

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

PRINTED: 05/26/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E506		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2015	
NAME OF PROVIDER OR SUPPLIER RAINBOW BEACH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 7325 SOUTH EXCHANGE CHICAGO, IL 60649			
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F 000	INITIAL COMMENTS			F 000			
F 332 SS=D	<p>Annual Licensure & Certification survey Complaint Investigation: 1581716/IL76147-No Deficiencies Licensure Survey For Subpart S: SMI 483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE</p> <p>The facility must ensure that it is free of medication error rates of five percent or greater.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to administer medications as ordered. There were 26 opportunities with 4 errors resulting in a 15.38 percent error rate. This applies to one resident (R10) from the sample of 26 residents and two residents (R27, R28) from the supplemental sample observed during the medication pass. Findings include: R 10's Face Sheet documents, in part, the following diagnosis: Chronic Airway Obstruction, Asthma, and Cough. R10 's Physician Order Sheet (POS) dated 05/1/15 through 5/31/15 documents for a Pro Air HFA (Albuterol Sulfate) Aerosol Inhaler; 90 micrograms (mcg)/actuation; amount: 2 puffs; inhalation four times a day. On 5/12/15 at 12:10pm, during the medication pass task, E5 (LPN-Licensed Practical Nurse) handed over the inhaler to R10, and R10 put the mouth piece in his mouth. R10 did not exhale fully before inhaling the medication, did not inhale slowly and deeply through mouth, while</p>			F 332			

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 332	<p>Continued From page 1</p> <p>depressing the canister fully. R10 took one puff of the inhaler medication and after 5 seconds took the second puff. R10 did not exhale through pursed lips or did not rinse his mouth.</p> <p>R27's Face Sheet documents, in part, a medical diagnosis of Bronchitis, Cough, and Asthma. R27's POS dated 5/1/15 through 5/31/15 documents:</p> <ol style="list-style-type: none"> 1. Symbicort (budesonide-formoterol) HFA aerosol inhaler; 160-4.5mcg/actuation; amount: 2 puffs; inhalation. Special instructions: Rinse and spit after each use, twice a day. 2. (Albuterol Sulfate) HFA Aerosol Inhaler; 90 micrograms (mcg)/actuation; amount: 2 puffs; inhalation twice a day. <p>On 5/12/15 at 3:55pm, during the medication pass task, E6 (LPN-Licensed Practical Nurse) handed over the Symbicort inhaler to R27, and R27 put the mouth piece in his mouth. R27 did not exhale fully before inhaling the medication, did not inhale slowly and deeply through mouth, while depressing the canister fully. R27 took one puff of the inhaler medication and after one second took the second puff. R27 did not exhale through pursed lips or did not rinse his mouth. At 4:00pm, E6 handed over the Albuterol Inhaler and R27 repeated the same procedure as he did for the Symbicort inhaler.</p> <p>R28 's Face sheet documents, in part, a medical diagnosis of Chronic Airway Obstruction. R28 's Physician Order Sheet (POS) dated 05/1/15 through 5/31/15 documents for a Pro Air HFA (Albuterol Sulfate) Aerosol Inhaler; 90 micrograms (mcg)/actuation; amount: 2 puffs; inhalation four times a day.</p> <p>On 5/13/15 at 12:05pm, during the medication</p>	F 332			

