

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

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2008
NAME OF PROVIDER OR SUPPLIER GLENSHIRE NURSING & REHAB CTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(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	
F 490	Continued From page 27 showed that R5's physician was Z3 from original admission (4/19/08) through hospital discharge (5/8/08). The POS showed documentation that the facility obtained multiple orders for R5 including admission orders for medications, pressure ulcer treatments, including an order to send R5 to the hospital for evaluation due to lethargy and change of mental status. During interviews held on 6/26/08 at approximately 11:30 AM, E1 (administrator) stated that R5's physician was Z3 from original admission (4/19/08) through 5/8/08. During interviews held on 6/26/08 at approximately 1:55 PM, Z3 stated that R5 was not her resident and that he have not given orders for R5's medications and treatment orders, nor did he gave any orders to discharge R5 to the hospital on 5/8/08. The facility does not have a designated attending physician/primary physician involved in R5's medical care, assessment and care planning.	F 490			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1010c)e)h) 300.1210a) 300.1210b)3) 300.1220b)7) 300.1230a) 300.3240a) Section 300.1010 Medical Care Policies c) Every resident shall be under the care of a physician.	F9999			

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

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2008
NAME OF PROVIDER OR SUPPLIER GLENSHIRE NURSING & REHAB CTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(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	
F9999	<p>Continued From page 28</p> <p>e) All resident shall be seen by their physician as often as necessary to assure adequate health care. (Medicare/Medicaid requires certification visits.)</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.</p> <p>b) 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>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 300.1220 Supervision of Nursing</p>	F9999			

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

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2008
NAME OF PROVIDER OR SUPPLIER GLENSHIRE NURSING & REHAB CTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(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	
F9999	<p>Continued From page 29</p> <p>Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>7) Coordinating the care and services provided to residents in the nursing facility.</p> <p>Section 300.1230 Staffing</p> <p>a) Staffing shall be based on the needs of the residents, and shall be determined by figuring the number of hours of nursing time each resident needs on each shift of the day. This determination shall be made separately for both licensed and nonlicensed nursing personnel.</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 were not met as evidenced by:</p> <p>Based on closed record review and staff interview, the facility failed to provide the necessary care and medical services that resulted in a resident's B/P (blood pressure) going high (215/126) without medical attention for five hours. This failure to seek timely medical intervention for this potentially critical condition for 1 of 1 sampled resident (R4) placed the resident at serious risk. R4 suffered a Full Cardiac Arrest and died five days later after being removed from life support.</p> <p>Findings include :</p> <p>R4 is a 54 year old male who was recently involved in a motor vehicle accident April 3, 2008 resulting in multiple fractures with multiple spine</p>	F9999			

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

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2008
NAME OF PROVIDER OR SUPPLIER GLENSHIRE NURSING & REHAB CTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(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	
F9999	<p>Continued From page 30</p> <p>surgeries, and placement of IVC filter to prevent deep venous thrombosis because of his immobility. After stabilization according to hospital records, R4 was discharged to the facility for continued long term care on 4/28/08.</p> <p>R4 was admitted to the facility Ventilator Unit with diagnosis as follows: S/P MVA, L (Left) Mandibular FX (fracture), C2 FX, and Multiple Rib Fx. R4's admission weight was 204. R4 had the following B/P medications on admission: Lisinopril 20 mg OD (daily) per GT (gastrostomy tube). Metoprolol 200 mg BID (2 times a day) per GT.</p> <p>Nurses notes On 5/2/08 read:</p> <p>"7:15 AM Received in bed alert in no apparent distress. HOB (head of bed up) to facilitate G-tube (gastrostomy) feeding. G-tube intact patent with (+) bowel sound and breathing on a trach (tracheostomy) via vent no respiratory distress noted will continue to monitor.</p> <p>Above assessments indicates that R4 was stable clinically.</p> <p>9:30 AM Daily vitals assessed @ this time 192/106.</p> <p>9:45 AM Z2 on page.</p> <p>10:00 AM Z2 returned call with orders noted and carried.</p> <p>11:30 AM Vital sgnns assesed B/P 164/92 will continue to monitor.</p> <p>1:30 PM 99.2 96 24 184/88.</p>	F9999			

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

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2008
NAME OF PROVIDER OR SUPPLIER GLENSHIRE NURSING & REHAB CTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RIGHTON PARK, IL 60471		
(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	
F9999	Continued From page 31 4: 00 PM 99.4 100 22 215/126. 4:30 PM Z2 on page. 5:00 PM Vital signs assessed 98.8 96 22 176/. On this charting no diastolic reading of B/P 5:30 PM DON (Director of Nursing) made aware. Vital signs Q 15 min B/P 174/84 98.2 88 20. 5:45 PM 179/108 98.6 88 22. 6:00 PM 169/100 98.8 86 22. 6:15 PM 170/88 98.8 84 20. 6:30 PM 166/92 98.6 80 22. 7:30 PM 162/90 98.8 80 22. 8:15 PM 170/80 98.4 82 20. 9:00 PM Resident noted @ this time leaning to side of bed, legs over side with fixed stare not responsive to touch, assessed pulse. 9:03 PM non-noted, assesses respirations non-noted CPR initiated, code called. 9:05 PM 911 called. 9:15 PM 911 here continued CPR (Cardio Pulmonary Resuscitation). 9:45 PM 911 out to hospital.	F9999			

