

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

PRINTED: 04/24/2013
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 04/22/2013
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 314 SS=D	<p>Annual Licensure and Certification Survey .</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to identify, assess and provide treatment to a resident identified to be high risk for development of pressure ulcer.</p> <p>This applies to 1 of 5 residents (R3) reviewed for pressure ulcer in the sample of 18.</p> <p>Findings include:</p> <p>R3 has multiple diagnoses to include muscle weakness, difficulty walking and DJD (Degenerative Joint Disease).</p> <p>R3's Braden Scale for Predicting Pressure Ulcer Risk dated 3/11/13 reflected a score of "15," indicating at risk for development of pressure ulcer. R3's initial MDS (Minimum Data Set) dated 2/22/13 was coded to reflect that the resident is severely impaired with cognitive skills for decision</p>	F 314			

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 314	<p>Continued From page 1</p> <p>making and would require extensive assistance x one person physical assist with most of her ADL's (Activities of Daily Living).</p> <p>Review of R3's records including the nurses' notes, TAR (Treatment Administration Record) and POS (Physician Administration Record) showed that the resident has a pressure ulcer on the right heel but no pressure ulcer on the left heel.</p> <p>Review of R3's wound care evaluation dated 4/11/13 documented by the wound doctor indicated that the resident has a skin breakdown on the right heel. The same documentation reflected a recommendation of, "daily skin check is essential specially on pressure areas."</p> <p>During observation made on 4/16/13 at 11:15 AM, with E10 (Treatment Nurse), R3 was noted with a skin breakdown on the left and right heel. E10 stated that the facility had identified the right heel pressure ulcer and that there is current treatment for it. However, E10 stated that she was not aware of the skin breakdown on R3's left heel and that there is no current treatment order for it. During this observation, R3's left heel had no treatment or dressing in place.</p> <p>After the observation of the left heel skin breakdown, E10 documented on the weekly wound assessment dated 4/16/13, that the skin breakdown is a Stage II pressure ulcer, measuring 1.2 cm in length, 1.0 cm in width and less than 0.1 cm in depth. It was also documented that there is a redness in the peri-wound area extending about 1.0 cm</p> <p>R3's daily skin check dated 4/1/13 through</p>	F 314			

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F 314	Continued From page 2 4/15/13 reflects that the resident has a wound, but no site was documented. In an interview held on 4/18/13 at 1:46 PM, E10 stated that the CNA's (Certified nursing assistant) documents on the daily skin check sheets and that the resident skin checks are being done by the 3 - 11 CNA's. Per E10, R3 used to have a pressure ulcer on the left heel that was healed on 3/14/13. According to E10, the pressure ulcer that was observed on R3's left heel on 4/16/13 was a reopened pressure ulcer. R3's skin integrity care plan initiated on 3/11/13 had multiple interventions to include the application of a Vitamin A & D to skin for protection. Review of R3's records including the nurses notes and TAR showed no documentation that the Vitamin A & D was being applied per plan of care.	F 314			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to ensure appropriate	F 315			

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F 315	<p>Continued From page 3</p> <p>treatment and services to prevent urinary tract infection for R4.</p> <p>This is for 1 of 3 residents (R4) reviewed for indwelling catheter in the sample 18.</p> <p>Findings include:</p> <p>R4 has diagnoses that include Diabetes Mellitus II, Urosepsis, Dehydration, Acute Renal Failure, Chronic Kidney Disease and Bladder Outlet Obstruction with Urinary Retention.</p> <p>On 03/20/13 laboratory results showed that R4 has urinary tract infection and on 03/21/13 R4's laboratory results showed high BUN (Blood Urea Nitrogen), high Potassium, high Urea Nitrogen and high Creatinine. Physician was notified on 03/21/13 and ordered to increase G-Tube water flush to 500 cc every 3 hours and to repeat urinalysis.</p> <p>Urinalysis was done on 03/29/13 and the result showed again that R4 has urinary tract infection. Physician was again notified and an antibiotic therapy was ordered.</p> <p>On 03/21/13 lab was drawn and had the following results: BUN (Blood Urea Nitrogen) -- 40.5 H (reference range 12-20) Potassium 5.3 (reference range 3.5- 5.1) Creatinine 2.1 (reference range 0.5 - 1.4)</p> <p>Urinalysis result dated 03/20/13 was color- cloudy (reference range - clear) bacteria- moderate (reference range - none seen)</p>	F 315			

