| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 14E160 | A. BUILDING _____ B. WING _____ | 02/22/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| SACRED HEART HOME | 1550 SOUTH ALBANY CHICAGO, IL 60623 |

| (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 |
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| F 000 | INITIAL COMMENTS<br><br>Annual Licensure & Certification Survey<br><br>Complaint Investigations:<br>1080335 / IL45659 ==> F323<br>1080336 / IL45660 ==> No deficiency<br><br>Licensure Survey for Subpart S: SMI<br><br>An extended survey was conducted. | F 000 | | |
| F 167 SS=C | 483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE<br><br>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.<br><br>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, the facility failed to post the last survey results in a location accessible to residents. The last survey results were posted in the foyer of the building where residents cannot go.<br><br>Findings Include: | F 167 | | 3/30/10 |

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| F 167 | Continued From page 1<br>On 2/16/10 at approximately 5pm, a sign was observed on the wall that stated that residents could not go beyond the iron gate. The iron gate leads to the foyer and front door of the facility. A staff member was posted at the iron gate and was observed turning residents away. On the other side of the gate posted on the foyer wall were the last survey results. | F 167 | | |
| F 250 SS=D | 483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE<br><br>The facility must provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, interview, and record review, the facility failed to implement services to pursue discharge planning for 2 of 24 sampled residents (R4 and R5) who are requesting to leave the facility in order to live independently in the community.<br><br>Findings include:<br><br>1. On 02/18/2010 st 11:29am, the surveyor met with R5 in the facility's recreation/hobby room. According to R5 he has a desire to return back to the community.<br><br>R5 told the surveyor he was in a program that pays his rent. He told the surveyor that he attends the drug treatment program offered in the facility and also works in the facility's kitchen. He | F 250 | | 3/30/10 |

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| F 250 | Continued From page 2<br>expressed there is nothing else he is doing and could get into a drug treatment program outside the facility.<br><br>R5 was identified as an offender. The facility's background for R5 confirmed that R5 is an offender but not under any court's supervision.<br><br>R5 is a 43 year old resident who was admitted to the facility on 3/09/2009. According to R5's minimum data set assessments for 3/19 and 12/19/2009, both indicated R5 is independent with all activity of daily living.<br><br>R5's comprehensive care plan, with an initial date of 3/28/2009 and last dated 12/30/2009, indicated R5 was high functioning. There is no care plan intervention that address R5's potential for discharge and goal for achieving discharge status.<br><br>2. On 02/16/10 at 2:30pm, during the initial tour R4 approached surveyor to and states, "I want to get an apartment in (another city). I talked to E11 (PRSC / Psychosocial Rehab Services Coordinator) asking to leave the facility since coming here from the hospital."<br><br>R4 is a 50 year old with diagnosis including Schizoaffective-Unspecified and Substance Abuse.<br><br>After a review of R4's "PRSC Progress Notes" on 02/17/10, shows the last entry related to a discussion about discharge planning is dated 02/27/09. | F 250 | | |

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| F 250 | Continued From page 3<br>Surveyor then interviewed E11 on 02/17/10 at 11:23am about any documentation about R4's discharge planning. E11 states, "Yeah, I've been talking about it, but I haven't written anything."<br><br>A review of R4's Minimum Data Set (MDS) dated 10/12/09 and 01/12/10 in the area of discharge potential indicates the resident expresses a preference to return to the community, but there is no projected discharge time frame denoted.<br><br>R4's current care plan dated 04/10 and the previous one dated 07/09 and 10/09 was reviewed, and discharge planning is not inclusive.<br><br>Again on 02/18/10 at 11:25am, R4 states, "I came here on my own, and I want to go. The people here won't let me go."<br><br>During the daily status on 02/18/10 at 11:40am, E13 (PRSD / Psychosocial Rehab Services Director) presented a PRSC Progress Note dated 02/17/10 titled "Discharge Planing." | F 250 | | |
| F 253 SS=C | 483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES<br><br>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation and interview, the facility failed to provide adequate housekeeping and maintenance services for 2 of 2 residents floors to maintain a clean and orderly environment for all of the 140 residents in the facility. | F 253 | | 3/30/10 |

