

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

PRINTED: 04/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2016
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430		
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F 000	INITIAL COMMENTS	F 000			
F 202 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.12(a)(3) DOCUMENTATION FOR TRANSFER/DISCHARGE OF RES</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraph (a)(2)(i) through (v) of this section, the resident's clinical record must be documented. The documentation must be made by the resident's physician when transfer or discharge is necessary under paragraph (a)(2)(i) or paragraph (a)(2)(ii) of this section; and a physician when transfer or discharge is necessary under paragraph (a)(2)(iv) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to obtain a physician discharge order for one of three residents (R32) reviewed for discharges in the sample of 23.</p> <p>Findings include:</p> <p>The nursing progress note dated February 19, 2016 for R32 documents that R32 was discharged home in stable condition.</p> <p>R32's medical record does not document a physician order to be discharged.</p> <p>On 4-14-16 at 11:20 am, E13, Medical Records Personnel, stated "There is no physician discharge order for R32.</p>	F 202			
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES	F 246			

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 246	<p>Continued From page 1</p> <p>A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide accommodations to assist with bed mobility for one of two residents (R25) reviewed for accommodation of needs in a sample of 23.</p> <p>Findings include:</p> <p>The Admission Record dated 4/14/16 documents R25 with diagnoses to include Hemiplegia, Anxiety Disorder, and Contracture.</p> <p>The Care Plan for Self Care Deficient dated 12/13/14 documents R25 requiring assistance with activities of daily living related to physical limitations, Hemiplegia, and Cerebral Vascular Accident. This plan of care documents R25 is to be encouraged to participate in self care.</p> <p>On 4/12/16 at 11:40am, R25 stated, "I cannot use my left hand but I can use my right. The facility removed the side rails from my bed and said they are not using them at the facility. I need my side rails so when I am being turned I can hold on and help. I feel like I am going to fall when staff turn me, especially when there is only one staff person. Because I don't have side rails I have to</p>	F 246			

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F 246	<p>Continued From page 2</p> <p>try to hold onto the mattress and my hand slips because it's an air mattress. Sometimes I hold onto my chair which is at the side of the bed if it's there." The Minimum Data Set dated 2/24/16 documents R25 as cognitively intact.</p> <p>On 4/13/16 at 9:30am, E16 and E17 (Nursing Assistants) provided incontinence care to R25. R25 has a left above the knee amputation and flaccid left hand. During incontinence care E17 turned R25 to face E17; R25 was on left side facing E17 at the edge of the bed. R25 was holding onto E17 with right hand.</p> <p>On 4/13/16 at 9:40am, E16 stated two staff are required to turn R25 from side to side and complete incontinence care, "but sometimes I do it by myself." E16 stated R25 likes to hold onto something when being turned onto the left side and will grab onto a staff person or other object next to the bed if there is only one staff person.</p> <p>On 4/14/16 at 12:15pm, E18 (Physical Therapist) stated R25 is asking for side rails to help roll to the left. "If (R25) wants to assist in care, then there should be something for (R25) to use. We do not allow siderails at the facility and I am not sure what else could be used. (R25) has a trapeze." E18 confirmed a trapeze is too high for R25 to use as an assistive device for rolling onto the left side.</p> <p>The Physical Therapy Evaluation dated 4/14/16 documents, "Clinical Impression: (R25) referred to Physical Therapy (PT) by nursing staff due to decreased bed mobility. (R25) reports to PT that (R25) would like to improve rolling to the left side for personal care tasks and positioning in bed. (R25) reports that (R25) has a fear of falling when</p>	F 246			

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F 246	Continued From page 3 rolling to the left because (R25) has nothing to hold onto and attempts to hold onto a chair, bedside table or mattress but doesn't feel secure. (R25) does have a trapeze and demonstrated proper use of a trapeze with right upper extremities(R25's) current functional status including use of trapeze and limitations regarding use of guardrails or bed pole in this facility, (R25) has reached highest practicable level and skilled services are not required or recommended at this time. (R25) and nursing educated on need for having two Nursing Aides during all patient care tasks..."	F 246			
F 279 SS=D	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).	F 279			

