

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

PRINTED: 01/03/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145821	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/29/2013
NAME OF PROVIDER OR SUPPLIER ROSEWOOD CARE CENTER OF ELGIN			STREET ADDRESS, CITY, STATE, ZIP CODE 2355 ROYAL BOULEVARD 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 314 SS=D	<p>Annual Licensure and Certification Survey</p> <p>483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to monitor and implement pressure relieving methods to help heal and prevent development of new and recurring pressure ulcers for a resident. This applies to 1 of 4 residents (R13) reviewed for pressure ulcers in a sample of 21.</p> <p>Findings include:</p> <p>R13 is a 81 year old resident originally admitted to the facility on 6/11/11 and admitting diagnoses include, Alzheimer's disease, chronic obstructive pulmonary disease, Osteoporosis, Osteoarthritis, and hypothyroidism according to the Physician Order Sheet (POS) dated August 2013.</p> <p>On 8/28/13 at approximately 2:00 PM, it was noted that R13 didn't have a physician ordered cushion for his high-back wheeled reclining chair</p>	F 314		9/16/13

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 314	Continued From page 1 (Physician order dated 6/28/13). On 8/28/13 at 2:20 PM, the Certified Nurse's Assistant/CNA (E9) assigned to R13 stated that she came on duty at 6:00 AM and had assisted R13 from bed. She stated that there was no cushion for R13's chair that she was aware of. The nurse on duty (E10) assigned to care for R13 after an extensive search, was unable to locate a cushion for R13's chair. After further investigation E10 discovered that the physician's order hadn't been implemented. According to the current Pressure ulcer report dated 8/26/13, R13 currently has a facility acquired stage two pressure ulcer on his right hip that was present at the time the cushion was ordered for his chair. On 8/28/13 at approximately 2:30 PM, The facility's restorative nurse (E4) stated that the order for R13's chair cushion must have been over looked. He didn't offer any other explanation at that time.	F 314			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions	F 371		9/16/13	

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F 371	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that the chemical sanitizing solution used in the facility's three compartment sink was at the manufacturer's recommended concentration to effectively sanitize pots and pans. This applies to all 101 residents residing in the facility.</p> <p>The Findings include:</p> <p>During the initial tour of the kitchen on 8/26/13 at 10:00 AM, one of the facility's dietary aides (E11) was observed washing pots and pans in the facility's three compartment sink. At the time of the observation E11 was asked to test the level of sanitation in the sinks sanitizing compartment. The facility uses a chemical sanitizing agent. The agent used by the facility is quaternary ammonium. When the sanitizing concentration was tested by E11 the level was found to be at 100 parts per million. According to the manufacturer's recommendations for the chemical and the instruction on the test stripe the concentration level should have been at 200 parts per million to effectively sanitize pots and pans.</p> <p>The facility's dietary manager (E6) present at the time the sanitizing concentration was tested, stated that the sanitizing agent concentration may have become weak due to use.</p> <p>The facility's pot and pan washing procedure guidelines article four (rev. 5/95) states, "Rinse and sanitize pans." "Rinse the detergent off the utensils and sanitize them by immersing in 170</p>	F 371			

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F 371	Continued From page 3 degree water (which is changed frequently) or in water that is about 125 degrees to which a chemical sanitizer has been added." " Some sanitizers breakdown when added to hot water and lose their effectiveness." "Therefore, it is necessary to add the sanitizer to warm water." The CMS form 672 titled "Resident Census and Conditions of Residents" dated 8/26/13 documented that 101 residents resided at the facility.	F 371		