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F 332	<p>Continued From page 2</p> <p>pass task, E7 (LPN) handed over the inhaler to R28, and R28 put the mouth piece in his mouth. R28 did not exhale fully before inhaling the medication, did not inhale slowly and deeply through mouth, while depressing the canister fully. R28 took one puff of the inhaler medication and after 3 seconds took the second puff. R28 did not exhale through pursed lips.</p> <p>On 5/14/15 at 9:56am, E3 (Director Nursing) stated inpart:The nurses have to follow pharmacy ' s guidelines for any kind of medication, the nurse should educate the resident ' s about how to take the inhaler, if they don ' t follow the procedure , we can ' t get the expected results.</p> <p>Facility ' s policy titled " Orally inhaled medications " dated 7/25/2014 reads in part: Prime inhaler for initial use, shake inhaler immediately before use to well to disperse medication. Explain resident to exhale fully, place mouthpiece in mouth while inhaling slowly and deeply through mouth, depress medication canister fully. Have resident hold breath for 10 seconds OR as long as possible according to manufacturer ' s recommendations. Have resident exhale through pursed lips. Wait approximately one minute between puffs. If two or more inhalers are prescribed at the same time, ask physician or pharmacist which should be administered first. Rinsing mouth after inhalation will reduce drug absorption from the oral mucosa. Rinse mouthpiece after each dose.</p> <p>Facility ' s policy titled " General Dose Preparation and Medication Administration " dated 12/01/07 reads in part: Facility staff should administer medications in accordance with Pharmacy guidelines as set forth in. Facility staff should provide the resident with any necessary</p>	F 332			

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F 332	Continued From page 3 instructions (e. g, using an inhaler).	F 332			
F 441 SS=E	<p>E 5, E6, E7 did not follow the pharmacy ' s guidelines and facility ' s procedure for administering inhaled medication. This resulted in four medication errors.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow current standards of infection control by failing to perform hand hygiene during the medication administration. This deficient practice has the potential to affect all the 35 residents on the second floor and one of five resident (R31), reviewed for infection control, from the supplemental sample.</p> <p>Findings Include:</p> <p>On 05/12/2015 at 9:30AM, while checking the medication room, E5 (Licensed Practical Nurse-LPN), blew her nose and proceeded to open the medication cart to check the Narcotic count and later checked the convenience box. At 9:55am, E5 blew her nose, washed her hands for seven seconds and proceeded to check the medications in the cabinet.</p> <p>On 05/12/2015 at 11:00AM, during the medication pass, E4 (LPN) washed his hands without soap for 10 seconds and checked R31 's blood sugar.E4 stated " I generally use soap , but now I forgot to " .</p> <p>On 05/13/2015 at 9:10AM, during the medication pass with E7(LPN), in the First floor medication room, the hand hygiene sink noticed without any</p>	F 441			

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F 441	Continued From page 5 supply of paper towels.E7 washed her hands and walked across the room to get a paper towel from the medication cart to dry her hands. On 05/14/15 at 9:50AM, E3 (Director of Nursing) stated " The nurses have to wash their hands before and after touching the body fluids, and prior to contact with residents " Facility ' s policy titled " Hand washing Policy " dated 11/2013 reads in part: All staff should practice hand hygiene to prevent spread of infections among residents and personnel. Staff should wash their hands for 20 seconds after contact with body fluids, blood or secretions. If the hands are not visibly soiled, employees may use an alcohol-based rub.	F 441			
F 518 SS=E	483.75(m)(2) TRAIN ALL STAFF-EMERGENCY PROCEDURES/DRILLS The facility must train all employees in emergency procedures when they begin to work in the facility; periodically review the procedures with existing staff; and carry out unannounced staff drills using those procedures. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to prepare staff for emergency procedures of fire and inclement weather conditions. This has the potential to affect all 72 residents residing on the first floor.	F 518			

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F 518	<p>Continued From page 6</p> <p>Findings include;</p> <p>On 5/14/15 at approximately 1:10pm, E10 LPN (Licensed Practical Nurse) was asked during interview for Emergency Preparedness, what would she do to keep residents safe in the event of a fire or tornado, E10 paused, then stated, "I will have to get back to you on that."</p> <p>The facility policy addressing Fire/Disasters Policy Specifications section state; #2. Drills will be conducted to familiarize all personnel with emergency procedures allowing them to practice their drill responsibilities.</p> <p>The facility failed to have staff prepared and knowledgeable in emergency preparedness to lead the residents to safety.</p>	F 518			