

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

PRINTED: 03/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145743	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 03/13/2015
NAME OF PROVIDER OR SUPPLIER WEST SUBURBAN HOSPITAL MED CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 3 ERIE COURT OAK PARK, IL 60302		
(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 West Suburban Hospital Medical Center	F 000			
F 156 SS=D	Recertification Survey of 3/13/15 483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing. The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5) (i)(A) and (B) of this section. The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services,	F 156			

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 156	<p>Continued From page 1</p> <p>including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes: A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility</p>	F 156			

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F 156	<p>Continued From page 2</p> <p>written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide a Notice of Medicare Provider Non-coverage for one of three residents (R2) reviewed for Liability Notices and Beneficiary Appeals Rights in a sample of 10.</p> <p>Findings include:</p> <p>R2's Notice of Medicare Non-Coverage letter dated 3/09/15 states, "The Effective Date Coverage of Your Current Skilled Services Will End: 3/09/15." A note on the bottom of the Medicare Non-Coverage letter dated 3/09/15 and signed by E19 (Social Services) states, "Provided information regarding 'Notice of Medicare Non-Coverage' over the phone as patient is unable to sign due to cognitive declines and family does not plan on visiting hospital on 3/09/15 to sign documentation."</p> <p>An Admission policy dated 1/15/2004 states, "Resident and/or resident representative is informed that the Medicare Non Coverage Notice will be given them 48 hours prior to discharge."</p> <p>On 3/10/15 at 4:00p.m., E19 (Social Services) verified R2's family was not provided a written notice of R2's Medicare Non-Coverage.</p>	F 156			

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F 226 SS=C	<p>483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES</p> <p>The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to post the Elder Justice Act, failed to educate the facility staff and failed to include the Elder Justice Act into the facility's Abuse Policy and Procedure. This failure has the potential to affect all 32 residents in the facility.</p> <p>Findings include:</p> <p>On 3/9/15 at 7:30 pm, there was no posting within the facility for the Elder Justice Act.</p> <p>On 3/11/15 at 9:00 am, E1, Administrator stated "never heard of the Elder Justice Act and staff have not been educated about their responsibilities." E1, Administrator, stated during this interview, that there is no posting within the facility and the Elder Justice Act is not covered in the facility's Abuse policy.</p> <p>The facility's Abuse policy and procedure, revised 6/13, does not include documentation regarding the Elder Justice Act.</p> <p>The Resident Census and Condition Form, dated 3/10/15, signed by E1, Administrator, documents 32 residents reside in the facility.</p>	F 226			
F 279	483.20(d), 483.20(k)(1) DEVELOP	F 279			

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F 279 SS=D	<p>Continued From page 4</p> <p>COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>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.</p> <p>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).</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to develop a care plan for a gastrostomy feeding tube and a psychotropic medication for one (R6) resident of nine residents reviewed for care plans in a sample of 10 residents.</p> <p>Findings include:</p> <p>The Physicians Order, dated 2/27/15 lists R6 is currently receiving the psychotropic medication Trazadone 50 mg (milligrams) every night. This same Physicians Order sheet documents R6 has a gastrostomy tube for nutrition.</p>	F 279			

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F 279	Continued From page 5 The current CAA's (Care Area Assessment Summary) dated, 3/9/15 triggers the areas of "Feeding Tube" and "Psychotropic Drug Use" and the decision was made to proceed to R6's Care Plan. Current Care Plan for R6, dated 3/9/15, does not include interventions to address R6's gastrostomy tube or R6's use of a psychotropic medication. On 3/11/15 at 2:30 pm E20/MDS (Minimum Data Set) Coordinator stated R6's current Care Plan does not include R6's gastrostomy feeding tube or R6's use of a psychotropic medication and that these areas should have been included in R6s current Care Plan.	F 279			
F 329 SS=D	483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above. Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically	F 329			

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F 329	<p>Continued From page 6</p> <p>contraindicated, in an effort to discontinue these drugs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide a documented clinical indication for the use of an antipsychotic medication for one of one (R1) residents reviewed for antipsychotic medication use in a sample of 10 residents.</p> <p>Findings include:</p> <p>R1's electronic Physician's Orders Sheets (POS) dated 2/28/15 documents R1 has the diagnosis of Dementia. R1's physician's progress note dated 3/02/15 documents R1 has, "Dementia with sundowning-will add low dose Quetiapine at night." R1's POS dated 3/02/15 documents R1 was prescribed Quetiapine 25mg (milligrams) daily at 8:00p.m.</p> <p>On 3/10/15 at 3:30p.m., Z1 (Medical Director) verified R1 was prescribed Quetiapine for "sundowners." Z1 stated R1's "sundowners" symptoms included "behaviors" and "not sleeping."</p> <p>On 3/12/15, E2 (Director of Nurses) stated R1 has behaviors which are not a danger to self or others.</p> <p>R1's nurse's notes dated 2/28/15 to 3/11/15 documents R1 has the following behaviors: quiet,</p>	F 329			

