

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146159</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>TERRACE NURSING HOME, THE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1615 SUNSET AVENUE WAUKEGAN, IL 60087</b>		
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F 000	INITIAL COMMENTS	F 000			
F 221 SS=D	<p>Annual Licensure and Certification.</p> <p>483.13(a) RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS</p> <p>The resident has the right to be free from any physical restraints imposed for purposes of discipline or convenience, and not required to treat the resident's medical symptoms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review, observation and interview, the facility failed to follow the physician's order and care plan with regards to restraints for one (R7) of the four residents reviewed for restraints inside the sample of 19.</p> <p>Findings include:</p> <p>R7 is a 77 year old man who has multiple diagnoses including Alzheimer's Dementia.</p> <p>R7's physician order sheet dated March 2014 indicated, to use a lap belt in his wheelchair for diagnosis of severe Alzheimer's with sleep disturbance and severe balance disorder with cognitive inability to recognize safety risk./need to restraint. The restraint is to be released every 2 hours and as needed.</p> <p>R7's care plan for lap belt use initiated 6/10/13 indicated:</p> <p>Release restraint every 2 hours as needed for passive range of motion (PROM), toileting and ambulation.</p>	F 221			

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.

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

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OMB NO. 0938-0391

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F 221	Continued From page 1  R7 needs to have restraint applied when up in high chair and released at meals and 1:1 activities.  On 2/26/14 from 9:45 AM through 12:55 PM, R7 was in the day area, in a wheelchair with lap belt on. The lap belt was not released for 3 straight hours, not even during meal time and no toileting was made during that time.  On 2/26/14 at around 1:35 PM E13 (Certified Nursing Assistant/CNA) stated, "We're supposed to release R7 from his restraint every 2 hours."	F 221			
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 reviews and interviews the facility failed to complete pre-employment screening in a timely manner for seven of the 16 newly hired employees reviewed for pre-employment background reference checks. This could potentially effect all the 93 residents in the facility.  Findings include:  On 2/26/14 at around 3:00 PM, an employee background check was conducted with E3	F 226			

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F 226	Continued From page 2 (Personnel). E5, E7 through E11 has no reference checks made from previous employers. E6 has no fingerprint done. E12's background check was made 16 days after he was hired and E10's background check was done almost 7 weeks after he was hired. E3 stated she doesn't do the hiring, she just puts the papers together.  On 2/5/13 at around 12:00 PM E1 (Administrator) and E2 (Director of Nursing) stated, the facility doesn't have a policy for pre-employment screening but facility has to follow state regulations. The facility has to do a background check before an employee starts working. Fingerprint must be done and they call and seek a reference check from previous employers prior to or immediately after hiring. But some employers don't respond right away.  There were no evidence that reference checks were followed up with regards to employees mentioned above.	F 226			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS  Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.  Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not	F 329			

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F 329	<p>Continued From page 3</p> <p>given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure residents who receive antipsychotic medications have appropriate diagnoses, identified targeted behaviors and gradual dose reductions. This applies to two of six residents (R3 and R14), reviewed for the use of antipsychotic medications in the sample of 19.</p> <p>The findings include:</p> <p>1) R3 was observed on 2/25/14 in the presence of E2 (director of nurses) during the initial tour at 11:05 a.m. in bed laying quietly and positioned on her back. A gastrostomy tube feeding was running at 65cc an hour. R3 had bilateral siderails elevated on the bed. R3 would not respond verbally when spoken to.</p> <p>R3 was observed on 2/26/14 at 9:15 a.m. and 12:p.m.. R3 was in bed quiet and was not exhibiting any behaviors. R3 returned to the facility after a hospital admission for reinsertion of a new Gastrostomy</p>	F 329			

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F 329	<p>Continued From page 4</p> <p>tube on 12/23/14. The physicians orders prior to R3's transfer to the hospital show the resident was receiving 0.25 mg of Risperdal daily.</p> <p>On 2/26/14 R3's medication review was completed. R3 has a physician's order to receive the antipsychotic medication Risperdal 0.5mg. The physicians orders and The MDS (minimum data set) dated 2/16/14 shows R3 to have the following diagnoses, Alzheimer's Disease, Non Alzheimer's Disease, no serious mental illness with no indications of psychosis.</p> <p>The cognitive assessment 2/16/14 shows R3 to be alert with severe cognitive and communication deficits evidenced by not being able to make self understood or understanding others, short and long term memory problems and is unable to recollect anything even with staff assistance. The CAA (care area assessment worksheet) dated 2/27/84 shows R3 is receiving this medication for mood and agitation.</p> <p>The, " Psychiatry Progress Note" (obtained from the patient and/or NH staff) on 1/29/14 and 2/11/14 documented the reported behaviors that R3 showed are careless, guarded, withdrawn, indifferent, loose, sarcastic, isolation, confusion.</p> <p>The behavior monitoring form for the months of January and February 20014, show the facility is monitoring R3 for the behaviors of resistive to care, restlessness and anxiousness. The monitoring record showed these behaviors 10 times during all three shift (7-3, 3-11 and 11-7) during 1/14 and 15-18 times on all three shifts for the month of 2/14.</p> <p>R3 receives the medication Lorazepam 1 mg p.o.</p>	F 329			

