

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: ILL6003776	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2015
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NAME OF PROVIDER OR SUPPLIER GRASMERE PLACE	STREET ADDRESS, CITY, STATE, ZIP CODE 4621 NORTH SHERIDAN ROAD CHICAGO, IL 60640
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Z 000	<p>COMMENTS</p> <p>Annual Licensure Survey Subpart S</p> <p>Complaints:</p> <p>1485832/IL# 73976: 300.330 b)d)1)2)e)1)2)3)4)5)g)j)k) cited 1580141/IL# 74217 No deficiency cited</p>	Z 000		
Z9999	<p>FINDINGS</p> <p>Statement of Licensure Violations</p> <p>300.696 a) Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>These requirements are NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to properly sanitize blood glucose monitoring equipment according to manufacturer guidelines, while performing blood glucose testing on 1 resident (R6) in the sample of 9 and 5 residents (R21, R36, R37, R38, R39) in the supplemental sample. Findings include: On 1/12/15 at 4:19 PM, E20 (Licensed Practical Nurse) cleaned one blood glucose monitoring</p>	Z9999		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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Z9999	Continued From page 1 machine with a germicidal disposable cloth, for 10 seconds. E20 then used that blood glucose monitoring machine and performed blood glucose testing on R36. At 4:25 PM, E20 cleaned the same blood glucose monitoring machine with the same used germicidal disposable cloth that E20 used to clean the blood glucose monitoring machine before performing blood glucose testing on R36. Then E20 performed blood glucose testing on R37. At 4:26 PM, E20 cleaned the used blood glucose monitoring machine with a new germicidal disposable cloth, for 10 seconds. E20 then performed blood glucose testing on R21. At 4:30 PM, E20 then cleaned the used blood glucose monitoring machine with a new germicidal disposable cloth, for 10 seconds. E20 then performed blood glucose testing on R38. On 1/12/15 at 4:33 PM, E20 stated in part that the blood glucose monitoring machine should be cleaned with a germicidal disposable cloth for 1 minute and then left to air dry for 1 minute before it is used to test a resident ' s blood glucose. On 1/13/15 at 11:24 AM, E12 (Licensed Practical Nurse) stated in part that she had already cleaned one blood glucose monitoring machine with a germicidal disposable cloth, for 1 minute and was letting the blood glucose monitoring machine air dry for 2 minutes. E12 then performed blood glucose testing on R6. At 11:30 AM, E12 cleaned the same used blood glucose monitoring machine with a germicidal disposable cloth for 30 seconds then let the blood glucose monitoring machine air dry for 2 minutes. E12 told E18 (Licensed Practical Nurse) that she had cleaned the blood glucose monitoring machine and E18 needs to let the blood glucose monitoring machine air dry for 1 minute and 30 seconds. At 11:33 AM, E18 used the same blood glucose monitoring machine that E12 had cleaned and	Z9999		

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Z9999	<p>Continued From page 2</p> <p>performed blood glucose testing on R39. At 11:41 AM, E18 cleaned the used blood glucose monitoring machine with a germicidal disposable cloth for 25 seconds.</p> <p>On 1/13/15 at 11:42 AM, E18 stated in part that the blood glucose monitoring machine should be cleaned for 1 minute and left to air dry for 2 minutes.</p> <p>On 1/13/15 during the daily status meeting that started at 3:20 PM, E1 (Administrator) and E2 (Director of Nursing) both stated in part that the nurses should follow the manufacturer guidelines when cleaning blood glucose monitoring machines.</p> <p>The facility ' s Obtaining A Fingerstick Glucose Level, with effective date of February, 2014, documents in part the following, in the policy specifications section:</p> <p>15. Clean reusable equipment according to the manufacturer ' s instructions.</p> <p>The germicidal disposable cloth manufacturer ' s guidelines indicate the following:</p> <p>The 2 minute germicidal wipe/Bactericidal - Tuberculocidal - Viricidal Suitable for use on equipment requiring alcohol -based products</p> <p>Deodorizing and Disinfecting section: To disinfect nonfood contact surfaces only: Use a wipe to remove heavy soil as needed. Unfold a clean wipe and thoroughly wet surface. Allow treated surface to remain wet for a full two (2) minutes. Use additional wipe(s) if needed to assure continuous two (2) minute wet contact time. Let air dry. These directions also apply to Myobacterium bovis BCG (Tuberculosis) at 68 degrees Fahrenheit (20 degrees Celsius).</p> <p style="text-align: center;">(C)</p> <p>300.1210 b)d)1) Nursing and Personal Care</p>	Z9999		
