

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

PRINTED: 09/10/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145923	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/30/2020
NAME OF PROVIDER OR SUPPLIER WARREN BARR NORTH SHORE		STREET ADDRESS, CITY, STATE, ZIP CODE 2773 SKOKIE VALLEY ROAD HIGHLAND PARK, IL 60035	

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F 000	INITIAL COMMENTS	F 000		
F 689 SS=G	<p>Complaints 2012367/IL121745-F761 2012521/IL121623-F689 2014021/IL123205, 2014165/IL123360, & 2014751/IL123989 no deficiencies</p> <p>Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2)</p> <p>§483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and</p> <p>§483.25(d)(2) 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 provide care in a safe manner for a resident at risk for falls to avoid injury. This applies to one (R3) of three residents reviewed for falls with injury.</p> <p>This failure contributed to R3 falling out of bed and fracturing her right ankle on March 23, 2020.</p> <p>The findings include:</p> <p>R3's Admission Record printed on July 27, 2020 showed R3 to be a 67 year old female with diagnoses which include: seizures, anxiety, and history of falling, cerebrovascular disease, and sequellae of unspecified cerebrovascular disease.</p> <p>R3's Facility Assessment dated July 8, 2020 showed R3 to be cognitively intact, needing</p>	F 689	<p>Warren Barr North Shore 2773 Skokie Valley Road Highland Park, Illinois 60035 Complaint Survey 2012521/IL121623 Survey Date: July 30, 2020 PREPARATION AND/OR EXECUTION OF THIS REPORT OF CORRECTION DOES NOT CONSTITUTE ADMISSION OR AGREEMENT BY THE PROVIDER OF THE TRUTH OF THE FACTS ALLEGED OF THE CONVICTIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES REQUIRED BY THE PROVISIONS OF THE FEDERAL AND STATE LAW</p> <p>F689: Free of Accident Hazards/Supervision/Devices CFR(s):483.25(d)(1)(2)</p> <p>1. Corrective actions which will be accomplished for the resident found to</p>	8/17/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 08/17/2020
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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 689	<p>Continued From page 1</p> <p>extensive/dependent 2 person assistance with bed mobility, transferring, dressing, and toileting.</p> <p>R3's Care Plan dated July 22, 2020 showed R3 is a high risk for falls due to limited range of motion seizure activity, stroke, impaired balance, inability to bear weight on bilateral lower extremities, and needs 2 people assistance with changing and repositioning.</p> <p>On July 27, 2020 at 10:30 AM, V17 Wound Nurse and V20 Wound Tech had to position R3's legs to complete a dressing change. R3 was asked to move her legs. R3 could not lift her legs, and only slightly shake her feet back and forth.</p> <p>R3's Nurses Notes (Incident Summary) dated March 25, 2020, showed R3 was guided to the floor with no open wounds noted. An X-ray was of right foot was ordered per resident request.</p> <p>On July 27, 2020 at 12:15 PM, V14 Licensed Practical Nurse (LPN) reviewed the fall incident report of March 25, 2020. V14 stated V19 Certified Nursing Assistant (CNA) told her R3 was on the floor. V14 said she was getting R3 cleaned up when she started sliding off the bed. V19 said she guided R3 to the floor. V14 stated V19 was the only CNA in the room, and they had to get another CNA to help with the mechanical lift to get her back into bed. V14 stated R3 needs 2 person assist with turning and toileting.</p> <p>On July 27, 2020 at 12:25 AM, V24 CNA was starting R3's incontinence care. V24 was alone and attempted to turn R3 on her right side. R3 yelled "where is my rail. I don't want to fall again!" at that time V24 walked around the bed, locked the quarter bedrail in place, and attempted to turn</p>	F 689	<p>have been affected by the deficient practice.</p> <p>" R3 had x-ray completed on 03.25.2020.</p> <p>" R3 was sent to Highland Park Hospital post fall on 03.26.2020 and was evaluated by the ER. R5 returned to the facility on 03.31.2020.</p> <p>" Post ER visit orders were reviewed and carried out as necessary.</p> <p>" R3's care plan was reviewed and updated on 03.26.2020 post fall. (Attachment F689-A 1-2)</p> <p>2. The facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>" All residents at risk for falls have the potential to be affected.</p> <p>3. The measures that the facility will take or the systems that the facility will alter to ensure that the problem will be corrected and not reoccur.</p> <p>" An inservice was conducted with nursing staff by DON and designee with nursing staff on 07.27.2020 and 08.03.2020 and ongoing in regards to Residents that require two person assist with bed mobility and transferring. (Attachment F689-B 1-4)</p> <p>" F689 requirements and guidelines were reviewed with Nursing staff by Director of Nursing on 08.17.2020 and ongoing. (Attachment F689-C 1-4)</p> <p>" A 1:1 inservice was conducted by</p>		