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F 315	<p>Continued From page 4</p> <p>On 03/23/13 the physician was notified and ordered to repeat the urinalysis. Urinalysis was done again on 03/28/13 and the result was color- cloudy (reference range - clear) bacteria- many (reference range - none seen)</p> <p>On 03/28/13 lab was drawn and had the following results: BUN (Blood Urea Nitrogen) -- 37.6 H (reference range 12-20) Potassium 5.5 (reference range 3.5- 5.1) Creatinine 1.7 (reference range 0.5 - 1.4)</p> <p>During the survey on 04/15/13, 04/16/13, 04/17/13, R4 was observed in bed with indwelling catheter in use and noted with cloudy urine output with whitish sediments. This observation was shown to E12 (Nurse) and E15 (Nurse).</p> <p>Record review showed that R4 was readmitted on 03/04/13 with diagnoses including Hyperkalemia, Dehydration and with history of ESBL (Extended Spectrum Beta Lactamase) of urine. R4 was placed on contact isolation for (+) ESBL in urine and received Intravenous antibiotic for the infection of the urine.</p> <p>Review of R4's Intake and output record for March and April 2013 documented as follows:</p> <p style="text-align: center;">INTAKE</p> <p>OUTPUT</p> <p>-on 03/04/13- 7 AM- 3 PM - blank blank 3 PM -11 PM - 370 blank 11 PM- 7 AM - 1160</p>	F 315			

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F 315	Continued From page 5 blank 24 hour total ----- 1530 ----- blank -on 03/06/13- 7 AM- 3 PM - 1560 200 3 PM -11 PM - 1160 blank 11 PM- 7 AM - 1460 blank 24 hour total ----- 4680 ----- blank -on 03/08/13- 7 AM- 3 PM - 1660 300 3 PM -11 PM - blank blank 11 PM- 7 AM - 1460 650 24 hour total ----- blank ----- blank -on 03/12/13- 7 AM- 3 PM - 1760 1800 3 PM -11 PM - 1360 950 11 PM- 7 AM - 1760 blank 24 hour total ----- 4580 ----- blank -on 03/13/13- 7 AM- 3 PM - 1760 850 3 PM -11 PM - 1360 600 11 PM- 7 AM - 2140 blank 24 hour total ----- 5160 -----	F 315			

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F 315	Continued From page 6 blank -on 03/29/13- 7 AM- 3 PM - 2140 600 3 PM -11 PM - 2160 blank 11 PM- 7 AM - 2060 300 24 hour total ----- 6420 ----- blank -on 03/30/13- 7 AM- 3 PM - 2140 700 3 PM -11 PM - 400 blank 11 PM- 7 AM - 200 blank 24 hour total ----- 6420 ----- blank -on 04/01/13- 7 AM- 3 PM - 2140 400 3 PM -11 PM - 1640 500 11 PM- 7 AM - 2140 600 24 hour total ----- 5920 ----- 1500 -on 04/02/13- 7 AM- 3 PM - 2140 600 3 PM -11 PM - 2140 600 11 PM- 7 AM - 2140 600 24 hour total ----- 5920 ----- blank	F 315			

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F 315	Continued From page 7 -on 04/03/13- 7 AM- 3 PM - 2140 1400 3 PM -11 PM - 2140 1000 11 PM- 7 AM - 2140 1200 24 hour total ----- 6420 ----- 3600 -on 04/04/13- 7 AM- 3 PM - 2140 1000 3 PM -11 PM - 2140 700 11 PM- 7 AM - 2140 800 24 hour total ----- 6420 ----- 2500 -on 04/05/13- 7 AM- 3 PM - 2140 1000 3 PM -11 PM - 2140 800 11 PM- 7 AM - 2140 1800 24 hour total ----- 6420 ----- 3600 -on 04/06/13- 7 AM- 3 PM - 2140 1400 3 PM -11 PM - 1640 1000 11 PM- 7 AM - 2140 1200 24 hour total ----- 5920 ----- 2100 -on 04/07/13- 7 AM- 3 PM - 2140	F 315			

