

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

PRINTED: 07/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145621	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/18/2014
NAME OF PROVIDER OR SUPPLIER PAVILION OF WAUKEGAN			STREET ADDRESS, CITY, STATE, ZIP CODE 2217 WASHINGTON STREET WAUKEGAN, IL 60085		
(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			
F 323 SS=D	<p>Incident Report Investigation of 06/30/14 /IL70780</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review the facility failed to provide supervision during bedtime snack for one resident), who is cognitively impaired resident, with poor safety awareness, who requires supervision and assistance with ADL (Activities of Daily Living).</p> <p>This applies to 1 of 3 residents (R2) reviewed for incidents in the sample of 3.</p> <p>This failure resulted in R2 sustaining first degree burn to left anterior thigh and second degree burn to right anterior thigh.</p> <p>The findings include:</p> <p>R2's diagnoses includes Senile Dementia, Cervical Spondylosis with Myolopathy and Parkinson's Disease, Difficulty in walking, Dysphagia, Anxiety State, Contracture of hand joint and Paralysis Agitans.</p>	F 323			

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 323	<p>Continued From page 1</p> <p>Incident report dated 06/30/14 at 10:30 AM showed that R2 was calling for help, stating that he accidentally spilled coffee on his thighs. E4 (Nurse) removed R2's clothing and conducted an assessment. Initially the area to bilateral anterior thighs were reddened. R2's physician was notified and topical treatment was applied. On going assessment on 07/01/14 at approximately 7:30 AM, R2 showed development of a blister measuring 3 by 3 cm on the right anterior thigh.</p> <p>MDS (Minimum Data Set) Assessment dated 06/17/14 showed that R2 had problems on short and long term memory, impaired decision making and balance problem. Functional status on Eating section showed that R2 needs supervision and set up on eating. BIMS (Brief Interview for Mental Status) score was 7 indicating severe impairment.</p> <p>R2's care plan identified impairments on decision making, insight, logic, reasoning, planning and judgement related diagnoses of Dementia, Parkinsons and multiple medical problems.</p> <p>On 07/11/14 at 11:40 AM, E5 (Cook) stated that he brought up the cart with a white pitcher of coffee and snacks and placed them on area near the second floor nursing station. E5 stated there were two to three residents present. E5 said that he told the nurse that the cart was there but can not remember the name of the nurse. E5 stated he did not take the temperature of the coffee on the day of the incident but he poured the coffee from the coffee machine into the white coffee pitcher and brought the pitcher to second floor at around 7:30 PM.</p>	F 323			

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F 323	<p>Continued From page 2</p> <p>On 07/11/14 at different times E6, E8, E9, E10 CNA's (Certified Nursing Assistant) all stated that they did not see the snack cart when the cook brought it up to the unit, as they were busy putting residents to bed and the nurses were passing medications. They indicated they only pass the snacks if they have specified name otherwise would be left in the cart.</p> <p>On 07/11/14 at 2:25 PM, E8 CNA stated that residents get the snacks themselves and they pass the snacks if it has the resident's name on it.</p> <p>On 07/11/14 at 2:35 PM E6 CNA stated that she was in the nursing station documenting and talking to another resident, when he saw R2 passing her, wheeling himself toward the elevator. The next thing she noticed, E4 (Nurse) responded to R2 calling for help.</p> <p>On 07/11/14 at 10:35 PM, E4 (Nurse) said that she was in the hallway pushing her medication cart when she heard R2 calling for help. E4 stated that R2 said that he had poured coffee on himself. E4 further stated that she took R2's pants off and both interior thighs were reddened and on the following morning blister was noted on the right anterior thigh.</p> <p>On 07/11/14 at 10 AM R2 was observed up in wheel chair. E12 assisted R2 back to bed and pulled R2's pants down. R2's left anterior thigh was noted with darkened area and the right anterior thigh was noted with dressing and the blistered skin had peeled off.</p> <p>On 07/11/14 at 3:45 PM E1 (Administrator) said that he took the coffee temperature the following</p>	F 323			

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F 323	Continued From page 3 morning of the incident 07/01/14 with E3 (Dietary Manager) and the coffee temperature was 179 degrees F (Fahrenheit). E1 further stated that he informed E3 (Dietary Manager) to call the coffee machine company to lower the temperature. On 07/11/14 at 11:20 AM E3 said that she took the coffee temperature on 07/01/14 at 8 AM and it was 179 degrees F then she called the coffee machine company to lower the temperature.	F 323		