STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145699	A. BUILDING ______ B. WING ______	07/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHERMAN WEST COURT	1950 LARKIN AVENUE ELGIN, IL 60123

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F 000	INITIAL COMMENTS Annual Certification Survey	F 000		
F 278 SS=D	483.20(g) - (j) ASSESSMENT ACCURACY/COORDINATION/CERTIFIED The assessment must accurately reflect the resident's status. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals. A registered nurse must sign and certify that the assessment is completed. Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment. Under Medicare and Medicaid, an individual who willfully and knowingly certifies a material and false statement in a resident assessment is subject to a civil money penalty of not more than $1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than $5,000 for each assessment. Clinical disagreement does not constitute a material and false statement. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and review of documentation, the facility failed to assess	F 278		

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 278	Continued From page 1 discontinuation of motorized wheelchair and failed to assess residents ability to continue to operate the motorized wheelchair. This affected one resident (R1) from a total sample of fifteen. On 7/21/14 at 10:21am, R1 was in a resident room sitting in her motorized wheelchair. R1 stated "they disconnected" my wheelchair. R1 stated she didn't know when, but before summer. On 7/21/14 at 2:00pm, E13 stated she disconnected R1's motorized chair for safety reasons and she could not remember when she did so. She stated she did not remember exactly what lead to that action and she would have to refer to her notes to see what, if any, assessment was done at that time. A review of R1's chart finds an assessment called "Electric Mobility Device Safety Assessment" signed by R13 and dated 3/10/14 which states R1 can "drive indoors." The resident chart contains "Addendum Occupational Therapy" note dated 3/7/14 states "Pt. continues to demo safety when maneuvering the w/c. Pt's able to safely perform 360 [degree] turn, 180 [degree] turn and setting herself in the dining room" - [initialed by E13]. A note on same sheet dated 3/10/14 states "Skilled OT will DC pt today." [initialed by E13]. On 7/23/14 at 1:00pm R1 stated she would like to be able to drive her wheelchair. R1 stated they have not worked with her on it since it was turned off. A review of the record finds no doctor's order to discontinue use of the wheelchair and no	F 278		

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F 278	Continued From page 2 assessment or note later than 3/10/14 addressing the use of the wheelchair. There is no current nor discontinued care plan in the chart addressing use of the wheelchair. On 7/23/14 at 10:00am, Assistant Administrator (E3) stated there is no incident or accident report for R1 in the past year.	F 278		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure to provide pain medication to one resident (R13) in a timely manner and failed to ensure pain medications were ordered with the pain scale for administration for two residents (R2,R9). This applies to three of 13 residents (R2, R9, R13) reviewed for pain in the sample of 15. The findings include: According to the Physician Order Sheet for July 2014, R13 was admitted on 7/17/14 with multiple medical diagnoses including Upper Gastrointestinal Bleed and Possible Aspiration.	F 309		

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According to the History and Physical (7/11/14), other diagnoses include Diabetes, Abdominal Aortic Aneurism and Myocardial Infarct.

On 7/22/14 at 8:54 AM in the dining room, R13 requested pain medication. E16 (Certified Nursing Assistant/CNA) was was notified R13 was complaining of pain. E16 said she would notify the nurse.

On 7/22/14 at 9:25 AM, during medication pass observation with E7 (Registered Nurse/RN), said she had to give pain medication to R13. E7 started to prepare the medication but said she did not have the needed dosage. E7 said the order was for Tylenol 650 mg (milligrams), oral every 6 hours as needed. E7 said she only had one tablet of 325 mg in the medication card. As she was explaining this, E8 (RN) was walking by and confirmed with E8 if she gave the earlier dose of Tylenol to R13. E8 said she did and E7 told her she did not request the refill from pharmacy. E7 said she would have to re-order the Tylenol because the medication was not kept in stock. On 7/22/14 at 9:50 AM, E7 said Tylenol had been re-ordered from the pharmacy. E7 said when she asked R13 earlier of his pain level, R13 told her that the pain had been "the worst he ever had."

The Physician Telephone Orders form, 7/22/14 (9:40 AM), showed an order for Ibuprofen 400 mg, one tab every 6 hours as needed for pain until Tylenol is available x2 doses only; give with food. Protonix 40 mg. one tab daily po (oral).

On 7/22/14 at 9:50 AM, R13 was awake in bed. R13 was asked how intense was his pain on a scale of 1 to 10. R13 said it was "20." On 7/22/14 at 9:55 AM, E7 gave the Ibuprofen to R13.

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R9's diagnosis on Physician Order Sheet includes Altered Mental Status and Plural Effusion. R9's July 2014 Physician Order Sheet shows an order for Acetaminophen 325 milligrams 1 tablet every 4 hours prn as necessary for pain and an order for Norco 325/5 milligrams 1 tablet TID (three times a day) prn.

R9's July 2014 Medication Administration Record shows R9 had received Acetaminophen 325 1 tablet on 7/17/14 at 8:55 PM and on 7/20/14 received Acetaminophen Norco 5/325 mg for complaints of back pain. On 7/22/14 at 11:00 AM E7 (RN) was asked how she determines what prn pain medication is appropriate for what type of pain. E7 stated she'll ask the patient how severe the pain is and then give what she thinks what's appropriate.

E2 (Director of Nursing) stated on 7/24/14 at 11:45 AM the facility pain management policy does not address pain parameters for prn pain medications and does not address how soon pain medications should be given.

