

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

PRINTED: 02/28/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145583</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/20/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>RUSH OAK PARK HSP SKILLED CARE UNIT</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>520 SOUTH MAPLE AVENUE OAK PARK, IL 60304</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
F 000	INITIAL COMMENTS	F 000		
F 167 SS=C	<p>Annual Certification Survey</p> <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility .</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to post their plan of correction for the last annual survey. This failure has the potential to affect all 19 patients/residents in the hospital-based extended care unit.</p> <p>The findings include:</p> <p>On 2/20/14 at 9:40 AM, the survey binder was lacking the plan of correction for the citation written on the last annual 12/28/12. E2 (Program Director) stated she did not think the plan of correction was needed because the citation was corrected on a follow-up survey.</p> <p>The federal form 672 (Resident Census and Conditions) documents 19 patients/residents in the hospital-based extended care (skilled) unit.</p>	F 167		
F 226	483.13(c) DEVELOP/IMPLMENT	F 226		

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 226 SS=D	<p>Continued From page 1</p> <p><b>ABUSE/NEGLECT, ETC POLICIES</b></p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review, the facility failed to report an allegation of abuse in a timely manner for 1 of 1 allegations reviewed, failed to obtain finger prints for 3 of 8 personnel files reviewed out of total of 12 Patient Care Technician (PCT) and failed to have a detailed Abuse Policy which clearly documents who the Abuse Prohibition Coordinator is and when to notify the State of alleged abuse. These failures have the potential to affect all 19 patients on the hospital-based extended care (skilled) unit.</p> <p>The findings include:</p> <p>On 2/20/14 at 10:30 AM, E1 (Unit Director) stated she is the Abuse Coordinator for the hospital skilled unit. E1 stated when she is notified of an alleged abuse, she is to notify the Vice President of the hospital and if he/she is not available, she will notify the President of the hospital then proceed on investigating the allegations. E1 stated if she is not available the Chief Nursing Supervisor would take her place as Abuse Coordinator. When E1 was asked when the State would be notified of the alleged abuse, E1 stated she would contact the State (by phone call) simultaneously after calling the hospital Vice</p>	F 226			

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F 226	<p>Continued From page 2</p> <p>President or President. E1 then stated the preliminary report would be sent within the 24 hours of receiving the alleged abuse.</p> <p>E1 stated that the facility has had only one alleged abuse in the past year and presented the abuse investigation. The fax copy of the preliminary report documents it was faxed on 12/1/13 at 5 PM. The complaint was received by staff on 11/30/13 at 12 noon. This is a 29 hour delay in reporting to the State. There was no documentation to support that the facility contacted the State immediately when learning of the allegation. The facility's investigation report documents that R9's daughter informed the nursing staff that E12 (PCT) was rough when transferring R9 out of the bed. The nursing staff then contacted E11 (the Abuse Coordinator at the time) via phone and informed her. The phone call was handed over to R9's daughter who repeated the same information to E11. E11 proceeded with the investigation.</p> <p>On 2/20/14 at 1 PM, E1 stated she had no documentation to present that the State was notified immediately upon learning of the allegation.</p> <p>On 2/19/14 at 9:40 AM, E3 (Director of Human Resources) was questioned about the lack of documentation in regards to the finger-printing (FEE-APP) status of E5, E6 and E7, all PCTs. E3 stated the facility has been using one of the four approved vendors for finger-printing since 9/20/11 and does not understand why no results was forwarded to the State Registry. At 1:05 PM, E3 stated she contacted the outside vender and was informed that they can not help her find the finger prints on E5, E6 and E7. E3 stated she was told</p>	F 226			

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F 226	<p>Continued From page 3 to re-submit the finger printing for the 3 PCTs.</p> <p>E5 was hired on 2/27/12, E6 was hired on 3/12/12 and E7 was hired on 8/8/11 per their personnel files.</p> <p>The facility's policy labeled Abuse Prevention documents under Pre-employment Screening of Potential Employees that prior to a new employee starting a work schedule, the facility will initiate a reference check, check with the Illinois Nurse Aide Registry for anyone applying for certified nurse aide (CNA) position and to file an Illinois State Police Healthcare Worker Background Check application on any individual being hired for CNA position. This policy also addresses that the facility's policy and procedures on Healthcare Worker Background Check (HWBC) will be followed.</p> <p>The facility's policy labeled Criminal Background Investigations (their policy on HWBC) documents that criminal background checks will be conducted on all new hires. Each external hire signs release form so that the facility can conduct the criminal background investigation as part of the new hire process.</p> <p>The facility's policy labeled Abuse Prevention is very vague as to who is the Abuse Coordinator. Throughout the policy, it addresses the administrator or designee as the Abuse Coordinator. The policy is not detailed and tailored to their facility. It does not give a sequence of reporting if the Unit Director is unavailable. The policy also does not coincide with what E1 stated during the 2/20/14 interview about the Hospital Vice President being notified immediately before calling the State. The policy</p>	F 226			

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F 226	Continued From page 4 also documents under Appointing an Investigator that once the administrator or designee determines that there is reasonable cause for possible mistreatment, the administrator or designee will appoint a person to take charge of the investigation. This also conflicts with E1 stated during the 2/20/14 interview. The portion of the abuse policy under Internal Reporting Requirements of Allegations is lacking when the State is to be notified. Under the External Reporting of Potential Abuse it documents that the State will be notified by phone immediately and then within the 24 hours, a written report will be sent the State. This portion was not followed.  The federal form 672 (Resident Census and Conditions) documents 19 patients/residents in the hospital-based extended care (skilled) unit.	F 226			