

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145995	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/13/2015
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NAME OF PROVIDER OR SUPPLIER RENAISSANCE AT MIDWAY, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 4437 SOUTH CICERO CHICAGO, IL 60632
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F 000	INITIAL COMMENTS Annual Licensure and Certification Complaint Investigation #1581075/IL75340 - F314 Validation survey for Subpart U Alzheimers Unit The Renaissance at Midway is in substantial compliance with Subpart U, 77 Illinois Administrative Code 300.7000	F 000		
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 observation, interview and record review, the facility failed to implement pressure relieving methods to facilitate healing for one resident (R6) of twelve residents reviewed for pressure ulcers in the sample of thirty. Findings include: The Minimum Data Set, 12/8/14 documents R6 as cognitively intact.	F 314		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 04/02/2015
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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	<p>Continued From page 1</p> <p>On 3/10/15 at 10:00am, R6 was in bed on a regular mattress. R6 stated R6 had an air mattress before and was currently supposed to be utilizing an air mattress. R6 was not able to state when the air mattress was last on R6's bed.</p> <p>The Wound Assessment Details Report dated 3/6/15, documents R6 with a Stage IV Pressure Ulcer to the right posterior thigh and a Stage II Pressure Ulcer to the left outer ankle.</p> <p>The Care Plan for Alteration in Skin Integrity dated 2/21/15, documents R6's interventions to include; apply an air loss therapy mattress while in bed to facilitate wound healing.</p> <p>On 3/11/15 at 10:25am, R6 was in bed on a regular mattress. E8 (Wound Coordinator) stated R6 is to utilize an air mattress at all times while in bed. E8 was not able to state why R6 was not on an air mattress. E8 then exited the room and returned to R6's room and stated E4 (Unit Manager) reported R6's air mattress had malfunctioned that morning. E8 stated once the wound treatment is done, R6 will be placed back on an air mattress. R6 was then placed on an air mattress at 10:45am.</p> <p>On 3/11/15 at 11am, E4 confirmed R6's air mattress had malfunctioned that morning and would be replaced. E4 stated an air mattress can usually be replaced within a couple of hours.</p> <p>The facility policy, Skin Management: Pressure Ulcer Treatment Guidelines, undated, documents preventative protocols are to be implemented according to resident needs.</p>	F 314			
F 315	483.25(d) NO CATHETER, PREVENT UTI,	F 315			

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F 315 SS=D	<p>Continued From page 2</p> <p>RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide indwelling urinary catheter care and incontinence care in a manner to prevent cross contamination for one resident (R24) of seven residents reviewed for indwelling catheter care in a sample of 30.</p> <p>Findings include:</p> <p>The Minimum Data Set dated 12/22/2014 states R24 requires extensive assistance of two staff for all activities of daily living.</p> <p>On 3/9/2015 at 6:45PM, E5 (Registered Nurse) and E11 (Certified Nurses Aide) completed indwelling catheter care and incontinence care for R24. E11 cleaned the feces in an upward motion toward the urinary meatus spreading feces around the indwelling catheter tubing. R11 began yelling "that hurts, stop that."</p> <p>On 3/9/2015 at 6:47 PM, E5 (Registered Nurse Manager) instructed E11 "not to cleanse the feces</p>	F 315			

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F 315	Continued From page 3 in a forward motion, but to clean from front to back. This prevents cross contamination." On 3/9/2015 at 6:50PM, E5 stated " incontinence care should always be completed with a front to back cleaning motion. E11 did clean R24 improperly." The facility policy "Perineal Care states #5.) For females, wash in the direction of the pubis toward the perineum and dry from the top to the bottom."	F 315			
F 332 SS=D	483.25(m)(1) FREE OF MEDICATION ERROR RATES OF 5% OR MORE The facility must ensure that it is free of medication error rates of five percent or greater. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to administer medications on time as ordered by the physician. There were five errors with twenty-seven opportunities, resulting in an 18.5% error rate. This applies to two of eight residents (R35 and R36) reviewed for medication pass in the supplemental sample. Findings include: On 3/11/15 at 11:00am, E4 (Unit Manager) stated facility practice is to administer medications within an hour before or after the scheduled time. On 3/9/15 at 8:10pm E10 (Nurse) administered R35 Carvedilol 12.5 milligrams (mg), Phenytoin Suspension 100 mg and Carbamazepine 250 mg	F 332			

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F 332	Continued From page 4 orally. The March 2015 Physician Order Listing Report documents R35 is to receive Carvedilol 12.5 mg twice a day (BID), Phenytoin Suspension 100 mg three times a day (TID) and Carbamazepine 250 mg BID orally. The Medication Administration Record, March 2015, documents R35 is to receive Carvedilol 12.5 mg BID at 9am and 5pm, Phenytoin Suspension 100 mg TID at 9am, 1pm and 5pm and Carbamazepine 250 mg BID at 9am and 5pm orally. On 3/9/15 at 8:25pm, E10 administered R36 Clonidine 0.2 mg and Metoprolol 50 mg via gastronomy tube. The March 2015 Physician Order Listing Report documents R36 is to receive Clonidine 0.2 mg every twelve hours and Metoprolol 50 mg BID via gastronomy tube. The Medication Administration Record, March 2015, documents R36 is to receive Clonidine 0.2 mg BID at 6am and 6pm and Metoprolol 50 mg BID at 6am and 5pm via gastronomy tube. The facility policy, Medication Administration, 7/14, documents check the Medication Administration Record prior to administering medication for the right medication, dose, route, patient and time.	F 332			
F 367 SS=D	483.35(e) THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN Therapeutic diets must be prescribed by the	F 367			

