

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

PRINTED: 08/15/2006
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145549	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 12/06/2005
NAME OF PROVIDER OR SUPPLIER BELHAVEN NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11401 SOUTH OAKLEY AVENUE CHICAGO, IL 60643		
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F 324	Continued From page 5 put him in the hospital for further evaluation well before R2 injured R1. The Immediate Jeopardy situation was identified on 12-6-05 at 10:00AM. The Immediate Jeopardy was determined to have began on 11-27-05 at 5:15AM when the facility failed to adequately supervise to prevent one resident, (R 2), from injuring R1. E3,(Administrator) was notified of the Immediate Jeopardy on 12-6-05 at 10:00AM. While the Immediate Jeopardy was removed on 12-6-05, the facility remains out of compliance at a severity level 2. The facility took the following actions to removed the Immediate Jeopardy 1. Removed R2 from the facility on the day of the incident,11-27-05. 2. Identified at risk residents in the facility with aggressive behavioral concerns. 3. Nursing In-service held on change in residents behavior- Interventions, assessments and follow-up and documentation. 4. Nursing In-Service held on Proper notification to Nursing Supervisor and nursing Administration for unusual occurrence/behavior with possible harm to residents and or staff. 5. Psychosocial/behavior interventions identified. 6. Up dating of care plans for behavioral concerns for residents at risk.	F 324			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1010h) 300.1210a) 300.1210b)3)	F9999			

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F9999	<p>Continued From page 6</p> <p>300.1210b)6) 300.1220b)2) 300.1220b)3) 300.1220b)7) 300.3240a) 300.3240f)</p> <p>Section 300.1010 Medical Care Policies</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) The facility must 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 assessment and plan of care. 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. Restorative measures shall include at a minimum the following procedures:</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on</p>	F9999			

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F9999	Continued From page 7 a 24-hour, seven day a week basis: 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. 6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents. Section 300.1220 Supervision of Nursing Services b) The DON shall supervise and oversee the nursing services of the facility, including: 2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy. 3) Developing an up-to-date resident care plan for each resident based on the resident's comprehensive assessment, individual needs and goals to be accomplished, physician's orders, and personal care and nursing needs. Personnel, representing other services such as	F9999			

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F9999	<p>Continued From page 8</p> <p>nursing, activities, dietary, and such other modalities as are ordered by the physician, shall be involved in the preparation of the resident care plan. The plan shall be in writing and shall be reviewed and modified in keeping with the care needed as indicated by the resident's condition. The plan shall be reviewed at least every three months.</p> <p>7) Coordinating the care and services provided to residents in the nursing facility.</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. (Section 2-107 of the Act)</p> <p>f) Resident as perpetrator of abuse. When an investigation of a report of suspected abuse of a resident indicates, based upon credible evidence, that another resident of the long-term care facility is the perpetrator of the abuse, that resident's condition shall be immediately evaluated to determine the most suitable therapy and placement for the resident, considering the safety of that resident as well as the safety of other residents and employees of the facility. (Section 3-612 of the Act)</p> <p>Based on observations, record reviews and interviews, the facility failed to implement/monitor and provide supervision for one resident (R2) who displayed aggressive and harmful behavior toward staff and other residents in the facility over a two-week period. R2's acting out behavior was displayed by throwing objects, physical abuse, responding to negative internal stimuli,</p>	F9999			

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F9999	<p>Continued From page 9</p> <p>and causing injury to R1 (a hospice resident) by repeated hits to the face resulting in a fractured his left jaw bone, a fracture of the sinus cavity, a fracture of his nose, and trauma to both eyes thereby impairing his vision in both eyes.</p> <p>Findings Include:</p> <p>Observations made on 11-30-05 at 2:00PM. The surveyor observed R1 sitting in a recliner chair across from the nurse's station. R1's eyes were closed and swollen around both eyes. R1's left jaw was swollen. R1 was unable to speak, eat or respond in any way.</p> <p>Review of the facility's incident records dated 11-27-05, indicates the following: charge nurse and staff called to resident's room. Charge nurses observed resident in bed with facial bleeding to nose, right cheek and right eye. Resident sustained facial contusions and a nose bleed from his roommate (R2). The roommate was removed from the room by 3 other staff members .</p> <p>A hand written letter by E9, nurse's aide, dated 11-27-05 states E9 found R2 hitting R1 in the face at 5:15AM and immediately began to pull R2 from R1. R2 became more combative and E9 yelled for more assistance.....</p> <p>Review of R1's clinical records shows R1 is an 86 year old male admitted to the facility on 10-27-05. R1 has a diagnosis which includes Alzheimer's, dementia, prostate cancer and a gastrointestinal bleed. Further review of R1's clinical records also shows R1 was admitted to hospice care because of prostate cancer. R1</p>	F9999			