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F 329	<p>Continued From page 7</p> <p>long term memory loss, short term memory loss, forgetful.</p> <p>R1's Minimum Data Set (MDS) assessment documents R1 has no, "Potential Indicators of Psychosis." The MDS also documents R1 has had no physical or verbal behavioral symptoms directed towards others or self.</p> <p>On 3/09/15 at 9:45p.m., R1 was sitting quietly at the side of R1's bed. E12 (Certified Nurse Aide) entered R1's room to remind R1 to lay down in bed. R1 responded to E12's instructions and was cooperative with care.</p> <p>On 3/10/15 at 3:30p.m., R1 was quietly sitting in a wheelchair in the hallway outside of R1's room.</p> <p>On 3/11/15 at 11:00a.m., R1 was in physical therapy walking using a walker with the assistance of two staff members. R1 was quiet and cooperative with therapy staff.</p> <p>A Quetiapine manufacturer's insert titled Highlights of Prescribing Information states, "Indication And Usage...Quetiapine is an atypical antipsychotic indicated for the treatment of: Schizophrenia, Bipolar1 disorder Manic Episodes, Bipolar disorder, depressive episodes."</p> <p>A Psychotropic Medications policy dated 9/01/12 states, "It is the policy of (the facility) that antipsychotic drug therapy shall be used only when necessary to treat a specific condition...The facility supports the appropriate use (of) psychopharmacologic medications that are therapeutic and enabling for residents suffering from mental illness...Documentation includes a physician order for the medication and clinical</p>	F 329			

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F 329	Continued From page 8	F 329			
F 428 SS=D	<p>483.60(c) DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON</p> <p>The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist.</p> <p>The pharmacist must report any irregularities to the attending physician, and the director of nursing, and these reports must be acted upon.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to identify the absence of a documented medical indication prior to dispensing an antipsychotic medication for one of one residents (R1) reviewed for antipsychotic medications in a sample of 10.</p> <p>Findings include:</p> <p>R1's electronic Physician's Orders Sheets (POS) dated 2/28/15 documents R1 has the diagnosis of Dementia. R1's physician's progress note dated 3/02/15 documents R1 has, "Dementia with sundowning-will add low dose Quetiapine at night." R1's POS dated 3/02/15 documents R1 was prescribed Quetiapine 25mg (milligrams) daily at 8:00p.m.</p> <p>On 3/10/15 at 3:30p.m. Z1 (Medical Director) verified R1 was prescribed Quetiapine for</p>	F 428			

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F 428	<p>Continued From page 9</p> <p>"sundowners." Z1 stated R1's "sundowners" symptoms included "behaviors" and "not sleeping."</p> <p>A Quetiapine manufacturer's insert titled Highlights of Prescribing Information states, "Indication And Usage...Quetiapine is an atypical antipsychotic indicated for the treatment of: Schizophrenia, Bipolar1 disorder Manic Episodes, Bipolar disorder, depressive episodes."</p> <p>R1's Electronic Medication Administration Record (EMAR) dated 3/02/15 to 3/10/15 documents R1 was administered Quetiapine 25mg (milligrams) daily on each of those dates.</p> <p>A Psychotropic Medications policy dated 9/01/15 states, "It is the policy of (the facility) that antipsychotic drug therapy shall be used only when necessary to treat a specific condition...The facility supports the appropriate use (of) psychopharmacologic medications that are therapeutic and enabling for residents suffering from mental illness...Documentation includes a physician order for the medication and clinical justification."</p> <p>A Medication Management: Ordering and Transcribing policy dated 9/2014 states, "There must be a documented diagnosis, condition, or indication for each medication ordered in the patient's chart. If a diagnosis, condition, or indication is not readily evident, the medication shall not be dispensed or administered until diagnosis, condition, or indication is clarified."</p> <p>On 8/12/15 at 8:20a.m., E10 (Pharmacy Director) stated that pharmacists are supposed to verify medication orders include appropriate indications</p>	F 428			

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F 428	Continued From page 10 for use. E10, also, stated pharmacists are to, "...document interactions with physicians regarding medication orders." E10 stated, "There is no documentation," that pharmacy staff had any "interactions" with R1's physician to clarify indications for prescribing Quetiapine for R1.	F 428			
F 431 SS=F	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit	F 431			