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Z9999	<p>Continued From page 3</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.</p> <p>300.1630 b) Administration of Medication</p> <p>b) The facility shall have medication records that shall be used and checked against the licensed prescriber's orders to assure proper administration of medicine to each resident. Medication records shall include or be accompanied by recent photographs or other means of easy, accurate resident identification. Medication records shall contain the resident's name, diagnoses, known allergies, current medications, dosages, directions for use, and, if available, a history of prescription and non-prescription medications taken by the resident during the 30 days prior to admission to the facility.</p> <p>These requirements are NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to administer medications according to the current physician's order sheet for 2 (R34, R35) residents out of 12 residents observed for medication administration,</p>	Z9999		
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Z9999	<p>Continued From page 4</p> <p>during the medication pass on 1/12/15 and 1/13/15.</p> <p>Findings Include:</p> <p>During medication pass observed on 1/12/15 at 12:32 PM, E18 (Licensed Practical Nurse) gave R35, 2 - 500 milligram tablets (1000 milligrams) of divalproex (depakote)</p> <p>R35 ' s physician order sheet dated 1/10/15, indicates a current prescription order for Depakote 2- 500 milligram tablets (1000) milligrams at 9:00 PM, ordered on 1/5/15. The physician order sheet also indicates an order on 1/5/15, to discontinue Depakote 2 - 500 milligram tablets (1000 milligrams) by mouth 3 times daily.</p> <p>R35 ' s medication administration record (MAR) dated 1/10/15, indicates documentation of R35 receiving 1000 milligrams of Depakote at 9:00 AM and 1:00 PM on 1/12/15.</p> <p>During medication pass observed on 1/12/15 at 12:34 PM, E19 (Licensed Practical Nurse) failed to give R34, 1 tablet of oyster shell calcium 500 milligrams with vitamin D 200 international units (IU).</p> <p>R34 ' s physician order sheet dated 1/10/15, indicates a current prescription order for 1 tablet of oyster shell calcium 500 milligrams with vitamin D 200 international units (IU), once daily.</p> <p>On R34 ' s medication administration record (MAR), on 1/12/15, there were no staff initials documented, for the administration of, 1 tablet of oyster shell calcium 500 milligrams with vitamin D 200 international units (IU).</p> <p>On 1/15/15 at 11:51 AM, E2 (Director of Nursing) stated in part that when the nurses administer medications to the residents, they should check the MAR for the prescribed medications, pull the medications from the medication cart, check the medications observed against the MAR for the right resident, medication, dose, and time. Once the nurses administer the medications, they</p>	Z9999		
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Z9999	<p>Continued From page 5</p> <p>should document their initials on the MAR, which indicates the medications were administered. If there are no staff initials on the MAR, there is no documentation that the medication was given.</p> <p>The facility ' s Medication Administration policy, with a March, 2014 effective date, documents in part the following, in the policy specifications section:</p> <ol style="list-style-type: none"> 1. Drugs will be administered in accordance with orders of licensed medical practitioners of the State in which the facility operates. 18. The medication administration record (MAR) will be verified against physician ' s orders. <p style="text-align: center;">(C)</p> <p>300.1650 c) Control of Medications All medications having an expiration date that has passed, and all medications of residents who have been discharged or who have died shall be disposed of in accordance with the written policies and procedures established by the facility in accordance with Section 300.1610. Medications shall be transferred with a resident, upon the order of the resident's physician, when a resident transfers to another facility. All discontinued medications, with the exception of those products regulated and defined as controlled substances under Section 802 of the federal Controlled Substances Act (21 USC 802), shall be returned to the dispensing pharmacy. Medications for any resident who has been temporarily transferred to a hospital shall be kept in the facility. Medications may be given to a discharged resident only upon the order of the licensed prescriber.</p> <p>These requirements are NOT MET as evidenced by:</p>	Z9999		
