

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

PRINTED: 02/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E572		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/14/2016	
NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER II				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076			
(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			
	Annual Licensure and Certification Survey						
F 328 SS=D	<p>Licensure Survey for Subpart S:SMI 483.25(k) TREATMENT/CARE FOR SPECIAL NEEDS</p> <p>The facility must ensure that residents receive proper treatment and care for the following special services: Injections; Parenteral and enteral fluids; Colostomy, ureterostomy, or ileostomy care; Tracheostomy care; Tracheal suctioning; Respiratory care; Foot care; and Prostheses.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide necessary care and services while administering insulin for one resident (R18) of three reviewed for insulin administration in a total sample of 17.</p> <p>Findings include:</p> <p>On 1/11/16 at 12:10pm, E7 RN (Registered Nurse) administered an insulin subcutaneous injection of a total of 17 units of humalog insulin to the right deltoid region of R18. E7 injected the insulin into R18 using the insulin syringe, and once the insulin was injected, E7 hold the needle in R18's injection site for an extended period of time. When ask why E7 is holding the needle in</p>			F 328			

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 328	Continued From page 1 R18 after the medication was injected, E7 replies, "The needle is held in place to allow the medication to be absorbed, and keep it from coming back out of the injection site." On 1/13/16 E2 DON (Director of Nursing) states, "Once the medication is injected the needle should be removed." Facility injection, subcutaneous policy that's without a date indicate that once the insulin was injected, the needle should have been moved rapidly and pressure applied to the injection site.	F 328			
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.	F 431			

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F 431	<p>Continued From page 2</p> <p>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 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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to label open vials of insulin for one resident (R8) in a total sample of 17 and three residents (R20, R21, R22) outside of the sample, who were reviewed for medications.</p> <p>Findings include:</p> <p>On 1/11/16 at 10:00 am during initial tour of the facility medication storage refrigerator contained the following vials of insulin open without an open or use by date; Novolin belonging to R21, Novolin belonging to R8, Lantus belonging to R20, and Lantus belonging to R22. E2 DON (Director of Nursing) states, "The vials should be dated when opened."</p> <p>Facility medication storage policy states that all insulin vials should be dated when opened and discarded in 28 days.</p>	F 431			
F 458 SS=B	<p>483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT</p> <p>Bedrooms must measure at least 80 square feet</p>	F 458			

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F 458	Continued From page 3 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 failed to provide the minimum required space per resident for 12 of 19 resident rooms (104,105,106,108,110,111,114,115,116,118,119,1 20). On 11/11/16 during the tour of the environment with E3, Maintenance Supervisor, 12 rooms in the 100 corridor were noted to have two to three resident beds in a linear position that measured 56-74 square feet of living space per resident. On 1/11/16, E1, Administrator indicates above room 's do not meeting the square footage requirements for resident rooms, there are 16 rooms on the 100 corridor that have 3 residents bed in a linear position that measure 56 to 74 square feet of living space per resident. None of the multi-resident rooms on the 200 corridor have 80 square feet of livings space per resident. The private rooms on the 200 corridor don ' t have 100 square feet of living space either. E1 is aware of the rooms not meeting the square footage requirement in the resident rooms.	F 458			
F 465 SS=D	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABL E ENVIRON The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This REQUIREMENT is not met as evidenced	F 465			

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F 465	<p>Continued From page 4</p> <p>by: Based on observation, interview, and record review the facility failed to monitor and maintain a clean and clutter free environment for 1(R2) of 3 residents reviewed for clean and homelike environment in a total sample of 17.</p> <p>Findings include:</p> <p>During initial tour on the facility on 1/11/14 the room of R2 has large dried black stains on the floor at the entrance of the room. R2 is in the second bed and has belongings stored under the first bed (large paper box). R2 has increased clutter around the bed consisting of large bags and boxes on the floor and against the walls. E2 DON (Director of Nursing) states, "I'll get someone to take care of the floor and this room."</p> <p>During continued observation of R2's room on 1/14/16 at 10:50am, E8 (Registered Nurse) states, "Yes R2's room has too much stuff, and I'll let E1(Administrator) know." At 10:55 on 1/14/16 R2's room continue to have clutter over the floors, stools, in front of the window, stacked against the walls consisting of four blacks bags on the floor, one large luggage against the wall, two small stools sitting in the floor and one stool with a electronic device on top of it, and the other stool with clothing, a large speaker sitting in the middle of the floor. E1 is now in R2's room and at this time states, "I agree that R2 has too much stuff, and he has some in storage, but he's going to have to get another storage. We tried giving R2 a private room and that didn't work, and he just had more stuff. I'm going to let R2 know that he has to store some of the items." R2 ambulates with a cane and is care planned as a fall risk related to lithium and right knee pain.</p>	F 465			

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F 465	Continued From page 5	F 465			
F 468 SS=C	<p>Facility house keeping policy indicate that residents rooms will be maintained in a sanitary, safe and comfortable environment. Policy without a date.</p> <p>483.70(h)(3) CORRIDORS HAVE FIRMLY SECURED HANDRAILS</p> <p>The facility must equip corridors with firmly secured handrails on each side.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure four handrails were firmly affixed to walls in facility corridors. This has the potential to affect all ambulatory residents in the facility.</p> <p>Findings include: On 1/11/16 from 12:15pm to 1:15pm tour of the environment with E3 (Maintenance Supervisor). During the tour two handrails on the 110 Wing East were loosely affixed to the wall and two handrails in the 200 Wing North were loosely affixed to the wall. E3 indicated when maintenance issues or concerns are identified by staff, the concern is placed in the concern log kept at the nurses' station. E3 reviews the log and addressed the issue or concern.</p> <p>On 1/11/16 at 1:15pm a review of the concern log from 2/6/15 to 10/5/15 (last entry) with E3, log did not indicate or document loose handrails in resident corridors for 110 Wing East or 200 Wing North.</p> <p>A review of facility census indicates 82 residents.</p>	F 468			