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F 279	Continued From page 4 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to implement a discharge plan of care for two of three residents (R31, R32) reviewed for discharges in the sample of 23. Findings include: The facility's Care Plan policy Social Service Manual, dated 6/2012, documents "Discharge Plan - Include at least the following discharge plan components on the care plan: the patient's intended discharge destination." R31 and R32's Care Plans, dated 1-26-16 and 2-1-16, respectively, do not document discharge goals or interventions for discharge planning. On 4-14-16 at 2:00 pm, E14, Social Service Worker, stated "There are no discharge plans of care for (R31 or R32)."	F 279			
F 283 SS=D	483.20(I)(1)&(2) ANTICIPATE DISCHARGE: RECAP STAY/FINAL STATUS When the facility anticipates discharge a resident must have a discharge summary that includes a recapitulation of the resident's stay; and a final summary of the resident's status to include items in paragraph (b)(2) of this section, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or legal representative. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility	F 283			

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F 283	<p>Continued From page 5</p> <p>failed to provide a summary of the resident's stay for one of three residents (R33) reviewed for discharges in the sample of 23.</p> <p>Findings include:</p> <p>The face sheet in R33's medical record indicates an admission date of 11/14/2015. The Physician Order Sheet lists diagnosis which include Altered Mental Status, Muscle Weakness, Cellulitis of the left lower limb and Osteopathic.</p> <p>During the residents stay R33 received speech therapy to address special feeding needs, restorative program, and a recent hospital stay for decline in her physical condition.</p> <p>The review of the medical record documents for R33 includes no recapitulation of resident stay to provide necessary information for continued care.</p> <p>On 04/15/2016 at 09:15 PM, E1 Administrator stated "I ' m not sure what documentation your looking for."</p> <p>On 04/15/2016 at 09:48 AM E3, Director of Nursing confirmed the failure to complete the discharge summary.</p>			F 283			
F 309 SS=D	<p>483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p>			F 309			

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F 309	<p>Continued From page 6</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to administer physician ordered medications to one resident(R34) in the supplemental sample and one of three residents (R29)reviewed for complaints of not receiving medications in the sample of 23.</p> <p>Findings include:</p> <p>1. On 4/12/16 at 11:50 am, while E6 LPN (Licensed Practical Nurse) was administering medication to R34, R34 told E6 that (R34) had requested pain medication prior to occupational therapy and had not yet received the medication. E6 LPN asked R34 to rate (R34's) pain, at which time R34 said (R34's) pain is now a 10 or 11 on the 1 to 10 pain scale (with 10 being highest level of pain) and wouldn't be if (E6) had administered the pain medication when R34 requested it.</p> <p>On 4/13/16 at 2:30 pm, R34 stated E7 Occupational Therapist took (R34) to the Nurse to ask for pain medication prior to starting therapy and (E6) stated "The Nurse never brought it to me."</p> <p>On 4/13/16 at 2:40 pm, E7 Occupational Therapist stated (E7) worked with R34 on 4/12/16, E7 took R34 to the nurses station and R34 asked E6 LPN for a pain pill which E6 never brought to R34.</p> <p>The Physician's Orders, dated 4/1/16, documents "Norco Tablet 10-325 mg (milligram) Give 1 tablet by mouth every 4 hours as needed for pain."</p>	F 309			

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F 309	<p>Continued From page 7</p> <p>The Service Log Matrix for R34, dated 4/12/16, documents R34 was in therapy on 4/12/16 from 10:00 am to 11:10 am.</p> <p>R34's Controlled Substances Record, dated 4/12/16, documents E6 LPN pulled a Norco 10-325mg (milligram) tablet out of the facility locked box on 4/12/16 at 11:52 am.</p> <p>R34's Medication Administration Record, documents E6 LPN administered one Norco 10-325mg tablet on 4/12/16 at 11:56 am, 46 minutes after R34 completed therapy.</p> <p>2. On 4/13/16 at 10:10 am, R29 stated (R29) is having difficulty getting (R29's) pain medications and that this happens frequently.</p> <p>On 4/13/16 at 2:10 pm, E8 LPN (Licensed Practical Nurse) stated R29 does not have any Tramadol in the medication cart, last received it on 4/11/16 and (E8) was going to call the pharmacy.</p> <p>The Physician Orders Sheet for R29, dated 4/13/16, documents physician order for "Tramadol HCL (Hydrochloride) ER (Extended Release) 100mg (milligram) Give 100mg by mouth every 12 hours for pain."</p> <p>The Medication Administration Record for R29, dated April 2016, documents R29 did not receive Physician ordered Tramadol on 4/12/16 at 6:00 am and 6:00pm and on 4/13/16 at 6:00 am.</p> <p>The Controlled Substances Record for R29 documents R29 received last dose of Tramadol on 4/11/16 at 6:00 pm.</p>	F 309			

