

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

PRINTED: 10/28/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145936</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>10/22/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>APERION CARE HIGHWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>50 PLEASANT AVENUE HIGHWOOD, IL 60040</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	F 000			
F 314 SS=D	<p>Annual Licensure and Certification Survey</p> <p>Complaint Investigation #1515736/IL80920- No Deficiencies</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide wound cleansing and treatment as ordered.</p> <p>This applies to 1 of 4 residents (R2) reviewed for pressure ulcers in the sample of 17.</p> <p>The findings include:</p> <p>R2's Physician's order dated October 5, 2015 documents, "Cleanse DTI (deep tissue injury) to coccyx with normal saline. Pat dry. Apply Fibracol (absorbent dressing) and anchor with hydrocolloid (adhesive) dressing every two days and as needed until healed."</p> <p>On October 19, 2015 at 2:05 PM, E3 and E4 both</p>	F 314			

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 314	Continued From page 1 Certified Nursing Assistants (CNAs) provided incontinence care to R2. When R2 was turned to his side, there was a 1 cm (centimeter) by 1 cm pressure ulcer exposed on his coccyx with an adhesive dressing attached only to one side of his skin. E3 reattached the soiled dressing. The dressing did not stay adhered and fell off, leaving the pressure ulcer exposed. E3 cleaned R2's buttocks. While wearing the same soiled gloves, E3 applied zinc oxide ointment to R2's buttocks, coccyx area, and directly on the open wound of R2's coccyx pressure ulcer.  On October 19, 2015 at 2:10 PM, E3 said that she put cream on the pressure ulcer because it needed something on it. On October 20, 2015 at 9:15 AM, E5 (Wound Care Nurse) said that if a dressing falls off, the staff should leave the dressing off and notify a nurse right away and the nurse will change the dressing. E5 also said that CNAs should not be doing any treatments to a pressure ulcer. E5 also said that CNAs should not put zinc oxide ointment on pressure ulcers unless it is ordered that they can apply it.  The facility's undated Dressing-Non Sterile policy states, "Prior to beginning treatment: a. Check physician order and resident allergies.....Apply clean gloves.....Clean area/wound with solution specified in treatment order."	F 314			
F 323 SS=D	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.	F 323			

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F 323	Continued From page 2  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure a resident (R13) with swallowing difficulties was supervised and safely fed by a trained-staff member. The facility failed to ensure staff transfered a resident (R2) in a safe manner.  This applies to 2 of 7 residents (R2 and R13) reviewed for Activities of Daily Living in the sample of 17.  The findings include:  1. R13's MDS (Minimum Data Set) dated October 6, 2015 shows that R13 requires extensive assistance of one person for eating. R13's October Physician Order Sheet shows that she is on a mechanical soft diet with nectar thick liquids. R13's July 8, 2015 Plan of Care for her difficulty swallowing shows interventions of, "requires extensive assist with one staff to eat. Monitor/document/report any signs of dysphagia:pocketing, choking, coughing, drooling, and holding food in mouth."  On October 19, 2015 at 12:35 PM, E6 (Dietary Aide) was in the dining room feeding R13.  On October 19, 2015 at 12:35 AM, E6 said that she has not had any training on how to feed a resident. E6 stated, " I feed residents that need help with feeding. I feed them to help the CNAs (Certified Nursing Assistants) out."	F 323			

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F 323	Continued From page 3  On October 20, 2015 at 12:30 PM, at E2 (Director of Nursing) stated, "Dietary Aides are not allowed to feed residents."  2. R2's Computerized Face Sheet shows diagnoses to include: malaise, muscle weakness, and dementia. R2's Minimum Data Set dated September 20, 2015 shows that he requires extensive assistance of two people for transfers and is not steady with surface to surface transfers.  On October 19, 2015 at 1:10 PM, E3 and E7 (both CNAs) transferred R2 from his wheel chair into bed. E3 and E7 put their arms under R2's armpits, grasped the back of R2's pants and transferred him to the bed. R2 had pressure relieving boots on both feet and did not bear any weight during the transfer. E3 had a gait belt around her waist.  On October 19, 2015 at 1:20 PM, E3 said that a gait belt is needed with one person transfers but not with tow person transfers.  On October 21, 2015 at 1:05 PM, Z1 (Rehabilitation Director) stated, "gait belts should be used on all transfers." Z1 also said that R2 does not walk. R2 is currently a two person transfer but they are now going to recommend a mechanical lift transfer for him.	F 323			
F 516 SS=C	483.75(l)(3), 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS  A facility may not release information that is resident-identifiable to the public.	F 516			

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F 516	<p>Continued From page 4</p> <p>The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.</p> <p>The facility must safeguard clinical record information against loss, destruction, or unauthorized use.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that resident medical records were safeguarded against water damage.</p> <p>This applies to all 81 residents residing at the facility.</p> <p>The findings include:</p> <p>The CMS 672 resident census and conditions report shows the facility census was 81 on October 19, 2015.</p> <p>On October 20, 2015 at 12:00 PM, the facility's medical records room had resident medical records in cardboard boxes with no lids, located on top of filing cabinets. One sprinkler head was located in the room.</p> <p>On October 20, 2015 at 12:00 PM, E8 (Maintenance) said that the records have never been covered.</p> <p>The facility's undated Medical Records Policy</p>	F 516		

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F 516	Continued From page 5 shows, "All medical records are stored in areas that are free from water damage."	F 516			