STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145840	A. BUILDING _____ B. WING _____	05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TABOR HILLS HEALTH CARE FAC	1347 CRYSTAL COURT NAPERVILLE, IL 60563

(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 Annual Licensure and Certification Survey. Validation Survey for Subpart U: Alzheimer's Unit The Tabor Hills Health Care Facility is in compliance with Subpart U, 77 Illinois Administrative Code Section 300.7000	F 000		
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow appropriate transfer and failed to follow the plan of care to prevent further skin injury. This applies to 1 of 13 residents (R18) reviewed for fall/injury in the sample of 25. This failure resulted in a skin tear for R18 on 3/29/13 and 4/20/13 that required suturing at the hospital. Findings include: R18 was admitted to the facility on 2/26/13 with multiple diagnoses which includes chronic	F 323		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 323	Continued From page 1 bilateral lower extremity edema and Peripheral Vascular Disease. R18's initial MDS (Minimum Data Set) dated 3/4/13 was coded to reflect that the resident is oriented and required extensive assistance times two or more persons, for assist of transfer. R18's transfer care plan dated 3/19/13, and fall & injuries care plan dated 2/26/13 reflected, under nursing approaches/interventions, that the staff should use a total body lift/standing lift to transfer the resident; if unsure of what to use or how to use the total body lift, the staff should check with the nurse. R18's occurrence report dated 3/29/13 indicated that the resident was transferred by E4 (CNA in training) and E5 (CNA) to bed. Upon seating R18 on the edge of the bed, E4 noted blood on the bottom of the resident's leg. The report indicated, "The resident said that she thinks her leg bumped the side of the wheelchair while being transferred." R18 was sent to the emergency room where she received sutures to the wound. R18's nurse's notes dated 3/29/13 (7:00 PM) reflected that the resident's wound/skin tear on the left lower leg was deep, measuring 5 cm in length x 1 cm in width with minimal bleeding. R18 was also noted with bruise on the right lower leg measuring 7 cm in length and 11 cm in width. R18 could not remember how she sustained the bruise on her right leg. Nurse's notes dated 3/29/13 (11:00 PM) indicated that R18 came back to the facility from the hospital with 5 stitches on the left lower leg.	F 323		

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F 323	Continued From page 2 R18's occurrence report investigation for incident dated 3/29/13 indicated that, E4 and E5 transferred R18 without the use of a lift even though E5 was aware that the resident required the use of a total body lift or standing lift to transfer. On 5/1/13 at 11:05 AM, R18 was observed inside the room reading a book. R18 is alert, oriented and verbally responsive. In the presence of E6 (Nurse), R18 stated that on the evening of 3/28/13, 2 CNAs transferred her from the wheelchair to the bed by holding her arms, without the use of a transfer lift. According to R18, during the transfer she twisted her left leg, felt a terrible pain and told the CNA about it. Per R18 she sustained a big wound on her left lower leg. R18's occurrence report dated 4/20/13 indicated that the resident was lifted using a total lift to change the wheelchair cushion. While R18 was being maneuvered with the lift, the CNA noted that there was blood on the resident's pants. The nurse assessed R18 and noted a wound on the resident's right lower leg with serosanguinous fluid. The same report indicated under conclusion that the CNA removed the leg rests which could have brushed R18's right lateral leg and caused the wound. It was also documented that R18's bilateral lower extremity is edematous, the resident is on steroids which can cause a skin tear even with the slightest contact. R18's nurse's notes dated 4/20/13 indicated that the resident was sent to the hospital for evaluation and treatment of the right leg. R18	F 323		

