STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G365	A. BUILDING ______ B. WING ______	C 03/29/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN VILLAGE NORTH	7464 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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
W 331	Continued From page 4 In an interview on 3-21-07 at 1:17PM, DON E2 said that the CNA, E5, who should have weighed R3 upon his return from the hospital in February simply took his weight from the hospital forms instead. E2 said they don't know when that weight was taken, (the 110 pound entry). E2 said that E5 received a counseling for failure to weigh R3 upon return from the hospital per facility policy. E2 also noted that Registered Nurse E4 received a counseling for a medication error, for failure to follow exact g-tube feeding rate. In an interview on 3-22-07 at 1:23PM Administrator E1 stated that she doubted that R3 actually weighed the 110 pounds upon return from the hospital in February, although she acknowledged that she had no other documentation that would support this contention. As for where the "116 pound" entry had come from, E1 stated that upon review she felt it originated when the 110 pound entry was written wtih a slash thrrough the zero. E1 further stated that they had a procedure in place for reviewing transcriptions but nursing had failed to implement it.	W 331		
W9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 350.1230b) 350.1230b)3) 350.1230b)5) 350.1230b)7) 350.1230c) 350.1230d)1) 350.1230e) 350.1230f) 350.3240a)	W9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G365	A. BUILDING ______ B. WING ______	C 03/29/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN VILLAGE NORTH	7464 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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
W9999	Continued From page 5	W9999		

Section 350.1230 Nursing Services
b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following:
The DON shall participate in:
3) Periodic reevaluation of the type, extent, and quality of services and programming.
5) Training in habits in personal hygiene and activities of daily living.
7) Modification of the resident care plan, in terms of the resident's daily needs, as needed.
c) A registered nurse shall participate, as appropriate, in planning and implementing the training of facility personnel.
d) Direct care personnel shall be trained in, but are not limited to, the following:
1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical, nursing or psychosocial intervention.
e) Sufficient, appropriately qualified nursing staff shall be available, which may include licensed practical nurses and other supporting personnel, to carry out the various nursing service activities.
f) The individual responsible for providing nursing services shall have knowledge and experience in the field of developmental disabilities.

Section 350.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These Requirements were not met as evidenced by the following:

Based on observations, record review and interviews the facility failed to provide nursing care in accordance with R3's needs when they

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G365	A. BUILDING ______ B. WING ______	C 03/29/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN VILLAGE NORTH	**7464 NORTH SHERIDAN ROAD CHICAGO, IL 60626**

(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
W9999	Continued From page 6	W9999		

failed to:

1. Maintain R3's weight by ensuring he received g-tube feedings as ordered.

2. Ensure a system for transcibing physician's orders was implemented correctly.

3. Ensure a chart audit designed to catch errors was completed within 72 hours as per their procedure.

4. Ensure that the facility policy to weigh a client upon admission was followed.

5. Ensure nursing monitored R3's weight upon admission.

6. Ensure nursing transcribed physician's orders properly resulting in R3 experiencing a 28.5 pound weight loss.

Fiindings inclulde:

Upon review of the facility's Client General Information sheet R3 is a 34 year old male. Upon review of the Physician's Orders Sheets (POS), R3's diagnoses include; Cerebral Palsy, Chronic Respiratory Failure, Tracheostomy, PEG Tube, Emphysema, Genital Swelling, Hypokalemia, Hypernatremia, GERD, Impulse Control Disorder, Pseudomonas Sputum and Anemia.

R3's Care Plan dated 2-7-07 describes R3 as requiring positioning while in bed or wheelchair. R3 moves around in his bed and has a history of pulling out his PEG tube and his trach. Upon review of hospital records R3 is described as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G365	A. BUILDING ________ B. WING ________	C 03/29/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN VILLAGE NORTH	7464 NORTH SHERIDAN ROAD CHICAGO, IL 60626

(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
W9999	Continued From page 7	W9999		

Continued From page 7

nonverbal.