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Z9999	<p>Continued From page 6</p> <p>Based on observation, interview, and record review, the facility failed to remove expired house stock medications, expired medications for 2 (R31, R32) residents, and medications for 3 discharged (R10, R12, R30) residents, from the current medication supply, in three of six medication carts.</p> <p>Findings Include: During the inspection of the medication carts on 1/13/15 at 8:21 AM, there were: 1st medication cart: 1 opened bottle of vitamin D, 400 international unit (IU) tablets, 100 tablets/ bottle, with an expiration date of October, 2014 1 opened bottle of senokot, 8.6 milligram tablets, 100 tablets/ bottle, with an expiration date of October, 2014 2nd medication cart: 1 unopened bottle of sodium phosphate rectal solution enema, 4.5 ounces, with an expiration date of August, 2013 3rd medication cart: 1 unopened, 2 milliliter ampule of chlorpromazine injection, 50 milligrams/2 milliliters, for R31, with an expiration date of December, 2014 1 unopened, 1 milliliter vial of haloperidol injection, 5 milligrams/ milliliter, for R32, with an expiration date of December, 2014 The facility ' s alpha list dated 1/12/15 indicates that R10, R12, and R30 do not reside in the facility. 1 unopened, 2 milliliter ampule of chlorpromazine injection, 50 milligrams/ 2 milliliters, for R12, with a dispense date of 12/23/13 1 unopened, 2 milliliter ampule of chlorpromazine injection, 50 milligrams/ 2 milliliters, for R30, with a dispense date of 6/6/13 1 unopened, 2 milliliter ampule of chlorpromazine injection, 50 milligrams/ 2 milliliters, for R10, with a dispense date of 1/24/14</p>	Z9999		
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Z9999	<p>Continued From page 7</p> <p>1 unopened, 2 milliliter vial of benzotropine mesylate injection, 2 milligrams/ 2 milliliters, for R10, with a dispense date of 1/24/14 On 1/13/15 at 8:36 AM, E2 (Director of Nursing) stated in part that expired medications and medications for discharge residents, should be returned to the pharmacy. The nurse that discharges the resident should remove the resident ' s medications from the medication cart. R10, R12, and R30 have been discharged from the facility. On 1/15/15 at 10:47 AM, E2 stated in part that the nurses should check for expired medications on the medication carts at the beginning of each shift. The nurses should check expiration dates on the over the counter medications that are not in blister packs. The facility ' s Disposal/Destruction of Expired or Discontinued Medications policy, with the latest revision date of 1/1/13, documents in part, the following, in the procedure section: 8. Facility should dispose of discontinued medications, out-dated medications, or medications left in facility after a resident has been discharged in a timely fashion, or no more than 90 days of the date the medication was discontinued by Physician/Prescriber, or sooner per applicable law.</p> <p style="text-align: right;">(AW)</p> <p>Section 300.2090 Food Preparation and Service (b). Foods shall be attractively served at the proper temperature and in a form to meet individual needs. This requirement was NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to monitor and record food temperatures for five days.</p>	Z9999		

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Z9999	<p>Continued From page 8</p> <p>Findings include: On 1/12/15 at 10:25am, E4 (cook) submitted trayline temperature log sheets. There were no temperature recordings since January 8th, 2015. On 1/8/15, only temperature of foods served during dinner was taken. There were no temperatures taken for all three meals of 1/9, 1/10/, and 1/11. On 1/12, no breakfast temperatures were taken. E4 stated, " They are supposed to be taken twice. We ' re short-handed and we have not had time to do a lot of things today. " E3 (Director of food services) confirmed that staff should be taking temperatures of food at all three meals. Facility ' s policy titled Hot Food Service Temperature denotes in part " 3. Food temperatures of food being hold in the steam table will be documented before and during the middle of tray line. "</p> <p style="text-align: center;">(AW)</p> <p>Section 300.2100 Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750). (Source: Amended at 13 Ill. Reg. 4684, effective March 24, 1989)</p> <p>Section 750.810 Wiping Cloths (b). Moist cloths or sponges used for wiping food spills on kitchen ware and food contact surfaces of equipment shall be clean and rinsed frequently in one of the sanitizing solutions permitted in Sec. 750.820 (e) and used for no other purpose. These cloths and sponge shall be store in the sanitizing solution between uses. This requirement was NOT MET as evidenced by:</p>	Z9999		