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F 367	<p>Continued From page 5 attending physician.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to provide the physician ordered therapeutic diet for one resident (R2) of 27 residents sampled for meal monitoring in a sample of 30.</p> <p>Findings include:</p> <p>R2's current Physician's Order Sheet for March 2015 documents double meat and double eggs mechanical soft diet with super cereal with breakfast, and whole milk at meals.</p> <p>On 3/10/2015 at 9:25AM, R2 received a regular diet. R2 received a sausage patty, hard boiled egg, two slices of raisin toast, crispy rice cereal and a carton of whole milk. R2 drank the milk, ate one bite of the egg, one bite of raisin toast and spit the rice cereal on R2's tray and the table. Neither the sausage patty nor the egg were cut into pieces. R2 did not receive any super cereal or double eggs or meat at breakfast.</p> <p>On 3/10/2015 at 10:00AM, E5/Registered nurse confirmed R2 was to receive a mechanical soft diet with super cereal, double eggs and meat for breakfast.</p> <p>The daily menu spreadsheet dated 3/10/2015 documents a mechanical soft diet should be served a hard boiled egg, ground meat sausage patty and soft white toast.</p> <p>On 3/12/2015 at 10:25 AM, E7 (Dietary Manager)</p>	F 367			

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F 367	Continued From page 6 stated, "(R2) is on a mechanical soft diet with super cereal at breakfast. (R2) should have been served ground meat and super cereal for breakfast on 3/10/15."	F 367			
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 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed to maintain the dish machine final rinse temperature at the required level to sanitize the dishes and ensure food the preparation equipment was kept free from contaminants. These unsafe practices have the potential to affect all residents who consumed food in facility. Findings include: During initial tour of the Dietary Department on 03/09/2015 at 06:20 PM accompanied by E7, Evening Kitchen Supervisor, the high-temperature dishwashing machine was cycled through three full cycles. During the rinse/sanitizing cycle the machine registered, cycle 1=140 degrees Fahrenheit, cycle 2=140 degrees Fahrenheit and cycle 3=140 degrees Fahrenheit as measured by the temperature	F 371			

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F 371	Continued From page 7 gauges mounted on the side of the machine. Two attempts to manually record the dish machine temperature using the Paper Thermometer, temperature -sensitive tape, resulted in unsuccessful results, less than 160 degrees Fahrenheit. The manufacturer's specifications/manual for the dishwashing machine states, "15 second hold at or above 180 degree Fahrenheit is the minimum requirement" to sanitize dishes. E7 Evening Kitchen Supervisor stated "We cannot run the dishes through the dish machine, it's not sanitizing them at that temperature." During initial tour of the Dietary Department on 03/09/2015 at 06:36 PM accompanied with E7 Evening Kitchen Supervisor, observations made of twenty one full size cookie sheets included a large amount of food debris build up. The cookie sheets were all shown to E7 Evening Kitchen Supervisor who stated, "They are a mess, I think we're getting new ones soon."	F 371			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The Centers for Medicare and Medicaid Services form, 672 completed by facility on 03/12/2015 lists 217 residents are living in the facility. 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	F 441			

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F 441	<p>Continued From page 8</p> <p>in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a 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</p> <p>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 wound care for one (R24) of 12 residents reviewed for wound care in a sample of 30.</p> <p>Findings include:</p> <p>On 3/9/2015 at 6:50 AM, E5 (Registered Nurse) changed R24's soiled loose dressing. E5 washed</p>	F 441			

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F 441	<p>Continued From page 9</p> <p>hands, applied gloves, removed the dirty dressing, cleansed the wound with normal saline, applied calcium alginate to the wound bed, and applied the clean dressing. All tasks were completed with the same pair of gloves and no hand washing between clean and dirty dressing change.</p> <p>R24's Physicians Order Sheet dated 3/2015 documents " Cleanse sacral wound with normal saline, apply calcium alginate and cover with a dry dressing."</p> <p>On 3/12/2015 at 11:00AM, E8 (Wound Care Coordinator) stated " during wound care hands should be washed prior to starting the dressing change and anytime gloves are changed with new gloves applied.</p> <p>Gloves should be changed after the soiled dressing is removed, after cleansing the wound and before applying the clean dressing."</p> <p>The facility policy "Handwashing/Cleaning" dated 7-14 states "1.) Handwashing/cleansing is done before and after resident contact and before and after any procedure. Proper handwashing is necessary for prevention and transmission of infectious disease.</p>	F 441			