

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

PRINTED: 10/20/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E845	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/09/2015
NAME OF PROVIDER OR SUPPLIER WILSON CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 4544 NORTH HAZEL STREET CHICAGO, IL 60640		
(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 Annual Licensure and Certification	F 000			
F 279 SS=D	Validation Survey for Subpart S: SMI Unit The Wilson Care is in substantial compliance with Subpart S, Illinois Administrative Code Section 300.4000 483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to develop comprehensive care plans to address hypertension, chronic obstructive	F 279			

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 279	Continued From page 1 pulmonary disease (COPD), hypothyroidism, hepatitis C virus, asthma, nutritional status, and falls for one resident (R21) in a sample of 25 residents reviewed for care plans. Findings include: R21 was admitted to the facility on 9/8/2015 with diagnosis' of schizoaffective disorder, alcohol abuse, suicidal thoughts, hypertension, COPD, hypothyroidism, asthma, and hepatitis C virus. Interview on 10/8/2015 at 1:00PM E7 (Care Plan Coordinator) stated that R21 did not have medical care plans for hypertension, asthma, hypothyroidism, COPD or hepatitis C virus. E7 also stated that R21 should have had an initial care plan at admission. R21's Minimum Data Set (MDS) Care Area Summary (CAA) dated 9/18/2015 triggered for falls and nutritional status. The facility policy, Comprehensive Care Plans, undated, documents in part that a comprehensive care plan includes measurable objectives and timetables to meet the resident's medical, nursing, mental, and psychological needs shall be developed for each resident. The policy also documents that the resident's comprehensive care plan is developed within seven days of completion of the resident's comprehensive assessment (MDS).	F 279			
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at	F 458			

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F 458	<p>Continued From page 2</p> <p>least 100 square feet in single resident rooms.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review facility failed to have the required square footage (80square feet) for 2 residents (R2, R11) out a sample size of 26 residents reviewed for accomodations of needs and 8 residents (R27-R34) from the supplemental sample in rooms #212, 312, 412 and 512.</p> <p>Findings include:</p> <p>Observed on environmental tour with E6 (Maintenance Director) on 10-7-15 at 11:00 am that there were three beds in each room #212, 312, 412 and 512. Those beds were measured with measuring tape by E6 to be 18 inches between each residents' beds</p> <p>Per observation, the following residents rooms do not have 80 square feet per resident:</p> <table border="1"> <thead> <tr> <th>Room number</th> <th>Square footage</th> </tr> </thead> <tbody> <tr> <td>212</td> <td>77.1</td> </tr> <tr> <td>312</td> <td>77.1</td> </tr> <tr> <td>412</td> <td>74.47</td> </tr> <tr> <td>512</td> <td>74.47</td> </tr> </tbody> </table> <p>Facility's waver denote bedrooms must measure 80 square feet per resident rooms or 100 feet in single rooms. The facility residents are ambulatory and do not use any medical equipment. Facility will ensure resident ' s rooms are free of clutter and residents have enough</p>	Room number	Square footage	212	77.1	312	77.1	412	74.47	512	74.47	F 458		
Room number	Square footage													
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312	77.1													
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F 458	Continued From page 3 room to ambulate safely. E1 (Administrator) stated on 10-9-15 at 11:00 am the facility has a waiver and not required to have 80 square feet.	F 458			