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F 315	Continued From page 8 1000 3 PM -11 PM - 1640 700 11 PM- 7 AM - 2140 700 24 hour total ----- 5920 ----- 2400 -on 04/08/13- 7 AM- 3 PM - 2740 450 3 PM -11 PM - 1640 800 11 PM- 7 AM - 2140 400 24 hour total ----- 5920 ----- 1650 -on 04/09/13- 7 AM- 3 PM - 2140 blank 3 PM -11 PM - 1640 650 11 PM- 7 AM - 2140 750 24 hour total ----- 5920 ----- blank -on 04/10/13- 7 AM- 3 PM - 2140 1400 3 PM -11 PM - 1720 1000 11 PM- 7 AM - 2140 1200 24 hour total ----- 6000 ----- blank -on 04/11/13- 7 AM- 3 PM - 2140 800 3 PM -11 PM - 1720	F 315			

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F 315	Continued From page 9 650 11 PM- 7 AM - blank blank 24 hour total ----- blank ----- blank -on 04/12/13- 7 AM- 3 PM - 2220 600 3 PM -11 PM - 1720 900 11 PM- 7 AM - 2140 blank 24 hour total ----- 6080 ----- blank -on 04/13/13- 7 AM- 3 PM - 2140 800 3 PM -11 PM - 2140 600 11 PM- 7 AM - 2140 675 24 hour total ----- 6420 ----- blank -on 04/14/13- 7 AM- 3 PM - 2140 650 3 PM -11 PM - 1720 700 11 PM- 7 AM - 2140 985 24 hour total ----- blank ----- 2335 R4's average intake was 5900 cc to 6200 cc daily while his output was averaging 2000 cc to as low as 700 cc and 900 cc. The facility continues to document R4's water	F 315			

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F 315	Continued From page 10 flush intake as 4500 cc daily from the Gastrostomy tube but during staff interview with E15 reflected that they flush the "G" tube every four hours instead of every three hours as ordered.	F 315			
F 322 SS=D	483.25(g)(2) NG TREATMENT/SERVICES - RESTORE EATING SKILLS Based on the comprehensive assessment of a resident, the facility must ensure that -- (1) A resident who has been able to eat enough alone or with assistance is not fed by naso gastric tube unless the resident ' s clinical condition demonstrates that use of a naso gastric tube was unavoidable; and (2) A resident who is fed by a naso-gastric or gastrostomy tube receives the appropriate treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal eating skills. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to administer Gastrostomy tube flushes as ordered by the physician, and failed to consistently document intake/output for a resident with a Gastrostomy tube to ensure proper hydration.	F 322			

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F 322	<p>Continued From page 11</p> <p>This is for 1 of 3 (R 4) residents reviewed with Gastrostomy feeding in the sample of 18.</p> <p>Findings include:</p> <p>R4 has diagnoses that include Diabetes Mellitus II, Urosepsis, Dehydration, Acute Renal Failure, Chronic Kidney Disease and Bladder Outlet Obstruction with Urinary Retention.</p> <p>R4 has a G-tube (Gastrostomy tube) used for tube feeding and main source of nutrition and hydration. R4 stays in bed most of the time.</p> <p>Review of April 2013 POS (Physician Order Sheet) showed that R4 has an order for tube feeding of Glucerna at 90 cc per Gastrostomy tube continuously.</p> <p>On 03/20/13 laboratory results showed that R4 has urinary tract infection and on 03/21/13 R4's laboratory results showed high BUN (Blood Urea Nitrogen), high Potassium, high Urea Nitrogen and high Creatinine. Physician was notified on 03/21/13 and ordered to increase G-Tube water flush to 500 cc every 3 hours and to repeat urinalysis.</p> <p>Urinalysis was done on 03/29/13 and the result showed again that R4 has urinary tract infection. Physician was again notified and an antibiotic therapy was ordered.</p> <p>During the survey on 04/15/13, 04/16/13, 04/17/13, R4 was observed in bed with indwelling catheter in use and noted with cloudy urine output with whitish sediments. This observation was shown to E12 (Nurse) and E15 (Nurse).</p>	F 322			