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F 329	<p>Continued From page 5</p> <p>4 times a day which is an antianxiety medication for the treatment of these behaviors as documented in the February 2/14 physicians orders and the psychotropic CAA 2/27/14. R3 also receives the medication Clonazepam 0.5 mg two times a day for the treatment of mood disorder.</p> <p>The careplan of R3 does not indicate the targeted behaviors for the use of the antipsychotic medication nor was a care plan for reduction of the Risperdal developed.</p> <p>On 2/26/14 at 11 a.m. E2 stated, R3 is restless in bed and requires the use of the antipsychotic medication Risperdal 0.5mg daily.</p> <p>2) According to the medical record R14 is a 71 year old male admitted to the facility on 09/12/13 with diagnoses including Senile Dementia. R14's medications listed on the POS (physicians order sheet) include the anti-psychotic medication Quetiapine 50 mg (milligrams) in the morning and 75 mg at bedtime. R14 was seen by the psychiatrist (Z1) on 09/27/13. Z1's assessment noted R14 has a history of cognitive decline, is pleasantly confused and not having any behavioral issues. Z1's diagnosis on the evaluation is Dementia with Anxiety. His recommendation is to continue psychotropic medication to reduce behavioral and psychological symptoms and to improve cognitive functioning. The medical record was further reviewed and there was no appropriate diagnosis nor were there behaviors identified to justify the use of Quetiapine. R14 was observed on three different occasions, 2/26/14, 2/27/14 and 2/28/14 sitting in the main dining room. He was calm and</p>	F 329			

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F 329	Continued From page 6 quiet and did not appear to be in any distress. E2, DON (Director of Nursing) stated on 2/27/14 R14 is receiving Quetiapine to manage his aggressive behavior. E2 did not identify specific behaviors for R14 or non-pharmacological interventions prior to the use of antipsychotic medication. R14 also did not have a gradual medication reduction plan in the careplan.	F 329			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  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.  (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.  (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	F 441			

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F 441	<p>Continued From page 7</p> <p>hand washing is indicated by accepted professional practice.</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 observations, interview and record review, the facility failed to follow standard infection control practices during provisions of care for two (R4, R7) of the 13 observed for bowel and bladder inside 19 resident samples and two residents (R23, R24) in the supplemental sample.</p> <p>Findings include:</p> <p>On 2/25/14 at around 3:00 PM, E14 (Certified Nursing Assistant/CNA), assisted the surveyor during resident assessments. R4 and R24 were both in their bed. E14 pulled R24's blanket for assessment then placed the blanket back on R24. Wearing the same gloves E14 turned to R4. Pulled R4's blanket for assessment, placed it back and straightened the blanket after assessment.</p> <p>E4 did not change gloves or wash hands in between resident contact.</p> <p>On 2/26/14 at around 1:35 PM, E12 and E13 (both CNA) assisted R7 for toileting. R7 was calm and cooperative during toileting. E12 and E13 pulled R7's incontinent brief and pants down and</p>	F 441			



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F 441	<p>Continued From page 8</p> <p>sat R7 on the toilet bowl. Afterwards E12 and E13 assisted R7 up and pulled back up the incontinent brief and pants to R7. Both CNAs removed their gloves and assisted R7 back to the day room without hand washing/hygiene.</p> <p>On 2/26/14 at 1:50 PM, after assisting R7, E13 assisted R23 to the toilet. E13 did not wash her hands or do hand hygiene before and after assisting R23.</p> <p>On 2/27/14 at around 2:15 PM, E1 (Administrator) stated, staff must wash hands before and after rendering care or resident contact, after removal of gloves and before leaving resident's room.</p> <p>Facility's Policy and Procedure for Handwashing indicated:</p> <p>The most important part of handwashing is not of the soap and water, but the rubbing of the hands under running water. Germs not only grow on the hands but under the fingernails. You should keep your fingernails trimmed and clean at all times. Your hands should be washed:</p> <ul style="list-style-type: none"> <li>- Before and after procedure.</li> <li>- After touching excretions, or secretions, and before touching other resident.</li> <li>- Before and after the use of gloves, gowns and mask.</li> </ul>	F 441			
F 455 SS=F	<p>483.70(b) EMERGENCY ELECTRICAL POWER SYSTEM</p> <p>An emergency electrical power system must supply power adequate at least for lighting all entrances and exits; equipment to maintain the fire detection, alarm, and extinguishing systems;</p>	F 455			

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F 455	Continued From page 9 and life support systems in the event the normal electrical supply is interrupted.  When life support systems are used, the facility must provide emergency electrical power with an emergency generator (as defined in NFPA 99, Health Care Facilities) that is located on the premises.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to identify emergency outlets powered by the emergency generator. This could affect any resident that might need emergency life support equipment.  Findings include;  During the environmental tour emergency electrical outlets were not marked in red. E2 and E4 did not know which electrical outlets would be used to plug the suction machine into if the electricity was off.	F 455			
F 460 SS=F	483.70(d)(1)(iv)-(v) BEDROOMS ASSURE FULL VISUAL PRIVACY  Bedrooms must be designed or equipped to assure full visual privacy for each resident.  In facilities initially certified after March 31, 1992, except in private rooms, each bed must have ceiling suspended curtains, which extend around the bed to provide total visual privacy in combination with adjacent walls and curtains.	F 460			

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F 460	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide full visual privacy around each bed. This deficient practice affects all the residents on the first floor.</p> <p>Findings include;</p> <p>During the environmental survey on 2/26/14 privacy curtain tracks on the ceiling do not go all the way around the beds. The tracks end 12 to 18 inches from the bathroom wall which leaves a visual gap of 12 to 18 inches by the bath room door. Many of the privacy curtains were too small and would leave six foot gaps on one side of the bed.</p> <p>E1 said, "I don't know why they made the tracks short".</p>	F 460			