

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

PRINTED: 03/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14G269</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>03/05/2015</b>	
NAME OF PROVIDER OR SUPPLIER  <b>BROADWAY TERRACE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>43 BROADWAY</b> <b>CHICAGO HEIGHTS, IL 60411</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
W 000	INITIAL COMMENTS			W 000			
W 340	<p>COMPLAINT INVESTIGATION Complaint #1591062 / IL75323 483.460(c)(5)(i) NURSING SERVICES</p> <p>Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to training clients and staff as needed in appropriate health and hygiene methods.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that 1 of 1 client's (R1) toenails were maintained at an acceptable length.</p> <p>Findings include:</p> <p>R1 was observed at the day training site on 3/5/15. Surveyor asked R1 if her toes hurt. R1 answered, "Sometimes." Surveyor then asked if R1 can show surveyor her toenails. R1 proceeded to remove her left boot as well as her left socks and showed surveyor her foot. Surveyor observed R1's toenails to be long and is starting to curve downwards. Surveyor observed that R1's big toenail is approximately 1 centimeter longer than her toenail. Half of her big toenail was cut off leaving her with a long half of a toenail.</p> <p>Review of R1's record showed that she was last seen by the podiatrist in April 2014, no other consult can be found.</p> <p>E4, nurse, was interviewed on 3/5/15 at 1:35pm. E4 stated, "Toenails? Podiatrist cuts them." E4</p>			W 340			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/09/2015

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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W 340	Continued From page 1 then verified that R1 was last seen by the podiatrist last 4/17/14. E4 added, "Staff did not tell me that R1's toenails are long."	W 340			