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F 323	Continued From page 3 came back to the facility from the hospital that same day with 12 sutures on the right lower leg. In an interview held on 5/1/13 at 11:15 AM, E2 (Director of Nursing) stated that R18 has an order on 4/4/13 to apply elastic bandage to bilateral lower extremities while up on wheelchair to protect the resident's skin and for edema. According to E2, it was determined after investigation that, R18 did not have the elastic bandage on the right leg when the resident sustained the wound on the right lower leg on 4/20/13. Review of R18's skin integrity care plan reflected an added intervention on 4/4/13 to apply bilateral elastic bandage to the resident's lower extremities for edema and protection.	F 323		
F 369 SS=D	483.35(g) ASSISTIVE DEVICES - EATING EQUIPMENT/UTENSILS The facility must provide special eating equipment and utensils for residents who need them. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to assess and provide an assistive eating device to maintain ability to eat independently for a resident with involuntary movement. This applies to 1 resident in the supplemental sample (R26), observed during meal time, in 1 of 3 dining rooms in the facility.	F 369		

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F 369	Continued From page 4 Findings include: On 4/30/13 at 12:20 PM inside the 2 west dining room, R26 was observed eating independently using his right hand to hold the regular spoon. R26 was noted to have involuntary movement of his right hand and most of his food spilled out of his spoon on to the table. According to R26, he cannot move his left hand and only uses his right hand to eat. R26 stated that because of the involuntary movement on his right hand, most of his food spills on the table. R26 verbalized that he would appreciate any eating device that could help him to feed himself independently without spilling his food. . R26's has multiple diagnoses which includes history of CVA (Cerebrovascular Accident) with left side hemiparesis and Lewy body Dementia. R26's quarterly MDS (Minimum Data Set) dated 4/1/13 was coded to reflect that the resident requires limited assistance for eating. On 4/30/13 at 12:30 PM, E9 (Nursing Supervisor) stated after observing R26, that the resident needed an adaptive equipment to eat, since most of his food was spilling on to the table. Per E9, R26 currently does not have an assessment and an order to use adaptive eating equipment.	F 369		
F 431 SS=D	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	F 431		

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F 431	Continued From page 5 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 package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is not met as evidenced by: Based on Observation, Interview, and Record Review the facility failed to implement procedures to monitor the temperatures of the medication refrigerators in the medication rooms. This applies to 1 of 3 medication refrigerator reviewed for storage of medications	F 431		

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F 431	Continued From page 6 The Findings include: On 4/30/13 at 1:00pm an environmental tour was conducted. Medication rooms were located on the first floor in the Alzheimer unit, on the first floor, and on the second floor. Observation of the first floor medication room was done with E8 (Director of Maintenance) and E7 (Registered Nurse). When the refrigerator was opened, a thick cloth was laying on the top shelf behind a plastic container. The top shelf was covered with warm water to touch. The plastic container containing multiple vials of insulin was warm to touch. The thermometer hanging on the top shelf reads at 78 degrees Farenheit. The dial inside the refrigerator was set at zero. The second shelf had three packages of single dose Aranesp. These individual injections were labeled for R27, R28, and R29. The label of these injections documented "... keep this medication refrigerated and out of direct sunlight." On the third shelf there were two plastic bags that contained floor stock of acetaminophen suppository and laxative suppository. There were several bags that contain different eye drops for residents. There was also a floor stock bottle of lactobacillus acidophilus. All of the bags and containers are warm to touch. They are all wet from the water in the refrigerator. E 7 stated, "I don't know what's wrong with the refrigerator. We do not monitor the temperature of the refrigerator". E8 stated, "I don't think there are any logs. Someone must have turned the refrigerator off." E8 turned the refrigerator back on.	F 431		

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F 431	Continued From page 7 At 1:55pm E2 (Director of Nursing) came into the medication room. E2 stated, "I just checked this yesterday and it was fine. We do not check the refrigerator temperatures daily. There is no document of the temperatures when I checked it". The policy titled Medication Room Inspection dated 7/08 documented on the second page under number 10. Medication refrigerator temperature will be monitored and recorded Mondays and Thursdays by the Maintenance Department. The facility could not provide any such documentation.	F 431		