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Z9999	<p>Continued From page 9</p> <p>Based on observation, interview and record review, the facility failed to store cleaning cloths in sanitizing solution diluted in water in a bucket in the kitchen. Facility also failed to clean food contact surfaces with a cleaning cloth that was submerged in sanitizing solution.</p> <p>Findings include:</p> <p>On 1/12/15 at 10:15am, during initial tour of the kitchen, E5 (Dietary Aide) was washing countertops and the sink with a cleaning cloth that did not have any sanitizing solution in it. The sanitizing bucket was observed to have several cleaning cloths with no water or sanitizing solution. E5 went to the sink and rinsed her cleaning cloth with tap water and proceeded to clean other areas of the kitchen without using any sanitizing solution.</p> <p>At 12:10pm, E3 (Food Service Director) stated, " (E5) is supposed to put the cleaning cloth in the sanitizing bucket with the sanitizing solution and then clean. She ' s one of our new ones. I will have to in-service her. "</p> <p>Facility ' s policy titled Sanitizing Solutions denotes in part " 1. Sanitizing solution buckets will be made at the beginning of each shift and changed as needed. Reasons for changing solutions include the solution become dirty or diluted from use. 2. Towels used to sanitize work surfaces will be held in the sanitation buckets when not in use. These towels shall be used for food contact surfaces only. "</p> <p>Section 750.820 Manual Cleaning & Sanitizing (c) Equipment and utensils shall be pre-flushed or pre-scraped and, when necessary, pre-soaked to remove gross food particles and soil. This requirement was NOT MET as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to pre-soak a dirty stock pot that had old food particles.</p>	Z9999		
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Z9999	<p>Continued From page 10</p> <p>Findings include: On 1/12/15 at 10:15am, during initial tour of the kitchen, a dirty stock pot was observed resting in the sanitizing compartment of the sink without any water or sanitizer. The washing compartment of the sink had water and soap with other dirty utensils and kitchen equipment. At 10:20am, E4 (cook) stated, " That pot was from yesterday ' s dinner. "</p> <p>Facility ' s policy titled Pot & Pan Washing denotes in part " 2. Prepare the three compartment sink with one sink-detergent, one sink-rinse, and one sink sanitizer. 3. Equipment and utensils will be scraped before washing. Items may need to be pre-soaked prior to washing. "</p> <p>Section 750.1130 Containers-Garbage and Refuse</p> <p>(b). Containers used in food preparation and utensil washing areas shall be kept covered after they are filled.</p> <p>(c.) Containers stored outside the establishment, and dumpsters, compactor and compactor systems shall be easily cleanable, shall be provided with tight fitting lids, doors, or covers, and shall be kept covered when not in actual use. In containers designed with drains, drain plugs shall be kept in place at all times, except during cleaning. "</p> <p>This requirement was NOT MET as evidenced by: Based on observation, interview, and record review, the facility failed to keep two garbage cans covered and one garbage can from overflowing.</p> <p>Findings include: On 1/12/15 at 10:15am, during initial tour of the kitchen, a garbage can near the food preparation area was left open without a lid. Outside in the dumpster area, one garbage can was overflowing</p>	Z9999		
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Z9999	<p>Continued From page 11</p> <p>with garbage. The garbage can was not covered with a lid. At 12:10pm, E3 (Food Service Director) stated that all garbage cans should be covered.</p> <p>Facility ' s policy titled Garbage Disposal denotes in part the following: " 4. Empty garbage cans as they become full. 7. Keep garbage can lids on the garbage cans. 8. Keep open garbage cans away from the food production area. "</p> <p>(C)</p> <p>Section 300.3140 Electrical Requirements e) Nurses' Calling System. 2) A nurses' call emergency station shall be provided for residents' use at each resident's toilet, bath, and shower location. The cord shall be long enough to reach within six inches of the floor.</p> <p>This requirement is NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to assure that call lights in three of five hallway-accessed resident bathrooms had pull cords attached to allow the nurse call system to be activated. This had the potential to affect 15 residents (R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28, R29) in the supplemental sample.</p> <p>Findings include: On 1/12/15 during the environmental tour that began at 1:05 PM, three bathrooms that were not within resident rooms were observed for compliance. Each room was found to be locked. Emergency call switches were observed in the tub/shower area and by the toilet at a height of approximately seven feet. On the third floor south unit, the call system by the toilet did not have a pull cord to activate it. On the third floor north unit near Room 325, the call system by the toilet did not have a pull cord to activate it. On the third floor north unit near Room 348, the call</p>	Z9999		
