

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004139	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/12/2015
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NAME OF PROVIDER OR SUPPLIER HEATHER HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 15600 SOUTH HONORE STREET HARVEY, IL 60426
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations: 300.690(b) (c) Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. (Source: Amended at 37 Ill. Reg. 2298, effective February 4, 2013)</p> <p>This requirement is not met as evidenced by: Based on interview and record review, the facility failed to immediately report and thoroughly investigate a fall with injury to the State Agency for one resident (R21) in a sample of 24 reviewed. Finding include: R1, the subject of the anonymous complaint investigation and will be referred to as R21. A closed record review for R21 indicates the following:</p>	S9999	<p style="text-align: center;">Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 03/23/15
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S9999	<p>Continued From page 1</p> <p>R21 a 55 year old male, expired on 12/16/2014. State of Illinois Certificate of Death indicates the cause of death:</p> <ul style="list-style-type: none"> a. Congestive Heart Failure b. Chronic Obstructive Lung Disease c. Diabetes Mellitus <p>R21 was admitted to the facility on 8/10/2009 with a readmission date of 10/29/2014. R21 ' s diagnosis include congestive heart failure, cellulitis/abscess leg, diabetes, depressive disorder, urinary tract infection, pulmonary insufficiency, hyperlipidemia, obesity, hypertension, anxiety and chronic obstructive pulmonary disease.</p> <p>A review of nurse's progress notes of E24, Licensed practical nurse (LPN) for 12/14/2014 at 21:11 (9:11pm) indicated resident fell, unobserved, found on the floor.</p> <p>A review of Incident reports since last annual certification survey was done. There was no record of an incident report or investigation for R21's fall incident on 12/14/14 provided to State agency.</p> <p style="text-align: center;">B</p> <p>300.1010h) 300.12.10a) 300.1210b) 300.1210c) 300.1210d)2)3) 300.3240a) Section 300.1010 Medical Care Policies</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</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>	S9999		
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S9999	<p>Continued From page 3</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>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These Requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to recognize, assess and manage existing pain for one of five residents (R1) reviewed for pain in the sample of 24. This failure resulted in R1 experiencing pain and discomfort without interventions in a timely manner.</p> <p>Findings include:</p> <p>R1 is a 62 year old resident with diagnoses that includes but not limited to lower limb Amputation above the Knee, Neurogenic Bladder, dysphagia, Urinary Tract Infection Site, Spasm of Muscle. R1 has suprapubic catheter, nephrostomy tube and urostomy tube attached to separate drainage bags and pressure ulcer to coccyx area. On 3/9/10 at 9:50am, during initial tour with E2 DON (Director of Nurses) R1 was noted moaning and groaning in bed. R1 complained of generalized pain all over especially back, coccyx</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>area and inability to sleep all night. R1 stated in part that the nurses are aware of the complain of the pain pointing to E2 and nothing was done. When E2 was asked who the nurse in charge of care is for R1, E2 stated " Me. " E2 attributed R1 ' s pain to having a suprapubic catheter, nephrostomy tube and urostomy tube attached to separate drainage bags and pressure ulcer to coccyx area. E2 stated in part that morning medication has being administered to R1. When R1 was asked by the surveyor to rate R1 ' s pain on a scale of 1 to 10 , R1 stated " 10. "</p> <p>On 3/9/15 at 2:45pm, E8 and E9 CNA (Certified Nurse ' s Aide) were observed assisting R1 with patient care. R1 noted moaning, groaning and tearing up stating " I ' m hurting and they are not giving me my medicine. " R1 appeared to be uncomfortable during the position change. E9 stated in part that R1 is always in pain and it has become worse since (R1) came back from the hospital over this week-end.</p> <p>Review of R1 ' s EMAR (Electronic Medication Administration Record) and Medication Review Report with order date of 3/6/15 indicated that R1 has an existing order for pain management " Norco Tablet 10-325mg (Milligram) Give 1 (one) tablet via G-tube (Gastrostomy Tube) every 6 hours as needed for pain management, FentaNyl patch 72hour, apply I patch transdermally every 72 hours for pain management and remove as schedule and Acetaminophen tablet 325mg give 2 tablet via G-tube every 6 hours as needed for pain management. "</p> <p>On 3/9/10 at 3:10pm, Z3 (physician) who was present at the nurse ' s station stated in part that R1 due to co-morbidities R1 will always have a severe pain but (R1) has several PRN (as needed) medication for pain that can be administered " (R1) ' s pain is being managed with Norco (Pain medication), Fentanyl patch,</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Tylenol (acetaminophen) and Methocarbamol for muscle spasm. "</p> <p>At this time E6 was asked if any PRN pain medication has been administered to R1 during this shift to control R1 ' s pain. E6 stated in part that she got to work at 11:45pm taking over from E2 and she has not been informed that R1 was in part and besides R1 should have a pain patch already on R1. E6 acknowledged that she has not assessed R1 since 11:45am.</p> <p>At 3:15pm E6 performed a full body check on R1 in the surveyors ' presence, after the body check E6 stated the fentaNyl patch is not on the R1. E6 then went into the medication room came out and stated I guess " the FentaNyl patch has not been delivered by the pharmacy. "</p> <p>Z3 (Physician) was still at the nurses ' station stated " The pharmacy must not have delivered the medication because they need the hard script copy and I ' m here now and will sign one. " Z3 further acknowledged that none of the licensed facility staff has contacted him to make him aware of R1 ' s complaint of pain and that the patch was not available.</p> <p>On 3/9/15, upon review of R1 ' s Electronic medical record - EMAR documentation, there was no record of R1 ' s pain being managed. R1 has an order for Norco10-325mg 1 tab every 6hours recorded on 3/6/15 at 19:40 (7:30pm), no indication of administration.</p> <p>On 3/9/15 at 3:30pm, E2 and E6 could not provide any documentation that any of this medication was administered to R1.</p> <p>On 3/10/15 at 9:15am, R1 was noted going out for consultation appointment for nephrostomy tube repair, and E7 (Nurse) stated in part that R1 was scheduled for this appointment previously.</p> <p>At 3:30pm E7 stated " (R1) was admitted with diagnosis of Urinary Tract Infection.</p> <p>On 3/11/15 at 8:45am, E2 cannot explain the</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>reason why on 3/9/15 no pain management was rendered for R1 and could provide pain assessment documentation. E2 acknowledged that the number 9 on the EMAR is an indication that the medication is not available and R1's EMAR indicated that this medication was not available on 3/6/15; 3/7/15 and on 3/8/15 nothing was documented. No evidence of Norco administered for R1 ' s pain.</p> <p>R1 ' s MDS (Minimum Data Set) assessment of 1/14/15 assesses R1 to have BIMS (Brief Interview for Mental Status) score of 15 which indicates that R1 is able to express himself and is cognitively intact.</p> <p>R1 ' s care plan with a target date of 4/8/15 page 14 of 36 indicated under goals that " (R1) will verbalize pain level within tolerable limits with use of medication; R1 will alert staff of need for PRN analgesic to maintain comfort. " And under the intervention/Tasks for focus on alteration of comfort to " Administer pain strategies according to Mar/Tar (Treatments administration record) medicate resident as ordered plan and observe resident for effectiveness of pain relief. This plan of care was not followed.</p>	S9999		