

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

PRINTED: 07/02/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145714	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/25/2015
NAME OF PROVIDER OR SUPPLIER PARAMOUNT OAK PARK R & N CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 625 NORTH HARLEM OAK PARK, IL 60302		
(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 254 SS=D	<p>Complaint Investigation 1593248/IL78022</p> <p>483.15(h)(3) CLEAN BED/BATH LINENS IN GOOD CONDITION</p> <p>The facility must provide clean bed and bath linens that are in good condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide and have available clean linen for 3 of 31 residents reviewed for clean, comfortable and homelike environment.</p> <p>Findings Include:</p> <p>During an environmental tour of the facility the following observations occurred:</p> <p>On 6/24/15 at 10:15 am one linen cart in the 1st floor pavilion hall was observed with three face towels and one bath towel. The second linen cart in the 1st floor pavilion hall was observed with no face towels or bath towels.</p> <p>On 6/24/15 at 10:20 am in the laundry room there was no extra observed for transport to the resident floors. There were three washers and three dryers working with linen.</p> <p>On 6/24/15 at 10:25 am in the extra linen supply closet in the basement there were no face towels or bath towels observed.</p> <p>On 6/24/15 at 10:30 am in the 1st floor main hallway a linen cart was observed with no face towels, no bath towels and two draw sheets.</p> <p>On 6/24/15 at 10:35 am in the third floor hallway</p>	F 254			

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 254	Continued From page 1 one linen cart was observed with no face or bath towels and 4 bed sheets. The second linen cart was observed with tow bath blankets and six bed sheets. On 6/24/15 at 10:40 am in the 2 pavilion hallway a linen cart was observed with no face or bath towels and two bed sheets. At 10:45 am in the 2 main hallway one linen cart was observed with no face or bath towels, four bed sheets and 1 pillowcase. The second cart was observed with no linen. On 6/24/15 at 11:55 am R1 stated that he never sees face and bath towels on the unit. R1 stated he uses his personal towels that his family brings him. R1 stated that it is difficult to get fresh linen and pillowcases. On 6/24/15 at 12:00 pm R4 stated that are not enough face and bath towels. R4 stated that he has to go to another unit in hopes of finding a towel. R4's bed was observed with 3 pillows; one pillow with a visibly soiled pillow case and two pillows with the plastic covering torn. On 6/24/15 at 1:45pm R5 stated that the facility encourages the residents to shower but there are not any face or bath towels available.	F 254			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.	F 323			

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F 323	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview the facility failed for implement care plan interventions for fall precautions and have staff available to monitor a resident who is high risk for fall while sitting in the dining room. This failure effects three of three residents (R1, R2 and R6) reviewed for fall in the sample of 31. Findings include: 1. R1's face sheet diagnoses include generalized weakness and unsteady gait. R1's progress note dated 5/9/15 indicated R1 suffered a fall face down from his wheelchair inside the front elevator. R1's progress note dated 5/9/15 indicates that R1 was sent out to the hospital for further evaluation post fall and returned the same day with no injuries. R1's fall incident note dated 5/9/15 indicates that R1 does not have a history of falls. On 6/24/15 at 11:55 am R1 stated (concerning the fall on 5/09/15) he fell inside elevator from his wheelchair. R1 stated that he got on the elevator on the first floor and the elevator moved with the doors open. R1 stated that he went to the hospital because he hurt his knee when he fell. R1's fall assessment dated 5/9/15 indicates that R1 has no history of falls and is high risk for falls. However on 6/25/15 E3 (director of nurses/DON) stated that R1 is not a high risk for falls and the assessment was miscalculated. On 6/25/15 at 10:40 am with E3 Director of	F 323			

