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	146018	A. BUILDING _____ B. WING _____	11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK HOUSE NURSING & REHAB CTR	2320 SOUTH LAWNDALE CHICAGO, IL 60623

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F 000	INITIAL COMMENTS	F 000		
F 167 SS=B	Annual Licensure and Certification 483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to make the results of the most recent State Survey available for examination in a place readily accessible to residents and the public. Findings include: On 11/13/13 at 10.43 am during the group meeting, all the twelve residents (R20 - R31) who attended the meeting said that they did not know where to find the results of the last survey. In addition, on 11/13/13 at 10.40 am during the environmental tour with E6 (House Keeping Supervisor), the surveyor asked E6 for the most recent survey results. E6 pointed to the black binder on the table by the main entrance of the facility. The black binder was empty; E6 stated " It should be right here, what happened? " On 11/14/13 at 10.00 am during the facility ' s presentation to the surveyors, E1 (Administrator) stated " The last survey results are now available	F 167		11/29/13

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

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

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F 167	Continued From page 1 in the binder by the entrance door, and we always have it at the nursing station also. "	F 167		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to develop and implement an effective pain management plan for one resident (R7) of 11 reviewed pain monitored in a sample of 19 residents. Findings include: R7 is a 48 year old who was admitted from an acute care hospital on 10/3/13. R7 is alert and oriented to person, place and time. R7 ' s medical history includes left shoulder pain related to injury in a car accident in 1995. On 11/12/13, 9:50 AM, R7 was awake in bed with his head covered over. R7 stated that his left shoulder was hurting. R7 stated that he received Motrin about one half hour earlier, but the pain still rated 9/10 at that time. R7 stated that the Motrin did not relieve his pain. R7 said that he had discussed the ineffectiveness of his pain medication with the nurse and the doctor. R7 said he was told by the nurse that the doctor did not want to give anything stronger. R7 said the doctor said something to R7 about not wanting to	F 309		11/29/13

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be sued.
Review of the medical record POS (Physician Order Sheet) showed the following medications were ordered for pain:
Motrin 600mg by mouth every 6 hours as needed.
Norco 5-325 mg by mouth, one tablet every 6 hours as needed.
Tylenol 650 mg by mouth every 6 hours as needed.
Review of the MAR (Medication Administration Record documentation showed that R7 had never received Norco for pain, but was regularly receiving Motrin nearly every day. R7 had received Tylenol only once since admission.
Review of the nurse ' s notes showed that on 10/31/13 a nurse documented that R7 received no relief of shoulder pain after given Motrin. The nurse called the doctor. The nurse noted that R7 had an order for Norco, but the doctor denied the request to fill the order. The doctor said Motrin and Tylenol were to be alternated.
There was no consistent assessment of the effectiveness of the pain medications. The comprehensive care plan did not identify pain as a problem.
Review of R7 ' s hospital records showed that R7 received Motrin 600mg by mouth every 6 hours as needed for mild pain (1-3) and Norco 5-325mg by mouth every 6 hours as needed for moderate pain (4-6).
On 11/13/13 at 10:35, R7 was awake in bed and stated that the painful shoulder was about the same, rated at 9/10. R7 stated that he needs something more for pain relief. R7 said, " I get tired and aggravated because of the pain. I can ' t do anything because of this pain. My doctor said he was scared of a law suit or something. I just need something to help this pain. "
11/13/13 10:50 AM, E2, DON (Director of

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Nursing) was informed of the concerns of R7 and E2 stated that he was unaware of the situation. E2 stated that the physician would best be able to address R7 ' s pain issues. The facility ' s Pain Management Policy notes its purpose to be to provide optimal pain control and to provide assessment and monitoring guidelines for pain management.

On 11/13/13 at 11:00 AM per telephone conversation, Z1 (physician) stated that R7 has an old shoulder injury with chronic pain. Z1 said Norco is used for the relief of acute pain. Z1 said Z1 instructed R7 on shoulder exercises to perform along with alternating Motrin and Tylenol for the relief of pain.