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Z9999	<p>Continued From page 12</p> <p>systems by the toilet and tub/shower did not have pull cords to activate them.</p> <p>On 1/12/15 during the environmental tour, E14 (Environmental Services Director) stated that residents cut the cords and then they are not available. No remnants of cord were noted attached to the pull cord switches. A Bathroom Checklist was taped on the bathroom doors. The checklist has columns titled: date, time, staff initials, toilet, sink, floor, mirror, toilet paper and paper towel. E14 stated the presence of pull cords is not routinely monitored.</p> <p>On 1/14/15 at 9:10 AM, E14 explained that the bathrooms observed on 1/12/15 are locked and that residents have keys to their assigned bathroom, since they do not have bathrooms in their rooms. E14 stated there is only one hallway-accessed bathroom on the third floor south unit and it is used by residents in rooms 322 and 314. The facility's Resident Bed List Report of 1/12/15 lists R15 in Room 314 and R16 and R17 in Room 322. E14 also stated that the third floor north bathroom near Room 325 is used by residents in Rooms 323, 325 and 327 and that the bathroom near Room 348 is used by residents in Rooms 342, 346 and 348. The facility's Resident Bed List Report of 1/12/15 lists the residents in those rooms as R18, R19, R20, R21, R22, R23, R24, R25, R26, R27, R28 and R29.</p> <p>(C)</p> <p>Section 300.3300 Transfer or Discharge b) Each resident's rights regarding involuntary transfer or discharge from a facility shall be as described in subsections (c) through (y) of this Section. d) Involuntary transfer or discharge of a resident from a facility shall be preceded by the discussion required under subsection (j) of this Section and</p>	Z9999		
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Z9999	<p>Continued From page 13</p> <p>by a minimum written notice of 21 days, except in one of the following instances:</p> <p>1) When an emergency transfer or discharge is ordered by the resident's attending physician because of the resident's health care needs; (Section 3-402(a) of the Act)</p> <p>2) When the transfer or discharge is mandated by the physical safety of other residents, the facility staff, or facility visitors, as documented in the clinical record. The Department shall be notified prior to any such involuntary transfer or discharge. The Department will immediately offer transfer, or discharge and relocation assistance to residents transferred or discharged under this subsection (d), and the Department may place relocation teams as provided in Section 3-419 of the Act; or (Section 3-402(b) of the Act)</p> <p>e) For transfer or discharge made under subsection (d), the notice of transfer or discharge shall be made as soon as practicable before the transfer or discharge. The notice required by subsection (d) of this Section shall be on a form prescribed by the Department and shall contain all of the following:</p> <p>1) The stated reason for the proposed transfer or discharge; (Section 3-403(a) of the Act)</p> <p>2) The effective date of the proposed transfer or discharge; (Section 3-403(b) of the Act)</p> <p>3) A statement in not less than 12-point type, which reads:</p> <p>"You have a right to appeal the facility's decision to transfer or discharge you. If you think you should not have to leave this facility, you may file a request for a hearing with the Department of Public Health within 10 days after receiving this notice. If you request a hearing, it will be held not later than 10 days after your request, and you generally will not be transferred or discharged during that time. If the decision following the hearing is not in your favor, you generally will not</p>	Z9999		
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Z9999	<p>Continued From page 14</p> <p>be transferred or discharged prior to the expiration of 30 days following receipt of the original notice of the transfer or discharge. A form to appeal the facility's decision and to request a hearing is attached. If you have any questions, call the Department of Public Health at the telephone number listed below."; (Section 3-403(c) of the Act)</p> <p>4) A hearing request form, together with a postage paid, preaddressed envelope to the Department; and (Section 3-403(d) of the Act)</p> <p>5) The name, address, and telephone number of the person charged with the responsibility of supervising the transfer or discharge. (Section 3-403(e) of the Act)</p> <p>g) A copy of the notice required by subsection (d) (1) of this Section and Section 3-402 of the Act shall be placed in the resident's clinical record and a copy shall be transmitted to the Department, the resident, the resident's representative, and, if the resident's care is paid for in whole or part through Title XIX, to the Department of Healthcare and Family Services. (Section 3-405 of the