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F 322	<p>Continued From page 12</p> <p>Record review showed that R4 was readmitted on 03/04/13 with diagnoses including Hyperkalemia, Dehydration and with history of ESBL (Extended Spectrum Beta Lactamase) of urine. R4 was placed on contact isolation for (+) ESBL in urine and receives Intravenous antibiotic for the infection of the urine.</p> <p>On 03/21/13 lab was drawn and had the following results: BUN (Blood Urea Nitrogen) -- 40.5 H (reference range 12-20) Potassium 5.3 (reference range 3.5- 5.1) Creatinine 2.1 (reference range 0.5 - 1.4)</p> <p>Urinalysis result dated 03/20/13 was color- cloudy (reference range - clear) bacteria- moderate (reference range - none seen)</p> <p>On 03/23/13 the physician was notified and ordered to repeat the urinalysis. Urinalysis was done again on 03/28/13 and the result was color- cloudy (reference range - clear) bacteria- many (reference range - none seen)</p> <p>On 03/28/13 lab was drawn and had the following results: BUN (Blood Urea Nitrogen) -- 37.6 H (reference range 12-20) Potassium 5.5 (reference range 3.5- 5.1) Creatinine 1.7 (reference range 0.5 - 1.4)</p> <p>During medication pass observation on 03/16/13 at 1 PM, E15 (nurse) was asked when was the last time R4's tube feeding was flushed. E15 said</p>	F 322			

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F 322	<p>Continued From page 13</p> <p>that she flushed R4's G- tube between 8 am and 9 am during medication pass. This would show that the flushing order of every three hours is not being followed. E15 attempted to flush the G-tube with water but was getting a lot of resistance. E15 kept pushing the plunger of the syringe but was not successful. E15 started milking the G-tube several times and was able to extract curd that had solidified inside the tube feeding. E15 again started to flush the G-tube with the syringe but still getting resistance. E15 milked the G-tube again and was able to extract more curd from the G-Tube.</p> <p>Review of R4's Intake and output record for March and April 2013 documented as follows:</p> <p style="text-align: center;">INTAKE</p> <p>OUTPUT</p> <p>-on 03/04/13- 7 AM- 3 PM - blank blank 3 PM -11 PM - 370 blank 11 PM- 7 AM - 1160 blank 24 hour total ----- 1530 ----- blank</p> <p>-on 03/06/13- 7 AM- 3 PM - 1560 200 3 PM -11 PM - 1160 blank 11 PM- 7 AM - 1460 blank 24 hour total ----- 4680 ----- blank</p> <p>-on 03/08/13- 7 AM- 3 PM - 1660</p>	F 322			

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F 322	Continued From page 14 300 3 PM -11 PM - blank blank 11 PM- 7 AM - 1460 650 24 hour total ----- blank ----- blank -on 03/12/13- 7 AM- 3 PM - 1760 1800 3 PM -11 PM - 1360 950 11 PM- 7 AM - 1760 blank 24 hour total ----- 4580 ----- blank -on 03/13/13- 7 AM- 3 PM - 1760 850 3 PM -11 PM - 1360 600 11 PM- 7 AM - 2140 blank 24 hour total ----- 5160 ----- blank -on 03/29/13- 7 AM- 3 PM - 2140 600 3 PM -11 PM - 2160 blank 11 PM- 7 AM - 2060 300 24 hour total ----- 6420 ----- blank -on 03/30/13- 7 AM- 3 PM - 2140 700 3 PM -11 PM - 400	F 322			

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F 322	Continued From page 15 blank 11 PM- 7 AM - 200 blank 24 hour total ----- 6420 ----- blank -on 04/01/13- 7 AM- 3 PM - 2140 400 3 PM -11 PM - 1640 500 11 PM- 7 AM - 2140 600 24 hour total ----- 5920 ----- 1500 -on 04/02/13- 7 AM- 3 PM - 2140 600 3 PM -11 PM - 2140 600 11 PM- 7 AM - 2140 600 24 hour total ----- 5920 ----- blank -on 04/03/13- 7 AM- 3 PM - 2140 1400 3 PM -11 PM - 2140 1000 11 PM- 7 AM - 2140 1200 24 hour total ----- 6420 ----- 3600 -on 04/04/13- 7 AM- 3 PM - 2140 1000 3 PM -11 PM - 2140 700	F 322			

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F 322	Continued From page 16 11 PM- 7 AM - 2140 800 24 hour total ----- 6420 ----- 2500 -on 04/05/13- 7 AM- 3 PM - 2140 1000 3 PM -11 PM - 2140 800 11 PM- 7 AM - 2140 1800 24 hour total ----- 6420 ----- 3600 -on 04/06/13- 7 AM- 3 PM - 2140 1400 3 PM -11 PM - 1640 1000 11 PM- 7 AM - 2140 1200 24 hour total ----- 5920 ----- 2100 -on 04/07/13- 7 AM- 3 PM - 2140 1000 3 PM -11 PM - 1640 700 11 PM- 7 AM - 2140 700 24 hour total ----- 5920 ----- 2400 -on 04/08/13- 7 AM- 3 PM - 2740 450 3 PM -11 PM - 1640 800 11 PM- 7 AM - 2140 400	F 322			

