimum Data Set of 10/21/10 documents R4 requires supervision and staff assistance for eating. R4's care plan states to "Monitor for Chewing/swallowing problems and for signs and symptoms of aspiration: Gasping for air, gurgling sounds, shortness of breath, ashen color and report to nurse". There was no speech therapy assessment or evaluation in the record during the survey.

The nurses' notes for R4 dated 10/18/10 documents, "Lungs with loud expiratory rhonchi heard bilaterally, suctioned with a moderate amount of thick light yellow secretions".

The x-ray report dated 10/21/10 documents R4 had a right lower lobe infiltrate and small left pleural effusion.

On 12/6/10 at 3:00 PM, Z3 stated, "My wife was quite ill about 1 month ago. I still haven't received an explanation of what made her so sick. I visited her on Sunday and she was OK. The next day they called to tell me how sick she

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	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 373	Continued From page 45 was and they wanted to send her to the hospital." On 12/6/10 at 9:45 AM, during a (confidential staff nurse interview) stated, "R4 had aspiration pneumonia a few months ago. R4 probably aspirated when she grabbed liquids from another table mate's tray and drank them. She should have nectar thick liquids. The liquid she drank was not thickened. R4 tries to take others' food and fluids". R4's care plan does not contain specific feeding interventions that are necessary to prevent R4 from aspiration of food or fluids. At 12/6/10 at 9:30 AM, E14 (Licensed Practical Nurse - LPN/2nd floor Charge Nurse) stated, "The nurse monitors the dining room during meals. The feeding assistants can feed residents with puree foods, but not if they have thickened liquids." On 12/8/10 at 10:15 AM, E15 (Activity Aide/Feeding Assistant/Resident Attendant) stated, "At meal times, we pass the trays then we just see who needs to be fed and we sit down and feed them. I have fed R4 many times." On 12/6//10 at 11:40 AM, E11 (Registered Nurse - RN) stated, "Only CNA's can feed residents on thickened liquids. R4 should be fed by a CNA." E11 confirmed that E15 is not a CNA, but has had the feeding assistant training. On 12/7/10 at 3:20 PM, E11 (RN) stated, "CNA should feed residents with Aspiration Precautions or thickened liquids. The charge nurse decides who the feeding assistants should feed. I don't do any swallow assessments, speech therapy will	F 373		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 373	Continued From page 46 do the assessments and let us know who needs thickened liquids. All residents with thickened liquids are at risk for aspiration." On 12/8/10 at 11:10 AM, E2 (Director of Nurses - DON) presented the cover letter sent to Springfield for the renewal of the resident assistant program. E2 stated the previous program approval expired on October 2, 2010. E2 stated she mailed the renewal application and required information on approximately November 30 or December 1, 2010. The facility Resident Attendant policy states, "Residents with complicated feeding problems including, but not limited to, difficulty swallowing, recurrent lung aspirations and tube or parenteral/IV feedings shall not be fed by Resident Attendants." The policy does not contain facility specific information regarding assessment of the residents, resident attendant assignments, and supervision of the resident attendants. On 12/14/10 at 12:20 PM, E1 (Administrator) stated the facility does not have a job description for the resident attendant/feeding assistant position. Memo dated 12/8/10 from the Rockford Regional office to the survey team confirms the facility did not have a current Department approved Resident Attendant Program and the previous program expired on 10/2/10. The Department confirmed the facility's request for re-approval was received on 12/6/10. E1 (Administrator) was informed of the Immediate Jeopardy on 12/7/10 at 4:45 PM.	F 373		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 373	Continued From page 47 The survey team confirmed through interview, observation and record review, the facility took the following actions to remove the immediacy: On 12/8/10 at 3:15 PM, E1 posted a memo stating only CNA's and nurses are to feed all residents. E1 stated the resident assistant program is terminated until renewal is received from the Department. Staffing schedules were revised; additional CNA staff were assigned during meal times to assist residents with eating. Staff inservices were provided to address supervision of residents at meal times, and resident observations of inappropriate behaviors at meal times.	F 373		
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; (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. (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	F 441		