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F 689	Continued From page 2 R3 on her right side again. At this time this surveyor stopped V24 to get assistance. On July 27, 2020 at 2:00 PM, V24 stated she had not worked with R3 before. She could have asked another CNA or checked the mobility sheet at the nurse's station. V24 stated she did not check the sheets at the desk before going to provide care for R3. The undated Weekly Bed Mobility Report, at the 1st floor nurses station, showed R3 on the list of residents needing 2 person assist. On July 27, 2020 at 12:40 PM, V2 Director of Nursing stated, during the investigation of R3's March 25, 2020 fall, the only CNA getting R3 cleaned up was V19 at the time of the fall. V2 stated R3, is currently and at the time of her "fall", an extensive assist of 2 people at the time of the fall. The Hospital Discharge summary dated March 31, 2020 showed R3 to weigh 300 pounds while in the hospital and included R3's Cat scan impressions. The Cat scan Impression lists 4 fractures within the right ankle and localized area. On July 29, 2020 at 11:20 AM, V26 Orthopedic Surgeon stated confirmed he reviewed R3's Cat scan and medical records. V26 stated "The fractures for [R3] were acute in nature. She had soft tissue swelling to her right ankle when I examined her which is consistent with a traumatic (impact) injury. Due to [R3's] Osteopenia, the impact which caused the injuries could even have been low energy/impact in nature."	F 689	DON with V19 on 07.26.2020 regarding residents that require two person assist with bed mobility and transferring. (Attachment F689-D) " A 1:1 inservice was conducted by DON with V24 on 07.26.2020 regarding residents that require two person assist with bed mobility and transferring. (Attachment F689-E) " An audit was conducted by Restorative Director to determine residents who are in need of fall interventions and if interventions were in place on 07.28.2020 and 08.14.2020. (Attachment F689-F) " An audit tool was developed and implemented to monitor potential accidents to ensure compliance with F689 by the DON. (Attachment F689-G) 4. Quality Assurance Plan " The DON and or designee will conduct random audits 2 x a week for 8 weeks to ensure compliance with F689. (Attachment F689-H) " DON and or designee will review all audit tools weekly. All non-compliant issues will be reviewed, training and or disciplinary action taken as appropriate until compliance is met. Findings will be reported to the Quality Assurance and Performance Improvement Committee for review and recommendations as appropriate. Completion Date: 08.17.2020		
F 761	Label/Store Drugs and Biologicals	F 761		8/17/20	

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F 761 SS=D	<p>Continued From page 3 CFR(s): 483.45(g)(h)(1)(2)</p> <p>§483.45(g) Labeling of Drugs and Biologicals 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>§483.45(h) Storage of Drugs and Biologicals</p> <p>§483.45(h)(1) 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>§483.45(h)(2) 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 label resident medication and store resident medication in a locked compartment until administered to the resident. This applies to two of three residents (R5, R3) reviewed for medications.</p> <p>The findings include:</p> <p>1. On July 28, 2020 at 9:30AM, R5 was sleeping</p>	F 761	<p>Warren Barr North Shore 2773 Skokie Valley Road Highland Park, Illinois 60035 Complaint Survey 2012367/IL121745 Survey Date: July 30, 2020</p> <p>PREPARATION AND/OR EXECUTION OF THIS REPORT OF CORRECTION DOES NOT CONSTITUTE ADMISSION OR AGREEMENT BY THE PROVIDER</p>	

