

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

PRINTED: 07/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145026		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/12/2013	
NAME OF PROVIDER OR SUPPLIER WESTMINSTER PLACE				STREET ADDRESS, CITY, STATE, ZIP CODE 3200 GRANT STREET EVANSTON, IL 60201			
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F 000	INITIAL COMMENTS Annual Licensure and Certification Validation Survey for Subpart U The Westminster Place is in compliance with Subpart U, 77 Illinois Administrative Code Section 300.7000 Annual Licensure for Sheltered Care The Westminster Place is in compliance with Shelter Care Facilities Code (77 Illinois Administrative Code 330) for this survey.			F 000			
F 241 SS=E	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 protect residents right to privacy/dignity by posting care signs in residents rooms or on residents doors which were visible to visitors and staff for 1 resident (R2) in the sample of 18 and 5 residents in the supplemental sample (R19, 20, 21, 22) all reviewed for dignity. Findings include: During the initial tour of the First Floor on 07.09.2013, from 10:10 A.M. to 11:00 A.M, accompanied by E8 (Restorative Nurse), the following care signs were noted:			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 -In R22's room: "Please have 2 assists with all transfers". -On the door of R23's door: "Please don't close this door. You fall down too much. We have to watch you". -In R21's room: "No straws. Small sips of drink". -In R20's room: "All staff remove hearing aid at bedtime. Put in hearing aid cart". -In R19's room: " Put reading material back after meals so resident can have a chance to read". During R2's dressing change on 07.10.2013, from 1:53 P.M. to 2:20 P.M., with E9 (Wound Care Nurse) and E10 (Registered Nurse), the following sign was noted above resident's bed: "Take to bathroom every 2 hours. Turn resident side-side when in bed. Resident not to lie on back". Additionally, the following sign was noted in R2's bathroom: "Shower Wednesday and Saturday".	F 241			
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 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	F 325			

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F 325	<p>Continued From page 2</p> <p>(2) Receives a therapeutic diet when there is a nutritional problem.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure weight changes were addressed, ensure that accurate weight monitoring was done, follow the current plan of care, and address abnormal labs as it relates to malnutrition and nourishment by G-tube (gastrostomy tube) for 1 of 7 resident reviewed for weight management in a sample of 18. Findings include: Admission/Readmission dated 05/29/13 done by Z1 (facility doctor), indicates resident has a history of aspiration pneumonia, severe dysphagia, recent g-tube insertion, and has current problems with malnutrition. Physician orders dated 07/03/13 also gives a diagnosis of moderate malnutrition Physician's order sheet for 7/1/13-7/31/13 indicates R8 is to receive nothing by mouth (NPO) and is to receive Jevity 1.2, 50 cc's (cubic centimeters)/hour X 20 hours) or until 1000 milliliters reached in 24 hours. This indicates all nutrition is provided by G-tube feeding. Documentation indicates that R8 is receiving Palliative care only at this time. R8 's resident 's weight report printed 7/10/13 at 10:00a.m. Have the following dates and resulting weights: 05/28/13=113.0lbs 06/01/13=126.2lbs 06/06/13=109.8lbs</p>	F 325			

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F 325	<p>Continued From page 3</p> <p>06/14/13=113.1lbs 07/01/13=110.7lbs 07/09/13=110.6lbs</p> <p>This indicates that from a weight of 126.2 pounds on 6/1/13 to weight of 110.7 pounds on 7/1/13 R8 had a significant weight loss of 12.7% in 30 days. E2 (Director of Nurses) stated on 7/11 at 9:30am that a re-weight was done but they could not find it. E2 also stated that nurses document weights and re-weights in resident weight report. The dietician reviews it from there, but E2 is not sure how long it took dietary department to do this for R8.</p> <p>Care Plan for R8 under nutritional problem, the goal is to: "maintain weight of 110-116 pounds X 1 month; no signs or symptoms of aspiration, dehydration, or pressure ulcers X 1 month" with goal date of 6/30/13.</p> <p>As of 7/9/13 the Care Plan had not been updated. Under interventions it indicates to "monitor weight, labs and intake when available, provide tube feeding per diagnosis".</p> <p>Treatment administration record for R8 for 6/13 has order dated 6/6/13 to "weigh weekly X 1 month". Weights designated to be done on 06/21/13 and 06/28/13 are blank. These dates and weights are also not indicated on Resident Weight Report printed 7/10/13.</p> <p>The following dates and times are when labs were done for R8: 07/08/13-Total Protein= 5.7 -low(6.1-7.9) , Albumin=2.5 low (3.5-5.5) 06/17/13-Albumin=2.5 low 06/03/13-Total Protein=6.0 low, Albumin=2.3 low</p> <p>There is no indication that these labs were reviewed by dietician except on initial assessment, or that they had been addressed by the dietician or physician.</p>	F 325			

