

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

PRINTED: 06/05/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146018</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/02/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARK HOUSE NURSING &amp; REHAB CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2320 SOUTH LAWDALE CHICAGO, IL 60623</b>		
(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  Complaint Investigation  1482355/IL70074 - F166, F221  1482094/IL69798 - no deficiencies  1480840/IL68377 - no deficiencies	F 000			
F 166 SS=D	483.10(f)(2) RIGHT TO PROMPT EFFORTS TO RESOLVE GRIEVANCES  A resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to file a concern form and investigate a concern brought to the administration for 1 of 4 residents (R1) reviewed for grievances in the sample of 5.  Findings include:  Grievance Reports/Complaints Procedure documents any resident, his/her representative, family member or advocate may file a grievance or complaint concerning his/her treatment, medical care, behavior of other residents, staff member, theft of property, etc. Upon receipt of the grievance and/or complaint, an investigation will be conducted and as written follow up of such will be documented and placed in the Grievance Binder.	F 166			

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 166	Continued From page 1  Complaint Intake Information 5/29/14 documents R1 was found at the nurse's station sitting in the wheelchair with a gait belt wrapped through the arms of the wheelchair and secured. Neither a current order or consent for the use of a restraint was found in the chart. On 6/1/14 at 1:35pm, E1(Administrator) stated that Z1(Advocate) spoke with him on 5/29/14 regarding the lack of order and consent for R1's restraint. E1 told Z1 that the facility would follow through and make sure there was an order and consent. E1 stated he does not remember anything else about the conversation, the conversation was not documented, a concern form was not filled out, and an investigation was not done. E1 stated that if a concern is brought to him, it will be addressed and resolved. Review of Grievance/Concern Log January through May 2014 does not have any evidence that this concern was documented and placed in the binder, as verified with E1.	F 166			
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 follow their policy and assess residents, document a diagnosis, obtain physician orders, and obtain verbal consent for the use of restraints for 2 of 2 residents (R1,R2),	F 221			

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F 221	<p>Continued From page 2</p> <p>and failed to safely restrain 1 of 2 residents (R1) reviewed for physical restraints in the sample of 5.</p> <p>Findings include:</p> <p>Physical Restraint Application Policy documents verify physician's order for the use of restraints. A physician order must include restraint type, medical reason for use, time frame it may be used, circumstances it may be used, and instructions for release. Restraint, as ordered such as self-releasing belts, wedge cushions, hand control mitts, lap hugger, soft belt, wheelchair tray, shoulder harness, reclining chair with or without tray, and enclosed walker. Documentation includes the use of a restraint should be re-evaluated monthly for the duration of the use. A written informed consent must be obtained.</p> <p>Facility provided list of residents with restraints as of 5/7/14 lists R1 and R2 as the only residents with seat belts used as restraints.</p> <p>On 6/1/14 at 9:55am, R2 sat in the wheelchair with a seat belt secured around his waist. R2 was not able to release the belt himself. Face Sheet documents R2 was readmitted to the facility on 3/3/14. Minimum Data Set (MDS) 5/6/14 Section P Restraints documents the use of a trunk restraint and chair to prevent rising. Physician Order 5/29/14 for seat belt for positioning and safety to be removed every 2 hours for repositioning, check and change, and activities. Informed Consent 5/29/14 for the use of the seat belt by verbal consent from R2's representative. The previous consent is dated 3/18/13, over 1 year prior to the current consent of 5/29/14. There is no diagnosis, order, or monthly assessments</p>	F 221			

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F 221	<p>Continued From page 3</p> <p>for the use of the seat belt as a restraint prior to 5/29/14. This lack of evidence was verified by E2(Director of Nursing) and E4(Restorative Nurse) on 6/1/14.</p> <p>On 6/1/14 at 9:50am, R1 sat in the wheelchair in his room. A blue seat belt is attached to the wheelchair. R1 is non verbal, cannot participate in the conversation, and cannot manipulate his hands to secure or release the seat belt. Face Sheet documents R1 was readmitted to the facility on 3/6/14. Minimum Data Set (MDS) 3/19/14 Section P Restraints documents the use of a trunk restraint and chair to prevent rising. Physician Order 5/29/14 for seat belt for positioning and safety to be removed every 2 hours for repositioning, check and change, and activities. There is no diagnosis, order, or monthly assessments for the use of the seat belt as a restraint prior to 5/29/14. This lack of evidence was verified by E2(Director of Nursing) and E4(Restorative Nurse) on 6/1/14.</p> <p>Complaint Intake 5/29/14 documents R1 was found at the nurse's station restrained with a gait belt which was wrapped through the arms of the wheelchair. The lack of order, documentation and consent was discussed with E1(Administrator) at that time.</p> <p>On 6/1/14 at 12:30pm, E2(Director of Nursing) stated both R1 and R2 have had seat belts for "quite a while." E2 stated in order to use a device as a restraint, there must be an order, medical reason for the use, and consent from the representative. Medical charts were reviewed with E2. E2 verified that there are no orders for the use of seat belts as restraints before 5/29/14.</p> <p>On 6/1/14 at 1:35pm, E1(Administrator) stated that on 5/29/14 Z1(Advocate) brought the</p>	F 221			

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F 221	<p>Continued From page 4</p> <p>concern of a seat belt being used to restrain R1. E1 told Z1 that the facility would follow through and make sure there was an order and consent. On 6/1/14 at 1:40pm, E4(Restorative Nurse) stated a new order for a restraint is needed if the resident has been discharged and readmitted, consents for restraint use are valid for 1 year, and instructions for the use of the restraint must be documented.</p> <p>On 6/2/14 at 9:45am, E5(Nurse) stated that on 5/29/14, Z1 asked her to provide the paperwork for the restraint use on R1. E5 told Z1 it was all in the chart, but did not check herself. E5 stated the belt around R1 was white in color, it was not the seat belt that was attached to the wheelchair, and it could have been a gait belt.</p> <p>On 6/2/14 at 10:05am, E6(Nurse Aide) stated that R1 already had the restraint on when she came into work in the morning of 5/29/14. A gait belt was looped around the arms of the wheelchair, stretching in front of R1 so R1 could not get out of the wheelchair. E6 stated she did not ask questions about why the gait belt was there. E6 stated she removed the gait belt, provided care to R1, and secured it back the same way when she was done.</p> <p>On 6/2/14 at 10:20am, E2 stated a gait belt was used as a restraint on 5/29/14 on R1 when it should not have been.</p> <p>On 6/2/14 at 10:45am, E4 stated a gait belt was across the front of R1's wheelchair on 5/29/14. Gait belts are not to be used that way.</p>	F 221			