

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

PRINTED: 01/05/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145447</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/17/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERITAGE MANOR-ELGIN</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>355 RAYMOND STREET ELGIN, IL 60120</b>		
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F 000	INITIAL COMMENTS	F 000			
F 241 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview the facility failed ignored a resident who became incontinent of stool during a group activity and failed to treat resident respectfully. This is for two resident in the supplemental sample R17 and R18.</p> <p>Examples include:</p> <p>On 12/15/10 at 8:50 a.m. a strong urine and fecal odor was present while a ball toss activity was going on conducted by E8. There were no nursing staff present during this observation.</p> <p>R17 who is totally dependent on the staff for bowel and bladder care according to the care plan was observed seated in a wheel chair in the activity room during this time at 8:50 a.m. R13 was observed seated in front of R3. There was a strong fecal odor in the room . There was eleven other residents seated in this room in wheelchairs. R13 was observed to stand from her wheelchair and a alarm sounded. R13 was told to sit down by E8 (activity staff) and was assisted to sit down. E8 reconnected the alarm. R13 stood</p>	F 241			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 241	Continued From page 1 up again in a matter of seconds. R13 was again told by E8 to sit and assisted her to sit and reconnected the alarm. E8 who was present was told of a strong urine and fecal odor present in the room. E8 continued with the activity. There was no staff intervention until surveyor brought this to the attention of E7 (nurse). E7 (nurse) directed the staff E5 and E6 (certified nursing assistants). The resident was removed from the dining room and found to be incontinent of urine and stool at 9:05 a.m.	F 241			
F 272 SS=D	483.20, 483.20(b) COMPREHENSIVE ASSESSMENTS  The facility must conduct initially and periodically a comprehensive, accurate, standardized reproducible assessment of each resident's functional capacity.  A facility must make a comprehensive assessment of a resident's needs, using the RAI specified by the State. The assessment must include at least the following: Identification and demographic information; Customary routine; Cognitive patterns; Communication; Vision; Mood and behavior patterns; Psychosocial well-being; Physical functioning and structural problems; Continence;	F 272			

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F 272	<p>Continued From page 2</p> <p>Disease diagnosis and health conditions; Dental and nutritional status; Skin conditions; Activity pursuit; Medications; Special treatments and procedures; Discharge potential; Documentation of summary information regarding the additional assessment performed through the resident assessment protocols; and Documentation of participation in assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and facility staff interview the facility failed to comprehensively assess the medical reason for one of one resident in the sample who uses a indwelling catheter R3.</p> <p>Examples include: R3 was admitted to the facility on 9/28/10 with a indwelling catheter. R3 was observed on 12/15/10 wearing a indwelling urinary catheter.</p> <p>Interview with E3 (restorative nurse) on 12/15/10 stated the reason for R3 to have a indwelling urinary catheter was because he has a diagnosis of urinary retention. E3 said residents admitted with a diagnosis of urinary retention keep their catheters. E3 was queried for the assessment for review, used by the facility to determine R3's bladder function. Review of this assessment and the Minimum Data Set/RAPS completed 9/14/10 showed that R3 had urinary retention as a diagnosis and no other information was available regarding R3's urinary status for use of the</p>	F 272			

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F 272	Continued From page 3 indwelling catheter.	F 272			
F 279 SS=D	On 12/16/10 E3 presented the surveyors with a report from a urologist dated 9/28/10 that was faxed to the facility on 12/16/10. This report gave reason for the use of the catheter.  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 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 , medical record review and interview the facility failed to develop a comprehensive care plan with realistic goals in the areas of activities of daily living for R4., and ensure that the plan of care for R5: Identify specific concerns as indicated from the	F 279			

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F 279	<p>Continued From page 4 assessment, Have measurable goals and interventions to address concerns, Identify how staff is to monitor the application of assistive devices</p> <p>For 2 of 16 sampled resident (R5 and R4)</p> <p>Example includes:</p> <p>R4 has a diagnosis of Parkinson's Disease and was observed seated in the dining room in a wheelchair on 12/15/10 being fed by a family member. R4 was nonverbal during the entire dining experience.</p> <p>Interview with family revealed the resident has continued to decline and requires total assistance in all areas of activity's of daily living and decided upon Hospice care on 12/1/10. This was verified by E4 (restorative aide). R4's Hospice care plan was separate from the facility care plan, and was not intergrated. R4's care plan when reviewed on 12/15/10 read , will be able to feed self, will be able to put cloths on, will be able to participate in AROM (active assistive range of motion), will be able to feed self 50% of her meal, feed herself for 1/2/ mealtime with maximum assist and reviewed with E3 (restorative nurse) and E2 (director of nurses).</p> <p>E4 was observed to perform passive range of motion to R4's right shoulder. E4 stated R4 requires total assistance from the staff and unable to do her own range of motion.</p> <p>R4's quarterly Minimum data Set for 10/13/10 assessed the resident as totally dependent and</p>	F 279			

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F 279	Continued From page 5 needing assistance of staff. R4's care plan goals are not realistic for the current physical functioning of this resident. During the survey conducted 12/15/10, R 5 was observed to be in use of a left hand splint to his hands. The splint was observed to be incorrectly applied with the support for the finger resting in the lower palm area of the hand. R 5' s' fingers noted to be contracted with the finger tips touching the palm of the hand. Interview with R5 on 12/15/10, he stated he puts the splint on himself and the staff use to perform range of motion to his fingers but not any more. A review of the plan of care a focus statement decreased stamina ,endurance,balance and strength. a goal is stated that R5 will be able to assist with the application of left hand splint. with intervention to let R5 assist with application. and provide passive range of motion PROM to left hand, wrist and left elbow and left shoulders. The is no information of how many repetitions or how the staff will monitor the application of all assistive devices.	F 279			
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	F 315			

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F 315	<p>Continued From page 6</p> <p>by: Based on observation, record review, facility staff interview the facility failed to provide appropriate care and services for residents who used indwelling catheters to prevent potential urinary tract infection from developing. This was for one of one sampled resident R3.</p> <p>Examples include:</p> <p>R3 was admitted to the facility on 9/28/10 and has a history of urinary tract infections.</p> <p>R3 was observed seated in a wheelchair in the activity room on the south unit. The urinary drainage tubing was observed hanging from beneath the left pant leg and extended over and hung on the bar of the wheelchair that was aligned next to the chair R3 was seated in. The tubing was observed to go down the leg and back up to the bar on the wheelchair.</p> <p>R3 was observed on 12/16/10 being walked to the dining room before lunch. The urinary drainage tubing was observed to come from the bottom of the left pant leg and the urinary drainage bag was placed onto the lower bar of the walker in front of the resident. The tubing appeared taunt from the pant leg to the bar of the walker. The drainage bag and tubing was observed to be at the level of R3's bladder.</p>	F 315			