STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146078	A. BUILDING _____ B. WING _____	12/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSHING GARDENS HEALTHCARE CENTER	**3900 SOUTH OAK PARK AVENUE STICKNEY, IL 60402**

(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 Certification.	F 000		
F 167 SS=C	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 interview and record review, the facility failed to ensure that the survey results, from the previous year dated 10/18/12, with the plans of correction were readily accessible. This has the potential to affect all 40 residents in the facility. Findings include: On 12/11/13, the survey book did not contain the plan of correction for the annual survey dated 10/18/12. On 12/11/13 at 11:07 am, E1 (administrator) stated "I wasn't aware. I thought we just needed to have the survey in the book. I have another binder with all that stuff in there, I can make a copy for you." On 12/12/13 at 9:45 am, the survey book contained the life safety survey and plan of	F 167		

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

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F 167	Continued From page 1 correction. At 10:26 am, E1 stated "I saw that it was just the life safety survey. I am in the process of adding the annual survey and the plan of correction."	F 167		
F 226 SS=C	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property. This REQUIREMENT is not met as evidenced by: Based on record review and interview,the facility failed to follow facility's policy and procedure to implement measures to screen three of ten unlicensed potential employees without previous fingerprint check. This practice has the potential to affect all 40 residents at the facility. Findings include: On 12/11/2013 at 11:30AM, healthcare worker background check noted no fingerprint check was done for the following certified nursing assistants (CNAs): E9(CNA) was hired on Sept 9th 2013; E10 (CNA) was hired on April 15,2013; E11(CNA) was hired on January29,2013. E9, E10 and E11 are presently employed by the facility on full time basis and have been providing hands on care to residents at the facility. Abuse Prevention Program Facility Procedures under Pre-Employment Screening of Potential employees states that facility will,"initiate an	F 226		

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F 226	Continued From page 2 Illinois State Police Livescan fingerprint check for any unlicensed individual being hired without a previous fingerprint check". On 12/11/2013 at 11:45AM, E12(Human Resource Manager) stated that E12 was not aware of the need for fingerprint for new hires especially Certified Nursing Assistants(CNAs).	F 226		
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 and interview the facility failed to ensure privacy/dignity of body parts for one resident(R9) in the supplemental sample. Findings include: R9 is a 48 year old man who weighs 367.1 pounds and is alert and oriented x3. On 12/10/2013 at 12:40 PM, R9 was eating lunch in the dining room on the first floor. There were six other individuals including E8(certified nursing assistant/CNA) sitting in the dining room. R9 was clothed in a hospital gown which barely fitted R9 and with the opening at the back. One third of R9's back area from upper back down to the buttocks was exposed for others to see with no effort. On 12/10/2013 at 12:50PM, E8 said that (R9)	F 241		

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F 241	Continued From page 3 should not be in the dining room like that. E4 stated she will get a sheet and cover R9's back. On 12/10/2013 at 12:55PM, R9 stated he was not aware of the exposure and "I definitely don't like it".	F 241		
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 observation, interview and record review, the facility failed to follow doctor's order and failed to provide necessary treatment for the pressure ulcer of one resident (R2) out of two residents reviewed for pressure ulcers in a sample of 21. Findings include: R2 is an 80 year old resident with multiple diagnoses to include spinal stenosis, dementia, arthritis, and urinary frequency. On 11/9/13, R2 was noted to have a "superficial open area 1 cm (centimeter) long and 1.6 cm (centimeter) wide, 0 density on sacral area on the	F 314		