Act)</p> <p>j) The planned involuntary transfer or discharge shall be discussed with the resident, the resident's representative and person or agency responsible for the resident's placement, maintenance, and care in the facility. The explanation and discussion of the reasons for involuntary transfer or discharge shall include the facility administrator or other appropriate facility representative as the administrator's designee. The content of the discussion and explanation shall be summarized in writing and shall include the names of the individuals involved in the discussions and made a part of the resident's clinical record. (Section 3-408 of the Act)</p> <p>k) The facility shall offer the resident counseling services before the transfer or discharge of the</p>	Z9999		
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Z9999	<p>Continued From page 15</p> <p>resident. (Section 3-409 of the Act) (Source: Amended at 35 Ill. Reg. 11419, effective June 29, 2011)</p> <p>This requirement is NOT MET as evidenced by: Based on interview and record review, the facility failed to follow its procedures and failed to properly issue, notify and document involuntary discharge actions for one resident (R9) in the sample and three residents (R10, R11, R14) in the supplemental sample out of seven residents reviewed for involuntary discharge.</p> <p>Findings include: A Notice of Involuntary Transfer or Discharge and Opportunity for Hearing for Nursing Home Residents (30-day notice) was observed in the clinical records of R9 dated 1/7/15; R10 dated 11/20/14; R11 dated 11/6/14; and R14 dated 9/9/14.</p> <p>On 1/14/15 at 11:15 AM, E15 (Admissions Coordinator) stated she prepares the 30-day notices for E1's (Administrator) signature. E15 stated she then sends fax copies of the notice to the Illinois Department of Public Health (IDPH), local Ombudsman and to the facility attorney. E15 stated she also sends a copy to a resident's legal guardian if one exists, but does not fax, mail or otherwise provide notice to a resident's family or other emergency contact person, referred to as "IC" (Interested Contact). E15 stated she then gives the resident a copy of the 30-day notice along with a stamped, addressed envelope to allow them to file a request for hearing to appeal the notice. E15 stated she does not document anything about the meeting in the resident's clinical record, but will let E1 or the resident's PRSC (Psychiatric Rehabilitation Services Coordinator) know if the resident has any questions.</p> <p>The facility was unable to provide confirmation of fax transmissions of the 30-day notices to IDPH</p>	Z9999		
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Z9999	<p>Continued From page 16</p> <p>for R9, R10 or R11. The facility provided copies of fax transmittal sheets to the Ombudsman, addressed to Z1 (Ombudsman) for R10 and R14, however the fax sheets indicate "no answer". No transmittal sheet to the Ombudsman was provided for R9 or R11.</p> <p>On 1/14/15 at 2:30 PM, Z1 stated she has not been the facility's Ombudsman since the Spring of 2014, and did not receive any fax notifications of involuntary discharges from September 2014 through 1/14/15. Z1 stated the fax copies would come in to their central fax and would be distributed to the facility's assigned Ombudsman regardless of the name on the cover sheet.</p> <p>On 1/15/15 at 8:32 AM, Z2 (Ombudsman) stated she is the facility's assigned Ombudsman and has not received any fax notifications and is not aware of any involuntary discharges from September 2014 through 1/14/15. Z2 stated she would meet with any resident issued a 30-day Notice to determine in they understand the pending action and assist as desired with appeals. Z2 further stated the office fax number is (312) 746-6506. Z2 did not recognize the number used by the facility, (312) 746-6496 for faxing to the Ombudsman's office.</p> <p>On 1/15/15 at 9:17 AM, the number (312) 746-6496 was called and no answer was received after three minutes.</p> <p>On the dates 30-day Notices were issued, no evidence of phone contact, mail or other notification to the resident's IC regarding the 30-day notice was seen in the clinical record, despite listing a named IC, shown as "Emergency Contact" and contact phone number on the face sheet for R9 (mother), R10 (sister), R11 (sister) and R14 (mother).</p> <p>R9's chart included two entries in the Universal Progress Notes on 1/7/15, which was the date of R9's 30-day notice. The charting was at 6:40 AM</p>	Z9999		