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F 431	<p>Continued From page 11</p> <p>package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to prevent non-licensed/certified staff from obtaining access to medication storage rooms. This failure has the potential to affect all 32 residents in the facility.</p> <p>Findings include:</p> <p>On 3/11/15 at 10:45 a.m. E5 (Director of Environmental Services) used keys from E5's pocket to unlock the medication storage room. No nursing staff was present in the medication room. A vial of the medication Levemir Insulin was opened and accessible on the medication storage room counter. E5 verified having access to the medication room stating, "I have keys to everything," which included all the facility's medication storage rooms.</p> <p>On 3/13/15 at 9:45a.m. E1 (Administrator) provided e-mail correspondence with E5 in which E5 stated, "In regards to the Key access both E21 (Director of Facility) and I (E5) as directors for the property have master keys...Several of our Pyxis/meds are located in locked clean utility rooms that also have non-med related items in the same room..."</p> <p>On 3/12/15 at 8:20a.m. E10 (Pharmacy Director) stated, "No one except staff certified to handle medications like nurses, pharmacists, and</p>	F 431			

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(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 431	Continued From page 12 pharmacy technicians should have access to the medication room."	F 431			
F 441 SS=D	On 3/12/15 at 11:25 a.m. E5 (Director of Environmental Services) stated E1 is not a nurse and does not have a certification to handle medications. A Resident Census and Conditions of Residents report dated 3/10/15 and signed by E1 (Administrator) documents at the time of the survey 32 residents resided in the facility at the time of the survey. 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 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	F 441			

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F 441	<p>Continued From page 13</p> <p>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(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.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to prevent cross contamination during resident cares for two residents (R4 and R1) of nine residents reviewed for infection control practices in the sample of 10.</p> <p>Findings include:</p> <p>The facility Hand Washing policy dated 6/2013 instructs staff to perform hand hygiene, "After contact with body fluids or excretions, mucous membranes, non-intact skin and wound dressings; 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 and; After removing gloves."</p> <p>The facility Isolation Precautions: Contact or Special Contact policy dated 7/2010 states, "...are used for specified patients known or suspected to be infected or colonized with epistemologically</p>	F 441			

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F 441	<p>Continued From page 14</p> <p>important micro-organisms which can be transmitted by direct contact with the patient or indirect contact with the environmental surfaces or patient care items in the patient's environment. Special contact precautions are used only when the organism requires a soap and water hand wash."</p> <p>On 3/11/15 at 9:15a.m., E4 (Infection Control Nurse) stated, "Contact Plus Isolation is the same as Special Contact which is used for any resident with Diarrhea." E4 stated Contact Plus/Special Contact Isolation requires staff to wear gowns and gloves when caring for the resident. E4 also stated, "Staff must wash hands with soap and water. It's specific to diarrhea." E4 stated, "Staff should perform hand hygiene as soon as they take their gloves off and before they leave the resident's room." E4 also stated that staff should always remove gloves and wash their hands whenever going from soiled to clean (areas) during a wound dressing change to prevent contamination.</p> <p>1. On 3/10/15 at 10:15 am, E9 performed R4's wound dressing change. E9, while wearing gloves, removed R4's soiled dressing, cleaned R4's sacral wound, applied new treatment packing into R4's wound and applied a clean dry dressing while wearing the original pair of gloves. E9 wore the soiled gloves throughout the entire dressing change.</p> <p>On 3/10/15 at 10:45 am E9 stated (E9) should have removed the soiled gloves and washed (E9) hands after removing R4's soiled dressing and after cleansing R4's wound.</p> <p>2. On 3/09/15 at 9:45p.m. E12 (Certified Nurse</p>	F 441			

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F 441	<p>Continued From page 15</p> <p>Aide) applied an isolation gown and gloves. E12 then entered R1's room and assisted R1 to lay down in bed. E12 then removed the isolation gown and gloves and applied an alcohol-based hand rub. E12 exited R1's room then entered R3's room to help reposition R3 in bed. A Contact Plus Precautions sign posted on R1's door instructs, "Soap and water hand washing only..."</p> <p>At 9:50p.m. E12 verified staff are, "...suppose to wash hands before you go out of R1's room."</p> <p>3. On 3/10/15 at 8:45a.m., E14 (Registered Nurse) applied an isolation gown and gloves and entered R1's room to administer R1's medications. E14 administered the medications then withdrew a scanning device from E14's uniform pocket to scan R1's wrist band for facility identification purposes. E14 replaced the scanner into E14's uniform pocket and then removed the isolation gown and gloves before exiting R1's room. E14 washed hands, then applied one glove to the right hand to remove the scanning device from the pocket of E14's uniform. E14 used a cleansing wipe to clean the scanning device and then removed the glove on E14's right hand. Without performing hand hygiene, E14 entered R14's room and dispensed R14's medications.</p> <p>4. On 3/10/15 at 12:30p.m., E13 was in R1's room wearing an isolation gown and gloves while performing incontinence care. E13 assisted R1 to transfer to the wheelchair. E13 removed the isolation gown and gloves, then without performing hand hygiene, E13 pushed R1 out of the room and down the hall to the activity room.</p>	F 441			