3. R2 has diagnoses including Aneurysm, Hernia, Bells Palsy, Hypertension and General Muscle weakness.

July 2014 POS (Physician Order Sheet) showed R2 had an order for Acetaminophen 325 mg 1 tablet every 4 hours PRN (as needed) for pain and fever, Acetaminophen 325 mg 2 tablets every 4 hours PRN for pain and fever, Norco 325 mg/5 mg 1 tablet every 4 hours PRN.

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F 309	Continued From page 5 On 07/21/14 at 12:40 PM, E17 (Nurse) was asked if how to determine which pain medication to give. E17 said we usually ask R2 which pain medication and how much.	F 309		
F 425 SS=E	483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility. This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to monitor the use and obtain replacement of the medications from the pharmacy for the convenience/emergency box in South Nursing station medication room. This applies to four of 12 residents (R3, R5, R6, R12) in the sample of 15 and eight residents (R17 to	F 425		

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R24) in the supplemental sample.

The findings include:

During the environmental tour on 07/22/14 at 12:15 PM with E6 (Plant Operation Manager), E1 (Administrator) and E11 (Nurse), the south nursing station medication room convenience and emergency box in the medication room were noted unlocked. The checklist was checked against the contents in the box and the following medications were not in the box:

In the medication emergency box the following listed medications were
Cepazolin 1 gram and Glucagon 1 mg 1 kit. These medications were not available.

In the medication convenience box the following listed medication were,
Amoxicillin 250 mg 6 tablets - not available in the box
Amoxicillin 500 mg 6 tablets - not available in the box
Amoxicillin 875 mg 6 tablets - not available in the box
Benadryl 25 mg 6 capsules - 2 capsules missing
Vibramycin 100 mg 6 tablets - not available in the box
Warfarin Sodium 5 mg 6 tablets - 2 tablets missing
Prednisone 10 mg 6 tablets - 1 tablet missing
Furosemide 20 mg 6 tablets, the envelope with this medication was found in the bin for return to the pharmacy and E11 (Nurse) put it back in the convenience box. 2 tablets were missing.

E11 (Nurse) said once they took a medication in

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F 425	Continued From page 7 the convenience box or the emergency box they fill out a form then fax it to the pharmacy so it can be replaced. The last pharmacy fax for refill for the convenience medication box was 06/27/14 and the emergency medication box was 04/30/14. There were no monitoring on other medications that are missing in the convenience medication box and the emergency medication box. Policy and Procedure dated 12/01/07 showed: - The emergency medication supply should maintain either by a mechanism of replacement or exchange, as mutual agreed upon by facility and Pharmacy. - The facility should complete the interim/Stat/emergency box withdrawal form set forth in appendix 18; interim/Stat/emergency box withdrawal form (and contained in the emergency box medication supply) to report for which resident the medication was drawn. Facility staff should ensure that all boxes contain a list of the contents. -Facility should notify Pharmacy when facility uses a medication by completing and returning to Pharmacy the interim/Stat/emergency box withdrawal form.	F 425		
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (a) Infection Control Program	F 441		

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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.

(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 hands after each direct resident contact for which hand washing is indicated by accepted professional practice.

(c) Linens
Personnel must handle, store, process and transport linens so as to prevent the spread of infection.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review the facility failed to ensure maintenance of isolation policy for visitors of a resident with contact precautions, maintain proper storage of nebulizer and oxygen tubing when not in use, and follow standards of infection control practices by wearing a dietary apron into a public restroom.

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F 441	Continued From page 9 This applies to two residents (R5, R13) in the sample of fifteen and one resident(R16) in the supplemental sample. The findings include: 1. On 07/23/2014 at 12:15pm R5's visitors(family) including a child, were sitting in R5's room without personal protective equipment on. E8(Registered Nurse) stated the family should be wearing personal protective equipment. R5's family stated they were unaware that R5 still had an infection. According to the physician order sheet(POS) dated 7/15/2014, R5 has diagnoses including methicillin resistant Staphylococcus aureus of the wound with an order for contact isolation. The facilities undated Isolation policy included family and visitors should be educated on the prevention of infection and compliance with the infection control policy and procedure. 2. On 07/23/2014 at 9:03am R13's nebulizer tubing was lying exposed, uncovered and not attached to mask on the floor under R13's bed. Oxygen nasal cannula tubing not in use was draped over the top of the liquid oxygen tank uncovered. R13 was using nasal cannula attached to portable oxygen tank. On 07/23/2014 at 12:05pm R16 was lying in bed. Nebulizer mask was hanging from its elastic strap uncovered from finial of the bedside lamp and resting on the lampshade. E9(Wound Nurse/Registered Nurse) stated that R16's nurse must have left it there. E10(Registered Nurse) stated that R16 received a nebulizer treatment at 10:00am and the mask should have been placed	F 441		

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F 441	Continued From page 10 into a disposable bag but she forgot to put the nebulizer mask into the bag. The undated facility Inhalation Tubing Use policy showed it is to provide clean tubing for inhalation use. The policy showed the oxygen nasal cannula and nebulizer mask should be stored in a disposable plastic bag when not in use. 3. On 07/22/2014 at approximately 3:00pm E15(Dietary Aide) was observed exiting a public restroom wearing a black dietary apron and wiping her hands on the apron. E15 was then observed setting the table in the dining room. On 07/23/2014 at 2:40pm E5(Food Service Director) stated dietary staff should not wear their aprons into the restroom.	F 441		