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Z9999	<p>Continued From page 17</p> <p>indicating R9 slept through the night and 3:00 PM indicating "This writer did not see resident during this shift." No charting from 1/7/15 to 1/12/15 mentioned the notice, family contacts or efforts to address pending discharge. On 1/13/15 at 3:00 PM, E16 (PRSC) charted "Resident is alert and oriented. Resident continues to state that he is the general. Resident wanted to know if PRSC would copy papers for him. However, PRSC noticed notes were to have PRSD (Psychiatric Rehabilitation Services Director) court marshaled. Resident stated he would get them copied somewhere else. Resident refused to sign consent in order for PRSC to send information to alternative placements. Monitor." On 1/14/15 at 10:30 AM, E1 (Administrator) stated she did not plan to contact R9's mother, but would not put R9 out on the street and expected they would have to send him to the hospital when his 30 days was up. E1 indicated the basis of the involuntary discharge was that R9 used a portable stove to cook fish in his room on 1/3/15 and was deemed a risk to the safety of others. E1 was not aware how R9 obtained the stove or brought it into the facility undetected.</p> <p>R10's chart did not include any charting in the Universal Progress Notes on 11/20/14, the date of R10's 30-day notice. No charting was noted from 11/20/14 to 12/13/14 regarding the notice, family contacts or efforts to assist with placement or refusal of assistance. On 12/15/14 at 9:00 AM, charting indicated R10 was "packing his clothing for his moving out." On 12/20/14, progress notes and discharge nurse's notes indicate R10 was discharged in the company of his sister and that on 12/21/14 the facility was contacted by a local hospital for information due to R10 being seen at the hospital. An "Identified Offender Reporting Form" was completed and transmitted 12/23/14 and indicated R10 was "Transferred to</p>	Z9999		
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Z9999	<p>Continued From page 18</p> <p>Community unknown."</p> <p>R14's chart included entries in the Universal Progress Notes on 9/9/14 at 7:00 AM, 11:00 AM and 7:20 PM. No charting indicated a discussion was had with R14 regarding his 30-day notice. No charting from 9/9/14 to 10/9/14 indicated any discussion of the 30-day notice, family contacts or efforts to address pending discharge to assist R14 with placement or refusal of assistance. Charting on 10/9/14 at 1:41 PM reads "Discharge Summary - Resident was discharged to the community per the Administrator." A Discharge Summary form dated 10/9/14 indicated R14's mother was notified on 10/9/14 and that R14's clothing "will be put in storage."</p> <p>R11's chart included a Petition for Involuntary/Judicial Admission dated 10/30/14 following an episode of aggression toward another resident. A Facility Incident Report Form dated 10/30/14 documented R11 as the aggressor in an unprovoked confrontation and noted R11 was not re-directable thereafter. A follow-up report, still checked as "initial" but with a fax transmittal sheet of 11/4/14 indicated "R2 [R9 in this sample] will not return to the facility." R11's 30-day notice was prepared 11/6/14. No charting was present in R11's record indicating how the 30-day notice was delivered.</p> <p>On 1/15/15 at 11:02 AM, E17 (Admissions Director) stated the decision to refuse readmission to R11 was made in a Census Focus meeting on 11/4/14. On 11/6/14 E17 stated she attempted to deliver the 30-day notice to R11 at the hospital but he refused to see her. E17 stated R11 was returned to the facility, but was not permitted to stay. Instead, E17 stated she met with R11 in the mail level conference room, informed him of his 30-day notice to be effective immediately. E17 stated R11's sister was contacted, came to pick him up and that E17</p>	Z9999		
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Z9999	<p>Continued From page 19</p> <p>subsequently was contacted by another local hospital that R11 was there. A Release of Medications Upon Discharge form indicated R11's sister received his medications on 11/10/14. An "Identified Offender Reporting Form" was completed and indicated R11 was "Discharged from [local hospital] to Community." On 1/14/15, the facility policy Number 4-62, effective 5/19/11, Subject: 30-Day Notice Procedure reads: I. Procedure B. The Administrator writes the 30-Day Notice, including the reason for discharge, as outlined in the Nursing Home Care Reform Act of 1979. C. The Administrator and the case manager then meet with the resident to give the notice and to explain it. D. The case manager writes the note in the resident's chart. E. Within 30 days the following will be done: 1. The case manager will consult with the resident and their advocate. 2. The case manager will arrange for an interview at other facilities, if needed. 3. The case manager will document all efforts. 4. The Administrator will mail copies to all required parties, including the IDPH, the Illinois Department of Public Aid, the resident's Interested Contact, and any other persons required to be notified.</p> <p>(C)</p>	Z9999		
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