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F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that indwelling catheter bags and/or tubing were not on the floor for two of four residents (R22 and R24), and failed to change gloves during indwelling catheter care for one of four residents (R24) reviewed for indwelling catheters in the sample of 23.</p> <p>Findings include:</p> <p>The facility's policy Catheter Care: Indwelling Catheter, dated 11/2011, documents "14. Check that tubing is...off the floor."</p> <p>1. On 4-12-16 at 10:15 am, R24's indwelling catheter bag and tubing was being dragged on the floor during transfer to wheelchair by E9 and E10, Certified Nursing Assistants/CNA. At 10:25 am E9 placed the indwelling catheter bag and tubing on the floor while attempting to adjust the privacy bag under R24's wheelchair.</p> <p>On 4-12-16, at 10:30 am, E9 CNA stated, "It</p>	F 315			

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F 315	<p>Continued From page 9</p> <p>shouldn't be on the floor, but I don't want it on his lap because it leaks sometimes."</p> <p>On 4-13-16, at 8:17 am, R24 was in bed while R24's indwelling catheter bag was lying on the floor.</p> <p>2. On 4-11-16 at 6:30 pm, R22 was up in a wheelchair in the hallway with R22's urinary catheter tubing dragging on the ground. On 4-16-16 at 8:30 am, 11:50 am, 1:10 pm, 1:20 pm, 1:30 pm, 2:15 pm and 2:35 pm, R22 was up in a wheelchair with the urinary catheter tubing dragging on the floor. On 4-13-16 at 10:30 am, 11:05 am, 1:15 pm, 1:50 pm, 2:25 pm, 2:50 pm and 3:41 pm, R22 was up in a wheelchair in the hallway, activity room and outside the dining room with the urinary catheter tubing dragging on the floor. On 4-14-16 at 9:15 am, R22 was sitting in the main hallway with the urinary catheter tubing laying on the floor.</p> <p>On 4-15-16 at 9:00 am, E3, Director of Nursing/DON stated "Catheter bags should be in a privacy bag; catheter bags and tubing should never be on the floor."</p> <p>3. The facility's policy Hand Hygiene, dated 12/09, documents "When to wash hands: After contact with body fluids or excretions...Moving from a contaminated body site to a clean body site during patient care. After contact with inanimate objects in the immediate vicinity of the patient."</p> <p>On 4-13-16 at 2:48 pm, E12, Registered Nurse/RN, performed indwelling catheter care for R24. E12 cleansed R24's penis and indwelling catheter tubing then with the same soiled gloves</p>	F 315			

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F 315	Continued From page 10 pulled up R24's incontinence brief and pants, and adjusted R24's shirt. On 4-13-16 at 3:00 pm, E12 RN stated, "I should have put on a new pair of gloves before pulling up his brief."	F 315			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to implement preventative contracture interventions for one of seven residents (R11) reviewed for range of motion in a sample of 23. Findings include: The Self Care Deficient Care Plan dated 9/24/15 documents R11 with weakness, impaired cognition, and right hand contracture. The April 2015 Physician Order Sheets document an order initiated on 3/19/16 for R11 to use hand rolls to both hands for range of motion; remove for hygiene. On 4/12/16 at 8:39am and 9:48am R11 laid in	F 318			

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F 318	Continued From page 11 bed without bilateral hand rolls in place. On 4/12/16 at 10:50am and 12:30am, R11 sat in a wheelchair without bilateral hand rolls in place. On 4/13/16 at 8:20am and 10:00am, R11 laid in bed without bilateral hand rolls in place. On 4/13/16 at 8:20am, E15 (Nursing Assistant) stated the nurses are to place the hand rolls in R11's hands. On 4/13/16 at 12:00pm, E3 (Director of Nursing) stated the hand rolls are placed by the Nursing Assistants. E3 confirmed R11 should have bilateral hand rolls in place per the physician orders. The facility Activity of Daily Living and Functional Rehabilitation Practice Guideline dated 2011 documents if a patient has a need for restorative care ongoing management strategies are to be implemented.	F 318			
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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to implement preventative fall interventions and safe assistance during bed	F 323			