On 11/13/13, 11:30 AM, R7 was observed walking past the nurse ' s station. R7 walked with the left arm held rigidly at his side with the left shoulder slightly raised. When asked about shoulder exercises, R7 stated, I cannot do it because the pain is so severe when I move that arm. " E2, DON was present and stated, " We are going to change his doctor. "

On 11/13/13 at 2:50 PM, E4 (Nurse) stated that R7 requests pain medication once and sometimes twice a shift. E4 said R7 usually rates pain level at 9-10 with 10 being the worst pain imaginable. E4 also said that R7 often asks for something stronger, but he only has Motrin and Tylenol ordered. When pointed out to E4 that the Physician Orders include Norco, E4 stated that the doctor said the pain was chronic, so alternate Motrin and Tylenol. E4 said that sometimes R7 requests the antianxiety medication when the pain is so severe.

On 11/14/13, 10:00 AM, E2 (DON) stated that R7 ' s doctor had been changed, but R7 was being sent to the emergency room to have the shoulder pain evaluated.

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F 323 SS=E	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: Based on observations, interviews and record review, the facility failed to ensure that the second floor north stairway handrails and the first floor hallway handrails close to room H13 are well affixed to the wall. The facility also failed to ensure that the metal grates on the second floor north stairway are free of sharp spiked edges. These failures have the potential to affect 63 residents who use the stairs to go to the activity room on the second floor. In addition, the facility failed to cover the electrical junction box on the wall in the hallway by the vending machine. This failure has the potential to affect all 63 residents who ambulate independently. The facility failed to follow their policy on " Preventive Maintenance. " Findings include: On 11/13/13 at 10:10am, during the environment tour with E6 (House Keeping Supervisor), there were loose hand rails on the second floor north stairway and the first floor hallway close to room H13. The metal grates adjacent to the loose handrails on the second floor stairway had sharp spiked edges. E6 stated " I ' ll make sure we fix it. " On 11/13/13 at 11.45am, E7 (Activity Director) stated " A lot of residents who are ambulatory use the	F 323		11/29/13

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F 323	Continued From page 5 stairs to come up to the activity room majority of the time. " E7 later presented a list of 63 residents who use both the stairs and the elevator to go to the activity room on the second floor. The facility ' s policy and procedure on " Monthly Maintenance Inspection Log Policy and Procedure " was reviewed. It states (in part) to immediately repair any item that poses a hazard to residents and employees. The facility failed to follow their policy. On 11/13/13 at 10:30am, during the same tour with E6, the electrical junction box on the wall in the hallway by the vending machine was found to be without a cover. E6 stated " This needs to be covered. " The facility's policy on " Preventive Maintenance " states (in part) to maintain all electrical systems in safe and functioning condition.	F 323		
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 upon observation, interview and record review facility failed to have refrigeration operating at proper temperatures to inhibit the	F 371		11/29/13

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growth of potentially hazardous microorganisms. Potentially hazardous foods were not properly stored, labeled or dated. Air drying section of the three compartment sink promoted equipment contamination. Facility failed to accurately calibrate food thermometers to assure proper food temperatures. This failure places residents at risk for potential food borne illness and has the potential to affect all 91 residents in the facility.
Findings Include:
On 11/12/13 at 9:55am, first two door reach in refrigerator was 45 degrees Fahrenheit, second two door reach in refrigerator was 48 degrees Fahrenheit. No thermometer was found in two door reach in freezer. Reach in milk cooler was 44 degrees Fahrenheit.
Surveyor questioned E8 (Food Service Supervisor) as to the correct refrigeration temperature and E8 stated " Last I thought it was 45 degrees Fahrenheit " , Surveyor stated refrigerators should be 41 degrees Fahrenheit or less to store potentially hazardous foods.
In the first reach in refrigerator, facing both reach in refrigerators, were two wrapped ten pound logs of defrosted ground beef on a tray. No dates were found on this ground beef. Beneath the ground beef logs was a clear pinkish liquid of one cup or more. Also there were two more 10 pound logs of frozen ground beef which had been removed from their original packaging container. No dates were found on either log of ground beef indicating when it was received. Four twelve pound wrapped pieces of roast beef were found with no dates as to when it was received or removed from the original container.
On 11/12/13 at 1:00pm observed raw chicken stored in the reach in refrigerator. Raw chicken was panned into two, 2 inch deep pans. This chicken was covered by placing the bottom of a

