

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

PRINTED: 04/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G157</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/24/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>HERBSTTRITT HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 NORTH RIDGE AVENUE CHICAGO, IL 60660</b>			
(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
W 000	INITIAL COMMENTS			W 000			
	ANNUAL CERTIFICATION SURVEY - FUNDAMENTAL						
	ANNUAL LICENSURE SURVEY						
W 323	INSPECTION OF CARE 483.460(a)(3)(i) PHYSICIAN SERVICES			W 323			
	The facility must provide or obtain annual physical examinations of each client that at a minimum includes an evaluation of vision and hearing.						
	This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure vision and or hearing evaluations are conducted at least annually for 2 of 4 clients in the sample (R2 and R3).						
	Findings include:						
	1) R2's medical record was reviewed. R2's last vision examination was completed on 3/12/13. This examination notes that R2 should return in 1 year. R2 does not have an annual vision evaluation.						
	R2's last hearing evaluation was completed on 3/18/15. This evaluation notes that R2's bilateral responses fall below the standard and R2 has a previous diagnosis of bilateral hearing loss. It is recommended that R2 be re-evaluated in 6 months. R2 does not have a current hearing evaluation and R2 was not re-evaluated in 6 months.						
	E1 (Director) was interviewed on 3/23/16 at						

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

PRINTED: 04/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/24/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERBSTTRITT HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 NORTH RIDGE AVENUE CHICAGO, IL 60660</b>		
(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	
W 323	Continued From page 1 1:10pm. E1 verified that R2 does not have current annual vision and hearing evaluations. E1 also verified that the facility did not re-evaluate R2's hearing as recommended.  2) R3's medical record was reviewed. R3's last hearing examination was completed on 12/10/14. This evaluation notes that R3 has a documented history of hearing loss. This evaluation notes that R3 should be re-evaluated in 1 year. R3 does not have a current annual hearing evaluation.  E1 was interviewed on 3/23/16 at 1:10pm. E1 verified that R3 does not have a current annual hearing evaluation.	W 323			
W 352	483.460(f)(2) COMPREHENSIVE DENTAL DIAGNOSTIC SERVICE  Comprehensive dental diagnostic services include periodic examination and diagnosis performed at least annually.  This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure an annual comprehensive dental examination was completed for 1 of 1 client in the sample (R4) who is edentulous.  Findings include:  R4's medical record was reviewed and R4 does not have a current dental examination. There is a document, dated 10/30/14, that notes "Cont (continue) routine oral care. Ok to D/C (discontinue) dental appts (appointments) as pt (patient) is edentulous." This document is signed	W 352			

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

PRINTED: 04/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/24/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERBSTTRITT HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 NORTH RIDGE AVENUE CHICAGO, IL 60660</b>		
(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	
W 352	Continued From page 2 by a Nurse Practitioner. R4 does not have a current extraoral and intraoral examination that was completed by a dental professional.	W 352			
W 369	E1 (Director) was interviewed on 3/23/16 at 1:10pm. E1 reviewed the document (10/30/14) in R4's medical record and verified that R4 does not have a current annual dental examination. 483.460(k)(2) DRUG ADMINISTRATION  The system for drug administration must assure that all drugs, including those that are self-administered, are administered without error.  This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that all medications are administered without error affecting 1 of 4 clients (R5) observed during the morning medication administration.  Findings include:  The morning medication pass was observed on 3/23/16. E3 (DSP - Direct Support Person) was observed to assist R5 with his morning medications. At approximately 8:10am R5 was observed to take 1 tablet of Vitamin D 1000IU. R5's MAR (Medication Administration Record) was reviewed. R5's MAR notes that R5 is to receive - Vitamin D 2000 Unit tab, 1 tablet at 8am. R5's 3/10/16 to 4/8/16 POS (Physician's Order Sheet) was reviewed. R5 has the following order: "Vitamin D 2000 Unit tab - take 1 tablet by mouth every morning - 8am"	W 369			

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

PRINTED: 04/05/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G157</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/24/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>HERBSTTRITT HOUSE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>6300 NORTH RIDGE AVENUE CHICAGO, IL 60660</b>		
(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	
W 369	Continued From page 3  E3 was interviewed, on 3/23/16 at 8:15am. E3 reviewed R5's bottle of Vitamin D tablets and verified that R5 received 1 tablet of Vitamin D 1000IU. E3 also reviewed R5's order for Vitamin D tablets and verified the order is for 1 tablet of Vitamin D 2000IU. E3 stated that she would notify the Supervisor of the medication error. On 3/23/16 at 8:52am E4 (Supervisor) was in the home and E3 told E4 of R5's medication error.	W 369			