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F 314	Continued From page 4 left (L) buttocks." Duoderm was applied per doctor's orders. Z2's (Wound Care Physician) initial evaluation on 11/18/13 indicated that R2 has a "Stage 2 pressure wound of the left, lower buttock of at least 1 day duration. There is a light serous exudate associated with this condition." The wound measurement of the left, lower buttock was 3.9 cm (length) x 2.2 cm (width) x 0.05 cm (depth). The surface area was measured 8.58 cm2. Z2 recommended "Limit sitting to 60 minutes." On 12/2/13, Z2 documented the Stage 2 pressure wound measurement of the left, lower buttock as 0.5 cm (length) x 0.5 cm (width) x 0.05 cm (depth). The dressing that was ordered per Z2 was "Foam, once daily." On 12/2/13, Z2 wrote a recommendation that stated "Limit sitting to 60 minutes." On 12/2/13, Z2 documented Site 2 wound of the right, upper, medial buttock measurement as 0.4 cm (length) x 0.4 cm (width) x 0.05 cm (depth). On 12/9/13, Z2 documented Site 1 Stage 2 pressure wound of the left, lower buttock as 5.0 cm (length) x 3.0 cm (width) x 0.05 cm (depth). On 12/9/13, Z2 documented the Stage 2 pressure wound of the left, lower buttock "wound progress deteriorated." Z2 wrote the order for the dressing as "Foam, house barrier cream, once daily." Z2 documented the findings that indicate deterioration are "generalized decline of patient." Z2 documented Site 2 wound of the right, upper, medial buttock measurement as 1.5 cm (length) x 0.3 cm (width) x 0.05 cm (depth).	F 314		

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F 314	Continued From page 5 On 12/10/13, R2 was observed sitting in a chair from 11:40 am until 2p. R2 was put to bed at 2p on 12/10/13 for the dressing change observation. E4 stated on 12/10/13 at 2p that R2 is usually sitting in the chair from 8:30a.m until 2p. On 12/10/13 at 2p, E6 removed R2's incontinent brief to perform the treatment for R2's pressure ulcer. R2 did not have a dressing on his left, lower buttocks Stage 2 pressure wound. The Stage 2 pressure wound did not have the "foam" that was ordered by Z2 on 12/9/13. E6 stated on 12/10/13 at 2p that R2 should have a foam dressing on the left, lower buttocks pressure ulcer. E4 stated that R2 had been sitting in the chair on 12/10/13 from 8:30am until 2p. R2's care plan dated 11/8/13 indicated "Requires a dressing to sacral" The facility's Prevention of Pressure Ulcers Policy states on p. 17 "The purpose of this procedure is to provide information regarding identification of pressure ulcer risk factors and interventions for specific risk factors." The facility's policy for prevention of pressure ulcers under general guidelines 1. states "Pressure ulcers are usually formed when a resident remains in the same position for an extended period of time causing increased pressure or a decrease of circulation (blood flow) to that area and subsequent destruction of tissue."	F 314		
F 325 SS=D	483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE Based on a resident's comprehensive assessment, the facility must ensure that a	F 325		

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F 325	Continued From page 6 resident - (1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (2) Receives a therapeutic diet when there is a nutritional problem. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide nutritional care and services in order to prevent a gradual weight loss for 1 of 3 residents in the sample chosen for weight gain/loss (R11). R11 was admitted to the facility 10/16/2013 weighing 103.1 and is presently weighs less than 98.1 pounds. Findings Include: 12/11/2013, during a meal observation between 12 noon and 12:40pm, R11 was observed eating his lunch. R11's diet card says he is to have nectar thick liquids. Neither his coffee or milk was thickened. The resident was to have double desserts because he is losing weight. Gelatin was the dessert for lunch and R11 only had one on his tray. R11 drank some of his coffee and left everything, else. Only his carton of milk was opened by staff. No straw was on his tray (Recomendation by Dietitan). During the observation the resident was not prompted by staff to eat.	F 325		