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PRINTED: 04/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145684		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 04/15/2016	
NAME OF PROVIDER OR SUPPLIER MANORCARE OF HOMEWOOD				STREET ADDRESS, CITY, STATE, ZIP CODE 940 MAPLE AVENUE HOMEWOOD, IL 60430			
(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 323	<p>Continued From page 12</p> <p>mobility for two of four residents (R21, R25) reviewed for falls in a sample of 23.</p> <p>Findings include:</p> <p>1. The Admission Record dated 4/14/16 documents R25 with diagnoses to include Hemiplegia, Anxiety Disorder, and Contracture.</p> <p>On 4/12/16 at 11:40am, R25 stated, "I cannot use my left hand but I can use my right. I feel like I am going to fall when staff turn me, especially when there is only one staff person. Because I don't have side rails I have to try to hold onto the mattress and my hand slips because it is an air mattress. Sometimes I hold onto my chair when it is at the side of the bed." The Minimum Data Set dated 2/24/16 documents R25 as cognitively intact.</p> <p>On 4/13/16 at 9:30am, E16 and E17 (Nursing Assistants) provided incontinence care to R25. R25 has a left above the knee amputation and flaccid left hand. During incontinence care E17 turned R25 to face E17; R25 was on left side facing E17 and on the edge of the bed. R25 was holding onto E17 with right hand.</p> <p>On 4/13/16 at 9:40am, E16 stated R25 likes to hold on to something with R25's right hand. E16 stated two staff are required to turn R25 from side to side and complete incontinence care, "but sometimes I do it by myself."</p> <p>On 4/14/16 E19 (Rehabilitation Director) stated R25 needs two staff for the provision of incontinence care and positioning at all times for safety.</p>			F 323			

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F 323	<p>Continued From page 13</p> <p>The facility electronic Task List documents R25 requiring two staff assist for bed mobility.</p> <p>The Documentation Survey Report for Bed Mobility dated April 1, 2016 through April 14, 2016 documents R25 had one staff complete bed mobility on the day shift on 4/1/16, 4/10/16, 4/12/16; the evening shift on 4/3/16, 4/12/16 and the night shift 4/1/16 through 4/8/16 and 4/10/16 through 4/13/16.</p> <p>The Physical Therapy Evaluation dated 4/14/16 documents, "Clinical Impression: (R25)referred to Physical Therapy (PT) by nursing staff due to decreased bed mobility... (R25) and nursing educated on need for having two Nursing Aides during all patient care tasks..."</p> <p>The Bed Positioning policy dated 10/2011 documents provide the assistance needed.</p> <p>2. R24's care plan, dated 2-27-16, documents R24 is at risk for falls due to weakness, impaired balance/poor coordination, history of falls, potential medication side effects, right BKA (below the knee amputation) with intervention to keep "Bed in low position."</p> <p>On 4-11-16 at 6:45 pm, R24 was alone in R24's room, lying in bed, with the bed in high position</p>	F 323			

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F 323	Continued From page 14 off the floor.	F 323			
F 520 SS=C	<p>On 4-14-16 at 9:25 am, E3, Director of Nursing/DON stated that a resident's bed should not be in high position when alone in the room and in the bed.</p> <p>483.75(o)(1) QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS</p> <p>A facility must maintain a quality assessment and assurance committee consisting of the director of nursing services; a physician designated by the facility; and at least 3 other members of the facility's staff.</p> <p>The quality assessment and assurance committee meets at least quarterly to identify issues with respect to which quality assessment and assurance activities are necessary; and develops and implements appropriate plans of action to correct identified quality deficiencies.</p> <p>A State or the Secretary may not require disclosure of the records of such committee except insofar as such disclosure is related to the compliance of such committee with the requirements of this section.</p> <p>Good faith attempts by the committee to identify and correct quality deficiencies will not be used as a basis for sanctions.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility</p>	F 520			

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F 520	<p>Continued From page 15</p> <p>failed to have quarterly Quality Assessment and Assurance committee meetings for part of the last year and failed to have a physician present at the meetings that did take place. This has the potential to affect all 114 residents residing in the facility.</p> <p>Findings include:</p> <p>The quality assurance meeting minute sign in sheets for the last year were requested. E2 (Assistant Administrator) provided sign in sheets for November and December 2015, and January and February 2016. There is no physician signature on any of the sign in sheets.</p> <p>On 4-13-16 at 12:30 pm and 4:00 pm, E2 Assistant Administrator stated when he started at the facility in December 2015, there were no consistent quality assurance meetings taking place at the facility. E2 stated he started the meetings but stated there is no physician who routinely comes to the quarterly quality assurance meetings.</p> <p>The facility policy Quality Assurance and Performance Improvement, 3/2011, documents "Membership: The administrator facilitates selecting and appointing Committee members which must include at a minimum the ADNS (Assistant Director of Nursing Services), a physician and at least three other staff members. Expectations of the Committee: The QA (Quality Assurance) Committee meets monthly."</p> <p>The Resident Census and Condition of Resident Report dated 4/11/16 documents 114 residents reside at the facility.</p>	F 520			