

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

PRINTED: 03/29/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145714</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>01/10/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>PARAMOUNT OAK PARK R &amp; N CTR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 NORTH HARLEM OAK PARK, IL 60302</b>		
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F 000	INITIAL COMMENTS  Annual License and Certification	F 000			
F 225 SS=E	Complaint Investigation 1293710/IL59999 - No Deficiency 1293938/IL60238 - No Deficiency 1293278/IL59550 - No Deficiency 1293277/IL59546 - No Deficiency 483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS  The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.  The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).  The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.	F 225		2/1/13	

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 225	Continued From page 1  The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to obtain background checks for 9 healthcare workers (E7, E17-E24), and failed to obtain back ground checks for 12 certified nurse aides (E25 - E36) within 10 days of hire. The facility also failed to follow their abuse policy and report initial allegations of abuse to the State Agency as soon as possible within 24 hours for 2 residents (R2, R6) from the sample of 24 and 5 residents (R28 - R33) from the supplemental sample all reviewed abuse. The facility also failed to investigate an allegation of theft for 1 resident R27 from the supplemental sample reviewed for theft .  Findings include:  1. On 1/9/13 at 11:45am, E4 (Human Resources) stated "I didn't have a password to run background checks on new employees, and I didn't go back and run them once I had a password on 12/19/12." Employee files for 9 non-licensed workers (E7, E17-24) do not include background checks. E4 stated E7(Housekeeping) was hired on 11/12/12 and	F 225			

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F 225	<p>Continued From page 2</p> <p>when a background check was run on 12/21/12, E7 came back with a finding of abuse. "(E7) was working that day, was escorted from the building and employment was terminated." Background check 12/21/12 in E7's employee file documents a finding of abuse.</p> <p>Nurse Aide background checks for E25 through E36 were not initiated within 10 days of hire, ranging from 15 days to more than 9 months after the date of hire. On 1/9/13 at 11:45am, E4 stated "I don't know why the nurse aides weren't checked sooner." Health Care Worker Background Check documents date of hire and date of initiation of background check.</p> <p>Review of abuse investigations and fax confirmations document the following: An initial allegation of abuse involving R6 and R28 which occurred on 6/4/12 and an initial abuse allegation involving R2 and R33 which occurred on 12/27/12 were never reported to the Department of Public Health as evidenced by no fax confirmation.</p> <p>An initial allegation of abuse involving R30 and R31 which occurred on 8/19/12 at 7am was faxed to the Department of Public Health on 8/20/12 at 3:31pm, 32 1/2 hours after the facility was aware of the allegation.</p> <p>An initial allegation of abuse involving E6(Nurse) and R29 occurred on 7/19/12 at 11:15pm was faxed to the Department of Public Health on 7/20/12 at 9:45am. E1(Administrator) stated that with this incident, she remembers being notified that night and sending the nurse home, but came in the next morning to do the investigation and notify the Department of Public Health once</p>	F 225			

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F 225	<p>Continued From page 3 interviews were completed.</p> <p>On 1/9/13 at 11am, E1 (Administrator) stated "We have 24 hours to report abuse to the Department of Public Health, only if it turns out to be something." E1 stated "If there isn't a fax confirmation sheet then it wasn't sent to the Department of Public Health."</p> <p>Policy Abuse Prevention Program documents Section I. Pre-Employment Screening of Potential Employees - Check the Illinois HealthCare Worker Registry on any individual being hired for prior reports of abuse, previous fingerprint checks, and the Offender Website links on the Registry; and Initiate an Illinois State Police livescan fingerprint for any unlicensed individual being hired without a previous fingerprint check. Section VII. 3. Internal Investigation - For any other incident or pattern involving "reasonable cause to suspect abuse, neglect, or misappropriation", the administrator will appoint a person to gather further facts prior to making a determination to conduct an abuse investigation. Section VIII. 1.External Reporting - Initial reporting of allegations, if mistreatment has occurred, the resident's representative and the Department of Public Health shall be informed as soon as possible within 24 hours.</p> <p>According the Illinois Health Care Worker Background Check Act indicates that background checks will be initiated within 10 days of hire.</p> <p>2. On 1/7/2013 at 10:15am R27 sat in the wheelchair in the room and stated to E16 (MDS</p>	F 225			