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| F 253 | Continued From page 4<br>Findings include:<br><br>On 2/17/2010 between 11am and 12:23pm the surveyor conducted an environmental tour of the facility, accompanied by E18 (Housekeeping Supervisor). The following was observed during this time:<br><br>-Bathroom located between rooms 301 and 302 had a urinal that had water running and low water pressure when you flush the unit. Also this bathroom had a toilet in the first stall with the inside bowel with damaged surface which made it appeared uncleaned.<br><br>-Bathroom located in the 3rd floor covenant area had a shower stall with a strong urine odor. The floor tiles around the sink area were dirty and had dried spillage.<br><br>-Bathroom located between rooms 320 and 321 had a bathtub with a slow drain.<br><br>-Bathroom located between rooms 311 and 312 had bathtub with peeling surfaces and a shower stall multiple dirty and cracked tiles. This expanded from the bottom to the top of the shower stall.<br><br>-3rd floor common south bathroom had a bathtub with a dripping faucet.<br><br>-2nd floor common south bathroom had a shower stall wall and floor tiles in need of cleaning. The gout between tiles needed cleaning.<br><br>-Bathroom between rooms 221 and 222 had a two toilet stalls with toilets with damage | F 253 | | |

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| F 253 | Continued From page 5<br>enamel. This made each of the toilet bowls appear uncleaned. Each wall in the bathroom had ceramic tiles, and the tiles had multiple dirty surfaces. At that point the surveyor asked E18, Who was responsible for cleaning the wall tiles? According to E18, the housekeeping staff on the floor is to clean the tiles.<br><br>-Bathroom between rooms 211 and 212 had a shower stall with all surfaces in need of cleaning. Also a bathtub with severely peeling surfaces. | F 253 | | |
| F 323 SS=L | 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES<br><br>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, review of closed records, and interviews, the facility failed to:<br><br>1.) Effectively implement and follow their policy and procedure regarding smoking, including monitor non-compliant residents on smoking restrictions for 1 resident (R23) of 24 in the sample.<br><br>2.) Monitor, supervise, and assess a resident's ability to handle matches and lighters.<br><br>3.) Install and maintain working smoke detectors | F 323 | | 3/30/10 |

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| F 323 | Continued From page 6<br>in all resident sleeping areas.<br><br>4.) Follow facility's smoking policy which indicates that all residents must smoke in the designated smoking areas at the designated smoking times.<br><br>This failure potentially effects every resident (144) in the building.<br><br>This failure resulted in an Immediately Jeopardy.<br><br>E1 (Administrator) was notified of the Immediately Jeopardy on 02/16/10 at 11:30 am.<br><br>The Immediate Jeopardy was determined to have begun 01/20/10. The Immediate Jeopardy was removed on 02/16/10 at 4:00 pm.<br><br>While the Immediate Jeopardy was removed on 02/16/10, the facility remained out of compliant at a level 2 severity in order to evaluate the changes they have made and implemented, including resident assessments and staff inservices/training that were provided to prevent any future occurrence of similar incidents of this nature.<br><br>Finding Include:<br><br>Surveyor observed with E8 (Maintenance) on 01/29/10 at 10:00 am that room 308 did not have smoke detector in the room.<br><br>R23 is a 59 year old male with diagnosis of Schizophrenia, Paranoid, and Agitation.<br><br>Review of R23's MDS (Minimum Data Set) date | F 323 | | |

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| F 323 | Continued From page 7<br>11/09/2009 denoted Section B: Cognitive Patterns (4). Cognitive Skills For Daily Decision-Making was score 1 (modified Independence - some difficulty in new situations only).<br><br>Review of Resident Abuse Screening Form dated 11/5/09 denoted resident had admitted to having sex obtain wants/need; has stated he was taken advantage of prior to negotiating items (cigarettes, money, pop, and candy).<br><br>Review of the Psychoactive Rehabilitation Service Coordinator (PRSC) Notes:<br><br>11/12/09 - Resident has been placed on smoking restriction due to smoking in an unauthorized area of the facility. Resident was caught smoking in his room twice. Resident has been advised on the smoking policy of the facility. Resident was informed of his smoking restrictions.<br><br>11/20/09 - Resident was observed outside yelling, cursing, and agitated about not receiving coupons / cigarettes from this writer (PRSC). Resident was yelling at staff saying "You're gonna make me commit suicide."<br><br>1/20/10 - As reported to PRSC before writer came on the scene was said resident was laying on the grounds in the community yard having a breakdown. Resident was escorted to the third floor nursing station for further observation. Resident continued to demand to smoke and be left alone. The physician was contacted for resident to be hospitalized for agitation. Resident asked to go to the room to calm down. Moments later it was discovered that the room was a blaze, | F 323 | | |

