

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

PRINTED: 09/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145699	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/11/2015
NAME OF PROVIDER OR SUPPLIER SHERMAN WEST COURT			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 LARKIN AVENUE ELGIN, IL 60123		
(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 157 SS=D	<p>Annual Licensure and Certification</p> <p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC)</p> <p>A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>This REQUIREMENT is not met as evidenced</p>	F 157			

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 157	Continued From page 1 by: Based on record review and interview the facility failed to notify physician of abnormal intake and output for 1 of 4 residents (R6) reviewed for hydration in the sample 13. The findings include: R6's Hospital Patient Information and Transfer form dated 8/24/15 shows R6 was discharged to the nursing facility with a diet order of 1 liter fluid restriction per day. R6's admitting POS (physician order sheet) for August 2015, shows R6 has a diagnosis of hyponatremia (low sodium) and renal insufficiency. E3 (director of nursing) stated on 9/11/15 at 11:50 AM, it is the facility's policy that if a resident is placed on fluid restriction, the staff is to monitor, document and analyze intake and output (I & O) each shift. R6's daily I & O Record ranging from 8/25/15 through 9/9/15 show R6's output consistently exceeded intake with 11 of the days output exceeding intake by 500 cc to 1200 cc. Facility Intake and Output policy and procedure states under #9: "Analyze intake versus output and notify MD if any abnormality noted." E3 stated on 9/11/15 at 10:10 AM, R6's physician should have been notified of the abnormal I & O record and was not.	F 157			
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER	F 315			

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F 315	<p>Continued From page 2</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 assess, identify and implement interventions to improve or maintain bowel and bladder continence. This applies to 2 (R3 and R4) of 10 residents reviewed for incontinence in a total sample of 13 residents.</p> <p>The findings include:</p> <p>R3 has a BIMS (Brief Interview for Mental Status) of 13/15 on the 8/26/15 MDS (Minimum Data Set) which shows R3 to be mostly cognitively intact. R3's 8/26/15 MDS also documents R3 to be incontinent of urine most of the time and occasionally incontinent of bowel.</p> <p>On 9/5/15 at 1:30 PM R3 stated she wears an incontinence brief because she sometimes has accidents but is able to know when she has to use the bathroom and will call staff to help her. R3 stated she needs the sit to stand mechanical assistance lift to transfer and she doesn't like to bother the staff when they are busy. R3 stated she had her incontinence brief changed in the</p>	F 315			

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F 315	<p>Continued From page 3</p> <p>morning, approximately 8:00AM, when she got up and not since then. R3 then stated She would call now to get changed.</p> <p>On 9/5/15 at 1:40 PM, E6 (CNA, Certified Nursing Assistant) stated she was the one who got R3 up this morning and had changed her brief at that time. E6 stated that was the last time it was changed and R3 had not been toileted since because she didn't call. E6 stated R3 calls for toileting when she wants to go.</p> <p>R3 stated she just wanted her brief changed at this time and did not want to go into the bathroom. R3's brief was changed at that time and the old brief was removed and completely saturated from front to back. R3 had blanchable redness to her buttocks and also has a history of a stage II coccyx pressure sore that has recently closed on 9/2/15, as documented in the facility skin assessment and weekly wound progress notes.</p> <p>The facility's undated policy titled, "Bowel and Bladder Collection Policy and Procedure," documents that each resident with bowel and bladder incontinence will receive appropriate treatment and services to restore as much normal bowel and bladder functioning as possible. The policy also states each resident will be assessed for 72 hours for bowel and bladder voiding patterns on admission, annually and with a significant change in elimination patterns. This has not been done for R3.</p> <p>On 9/9/15 at 12:30 PM, E7(Restorative Nurse) stated she was the Restorative nurse in the facility since March 2015. E7 stated there were no residents on a bowel and bladder training</p>	F 315			

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F 315	<p>Continued From page 4</p> <p>program and none of the residents had been assessed for bowel and bladder training. E7 stated they currently were not following the bowel and bladder training policy and had planned to start it soon. E7 stated CNA's should be doing hourly rounding on residents and assessing bowel and bladder needs at that time. E7 also stated the CNA's should not be waiting for the resident to call them.</p> <p>On September 08, 2015 at 1:52 PM, R 4 was in the room sitting on her wheelchair explained, " I can feel the urge to go to the bathroom. When I got here, I was told by the staff here that I need to use a diaper just in case. No, they do not come and ask if I need to use the bathroom, I call them and sometimes if they do not come right away then I have accidents. "</p> <p>At 2:08 PM, R 4 was able to transfer herself from wheelchair to bathroom by grabbing the toilet bar and with cuing and supervision of one staff. E 6 (Certified Nursing Assistant) stated R 4 can verbalize her needs without a problem and is incontinent sometimes.</p> <p>R 4 ' s Admission Minimum Data Set dated September 03, 2015 showed R 4 is frequently incontinent of bowel and bladder (score of 2) and no trial toileting program was implemented. R 4 ' s Bowel and Bladder assessment dated July 27, 2015 showed a score of 13 (8-14 - candidate for toileting schedule time voiding).</p> <p>On September 09, 2015 at 9:45 AM, E 3 (Director of Nursing) expressed that the facility has no Bowel and Bladder program and no one is in any program at this time.</p>	F 315			