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F 325	<p>Continued From page 4</p> <p>On 7/10/13 at 10:30 a.m. in Resident Lounge on first floor E4 (RD-Registered Dietician/Director of Health Care Operations for Food Services), indicated that she usually has a unit dietician for each floor on skilled area but two recently went on leave. They or she usually does assessment/re-assessment and g-tubes. She also reviews and addresses any significant weight changes. E4 confirmed that R8 receives all nutrition by G-tube.</p> <p>On 7/11/13 at 10:30 a.m., E4 indicated that she had not re-done a nutritional calculation/assessment since R8's admission. E4 stated that the 6/1/13 weight of 126 pounds was probably an error and nursing staff should re-weigh. The doctor was not made aware of this significant weight change or last decrease in admission weight of 113.0 pounds to 110.6 pounds. E4 also indicated that labs had not been looked at, she was not aware that R8 's G-tube placement was a recent one, and that R8 did have weight loss since admission of 3 pounds</p> <p>On 7/10/13 at 12:40 p.m. Z1 (physician) indicated that R8 was a recent G-tube placement due to severe malnutrition at home and that ' s why G-tube was inserted. Z1 had not been made aware of significant weight change on 06/01/13 or that current weight is 3 pounds below admission weight. Z1 also indicated R8 at this time was receiving all nutrition thru g-tube and was to have nothing by mouth due to high risk for aspiration. The Facilities Enteral Feeding Flow sheet for R8 is incomplete for the following dates: 05/29/13, 06/03/13, 06/04/13, 06/05/13, 06/18/13, 06/20/13, 06/29/13, 07/05/13 and 07/06/13.</p> <p>Clinical Notes Report from 06/24/13 at 12:27 p.m. by a Intern and signed review by E4 states "Residents current weight of 113.1 pounds. With</p>			F 325			

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F 325	Continued From page 5 Hospice services". According to facility policy titled " Weight Monitoring " states the following, under , I. " Statement of Policy: The Health Care Center will track on a month to month basis to determine weight changes of resident. " II. " Purpose: to monitor a resident ' s weight status and to identify a reason for unintentional weight changes. " " III. Procedure: 1. Residents ' will be weighed monthly by the nursing staff. Residents showing a significant weight change of: 5% X 1 month, 10% X 6 months, will be followed and assessed by the Registered Dietician monthly for a minimum of three months. A re-weigh is required for discrepancy of 5 lbs. if over 100 lbs or 2.5 lbs. if 99 lbs or less. The results will be given to Director of Nursing. 2. Residents ' s clinical conditions will be assessed to determine risk for unintended weight loss such as: Nutritive and fluid requirements, dining assistance needs, food/culture preferences, food allergies, and frequency of meals. 3. Care plans will be developed utilizing the clinical conditions and risk factors identified. Interventions such as oral supplements, enteral feedings, alternative/eating schedules, liberalized diets and nutrient supplements will or may need to be implemented to provide an aggressive program of consistent intervention by all staff. "	F 325			
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	F 371			

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F 371	<p>Continued From page 6</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interviews the facility failed to maintain sanitary conditions during tray line service and in storage areas in the kitchen. This has the potential to affect all 105 residents receiving meals from the facility kitchen. Findings include: On 07/09 at 11:50 a.m., during tray line service for skilled areas of facility, E6 (Dietary Aid) was putting food on plates and with each plating would put gloved hands and thumb on top of clean plate. E6 would then touch dirty surfaces including refrigerator door handle, storage door handle to food areas and dish areas and counter top. The was observed to happen fifteen different times during the service. E6 did not change gloves or wash hands. On 07/09/13 at 12:10 p.m. E4(Registered Dietician/Director of Health Care Food Services) indicated that this was not the appropriate way this should be done. E4 indicated she did not know how to fix this problem due to the way the conveyor belt and tray line was set up On 7/10/13 at 11:50 a.m. during tray line service for skilled areas of facility, E7(Dietary Aid) was preparing soup. E7 took a paper towel wiped off outside of soup cups, then placed the paper towel on top of counter top, picked up the dirty paper towel and wiped off next soup cup. This was observed on 15 separate occasions during the</p>	F 371			

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F 371	Continued From page 7 tray line. On 7/10/13 at 12:10 p.m. E4 indicated that this was not acceptable practice and E7 should not be doing this. On 07/09/13 at 10:10 a.m. in the main kitchen of facility there was a scooper in the flour with part of the back of handle imbedded into the flour. E5 (Director of Dining Services for Community) indicated that the flour scoop should not be left in flour and was not sure why or how long it had been there.	F 371			