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| F 323 | Continued From page 8<br>and the hallways from his direction was filling up with smoke. As reported the resident was found laying on the floor and pulled to safety by security and nursing staff.<br><br>Review of the Nurses Notes dated 1/20/10 at 9:00 am denoted observed resident lying on ground in court yard on back. Assessed temperature 98.4, pulse 96, respiration 22, and blood pressure 128/82. Verbally encouraged to get from the ground, eyes open and staring but able to blink, escorted to unit per 3 staff (2 nurses) per wheelchair. Z1 notified. Will send to Z2 hospital for evaluation. Resident was told not to go down to smoke. Resident got up and laid on the floor again with his hand resting on his arm. While preparing transfer resident directed by another nurse to get off the floor and go to his room and rest until he was ready to go to hospital. Approximately 7 minutes later fire alarm went off and resident noted coming out of room. Resident taken to hospital via 911 call.<br><br>The incident / Incident Report dated 01/20/10 denoted fire alarm sounded. Smoke was coming out of 308. Resident seen coming out of his room. He laid on the floor and resisted staff attempts to move him out of the corridor. Resident having tantrums--laid out in on 3rd floor sobbing crying when the fire department tried to get him up. He finally got up and got into wheelchair and was escorted to 1st floor in wheelchair by fire department and stretcher to stretcher.<br><br>The Z1 report dated 01/20/10 stated, "The fire originated in room 308 and was result of an open flame igniting linen and bedding. The fire | F 323 | | |

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| F 323 | Continued From page 9<br>extended to the mattress and was contained to the area of origin by the building's sprinkler system.<br><br>The Z4 hospital report dated 01/20/10 stated," Prior to his admission, he was found in his smoke-filled room after he set his mattress on fire. He was evaluated in the emergency room for smoke inhalation. The emergency room exam worksheet also denoted suspected smoke inhalation X 1 degree."<br><br>E8 (Maintenance Department) on 01/29/10 at 10:20 am in conference room stated, "I heard the fire alarm went off. I went to fire panel. It showed 3rd floor. The 3rd floor was a lot of smoke. The sprinkler went off. It was a lot of smoke in the hall. There are no smoke detector in the rooms."<br><br>E2 (Assistance Administrator) on 01/29/10 at 10:30 am in conference room stated, "R23 was in court yard lying out on ground. Security got a wheelchair brought him upstairs. When he got upstairs, the nurse was telling him that he was going to be sent out to the hospital. R23 got up said I am going to smoke. He made it to the elevator lying on the the floor. Another nurse said don't lay there, go to bed. He got up to go to his room. Next thing I know room was on fire. We had to re-do the smoking policy."<br><br>Surveyor ask Can the residents have smoking items? E2 stated, "No, They could never carry smoking materials such as cigarettes, lighter, or matches."<br><br>E6 (Certified Nurse Aide / CNA) on 01/29/10 at 10:40 am in the conference room stated, "I had just walked on 3rd by the nurse station. I was | F 323 | | |

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| F 323 | Continued From page 10<br>doing rounds. I just finished at 9:00 am. As soon as I got to 3rd floor, the fire alarm went off. All the doors shut. As I look down hall on 3 north, I saw smoke coming out of the room. My nurse and co-worker ran to 308 where the smoke was coming from. I got on the intercom "Code Red" which means "fire". R23 was lying on the floor. He was semi-consciousness. Staff pushed him to the nurse station."<br><br>E7 (Nurse) on 1/29/10 at 10:50 am in conference room stated, "I was coming up the stairs. When I came upstairs, he was lying on the floor. I told him that he needed to get off the floor and go to your bed. He got up and started to walk towards the room. There was a CNA sitting at the nurse station and nurse behind the station. I told then that he was on the floor. Nurse told me that he had did that in the court yard. He (nurse) was getting paper ready for him go to the hospital."<br><br>The Smoking Policy dated 11/30/2008:<br><br>By the order of the Z5, it is the policy of facility that smoking is not allowed in the facility. The only designated area on the premises is in the courtyard at a 15 ft. distance from the facility entrance. All current residents of the facility have been oriented to this policy. All residents are also oriented to this policy upon admission.<br><br>All staff will intervene when they see residents smoking in non-designated areas. Residents who are repeat offenders will be referred to the social service department for counseling.<br><br>The facility is in the process of implementing several approaches to address smoking safety in | F 323 | | |