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F9999	<p>Continued From page 10</p> <p>also has physician's orders to "do not resuscitate ."</p> <p>Review of R1's care plan states R1 needs 1 to 2 assist with all activities of daily living. R1 needs staff intervention for everything and is totally dependant.</p> <p>Phone interview with Z1,attending physician, on 11-30-05, Z1 told surveyor R1 "could not harm anyone," and was not known to be a behavior problem or aggressor. R1 is total care and is on hospice because of cancer of the prostate. R1 has no strength to hurt anyone, R1 is "on his dying bed." Z1 told surveyor when he was notified by the facility shortly after the incident, and he gave orders to immediately transfer R1 to the hospital for further evaluation.</p> <p>Phone interview with E4, staff nurse, on 11-30-05 , E4 told surveyor R1 is unable to defend himself from anyone because of his weakness/ illness. E 4 told surveyor R1 just laid in the bed and took the beating in the face, unable to defend himself.. R1 is unable to yell out for help because he does not verbally communicate.</p> <p>Interview with E5, staff nurse, on 11-30-05, E5 told surveyor from her knowledge R1 just laid in the bed and took the hits in the face because of his illness and could not yell out for help or defend himself.</p> <p>Review of R2's incident report dated 11-27-05 states the following: charge nurse and staff called to resident's room, charge nurse observed resident's roommate in bed # one with facial bleeding. Nurse's aide states, "I left the room for</p>	F9999			

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F9999	<p>Continued From page 11</p> <p>a minute to find a shirt for the resident and returned to the room and observed the resident,(R2), hitting his roommate,(R1), in the face." Resident was removed from the room by 3 other staff members.</p> <p>Review of R2's clinical records shows R2 is an 80 year old male re-admitted to the facility on 10-17-05 from an acute care hospital. R2 has the diagnosis which includes schizophrenia, pacemaker, glaucoma and seizure disorder. R2 is currently taking antipsychotic medications for the treatment of his schizophrenia.</p> <p>Further review of R2's records shows R2 had other prior incidents in the facility. On 11-26-05 R2 had become combative with a nurse. R2 began grabbing at her private part and then they both slid to the floor. R2 was removed from the room with the help of 3 other staff members.</p> <p>Nursing notes dated 11-15-05 shows that R2 became combative, yelling and would not let the nursing staff change the linen on the bed. R2 began to use vulgar language, kick and throw linen at the nurses. R1 hit a nurse's aide in the face, and then started to shake the side rails of the bed.</p> <p>Nursing notes dated 11-20-05 showed R2 acting out with the nurse's aide, repeating whatever the aides tells him to do. According to the nurses notes dated the same day, R2 was talking to himself and moving his fingers around while eating at the diner table.</p> <p>Nursing notes dated 11-21-05 note R2 was</p>	F9999			

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F9999	<p>Continued From page 12</p> <p>talking to self in a whisper.</p> <p>Nursing notes dated 11-26-05 note R2 was swinging arms and making noise with his nose as if he was an airplane. Refusing morning medications and became combative with nursing staff the same day.</p> <p>Interview with E5, staff nurse, on 11-30-05, E5 told surveyor she did not tell Z2, attending physician, nor did she tell Z4, psychiatric physician, about R2's aggressive behavior and changes in condition.</p> <p>Phone interview with E4, on 11-30-05, E4 also told surveyor she did not notify any of R2's physicians, Z2, Z4 or the nurse practitioner of R2's acting out behaviors.</p> <p>Phone interview with E6, social worker, on 12-1-05, E6 told surveyor there were no behavior modification interventions for R2 because she was not aware that R2 had been displaying negative, aggressive behaviors. No one from the nursing department told the social service department about R2's negative behavior. E6 further went on to tell surveyor this is why there were no social service notes.</p> <p>Phone interview with Z2 on 11-30-05, Z2 told surveyor R2 had internal negative stimuli and was probably acting them out on R1. Z2 told surveyor he saw R2 at the hospital the same day of the incident and R2 was responding to internal stimuli. Z2 further went on to tell surveyor that no one at the facility told him about R2's prior aggressive behavior until he attacked R1.</p>	F9999			

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F9999	Continued From page 13 Interview with Z4, on 11-30-05, Z4 told surveyor R2 did not have the correct amount of medication to handle his negative behavior. Z4 also told surveyor he does not know why the nurses did not notify him of R2's prior negative behaviors because he would of at the very least put him in the hospital for further evaluation well before R2 injured R1. (A)	F9999			