

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

PRINTED: 03/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145736		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2015	
NAME OF PROVIDER OR SUPPLIER ALDEN TOWN MANOR REHAB & HCC				STREET ADDRESS, CITY, STATE, ZIP CODE 6120 WEST OGDEN CICERO, IL 60804			
(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>Complaint Investigation</p> <p>#1590780/ IL74965- F157, F314 #1590597/ IL74733- No Deficiency 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>			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	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to notify family and the physician in a timely manner of newly developed skin breakdown to the sacrum for one of three residents (R4) reviewed for pressure ulcers in a sample of 6.</p> <p>Findings Include:</p> <p>R4's progress notes and care plan dated 1/22/2015 both list R4 with a diagnosis of dementia.</p> <p>R4's initial nursing assessment dated 1/16/15 includes a skin assessment with no documentation of skin breakdown noted to sacrum.</p> <p>R4's progress note dated 1/18/15 (late entry) indicates redness to both buttocks was observed. R4's 1/18/15 progress note does not contain documentation of notification to R4's physician or family.</p> <p>R4's progress note dated 1/25/15 at 12:03 am indicates R4 was observed with irritation, redness and open skin located between his buttocks. R4's progress note does not indicate R4's family or physician was notified of the change.</p> <p>R4's progress note dated 1/26/15 at 3:49 am indicates R4 had an open area to the sacrum. R4's progress note does not include notification to R4's family of change in condition. R4's progress note dated 1/26/15 at 6:28 am indicates R4's physician was notified of R4's change in</p>	F 157			

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F 157	<p>Continued From page 2</p> <p>condition forty hours after R4's skin breakdown was identified.</p> <p>R4's progress note dated 1/27/15 at 12:22 am indicates R4 had excoriation to the buttocks and sacrum from Moisture Associated Skin Dermatitis (MASD). R4's progress note does not include notification of R4's family.</p> <p>R4's hospital records history and physical dated 1/27/15 indicate R4 was admitted with acute respiratory failure, sepsis, pneumonia, and a sacral decubitus ulcer. R4's hospital record present on admission pressure ulcer identification sheet dated 1/27/15 includes a photograph of skin breakdown to R4's sacrum. R4's hospital record wound assessment dated 1/27/15 indicates R4 had a reddened, unapproximated, partial thickness coccyx pressure ulcer.</p> <p>On 2/17/15 at 2:00pm Z2 (family) stated he was not notified by the facility of R4's skin breakdown. Z2 stated he was made aware of R4's sacrum pressure ulcer by the local hospital when R4 was admitted.</p> <p>On 2/18/15 at 1:00 pm E6 Wound Nurse stated R4 did not have a sacrum pressure ulcer but was observed to have Moisture Associated Skin Dermatitis (MASD).</p> <p>On 2/18/15 at 2:51 pm E5 (Licensed Practical Nurse /LPN) stated she did not notify R4's physician of the open area on the buttocks until the following day because the wound nurse needed to make an assessment in order to provide the physician with more information.</p> <p>On 3/4/15 at 4:00 pm E2 Director of Nursing</p>	F 157			

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F 157	Continued From page 3 stated he was not sure why R4's family was not notified of R4's skin changes. E2 stated he is not sure why there was a delay in notifying R4's physician of skin changes. The facility's policy on change of condition (resident) indicates the attending physician or physician on call / NP (Nurse Practitioner) and responsible party will be notified with changes in a resident's condition.	F 157			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to immediately assess, identify and treat a sacral pressure ulcer in a timely manner for one of three residents (R4) reviewed for pressure ulcers in a sample of six. Findings include: R4's initial nursing assessment dated 1/16/15 includes a skin assessment with no documentation of skin breakdown noted to sacrum.	F 314			

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F 314	<p>Continued From page 4</p> <p>R4's progress note dated 1/18/15 (late entry) indicates redness to both buttocks was observed. R4's 1/18/15 progress note does not contain documentation of notification to R4's physician or family.</p> <p>R4's progress note dated 1/25/15 at 12:03 am indicates R4 was observed with irritation, redness and open skin located between his buttocks. R4's progress notes indicate R4 received barrier cream with a plan to follow up with treatment nurse. R4's progress note does not indicate R4's family or physician was notified of the change in R4's skin conditions.</p> <p>R4's progress note dated 1/26/15 at 3:49 am indicates R4 had an open area to the sacrum.</p> <p>R4's progress note dated 1/26/15 at 6:28 am indicates R4's physician was called with a message left for orders related to R4's sacrum wound. R4's progress note does not include notification to R4's family of change in condition.</p> <p>R4's progress note dated 1/27/15 at 12:22 am indicates R4 had excoriation to the buttocks and sacrum from Moisture Associated Skin Dermatitis (MASD). R4's progress note does not include notification of R4's family.</p> <p>R4's Physician Order Sheet dated 1/26/15 includes an order for bacitracin ointment - apply to sacrum topically one time a day for fistula to sacrum. This order was received forty hours after the initial documentation of the open area on R4's buttocks.</p> <p>On 2/18/15 at 1:00 pm E6 Wound Nurse stated</p>	F 314			

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F 314	<p>Continued From page 5</p> <p>R4 did not have a sacrum pressure ulcer but was observed to have Moisture Associated Skin Dermatitis (MASD).</p> <p>On 2/18/15 at 2:51 pm E5 Licensed Practical Nurse (LPN) stated she did not notify R4's physician of the open area on the buttocks until the following day (forty hours later) because the wound nurse needed to make an assessment in order to provide the physician with more information.</p> <p>R4's hospital records history and physical dated 1/27/15 indicate R4 was admitted with acute respiratory failure, sepsis, pneumonia, and a sacral decubitus ulcer. R4's hospital record present on admission pressure ulcer identification sheet dated 1/27/15 includes a photograph of skin breakdown to R4's sacrum. R4's hospital record wound assessment dated 1/27/15 indicates R4 had a reddened, unapproximated, partial thickness coccyx pressure ulcer.</p>			F 314			