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| F 323 | Continued From page 11<br>the facility to remove the immediacy:<br><br>1.) Immediately on January 20, 2010, after the fire, all residents' cigarettes were confiscated. All residents and staff were in-serviced on a new policy that no residents are allowed to carry cigarettes. All cigarettes will be kept with the smoke monitor. Smoke monitor is available 24 hours a day.<br><br>2.) On-going education for staff, family members, and residents regarding the importance of adhering to the policy to ensure safety for everyone.<br><br>3.) One smoke monitor per shift per day. Facility has 5 shifts of security per day to enforce the smoking policy. The cigarettes are kept with the smoke monitor at all times. Smoke monitors are relieved by security staff when needed. New residents are informed upon admission of smoking policy. Random and periodic locker checks are done by CNA's and security.<br><br>4.) A notice is posted at the front entrance for all visitors regarding smoking policy.<br><br>5). All smoking material must be drop off at the front desk so that they will be given to the smoke monitor for distribution 24 hours a day.<br><br>6.) No residents are allowed smoking material or cigarettes at any time. | F 323 | | |
| F 325 SS=D | 483.25(i) MAINTAIN NUTRITION STATUS UNLESS UNAVOIDABLE<br><br>Based on a resident's comprehensive assessment, the facility must ensure that a resident - | F 325 | | 3/30/10 |

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| F 325 | Continued From page 12<br>(1) Maintains acceptable parameters of nutritional status, such as body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and<br>(2) Receives a therapeutic diet when there is a nutritional problem.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, and interview, the facility failed to ensure 2 of 24 residents (R2, R10) in the sample receive services to help maintain acceptable weight status by not:<br><br>1. Evaluating the reason or the cause for significant weight loss and undesirable weight gain (R2, R10).<br><br>2. Evaluating the effectiveness of care plan intervention (R2, R10).<br><br>3. Modifying interventions within a reason about of time (R2, R10).<br><br>The facility failure lead to continuous weight loss and weight gain for the residents and has the potential to effect any of the facility's 140 residents.<br><br>Findings include:<br><br>1. R10 is a 51 year old resident. R10 had weight record presented to the surveyor on various documentation sheets, and the following were recorded: | F 325 | | |

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| F 325 | Continued From page 13<br>September 2009 182.4 lbs.<br>October 2009 176.0 lbs.<br>November 2009 175.6 lbs.<br>December 2009 170.2 lbs.<br>January 2010 169.0 lbs.<br>February 2010 162.6 lbs.<br><br>On 2/17/2010 during the 9:30am, the surveyor asked staff to weigh R10. The surveyor observed R10's weight as 146 pounds after removing his outer wear and shoes.<br><br>R10's last MDS assessment dated 12/14/2009 indicated R10 had experienced a significant weight loss.<br><br>According to R10 physician's orders, R10 had a diet of general with health shakes (dietary supplement) twice daily since September 2009. This diet regimen is not considered a weight loss therapy diet.<br><br>R10's care plan with initial date of 9/2009 and last date of 12/2009 indicated a goal to maintain weight with IBWR (ideal body weight range) until next review. The range documented was 151-180 pounds (lbs.). This goal has the potential to not maintain acceptable weight changes.<br><br>The Nutritional assessment dated 12/02/2009 and 12/11/2009 documented R10's weight loss but stated the weight was within normal limit of ideal body weight (IBW). The weight goal was for the resident to maintain weight within IBW range. There was no evidence of any investigation of the cause of R10's weight loss.<br><br>On 2/18/2010 at 12pm, E19 (dietitian) informed the surveyor that she spoke with R10 last night | F 325 | | |