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F 761	<p>Continued From page 4</p> <p>in her bed. R5's breakfast tray was sitting at the bedside. On the tray was a small cup without a label. In the cup was seven unidentified tablets. R5 did not respond to verbal stimulation. At 10:08AM, R5 was awake in her bed and eating breakfast. The small cup without a label was empty.</p> <p>On July 28, 2020 at 10:08AM, R5 said, I prefer my medication to be handed to me by the nurse, not just left on a table.</p> <p>R5's current Care Plan on July 27, 2020 did not show, R5 was Care Planned for Self-Administration of medications in the facility.</p> <p>R5's current Physicians Orders on July 27, 2020 did not show, R5 had a Physicians Order for Self-Administration of medication in the facility.</p> <p>2. On July 28, 2020 at 9:25 AM, R3 was in bed with the bedside table across her lap eating breakfast. A medication cup with 9 unidentified pills were on her table. R3 stated she just started taking her morning medications with breakfast. R3 finished taking the medications during the interview.</p> <p>On July 27, 2020 at 12:05 PM, V8 Registered Nurse stated medication should not be left at the bedside. Residents should be watched while taking oral medications to make sure they take them all, and the resident gets them down without any problems. After a resident has taken the medications you chart given in the MAR-Medication Administration Record.</p> <p>On July 27, 2020 at 12:40 PM, V2 Director of Nursing stated, residents should be monitored</p>	F 761	<p>OF THE TRUTH OF THE FACTS ALLEGED OF THE CONVICTIONS SET FORTH IN THE STATEMENT OF DEFICIENCIES REQUIRED BY THE PROVISIONS OF THE FEDERAL AND STATE LAW</p> <p>F-761 (D): Label/ Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2)</p> <p>1. Corrective actions which will be accomplished for the resident found to have been affected by the deficient practice.</p> <ul style="list-style-type: none"> R5's medications and orders were reviewed by DON immediately to ensure proper medications were administered as ordered. R3's medications and orders were reviewed by DON immediately to ensure proper medications were administered as ordered. <p>2. The facility will identify other residents having the potential to be affected by the same deficient practice.</p> <ul style="list-style-type: none"> All residents with prescribed medications have the potential to be affected. <p>3. The measures that the facility will take or the systems that the facility will alter to ensure that the problem will be corrected and not reoccur.</p> <ul style="list-style-type: none"> An in-service was conducted by DON and designee with all nursing staff in regards to labeling medications and not leaving medications at bedside on 	

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F 761	<p>Continued From page 5</p> <p>while taking their medications. Medications should not left on the bedside table. The nurse giving the medications should chart the medication was given on the MAR after the medications have been given.</p> <p>R3's Care Plan dated July 22, 2020 does not show R3 to be care planned to take medications by herself.</p> <p>R3's Admission Record printed on July 27, 2020 showed R3 to be a 67 year old female with diagnosis which include: hypertension, hyperlipidemia, seizures, anxiety, heart failure, obstructive reflux uropathy, history of falling, cerebrovascular disease, anemia, pulmonary embolism, and sequellae of unspecified cerebrovascular disease.</p> <p>R3's Medication Administration Record (MAR) printed on July 27, 2020 showed R3's 9 AM oral medications include: Bisacodyl extended release 5 milligrams (mg), Cranberry Tablet 300 mg, Fenofibrate tablet 54 mg, Lasix tablet 40 mg, Potassium Chloride 10 Milliequivalents, Spirolactone tablet 25 mg, Toprol extended release 25 mg, Calcium Carbonate plus Vitamin D 500/200 mg, Phenytoin extended capsule 300 mg, Clorazepate Di-potassium 7.5 mg, and Primidone tablet 250 mg.</p> <p>The facility's Medication Pass policy dated September 5, 2019 shows, after medication is administered to each resident, sign the Medication Administration Record that it was given.</p>	F 761	<p>07.27.2020, 07.30.2020, 08.05.2020, 08.10.2020, 08.13.2020 and ongoing. (Attachment F761-A 1-6)</p> <ul style="list-style-type: none"> Aa 1:1 in-service was conducted by DON with V11 in regards to labeling medications and not leaving medications at bedside on 07.27.2020 and 07.28.2020. (Attachment F761-B 1-2) An audit tool was developed and implemented to monitor medications being labeled and medications being left at bedside. (Attachment F761-C) <p>4. Quality Assurance Plan</p> <ul style="list-style-type: none"> The DON or designee will conduct random audits 2x a week for 8 weeks to ensure compliance with F-761. (Attachment F761-D) The Administrator and/or designee will review all audit tools weekly. All non-compliant issues will be reviewed, training and/or disciplinary action taken as appropriate until compliance is met. Findings will be reported to the Quality Assurance and Performance Improvement Committee for review and recommendations as appropriate. <p>Completion Date: 08.17.2020</p>		