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F 322	Continued From page 17 24 hour total ----- 5920 ----- 1650 -on 04/09/13- 7 AM- 3 PM - 2140 blank 3 PM -11 PM - 1640 650 11 PM- 7 AM - 2140 750 24 hour total ----- 5920 ----- blank -on 04/10/13- 7 AM- 3 PM - 2140 1400 3 PM -11 PM - 1720 1000 11 PM- 7 AM - 2140 1200 24 hour total ----- 6000 ----- blank -on 04/11/13- 7 AM- 3 PM - 2140 800 3 PM -11 PM - 1720 650 11 PM- 7 AM - blank blank 24 hour total ----- blank ----- blank -on 04/12/13- 7 AM- 3 PM - 2220 600 3 PM -11 PM - 1720 900 11 PM- 7 AM - 2140 blank 24 hour total ----- 6080 ----- blank	F 322			

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F 322	Continued From page 18 -on 04/13/13- 7 AM- 3 PM - 2140 800 3 PM -11 PM - 2140 600 11 PM- 7 AM - 2140 675 24 hour total ----- 6420 ----- blank -on 04/14/13- 7 AM- 3 PM - 2140 650 3 PM -11 PM - 1720 700 11 PM- 7 AM - 2140 985 24 hour total ----- blank ----- 2335 R4's average intake was 5900 cc to 6200 cc daily while his output was averaging 2000 cc to as low as 700 cc and 900 cc. The facility continue to document R4's water flush intake as 4500 cc daily from the Gastrostomy tube but during staff interview with E15 reflected that they flush the G-tube every four hours instead of every three hours as ordered.	F 322			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES 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.	F 323			

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F 323	<p>Continued From page 19</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to update care plan to prevent further fall incident, and failed to safely transfer resident using mechanical lift. The facility also failed to maintain environment that is free of accidental hazards by leaving medications at bedside.</p> <p>This applies to 2 of 10 residents (R5, R15) reviewed for falls and accidental hazards in the sample of 18 and 3 in the supplemental sample.</p> <p>Findings include:</p> <p>1. R5 was readmitted to the facility on 05/20/12 with diagnoses of Left Cerebral Vascular Accident, Hypertension, Anemia, Alzheimer Disease and Chronic Obstructive Pulmonary Disease.</p> <p>Review of incident reports documented that R5 had the following falls on the following dates:</p> <ul style="list-style-type: none"> - On 12/22/12 at 7 PM CNA (Certified Nursing Assistant) was transferring R5 from the toilet to wheelchair and R5 lost balance. R5 was lowered to the floor. - On 03/22/13 at 10:15 am, R5 was assisted to toilet, left unattended with call light in hand. R5 attempted to move off the toilet and lost balance. <p>On 04/17/13 at 2:05 PM, E13 CNA stated " I was helping another resident with toileting issue then</p>	F 323			

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F 323	<p>Continued From page 20</p> <p>another staff told me that R5 needed to be toileted. I went to R5, who was in the hallway and took R5 to the nearest bathroom. I put R5 to the toilet and heard the other resident's call light, who I put on the toilet the first time. I told R5 to call when finished and R5 agreed. I left R5 on the toilet and went out to get the other resident. I helped the other resident get off the toilet and put her back in bed. Another staff came and notified me that R5 had fallen. The nurse was already there and taking vital signs when I got to R5. I did not know that R5 has Dementia."</p> <p>- On 03/28/13 at 9:30 PM, R5 was left unattended in the bathroom. R5 tried to transfer self and lost balance.</p> <p>- On 03/29/13 at 12:45 PM, R5 was being transferred to wheelchair from toilet when R5 lost her balance and the CNA lowered her to the floor.</p> <p>Review of R5's current care plan showed that the care plan was not updated after each fall.</p> <p>2. R15 was readmitted to the facility on 06/26/12 with diagnoses of Osteoarthritis and generalized muscle weakness.</p> <p>Review of incident report dated 12/24/12 at 11:20 AM documented that R15 had a fall in her room. Incident report documented that E 11, CNA and E14, CNA (Certified Nursing Assistant) were transferring R15 from bed to wheelchair with the use of mechanical lift. R15 was in the sling of the mechanical lift when the mechanical lift tilted sideways. The mechanical lift legs were not extended/opened all the way. R15 was lowered to the floor.</p>	F 323			