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F 325	Continued From page 7 R11 was admitted to the facility 10/16/2013. R11 has a diagnosis of Simple Schizophrenia, Convulsions, Unspecified Hyperthyroidism, Presyopia and Peptic Ulcer. His admitting weight was 103.1 pounds. 11/4/2013, R11 weighed 100.9 pounds. 12/5/2013, R11 weighed 98.7 pounds. 12/12/2013, at 10:30am, R11 was weighed in his wheelchair with a pillowcase containing personal item. E5 (LPN) and E7 (MDS/Restorative Nurse), tried to take the pillowcase away from the resident before weighing him. R11 became agitated. He was weighed with the pillowcase. The total weight was 134.5 pounds. Subtracting the Tare weight of the wheelchair, the weight was 98.1 pounds. E5, E7 and E8 (CNA) stated that they had no Tare weight for the pillowcase full of personal items. E8 is one of the CNAs that generally weighs the residents. E8 stated that R11's previous weights are without the pillowcase. "I have never weighed the pillowcase for a Tare weight. R11 never has the same items in the pillowcase." Therefore, 12/12/2013 R11 weigh less than 98.1 pounds when he was weighed. Per record review, there was one documented intervention dated 12/7/2013 by E2 (DON). 2 puddings were added between meals. The facility's Dietitian did not make a note until 12/9/2013 concerning his weight loss.	F 325		
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;	F 328		

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F 328	Continued From page 8 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 suction one resident (R2) out of 4 residents reviewed for special services in a sample of 21. Findings include: R2 is an 80 year old resident admitted to the facility on 11/18/13 with the following diagnoses: spinal stenosis, arthritis, dementia, chronic obstructive airway, hypertension and urinary frequency. On 12/10/13, R2 was observed at 12:45pm, 12:50pm, 1:50pm and 2p with audible gurgling noise from his mouth and unable to cough. On 12/10/13 at 12:50pm, E4 asked R2 "Are you ok?" There was no response from R2. E4 did not get help from the nurse to assess R2's gurgling sound or need for suctioning. On 12/10/13 at 1:50pm and 2p, R2 was observed to have audible gurgling sounds from his mouth. E6 was present in R2's room on 12/10/13 at 2p. When E6 was interviewed regarding whether R2 should be suctioned, E6 stated yes that R2 is suctioned as needed. R2 was not suctioned on 12/10/13 at 12:45pm, 12:50pm, 1:50p or 2p. On 12/1013 at 2p, R2's room did not have a suction machine at the bedside. R2's POS (Physician Order Sheet) states	F 328		

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F 328	Continued From page 9 "Suction q shift prn (as needed)." On 12/10/13 at 5:34pm, the clinical record states that Z1 called facility and verified only to suction resident if unable to cough or clear airway. R2's care plan proble dated 10/25/13 states "Ineffective airway clearance requiring the use of oxygen." The facility's policy for Suctioning-Oral/Nasal states that "Suctioning will be done when required by nursing or respiratory staff."	F 328		
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that it's free from medication error rates of 5% or greater during medication pass observation. There were 2 medication error out of 39 opportunities that resulted in a 5.2% medication error rate, which affected 1 residents (R11) inside the sample of 11 and (R12) in the supplemental sample. Findings include: R12's Physician's Order Sheet (POS) dated December 2013 indicated; Advair Diskus disk with device; 250-50 micrograms(mcg)/dose; 1 puff; inhalation twice a day. On 12/11/13, at around 9:35 AM, E6 (Nurse)	F 332		

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F 332	Continued From page 10	F 332		

gave all the oral medications first to R12. After R12 swallowed the medications, E6 then gave the Advair 250-50 1 puff. E6 did not shake the inhaler before the inhalation and R12 was not given water and instructions to rinse mouth after the inhalation.

On 12/11/13 at around 10:45 AM, E6 stated, "I should have shaken that, I forgot."

R11's POS dated December 2013 indicated; Atrovent HFA (Ipratropium Bromide) aerosol inhaler; 17 mcg/actuation; 2 puffs inhalation every 6 hours.

On 12/11/13 at around 10:35 AM, E5 (Nurse) administered Atrovent HFA inhaler 2 puffs. E5 did not shake the inhaler before administering to R11. After the administration of this medication, E5 stated after inquiry about the procedure before administering this medication, "I should have shaken that before I gave it to R11, I totally forgot, I was nervous."

Facility's Policy and Procedure for Inhaler Metered-Dose (MDI) in part indicated:

Policy: To deliver pre-measured dose of medication to the bronchial airways and lungs.