Per interview on 3-21-07 at 1:17PM the Director of Nurses (DON), E2, said that the facility's policy was to do monthly weights on R3. Upon review of POS dated from 3-16-07 through 4-15-07, it shows that R3 is now to be weighed weekly.

When R3's file was reviewed, hospital records dated 2-2-07 note that R3 was hospitalized off and on from September 2006 until his return to the facility on 2-2-07 with diagnosed septicemia, pneumonia and urinary tract infection.

Hospital discharge record of 2-2-07 shows that R3's weight at the time of discharge was 110 pounds and he was to receive his gastric feeding at 65cc per hour.

A Dietary Assessment dated 2-8-07 completed by Registered Dietician, E3, notes that R3's "Visceral protein stores are severely depleted." Weight on the report is listed as 116 pounds. There is no evidence that R3's weight monitoring was adjusted following E3's note and recommendation for protein supplements.

In an interview on 3-22-07 at 10:39AM, E3 stated that he went by R3's weight as documented in his chart. E3 said that R3's Ideal Body Weight would be about 103 pounds at the upper limit because he is on a vent so it would be ten percent less than someone else his height, (which would be 115 pounds). E3 also noted that the nurses keep him informed of any problems and he has been in contact with the DON since 3-14-07.

According to the Annual Physical Exam dated 2-23-07, R3's weight is also listed as 116

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G365	A. BUILDING ______ B. WING ______	C 03/29/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN VILLAGE NORTH	**7464 NORTH SHERIDAN ROAD** **CHICAGO, IL 60626**

(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
W9999	Continued From page 8 pounds. On 3-14-07, documentation shows that a pharmacy review was completed. The Medication Error Tracking form notes a transcription error. It states that R3 was supposed to be receiving 65 cc per hour of feeding but that nursing transcribed the order at 45 cc per hour. It also notes that R3 had incurred a 28.5 pound weight loss and recommended "initiate 72 hour chart review." In a review of the facility's Report of Incident to IDPH form dated 3-14-07, the DON noted that a transcription error had occurred. The DON wrote that "upon chart audit, found resident (with) discharge order from the hospital of g-tube feeding rate (at) 65cc/hr. Physician order sheet was transcribed (at) 45cc/hr upon admission. Resident had weight loss." Upon review of the Comprehensive Care Plan for R3 dated 3-14-07 alteration in nutrition will be monitored due to R3's weight is below ideal body weight. R3's weight will be monitored weekly and physician and dietitian will be notified for changes or decreases. When observed on 3-21-07 at 2:46PM, R3 was in his bed with his hands under the pads on the railings. R3's hospital-type gown was around his upper torso exposing his lower body. R3 had a trach and a PEG tube. R3 was a thin man, but with his legs exposed his knees and legs looked very thin. In an interview on 3-21-07 at 1:17PM, DON E2 said that the CNA, E5, who should have weighed R3 upon his return from the hospital in February	W9999		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	14G365	A. BUILDING ______ B. WING ______	C **03/29/2007**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALDEN VILLAGE NORTH	**7464 NORTH SHERIDAN ROAD CHICAGO, IL 60626**

(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
W9999	Continued From page 9 simply took his weight from the hospital forms instead. E2 said they don't know when that weight was taken, (the 110 pound entry). E2 said that E5 received a counseling for failure to weigh R3 upon return from the hospital per facility policy. E2 also noted that Registered Nurse E4 received a counseling for a medication error, for failure to follow exact g-tube feeding rate. In an interview on 3-22-07 at 1:23PM Administrator E1 stated that she doubted that R3 actually weighed the 110 pounds upon return from the hospital in February, although she acknowledged that she had no other documentation that would support this contention. As for where the "116 pound" entry had come from, E1 stated that upon review she felt it originated when the 110 pound entry was written wtih a slash thrrough the zero. E1 further stated that they had a procedure in place for reviewing transcriptions but nursing had failed to implement it. (A)	W9999		