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	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 441	Continued From page 48 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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure contaminated gloves were removed before providing personal care and failed to ensure hand washing facilities were available for laundry personnel. This applies to 1 resident in the sample of 22 (R4) and has the potential to affect all the residents in the facility. The examples include: On 12/5/10 at 5:00 PM, E7 and E8 (Certified Nursing Assistants - CNA) approached R4 to get her out of bed for the evening meal. R4 was incontinent of a large amount of urine. E7 wearing gloves, performed incontinence care. After drying R4's rectal area and buttocks, E7 applied a barrier cream to her skin. Without removing her contaminated gloves, E7	F 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

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NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 441	Continued From page 49 proceeded to assist R4 to get dressed for dinner, assisted her into the wheelchair using a gait belt, and repositioned her in the chair. After gathering the soiled linen into a plastic bag, E7 removed her gloves. On 12/5/10 at 5:05 PM, E7 (CNA) stated, "I am a Lead CNA, and am responsible for training new staff. I would expect them to remove their dirty gloves after they complete peri care and before they proceed with other cares for the resident." E7 confirmed she did not remove her gloves when she was finished with pericare for R4, but I should have." The facility policy for use of gloves states they are to be used when touching excretions, secreations, blood, body fluids, mucous membraines or non-intact skin. Gloves are to be used to prevent the spread of infection and disease to residents and employees. 2. On 12/6/10 at 2:50pm during the tour of the laundry area, there were barrels filled with visible feces and urine soiled linens. The soiled holding room contained numerous piles of soiled linen and bags of linen still filled the linen chute holding the door open. The laundry room smelled strongly of urine and feces. E1 (Administrator) was present in the laundry and attempted to respond to questions about the laundry due to E22 (laundry supervisor) needing an interpreter. E1 was asked if the linen is washed out prior to coming to the laundry. E1 said, "The CNA's rinse the soiled items out before sending them to the laundry." E1 was asked where the laundry employees wash their hands? E1 said they wash their hands at the 2 compartment sink. E1 was unable to explain how the employees wash their hands	F 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145312	A. BUILDING _____ B. WING _____	12/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHWOODS CARE CENTRE	2250 PEARL STREET BELVIDERE, IL 61008

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F 441	Continued From page 50 since the 2 compartment sink has a hose attached to it. The water to the sink did not come on when the faucet was turned on. The hose was submersed in a plastic container filled with water and both sides of the sink contained spray bottles and "rags." E1 left the laundry to get someone to speak with E22 about the sink. E22 entered the laundry and turned two handles located high on the top of the hose to turn the water on. E1 said they probably wash their hands in the restroom across the hall or use the gel sanitizer located in the laundry. E1 was unable to locate any gel sanitizer in the laundry. The article entitled "Infection Control Prevention and Control Best Practice in Long Term Care facilities documents: Hand hygiene is the responsibility of all individuals involved in health care. Hand hygiene refers to removing or killing microorganisms on the hands as well as maintaining good skin integrity. There are two methods of removing/killing microorganisms on hands: washing with soap and running water or using an alcoholbased hand rub. Generally, the focus is on microorganisms that have been picked up by contact with clients/ health care providers, contaminated equipment, or the environment (transient or contaminating bacteria). Effective hand hygiene kills or removes microorganisms on the skin and maintains hand health. Alcohol-based hand rub is the preferred method for decontaminating hands. Using alcohol-based hand rub is better than washing hands (even with an antibacterial soap) when hands are not visibly soiled.	F 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 441	Continued From page 51 However, hand washing with soap and running water must be performed when hands are visibly soiled.	F 441		
F 456 SS=C	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to maintain a commercial sized washer located in the laundry in good repair. This has the potential to affect all 104 residents in the facility. The findings include: On 12/6/10 at 2:50pm, during tour of the laundry area 1 of 3 commercial-sized washers was leaking from the corroded/rusty base of the washer onto the floor. On 12/7/10 at 9:30am, E16 (maintenance) said, "The machine's internal drum has a pin in the bottom that has broken off. It has been repaired before, it still leaks but not as much as it did before. It may have to be replaced."	F 456		