Procedure:
- Assemble medication canister, inhalation mouthpiece, and spacer device if needed. Attach the medication canister to the inhaler mouthpiece (if not already done) by inserting the metal stem into the long end of the mouthpiece. Shake canister several times.
- Wash hands and clean mouthpiece. If steroid

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F 332	Continued From page 11 medication was administered, have resident (if able) rinse mouth.	F 332		
F 456 SS=F	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, interview and record review, the facility failed to maintain 1 of 1 elevators in the facility in good working condition. This failure resulted in R7 not receiving a Xray in a timely manner. Failure to maintain the elevator in good working order has the potential of effecting 12 of 22 residents (R1, R11, R13, R14, R15, R16, R17, R18, R19, R20, R21, R22), who are in wheelchairs and cannot walk down the stairs and maybe become trapped in the elevator. Findings Include: 11/8/2013, an order for a xray was written for R7. R7 did not receive the Xray until 11/12/2013, because the 2 attempts the facility staff made to have a portable Xray machine brought into the building, the elevator was broken. R7's room was on the 2nd floor. R7 had to be taken out of the building to have the Xray done, 11/12/2013. The resident had been complaining of pain. 3 of 3 days of the survey, a sign was posted on the elevators doors (1st and 2nd floor).	F 456		

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F 456	Continued From page 12 "Attention All residents must be accompanied by Staff at all times when using the elevator. No exceptions." 12/12/2013, at approximately 11:55am, in the basement office, E1 (Administrator) was interviewed concerning the sign. E1 stated that the sign was posted approximately 3 weeks ago. One of the reasons that was discovered why the elevator was breaking is that the buttons were being pushed for the floors before the door closed. 12/10/2013, at approximately 12:30pm, this surveyor was trapped in the elevator between floors. The door open between floors and the elevator would not move when the door closed. 12/10/2013, during a resident interview at approximately 1pm in his 2nd floor room, R8 was asked about the elevator. R8 stated that the elevator is generally broken every other day. "I don't get on it. I take the stairs." 12/10/2013. at 1:21pm, Z4 (Elevator Technician) was interviewed by telephone. Z4 is the owner of an elevator repair service, who the facility is currently using to repair the elevator when it breaks down. Z4 stated that the facility does not have any drawings for the elevator which makes it difficult to locate the 'relays' that are broken. The parts needed to fix the elevator are obsolete and no longer manufactured. Z4 was asked if he ever recommended replacing the elevator? "3 weeks ago, I gave them a written quote on a new elevator. I never heard back."	F 456		

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F 456	Continued From page 13 12/11/2013, at approximately 12 noon, R9 was observed coming out a Resident Council meeting held on the 2nd floor. R9 has a motorized wheelchair to transport himself. R9 pushed the elevator button. The elevator door opened. The elevator floor was not even with the 2nd floor. R9 got on the elevator without being accompanied by staff. R9 was interviewed and asked if he had any trouble getting on and off the elevator because of the uneven floor? He said, "No." Staff was in the hallway on the 2nd floor and no one stopped him. 12/12/2013, at approximately 11am, R21 was observed getting off the elevator on the 2nd floor. No staff was observed in the elevator car with R21. Staff was in the 2nd floor hallway and still no prompting about getting on the elevator by herself. 12/10/2013, E1 was asked for list of residents living on the 2nd floor of the facility that are unable to walk down the stairs and need the elevator to go from floor to floor. 12/12/2013, E2 (DON) presented the list which consisted of R1, R11, R13, R14, R15, R16, R17, R18, R19 R20 and R21. R7 is in the hospital with a fracture hip.	F 456		
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 and interview the facility	F 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146078	A. BUILDING _____ B. WING _____	12/12/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 458	Continued From page 14 failed to provide the required square footage of 80 square feet per bed for the multiple resident room for 8 out of 24 resident rooms. Findings include: Resident room #2 and #3 provide 71.5 square feet (sq. ft.) per bed. Room #4 provides 72 sq. ft. per bed. Room #21 and #28 provide 76 sq. ft. per bed. Room #22 provides 70 sq. ft. per bed. Room #24 provides 68.25 sq. ft. per bed. Room #31 provides 63 sq. ft. per bed. On 12/10/13, E1 (administrator) stated "We still have a room waiver."	F 458		