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F 225	Continued From page 4 coordinator), "somebody hit me for \$30." E16 stated "she got her money Friday (1/4/13), we're looking into it." On 1/8/13 at 3:30pm E1(administrator) stated "I was aware of the incident at 5am Monday (1/7/13) morning, the night nurse called me and told me (R27) was missing her money, and I told her I'll take care of it. I can't remember the nurse's name right now. I've known (R27) 15 years and she puts money in her envelopes and different places for her lottery. I wanted to check with her son to see if he had taken it. I don't have anything documented, because this has happened so many times, and her money is found. The protocol is that once I know, I investigate and try to find out what happen. I never notified you guys. " There is currently no documentation in facility records of money being lost, no notification to IDPH (Illinois Department of Public Health), and no available incident report. On 1/9/13 at 10:35am E1 stated, "Here's a copy of the incident report that I completed, and we found her money." Facility is still without any documentation of incident being reported to IDPH. According to the facility's abuse policy (undated) indicates that all allegations of abuse, mistreatment, and theft will be promptly investigated.	F 225			
F 226 SS=C	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.	F 226		2/1/13	

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F 226	Continued From page 5  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to provide an abuse policy that includes all investigation of abuse will be reported to the State Agency as soon as possible within 24 hours. This failure has the potential to affect all 126 residents in the facility.  Findings include:  Resident Census and Conditions of Residents dated 1/9/2013 documents the facility census as 126 residents  On 1/9/13 at 11am, E1 (Administrator) stated "We have 24 hours to report abuse to the Department of Public Health and 5 working days to fax the final investigation, only if it turns out to be something." At 11:45am, E4 (Human Resources) stated "I didn't have a password to run background checks on new employees, and I didn't go back and run them once I had a password."  Policy Abuse Prevention Program documents Section I. Pre-Employment Screening of Potential Employees - "Check the Illinois HealthCare Worker Registry on any individual being hired for prior reports of abuse, previous fingerprint checks, and the Offender Website links on the Registry; and Initiate an Illinois State Police livescan fingerprint for any unlicensed individual being hired without a previous fingerprint check. Section VII. 3. Internal Investigation - For any other incident or pattern involving "reasonable	F 226			

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F 226	Continued From page 6 cause to suspect abuse, neglect, or misappropriation", the administrator will appoint a person to gather further facts prior to making a determination to conduct an abuse investigation. Section VIII. 1.External Reporting - Initial reporting of allegations, if mistreatment has occurred, the resident's representative and the Department of Public Health shall be informed as soon as possible within 24 hours."	F 226			
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES  Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.  This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure that treatment orders were obtained for 1 of 5 resident (R13) reviewed for pressure sore in the sample of 24.  Findings include:  On 01/08/13 after treatment observation of R13's sacral wound, current physician orders and the treatment administration records were reviewed. After reviewing the current physician orders (12/21/12 to 01/19/13), there is no order found to treat the right lateral ankle wound.	F 314		1/18/13	

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F 314	<p>Continued From page 7</p> <p>R13 has several other wounds and the residents Norton Plus Pressure Ulcer Scale dated 12/22/12 indicates a score of 9. The scale shows (10 and below) is high risk. R13 was admitted to the facility 12/21/2012.</p> <p>The treatment record dated 12/20/12 - 01/19/13 depicts clean right lateral ankle with 0.9 normal saline, apply hydrocolloid dressing change every 3 days and PRN (whenever necessary). In addition, there are initials in boxes dated 12/22/12, 12/25/12, 12/28/12, 12/31/12, 01/03/13 and 01/06/13.</p> <p>On 01/08/13 at 12:15pm, E10 (treatment nurse) interviewed about the initials on the treatment record, E10 acknowledged that some of them belong to E10.</p> <p>E10 stated, "Me and E15 (treatment nurse) have been doing these treatments. On 01/06/13, E15 (treatment nurse) did the treatment to R13's right ankle. I (E10) see the new order for the right ankle treatment. The last order I (E10) see is dated 12/04/12 (this document is from the transferring facility). The wound care doctor don't see R13. All I (E10) can say is that the nurse who wrote the new admission treatment orders, maybe she missed that one. I'm (E10) gonna call Z2 (physician) and obtain a treatment order for that right ankle, and let Z2 know what we've been doing as a treatment."</p> <p>In addition on 01/09/13 a current care plan presented by the facility dated 12/31/12 does not address R13's right lateral ankle wound. On 01/10/13 at 1:10pm, E3 (nurse) made aware of the lack of care planning for services/treatment</p>	F 314			



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F 314	Continued From page 8 to the right lateral ankle. And E3 reviewed the document and acknowledged there is no plan of care for treatment and services to the right lateral ankle.  R13 is a 55 year old admitted to the facility 12/21/2012 from another nursing facility. The resident is bed bound and requires total care by staff. According to the MDS (Minimum Data Set) dated 12/28/12, R13 is incontinent of bowel and bladder, have a feeding tube and tracheostomy, and one stage 4 pressure ulcer.	F 314			