

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

PRINTED: 09/25/2014  
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>09/18/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLAREMONT - HANOVER PARK</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2000 WEST LAKE STREET HANOVER PARK, IL 60133</b>	
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F 000	INITIAL COMMENTS	F 000		
F 167 SS=C	<p>Annual Certification</p> <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility .</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to include their plan of correction for their last annual survey and the results of their complaint investigation surveys for the past year in their survey binder. Findings include: On 9/16/14 at 2:06pm, environmental tour was conducted with E4 (Assistant Administrator) and E11 (Corporate Office Project Manager). The survey binder was kept in the facility ' s " Meditation Room " on the first floor. Upon review of the survey binder, only the Form CMS (Centers for Medicare and Medicaid Services) 2567, results for annual surveys of 2011, 2012, and 2013 were kept inside without their respective plan of correction. The survey binder did not include the results of the complaint investigations for 4/4/14, 6/23/14, and 7/7/14. At 2:10pm, E4 called E1 (Administrator) on the</p>	F 167		

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 167	Continued From page 1 phone. E4 stated, " Well (E1) stated everything should be in the binder including the plan of correction and all the complaint investigations. I don ' t understand why they are not here. Sometimes, families take them out of here. " At 3:00pm, E1 submitted the survey binder with all the plan of corrections and complaint investigations. E1 stated, " In all my four years as administrator here, no survey team has told me that I have to include the plan of correction in the survey binder. " On 9/17/14 at 3:30pm, E1 stated, " No, I don ' t have a policy on what should be kept in the survey binder. But my nurse consultant and I just looked at the regulation which states that plan of correction and complaint investigations should be kept in the survey binder. "	F 167			
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, interview and record review, the facility failed to properly sanitize food contact surfaces during food preparation. In addition, the facility failed to maintain the sanitizing compartment of the three compartment	F 371			

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F 371	Continued From page 2 sink. This failure has the potential to cause food borne illness in all 92 residents who receive oral diets from the facility ' s kitchen. Findings include: On 9/15/14 at 10:05 a.m. during the initial kitchen tour with E12 (Director of Culinary Operations), the Cook was in the middle of preparation for lunch. Both of the two sanitizing buckets in the kitchen had wiping cloths in the solutions. E12 stated that they use quaternary ammonia for sanitizing. E12 tested both buckets and the concentration of quaternary ammonia was less than 100 parts per million (ppm). The third (sanitizing) compartment of the three compartment sink had visibly dirty water that was brownish in color; E12 tested the visibly dirty water and it also measured less than 100 ppm. E12 stated " We will throw out the water and make a new one. It should be between 150-400 ppm. May be the dispenser is not working right, I will call the company to make sure the dispenser works right; they were just here last Saturday to check everything and there was no problem. " On 9/17/14 at 10:40 a.m., E1 (Administrator) presented the facility ' s policy on " Manual Sanitizing " which states in part that the three compartment sink sanitizer concentration should be 150-400 ppm. The facility ' s policy on " Chemical Sanitizing for Wiping Cloths " states in part that wiping cloths should be stored in a bucket of water at 75 degrees Fahrenheit and the quaternary ammonium concentration should be 200 ppm; water and solution should be changed often. The facility failed to follow these policies.	F 371			
F 431 SS=D	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of	F 431			

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F 431	<p>Continued From page 3</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to remove expired medical supplies from the current stock of medical supplies in the central supply room, in 2</p>	F 431			

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F 431	<p>Continued From page 4</p> <p>of 2 clean utility rooms, in 2 of 2 medication rooms and 1 of 5 medication carts. The facility also failed to ensure that medications for three (R20, R21, R22) residents in the supplemental sample, that were no longer residing in the facility, were appropriately disposed.</p> <p>Findings Include:</p> <p>On 9/16/14 at 2:06pm, environmental tour was conducted with E4 (Assistant Administrator) and E11 (Corporate Office Project Manager). The following were noted:</p> <p>In the central supply room on the first floor, one can of therapeutic nutrition was found on the shelf that expired on December 2013.</p> <p>In the second floor clean utility room, three suction catheter kits expired on 6/14 and 11 saline enemas expired on 3/14.</p> <p>In the second floor central clean utility room, five culture swabs expired on 12/2013, twelve culture swabs expired on 6/2014, and nine culture swabs expired on 8/14</p> <p>In the third floor clean utility room, one suction catheter kit expired on 6/14. One 100 milliliter Normal saline expired on 1/14. Nine suction swab catheters expired on 3/17/14. In the third floor central clean utility room, one catheter insertion tray expired on 6/14. Six culture swabs expired on 6/14 and two culture swabs expired on 12/13. At 3:20pm, E4 stated, " Yes, all these expired supplies should have been discarded. I will also call the lab. "</p> <p>On 9/15/14 at 1:29 PM, in the 2nd floor medication room, there was one unopened lung drainage kit with a 6/25/14 expiration date and two unopened urine test cups with June, 2014 expiration dates.</p> <p>On 9/15/14 at 1:35 PM, E13 (Registered Nurse/Unit Manager) stated in part that expired medical supplies get returned to the supply</p>	F 431			

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F 431	<p>Continued From page 5 department.</p> <p>On 9/15/14 at 1:52 PM, E13 stated in part that the urine tests are for employees that need drug testing after an incident. The urine tests should have been returned to the human resources department since they are expired.</p> <p>On 9/15/14 at 3:15 PM, in the 3rd floor medication room, there were seven unopened 4 ounce bottles of instant hand antiseptic solution with a January, 2014 expiration date.</p> <p>On 9/15/14 at 3:20 PM, E14 (Registered Nurse/Unit Manager) stated in part that she didn ' t know that the instant hand antiseptic solution had expiration dates.</p> <p>On 9/16/14, at 10:07 AM, there was one unopened 5 milliliter syringe of heparin lock solution on the medication cart for rooms 308-320, with a May, 2013 expiration date.</p> <p>On 9/15/14 at 3:15 PM, in the 3rd floor medication room, there was one opened 473 milliliter bottle of 10% potassium chloride oral solution, with a dispense date of 12/10/13 for R20.</p> <p>On 9/15/14 at 3:15 PM, E14 stated in part that R20 is not a current resident residing in the facility and medications of discharged residents should be returned to the pharmacy department.</p> <p>On 9/15/14 at 3:21 PM, in the refrigerator, in the 3rd floor medication room, there was one unopened 10 milliliter vial of levenir insulin, with a dispense date of 8/21/14, for R21 and one unopened 100 micrograms/0.5 milliliters single dose, syringe of aranesp, with a dispense date of 8/17/14, for R22.</p> <p>On 9/15/14, at 3:22 PM, E14 stated in part that she thinks R21 and R22 were both discharged from the facility around the end of August, 2014. The facility ' s census report dated 9/15/14 doesn ' t indicate R20, R21, and R22 as residents that</p>	F 431			

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F 431	<p>Continued From page 6</p> <p>currently reside in the facility.</p> <p>On 9/17/14 at 3:37 PM, E2 (Director of Nursing) stated in part that E13, E14, and E15 (Central Supply Manager) are responsible for maintaining medical supplies on the nursing units and in the medication rooms.</p> <p>On 9/18/14 at 11:20am, during facility presentation, E4 stated, " We don ' t have a supply on expired ancillary supplies. I will be creating one. (E15) who is the central supply coordinator has been in her new role for three months. I did an in-service and (E15) will be responsible now for checking supplies for expired dates.</p> <p>The facility ' s Discharges policy, with an October, 2003 revision date documents in part in the procedure section: 12. Medications not sent home with the resident will be returned to pharmacy.</p>	F 431			