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burnt, charred and greasy pan directly on top of the raw chicken in the refrigerator. There were two full pans of chicken that were both covered in the same way. E8 stated employees were in a rush to cover this product.
On 11/13/13 at 10:40am observed ice machine in basement dining room with ice scoop placed in a scoop holder. There was standing water with unidentified visible speckles in the scoop holder and touching the scooping edge of the ice-scoop utensil.
On 11/13/13 at 11:45am observed two saturated wet discolored terrycloth towels on top of the stainless steel table where pots, pans and small utensils are placed after exiting the sanitizing compartment of the three compartment sink.
E9 (AM Cook) was asked as how long the wet towels were there and E9 stated that " they have been there since early this morning". When the towels were lifted there were food particles in the liquid on the table. E8 was asked why towels were placed on the air dry table of the three compartment sink and E8 stated " to keep the water from running onto the floor. "
On 11/13/13 at 11:40 am observed E10 (PM Cook) prepare pureed lunch items just prior to meal service. After pureeing meat loaf entrée E10 washed, rinsed and sanitized the food processing equipment in the three compartment sink. E10 then placed the clean food processing utensils upon the discolored and saturated terrycloth towels and proceeded to use the food processing equipment again for the pureed corn.
On 11/13/13 at 11:40 am observed facility food thermometer registering 220 degrees Fahrenheit at room temperature. Surveyor asked E9 (AM Cook) the proper temperature to calibrate a thermometer. E9 stated, " Thermometer should register " zero " degrees Fahrenheit. Standard

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F 371	Continued From page 8 of the food industry requires an ice bath to be 32 degrees Fahrenheit. On 11/13/13 observed stationary food tray assembly station in kitchen with dried food spills on the very bottom of the unit and also resident tray glides had dried food spills and food crumbs visible. E8 agreed that "yes the stationary tray assembly unit looked dirty with dried food".	F 371		
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to	F 431		11/29/13

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abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.

This REQUIREMENT is not met as evidenced by:
Based on observation and record review, the facility failed to assure that all drugs and biologicals available for the residents have not exceeded the manufacturer ' s expiration date, in two of two medication storage rooms. This failure has the ability to affect all 91 residents living in the facility.
Findings include:
On 11/13/13 at 12:30 PM, while inspecting the two medication storage rooms, the following medications and products for resident use were found to be expired:
Two 8 ounce cans of Beneprotein expired 3/13
One 16 ounce bottle of Benadryl Liquid expired 9/13
One 16 ounce bottle of Robitussin DM expired 9/13
One 16 ounce bottle of Milk of Magnesia expired 6/13
One 1,000 tablet bottle of Multivitamins expired 9/13
One 100 tablet bottle of Vitamin D 1,000 units expired 11/12
Two 100 tablet bottles of Benadryl 25 mg expired 6/13
One 100 tablet bottle of Zinc 220 mg expired 6/13
The facility policy for Storage and Expiration of Medications, Biologicals, Syringes and Needles states, " The facility should ensure that medications and biological have not been

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F 431	Continued From page 10 retained longer than recommended by manufacturer or supplier guidelines. "	F 431		
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide at least 80 square feet of floor space, per resident, in multiple resident rooms. This failure has the potential to affect 5 residents (R7, R8, R10, R12, and R19) in the sample and 35 residents (R12, R22, R24, R25, R31, R32, R33, R34, R35, R36, R37, R38, R39, R40, R41, R42, R43, R44, R45, R46, R47, R48, R49, R50, R51, R52, R53, R54, R55, R56, R57, R58, R59, R60, and R61) in the supplemental sample who reside in the rooms that are below the required square feet. Findings include: Residents residing in these rooms were interviewed and did not voice any concerns related to the size of the rooms, nor were there any care issues identified as a result of the room sizes. The following room measurements were presented by the facility on 11/14/13 and do not meet the required square feet: A1, two beds = 78 square (sq.) feet (ft.) A2, A3, A4, two beds = 72.5 sq. ft. B2, B3, B4, B5, two beds = 73.625 sq. ft. C1, C2, C3, C4, C5, C6, C7, C8, two beds = 76 sq. ft.	F 458		11/29/13

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F 458	Continued From page 11 D1, four beds = 70 sq. ft. D3, D6, D7, D8, two beds = 79.5 sq. ft. On 11/14/13 at 9:34 AM, E1 (Administrator) presented a letter of the waiver dated February 28, 2013 and stated the following: The rooms on the list provided by the facility have less than the required eighty square feet per resident, and the facility doesn ' t have a policy regarding the required square feet per resident.	F 458		