

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

PRINTED: 12/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146143</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/22/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLAREMONT - HANOVER PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET</b> <b>HANOVER PARK, IL 60133</b>		
(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>1596711/ IL82031 - F282, F157</p> <p>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 inform the immediate family of the new inability of to bear weight to left leg with pain and x-ray result of a non displaced proximal tibia fracture for 1 of 3 residents R1 reviewed for change of condition.</p> <p>findings include:</p> <p>On 12-17-15 at 9:00 AM, Z1 states he would often get update calls from the facility staff regarding diet changes and requests for clothes. He states he did not receive a call from facility nurse regarding the x-ray results.</p> <p>On 12-17-15 at 10:33 AM, E2 ADON (assistant director of nursing) states the RN receiving R1's x-ray results notified MD but not the family.</p> <p>On 12-22-15 at 9:54 AM, E3 LPN (licensed practical nurse) stated she received R1's x-ray results and notified MD oncall and did not notify R1's family. E3 states it was late (10:15 PM) and MD endorsed family notification to Z2 NP. E3 states she was following MD orders.</p> <p>R1's Progress Notes dated 12-1-15 to 12-2-15 were reviewed. There is no indication of facility staff notifying the family of x-ray results or MD orders.</p> <p>Change in Resident Condition Policy dated 5-14 indicates: Once the physician has been notified and a plan developed, the nursing or social service staff will alert the resident and family of the issue and any physician orders.</p>	F 157		

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F 282 SS=D	<p><b>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN</b></p> <p>The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to implement fall interventions as listed in the plan of care for 1 of 3 residents (R3) all reviewed for fall care plan interventions.</p> <p>Findings include:</p> <p>On 12-16-15 at 2:14 PM, R3 was awake, alert, and able to make his needs known. He is clean, dressed, and groomed. He has a low bed with bed alarm in place. He has a wheelchair with chair alarm in place. He has a walker at his side. He is seated in a side chair next to his low bed with no alarm attached. He is alert to self and confused at times.</p> <p>On 12-16-15 at 2:25 PM, E3 RN (registered nurse) states R3 should have his alarm attached when he is sitting in his side chair.</p> <p>On 12-16-15 at 2:25 PM, this writer observed E3 remove R3's wheelchair alarm and attach it to R3 sitting in the side chair. E3 explained to R3 that he needed to attach the chair alarm. R3 was agreeable.</p> <p>On 12-17-15 at, E2 ADON (assistant director of nursing) states R3 should have his alarm attached while up to the chair.</p>	F 282			

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F 282	Continued From page 3 R3's Actual Falls Care Plan dated 11-9-15 states Interventions: Pressure Chair Alarm in place when up to alert staff to potential attempts to stand. Physician Order Summary Report dated 10-23-15 through 12-31-15 states Chair/Clip Alarm while up in chair due to fall risk (Date ordered 11-3-15). R3's Initial Fall Screen dated 10-23-15 states: Moderate Fall Risk.	F 282			