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F 323	<p>Continued From page 21</p> <p>On 04/17/13 at 12:30 PM, E11 CNA stated " We were helping R15 to transfer from bed to wheel chair with the use of mechanical lift. E14 CNA put the wheel chair sideways and the mechanical lift straight. I was putting the mechanical lift down while E14 was pulling the sling and then the mechanical lift started to fall sideways. E14 eased R15 to the floor and I was holding the top of the mechanical lift to make sure R15 will not get hurt with the mechanical lift. We did not opened the legs of the mechanical lift that's the problem. We are suppose to opened the mechanical legs for stability."</p> <p>Operator and maintenance manual provided by the facility reflect under:</p> <p>Lifting the Patient - When using an adjustable base lift, the legs MUST BE in the maximum OPENED/LOCKED position BEFORE lifting the patient.</p> <p>3. During the initial tour of the first floor unit with E5 (nurse/MDS (Minimum Data Set) coordinator) on 4/15/13, the following observations were made:</p> <p>a) At 11:15 AM, 5 unidentified pills inside a medication cup was observed on top of R19's over bed table. According to R19, those are his morning medications. R19 stated that he was not aware that the nurse came in that morning and left the medications at the bedside. R19 was observed immediately taking all of the 5 unidentified medications.</p> <p>Review of R19's POS (Physician Order Sheet)</p>	F 323			

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F 323	<p>Continued From page 22</p> <p>reflected, 5 morning medications scheduled for the resident. The medications were 1 multivitamins, 1 anticoagulant medication, 1 anti-epileptic medication and 2 anti-hypertensive medications.</p> <p>In an interview held on 4/15/13 at 11:30 AM, E6 (restorative nurse) stated that he prepared R19's medications that morning. Per E6, he told R19 that his medications are ready, placed the medication cup on top of the over bed table and left R19's room to prepare and administer the roommate's medications. According to E6, he went back to R19's room and R19 handed him an empty medication cup. E6 stated that he did not observe R19 take the medication.</p> <p>b) At 11:00 AM, 1 metered inhaler labeled "Xopenex HFA 45 mcg/actuation, 200 metered inhalations," was observed on top of R21's over bed table. The metered inhaler does not have a label to indicate R21's name, prescribing physician, date the prescription was obtained and the dosage instructions. According to R21, he has COPD (Chronic Obstructive Pulmonary Disease), Asthma and Bronchitis. Per R21 he uses this inhaler once or twice a day to ease his breathing. Review of R21's POS did not reflect any order for this brand of inhaler. R21 has a diagnosis of COPD.</p> <p>c) At 11:04 AM, 1 metered inhaler labeled "Symbicort 80-4.5 mcg inhaler," was observed on top of R20's over bed table. The metered inhaler has R20's name on it. E7 (Nurse) stated that she</p>	F 323			

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F 323	Continued From page 23 administered R20's inhaler that morning but forgot the inhaler in the resident's room. In an interview held on 4/18/13 at 1:33 PM, E2 (Director of Nursing) stated that the first floor unit has several confused residents. Review of the facility's medication administration general guidelines indicated that, medications are to be administered at the time they are prepared and that the person who prepares the dose for administration is the person who administers the medication. 4. During the initial tour of the facility on the second floor with E6 (Restorative Nurse) on 04/13/12 at around 10 AM, a bottle of Aspirin was observed at R22's bedside table. Per E15 (Nurse), R22 has Dementia and is confused and forgetful.	F 323			
F 441 SS=C	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.	F 441			

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F 441	<p>Continued From page 24</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> <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 and interview the facility failed to ensure that the laundry room is clean and free of lint and dust accumulation.</p> <p>This has the potential to affect all 89 residents who uses the facility linens and gowns.</p> <p>Findings include:</p> <p>During the tour of the laundry room with E8 (Maintenance Director) on 4/17/13 at 11:45 AM, the following observations were made:</p>	F 441			

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F 441	Continued From page 25 a) The AC (Air Conditioning) unit and the pipes located directly above the clean/folding area had accumulation of dust and lint. During this observation E9 (Laundry aide) was folding clean linens by the folding area. b) The over head pipes running across the laundry room had accumulation of dust and lint. E8 stated that the AC unit and the over head pipes in the laundry room have dust and lint that should be cleaned. The CMS form 672 titled "Resident Census & Conditions of residents" dated 4/15/13 documented the facility's census was 89 residents.	F 441			