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F 323	<p>Continued From page 3</p> <p>Nursing /DON) R1 was observed sitting in a wheelchair, however R1's fall care plan includes an intervention dated 5/9/15 for a non-slip pad which was not observed in the wheelchair in place on 6/24/15.</p> <p>2. R2's face sheet diagnoses include seizure disorder, frequent falls and vascular dementia.</p> <p>R2's incident progress notes indicate R2 suffered falls on 4/23/15, 4/25/15 and 5/9/15 all without injury.</p> <p>R2 was observed on 6/24/15 at 1:35 pm R2 was observed sitting in the 2nd floor main dining room at the social service office door with a soft helmet in place but no chair alarm was observed.</p> <p>R2's fall care plan includes updated interventions with each fall. R2's fall care plan includes an intervention dated 4/25/15 to apply a chair alarm.</p> <p>R2's fall assessment dated 5/9/15 indicates that R2 is mild or at no risk of falls despite R2's diagnoses of seizure disorder and frequent falls.</p> <p>3. R6 face sheet diagnoses include dementia, schizophrenia and vitamin D deficiency.</p> <p>On 6/24/15 at 12:25 pm in the 2nd floor main dining room R6 was observed standing from a dining chair near a table with poor balance and unsteady gait. R6 was observed to lose his balance, sitting back on the arm of a chair which began to slide and tip. This surveyor provided R6 with a chair to prevent a fall. During this incident there were 16 residents in the dining room and no staff members, thus leaving the residents</p>	F 323			

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F 323	Continued From page 4 unattended by facility staff. At 12:40 pm E6 Certified Nursing Assistant (CNA) stated upon returning to the 2nd floor main dining room reported, she left the room to go get someone to cover for her. On 6/24/15 at 12:45 pm E3 (DON) 3 stated that residents that are a fall risk should be monitored. At 1:30 pm E3 stated the dining room should be monitored when residents are in the dining room. R6's fall risk assessment dated 4/6/15 indicates that R6 does not have a recent history of falls and is at mild or at no risk for falls despite R6 being observed attempting to ambulate without assistance with an unsteady gait. R6's Minimum Date Set dated 4/6/15 indicates impairment on both sides for the lower extremities under range of motion and includes wheelchair as his mobility device.	F 323			
F 371 SS=E	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:	F 371			

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F 371	<p>Continued From page 5</p> <p>Based on observation interview and record review the facility failed to serve hot food at temperature at or above 135 degrees Fahrenheit during food service to prevent a food borne illness. This failure affects 29 of 31 residents (R1, R3, R4, R5, R7-R31) reviewed for dietary services in a sample of 31.</p> <p>Findings Include:</p> <p>On 6/24/15 at 11:05 am E2, Assistant Administrator stated that the meals are carried up the stairs from the basement to the first floor, placed on a warming cart, plated and delivered to each unit for serving. E2 stated that this serving process is done because the front main elevator is out of service and there is no elevator to get to and from the basement to deliver the trays directly to the units.</p> <p>On 6/24/15 at 12:50 pm with E4, Cook while in the 2nd floor main dining room with a facility provided calibrated thermometer took food temperatures. The hot lunch substitute entree item: barbeque pulled chicken sandwich measured 118 degrees Fahrenheit and the mashed potatoes measured 125.1 degrees Fahrenheit. E4 stated that not all the residents were served the hot lunch substitute and many residents were served ham salad which was served cold.</p> <p>On 6/24/15 the lunch meal was observed served on a plate with a plastic wrap covering. The lunch plates were stacked on top of each other with no warming element to keep the food at an acceptable serving temperature.</p> <p>On 6/24/15 at 11:55 am R1 stated that the hot</p>	F 371			

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F 371	<p>Continued From page 6 food is too cold when served.</p> <p>On 6/24/15 at 12:00 pm R4 stated that the hot food is never hot.</p> <p>On 6/24/15 at 12:15 pm R3 stated that the hot food is too cold. R3 stated he has complained to the facility but nothing has changed.</p> <p>On 6/24/15 at 1:45 pm R5 stated that the food is never hot.</p> <p>On 6/25/15 at 4:00 pm E5 (Dietary Manager) provided a list of all residents who received the hot lunch substitute from the kitchen which included R1 and R7 - R31.</p>	F 371			