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

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2008
NAME OF PROVIDER OR SUPPLIER GLENSHIRE NURSING & REHAB CTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(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	
F9999	<p>Continued From page 32</p> <p>10:00 PM Family (spouse) notified Z1.</p> <p>9:50 PM (late entry) Z2 paged.</p> <p>10:40 PM Z2 made aware ADM (admission) DX (diagnosis) CARDIAC ARREST."</p> <p>Hospital records review (ER- Emergency Room, Consultations - Cardiologist, Respiratory, Infection and Renal) indicated as follows:</p> <p>"Apparently while in the nursing home he (R4) was noted to be unresponsive and in full arrest. Paramedics was called in, and upon arrival by the paramedics the patient was found to be in full arrest for approximately 10 minutes. Cardiopulmonary resuscitation and the code was continued which lasted for 16 minutes in the ER. Downtime in the nursing home was not exactly known / unclear. The patient has suffered a significant anoxic brain damage."</p> <p>These records also indicated as diagnosis in the ER that R4 had severe anoxic encephalopathy, sepsis and renal failure. R4 was admitted to the Intensive Care Unit for hemodynamic monitoring with very poor prognosis. R4 was pronounced dead on 5/7/08 at 7:59 PM after disconnection from the respirator.</p> <p>Clinical record review (R4) and staff interviews (E2 to E8 LPN- License Practical Nurse, RT (Respiratory Therapist) and CNA - Certified nurses Assistant) revealed the following :</p> <p>R4 started with hypetrtensive crisis at 9:30AM with B/P of 192/106. Approximately six and a half</p>	F9999			

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

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2008
NAME OF PROVIDER OR SUPPLIER GLENSHIRE NURSING & REHAB CTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(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	
F9999	<p>Continued From page 33</p> <p>hours after this initial critical B/P, the B/P reading according to nurses notes was up to 215/126 (4:00 PM). R4's admission B/P was 137/85 on 4/28/08 and 128/77 on 4/29/08. R4 was found unresponsive by CNA (Certified Nurses Assistant) during her routine rounds at 9:00PM.</p> <p>Interview of E5 (nurse) on 6/20/08 stated that she worked double shifts on 5/1 and 5/2/08. When surveyor showed E5 nurses notes on 5/1/08 on R4, E5 responded : " I'm all over the place. I worked in all floors." E5 then told the surveyor that she wanted to send the patient (R4) out, but they are suppose to tell the DON who at the time told her to monitor and call the doctor. E5 further stated during this interview that a CNA had told her that the patient, "don't look right," and when she went to the room she found R4 as stated; "he was't breathing at all." E5 denied hearing vent alarms went off.</p> <p>E2 (Director of Nursing) was interviewed regarding E5's notes that on 5/2/08 at 5:30PM, E5 had made her aware of the hypertensive crisis of R4. E2 stated to surveyor that all she can recall is that E5 went down to her office. E2 during interview stated that CNA's initially will take the patients B/P, but when it is "untoward readings," the nurses are suppose to take the B/P.</p> <p>E6 (RT) had to be interviewed on 6/23/08 and 6/25/08, as she denied taking care of the patient (R4). On 6/25/08 E6 called surveyor and stated that after she reviewed the records she confirmed R4 was assigned to her on a 12 hour shift on 5/2/08. E6 during this interview told surveyor that a CNA had told her about 9:00 PM that she is needed in Rm 311 (R4's room). When she</p>	F9999			

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

PRINTED: 11/06/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145424	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/30/2008
NAME OF PROVIDER OR SUPPLIER GLENSHIRE NURSING & REHAB CTRE			STREET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(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	
F9999	<p>Continued From page 34</p> <p>arrived in the room, she found R4 unresponsive and disconnected from the vent. E6 also denied hearing the alarms.</p> <p>Interview of E8 (CNA) on 6/25/08 stated that she found R4 unresponsive about 9:00 PM during her regular rounds. The last time she saw the patient was between 7:30 and 8:00 PM. E8 during this interview stated to surveyor that E5 had instructed her to take R4's B/P every 15 minutes on 5/2/08.</p> <p>Interview of Z2 (Attending Physician of R4) on 6/25/08 stated that customarily with hypertensive crisis, the resident will be sent out to the hospital. Z2 during this interview stated that severe anoxic encephalopathy is a result of a long period of lack of oxygen to the brain.</p> <p>Interview of Z1 (family member) on 6/13/08 stated that she has brought up the following concerns to the facility staff:</p> <ol style="list-style-type: none"> 1. R4's call light was too short for him to use, and she was told to talk to maintenance. 2. R4 keeps on pointing over his torso and feeding tube and was told that "It's okay." <p>Z1 started crying during this interview, further stated that she can not be sure whether R4's concerns of pointing to his torso were significant, as she can not hardly understand him. She wonders what really happened, as the family was informed in the emergency room that R4 had a very distended abdomen and reddish, brownish discharge came out of suctioning him. Z1 continued crying stating that the facility gave no explanation of what happened during the emergency, and it was very hard for the family to move on not knowing how long things had initially taken.</p>	F9999			