

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

PRINTED: 05/10/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145885	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/29/2016
NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644		
(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 280 SS=D	<p>Complaint Investigation 1682078 / IL84872</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review the facility failed to revise a resident's care to reflect current nursing needs. This applies to one of three residents (R1) reviewed for change in condition in a sample of 3 residents.</p> <p>Findings Include:</p>	F 280			

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 280	<p>Continued From page 1</p> <p>On 4/27/16 at 2 PM E1 (Director of Nursing - DON) stated "R1 was a resident of the facility since October 3 of 2015. R1 could answer simple questions with short sentences. He would look at you eye to eye and follow simple commands. R1 performed Activity Dependent Living (ADLs) to the best of his ability but required staff to assist. R1 enjoyed attending activities and was involved with Physical and Occupational Therapy. On 2/22/16 R1 fell out of his bed and had a laceration to the head. R1 was sent to the hospital where he was diagnosed with a Subarchnoid Hemorrhage (a bleed on the brain). On 3/9/16 R1 returned to the facility. R1 had a significant change in condition. R1 did not speak, nor did he look at anyone face to face. R1 required total assistance with all his ADLs. On 3/12/16 at 6:30 AM R1 had a second fall. Unfortunately, not all the departments on the team updated their care plans to reflect the current condition of the resident."</p> <p>On 4/28/16 at 10:30 AM E3 (Social Worker - Psychotropic Rehabilitation Services Counselor) stated "When R1 came to us in 2015 he could speak normally with simple sentences. R1 could look at you and performed ADLs with some staff assistance. R1 liked to go to activities and contributed the best he could. At this time R1 was interviewable and could make his needs known. After R1 returned from the hospital around 3/9/16, he was non-interviewable. R1 did not make eye contact anymore. He did not participate in any activities."</p> <p>On 4/27/16 at 9:50 AM E4 (Licensed Practical Nurse - Minimum Data Set Director) stated Prior to 2/22/16 R1 was alert, responsive and able to assist with care. R1 would be able to verbalize</p>	F 280			

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F 280	<p>Continued From page 2</p> <p>that he needed assistance. R1 would be up daily with activities in the Dining Room. His emotions were flat but he would make eye contact with you. He could answer more than just yes or no questions. After the fall on 2/22/16 R1 had a Gastroesophageal tube for feeding, was NPO (nothing by mouth) and required total assist.</p> <p>On 4/28/16 E4 stated "After R1 returned on 3/9/16, The team conducted a comprehensive assessment for a significant change in the Minimum Data Sheet (MDS) and held the meeting on 3/18/16. After the meeting, the departments have 7 days to complete the updated care plans to identify the new level of care represented by the condition of the resident. This was to be completed by 3/25/16." When questioned about whether the departments completed the updated care plan, E4 stated "Yes some of the departments failed to complete the comprehensive care plan update."</p> <p>On 4/28/16 at 1:30 PM a review of the Hospital Medical Records notes "Resident has Gastroesophageal Tube and can not eat. The admission diagnosis was a small Intraparenchymal Left Frontal Hematoma and Chronic Stable Right Hemispheric Subdural Hematoma. The small hematoma is considered subacute to chronic....No surgical interventions would be considered as it would not improve the Quality of Life." (Per Z3 - Medical Doctor)." Z4 (Medical Doctor) noted "Resident has a Right Bundle Branch Blockage, No Acute Intracranial Abnormality, Moderate Rectal Fecal Impaction, and Multiple Gall Stones." Z5 (Medical Doctor - Radiologist) noted "Head Computer Tomography (CT) done and significant for hematoma with</p>	F 280			

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F 280	<p>Continued From page 3</p> <p>shift. Mostly chronic as well as evolving hematoma subacute as well. No new trauma or injuries."</p> <p>On 4/28/16 at 2 PM a review of the care plan was conducted on the interdisciplinary team meeting update for 3/25/16. The restorative care plan goal notes "Resident has ADL self care deficit related to extensive assist two person...Resident will maintain ADL self performance levels as evidenced by no decline in stated level through the next review date." The current MDS level for the resident is Total Assistance. The care plan notes "R1 will continue treated as ordered by Physical Therapy, Occupational Therapy and Speech Therapy." The resident MDS notes R1 Physical Therapy, Occupational Therapy, and Speech Therapy discontinued due to the condition of the resident. Care plan notes "Resident has self care deficit of impaired bed mobility as evidenced by decreased ability to position or reposition self in bed, turn from side to side and use side rails positioning device...Resident will demonstrate an improved ability to position and reposition in bed..." R1 noted by MDS as Total Assistance for bed mobility." Nutrition: Late Entry "R1 is at risk for an alteration in nutrition...Compliant of Mechanical Soft Low Concentrated Sweet Diet..." Resident is NPO (nothing by mouth) and has a Gastroesophageal Tube."</p> <p>According to R1's minimum data set assessment dated 3/10/2016, R1 was identified as having a significant change. R1's care plan with an effective date of 1/16/16 and a goal date of 6/18/16 did not reflect the changes in R1's medical and nursing needs.</p>	F 280			

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F 280	Continued From page 4 On 4/28/16 at 2 PM E1 provided the Change in Condition or Status Notification Policy (dated 3/2016). The policy notes "A significant change in condition is a decline or improvement in the resident's status that will not normally resolve itself without intervention by staff or by implementing standard disease-related clinical interventions. Impacts more than one area of the resident's health status. Requires interdisciplinary review and/or revision to the care plan and ultimately is based on the judgement of the clinical staff and the guidelines outlined in the Resident Assessment Instrument and 42 CFR 483.20(b)(a)." The policy continues to note "If a change in the resident's physical or mental condition occurs, a comprehensive assessment of the resident's condition will be conducted as required by current OBRA regulations governing resident assessments and as outlined in the MDS RAI instruction manual."	F 280			