

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145878	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2013
NAME OF PROVIDER OR SUPPLIER ST PATRICK'S RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 1400 BROOKDALE ROAD NAPERVILLE, IL 60563		
(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 159 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.10(c)(2)-(5) FACILITY MANAGEMENT OF PERSONAL FUNDS</p> <p>Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility, as specified in paragraphs (c)(3)-(8) of this section.</p> <p>The facility must deposit any resident's personal funds in excess of \$50 in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be a separate accounting for each resident's share.)</p> <p>The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest bearing account, interest-bearing account, or petty cash fund.</p> <p>The facility must establish and maintain a system that assures a full and complete and separate accounting, according to generally accepted accounting principles, of each resident's personal funds entrusted to the facility on the resident's behalf.</p> <p>The system must preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident.</p> <p>The individual financial record must be available through quarterly statements and on request to the resident or his or her legal representative.</p>	F 159			

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 159	<p>Continued From page 1</p> <p>The facility must notify each resident that receives Medicaid benefits when the amount in the resident's account reaches \$200 less than the SSI resource limit for one person, specified in section 1611(a)(3)(B) of the Act; and that, if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to notify 2 residents (R31, R32) and/or next of kin when their trust fund balances reached \$200 less than the Social Security Income limit (\$1800). This applies to 2 residents out of a sample of 80 residents reviewed for trust fund balances.</p> <p>Findings include:</p> <p>Balance report for R31 provided on 3/26/13 indicates trust fund balance of \$2,017.93.</p> <p>On 3/27/13 at 10:35 am, E7 (Business Office) stated she wasn't aware she had to notify the resident or families when the trust fund balance reaches \$1800. She stated she sends out quarterly statements but was not aware this notification of the balance reaching \$1800 was required. E7 stated she would send a notification to Medicaid regarding R31's overage.</p> <p>Balance report from E7 for R32 dated 3/26/13 reflects a trust fund balance of \$1,841.25.</p>	F 159			

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F 159	Continued From page 2	F 159			
F 364 SS=D	<p>E7 stated on 3/27/13 she had sent out a quarterly statement for R32 and provided a copy. This statement, dated 1/25/13 covering the time period of 12/1/12 through 12/31/12 reflects a beginning balance of \$1,860.54 as of 12/1/12, and an ending balance of \$1,860.54 as of 12/31/12.</p> <p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to serve warm food for 2 of 29 residents in the sample of 29 (R25 and R26).</p> <p>Findings include;</p> <p>During the breakfast observation on 3/27/13 food was served to all residents and the plate covers were removed. On 3/27/13, R25 and R26 sat in front of their uncovered food for 30 minutes without any attempts or prompts to eat. On 3/29/13 a test tray was left uncovered for thirty minutes. After thirty minutes the rice and broccoli were 110 degrees F. and the pureed shrimp was 120 degrees F. A dial stem thermometer, which was calibrated in an ice water bath immediately following the temperature readings, was used. The food tasted cold to the surveyor.</p>	F 364			

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F 364	Continued From page 3	F 364			
F 441 SS=D	<p>E1 indicated R25's tray should have been left covered until the staff were ready to help her eat. E1 indicated R26 prefers to feed herself and refuses staff help R26 will fall asleep and needs to be prompted to continue to eat..</p> <p>R25 and R26's weight sheets documented a 9% gradual weight loss for the last 6 months.</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</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</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>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, record review and staff interview the facility failed to follow the facility's protocol for properly sanitizing blood glucose machines in between each resident both before and after use. This was for 1 of 29 sampled residents (R10), and 1 supplemental sampled resident (R30) observed for blood glucose testing.</p> <p>Findings include:</p> <p>E4 (nurse) was observed on two different occasions to perform a blood glucose finger stick test to R10 and R30 on 3/27/13. On 3/27/12 at 11:50 a.m. E4 was observed to remove a blue basket from the medication room. The basket contained a blood glucose machine, two pairs of gloves, alcohol, lancets and a bottle containing blood glucose strip sticks for testing blood glucose levels. E4 was observed to take a pair of gloves from the basket, don the gloves and wipe R10's finger with an alcohol wipe. E4 did not remove the soiled gloves before removing a test strip from the multiple use container of test strips. E4 was observed to place the gloved</p>	F 441			

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F 441	<p>Continued From page 5</p> <p>finger inside the multiple use container and withdraw a test strip for use. When the procedure was done E4 returned the blood glucose machine into the blue basket where the remaining pair of gloves were. E4 returned to the medication room and was observed to wipe the blood glucose machine with a bleach wipe. E4 wiped the machine for approximately 15 seconds. E4 was asked to explain the facility's protocol for sanitizing the blood glucose machine. E4 said they are to wipe the machine with the bleach wipe but could not state the length of contact time required to properly sanitize the blood glucose machine. E4 reviewed the directions for the length of contact time required for sanitizing found on the container. After review, E4 said the contact time should be one minute and this was not done. E4 said that she was not aware of this and had not received specific training regarding this.</p> <p>E4 was observed at 12:15 p.m. to perform a blood glucose finger stick test for R 30. E 4 did not clean the blood glucose machine before using it to test the blood glucose for R 30. E 4 did not obtain clean gloves before performing this test. E4 was observed to put on the pair of gloves that was left in the blue basket after the testing was completed with R10. E4 wore these gloves, wiped R30's finger with alcohol, used a gloved finger and stuck the gloved finger inside the multiple use container of blood glucose test strips.</p> <p>Interviews with E3 and E5 (nurses) stated they are to use an alcohol wipes to clean the blood glucose machines after performing blood glucose tests on the residents. E6(nurse) stated they were to use the bleach wipe after use of the blood</p>	F 441			

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F 441	Continued From page 6 glucose machine and wipe it for 35 seconds. The directions on the sanitizing wipe container directs the wiping of the object for one full minute and let air dry before use. The facility staff was not sanitizing the blood glucose machines according to manufactures instructions. E 1 (administrator) and E 2 (director of nurses) stated every resident should have their individual blood glucometer. E 2 stated the facility policy was changed on 3/27/13 to include one minute of contact time for sanitizing the machines with a bleach solution and gloves are not worn when removing test strips from the container. E2 stated on 3/29/13 at 1:45 pm the facility also changed its protocol to stop using soap and water to clean the machine.	F 441			