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| F 325 | Continued From page 14<br>and R10 agreed to taking Ensure (another diet supplement) during the medication pass. In addition, E19 reported to the surveyor that R10 had a behavior for being weighted with outer wear. There was discussion of this possibly being the reason for the different in R10's weight loss.<br><br>On 2/18/2010 at 12:15pm, E10 (restorative aide) reported she weighted R10. E10 asks R10 to take outer clothing off. He wore his gym shoes but is cooperative.<br><br>2. R2 is 32 year old resident. The following weights were documented on R2's monthly vital and weight sheet:<br>August 2009 261 lbs. (pounds)<br>September 2009 256.2 lbs.<br>October 2009 256.2 lbs.<br>November 2009 222.0 lbs.<br>December 2009 214.2 lbs.<br>January 2010 209.2 lbs.<br>February 2010 204.4 lbs.<br><br>R2's annual MDS (Minimum Data Set) dated 10/19/2009 and quarterly MDS dated 1/19/2010 assessments both indicated R2 had a significant weight loss. R2's comprehensive care plan initiated from the nutritional assessments conducted at each assessment does not address the reason for R2's significant weight loss but does acknowledged that R2 had a significant weight loss.<br><br>10/24/2008 until 10/2009 addresses a goal for weight loss 2-4 pounds for the quarter. There has been no changes in approaches to reach this goal. One approach was added to praise for | F 325 | | |

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| F 325 | Continued From page 15<br>dietary compliance.<br><br>On 2/18/2010 at 12pm, E19 told the surveyor R2 desired to lose weight. Also, she believed the R2 was worked up for the significant weight loss. He had labs taken and a test to rule out a bowel obstructions.<br><br>The surveyor asked E19 if R2 was experiencing any gastric intestinal symptoms to lead anyone to belive this was the cause of R2' weight loss. E19 did not answer the question. E19, reading the labs taken, reported the labs were normal.<br><br>E19 did not offer any other evidence that the labs routinely done for R2 with the other test were actually done to investigate any of R2's significant weight changes. | F 325 | | |
| F 406 SS=E | 483.45(a) PROVIDE/OBTAIN SPECIALIZED REHAB SERVICES<br><br>If specialized rehabilitative services such as, but not limited to, physical therapy, speech-language pathology, occupational therapy, and mental health rehabilitative services for mental illness and mental retardation, are required in the resident's comprehensive plan of care, the facility must provide the required services; or obtain the required services from an outside resource (in accordance with §483.75(h) of this part) from a provider of specialized rehabilitative services.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on observation, record review, and interview, the facility failed to provide rehabilitative service for mental illness residents for 9 of 24 sampled residents (R2, R5, R13, R14, | F 406 | | 3/30/10 |

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| F 406 | Continued From page 16<br>R15, R16, R18, R19, and R22) by not:<br><br>1. Providing each resident with preventive program to address negative behaviors (R15, R16, R22).<br><br>2. Providing an on-going structure program for each resident to help maximize each resident's potential for a possible rehabilitation (R2, R5, R14).<br><br>3. Providing preventive program to address a resident's inappropriate sexual behaviors (R18, R19, R22).<br><br>4. Providing assessed or recommended programs for each resident's identified problem (R13, R18, R19).<br><br>5. Correlating services between a day program's goal and facility's goal (R13, R14).<br><br>The facility's failures have the potential to effect all 140 residents who were identified with a severe mental illness.<br><br>Findings include:<br><br>1. R16 was admitted with a diagnosis including Schizophrenia: Paranoid Type. R16 was observed on 2/16/10 and 2/17/10 with loud outbursts; using profanity and speaking to self.<br><br>R16 requested money and cursed out surveyor when informed that money could not be given. Staff present and did not re-direct.<br><br>E10 (certified nurse aide) was interviewed, and | F 406 | | |

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| F 406 | Continued From page 17<br>stated,"R16 cusses you out; hits the glass on door; acts a mess; gets in your face; does everything since been here."<br><br>R16 is not in specialized rehabilitative programs to address the above behaviors.<br><br>After prompting, E3 (Director of Nursing) on 2/18/2010 stated," we sent R16 out to the hospital for a psych. evaluation today."<br><br>2. R15 was admitted to the facility on 12/12/05 with a diagnosis including Schizophrenia. R15 was observed on 2/16/10 removing sanitizer and placing it on eyes, mouth, ears, face, and eyebrows without staff re-direction. On 2/17/10; R15 grabbed the telephone on the third floor and attempted to dial the phone. E15 (charge nurse) stated that R15 dials 911 often."<br><br>R15 was not observed in groups and/or 1 to 1's to address the above behaviors.<br><br>3. On 2/16/2010 between 10am and 10:50am, the surveyor conducted a tour of the 3rd floor. The surveyor observed R2 in the bed sleeping at the time.<br><br>R2 has a diagnosis that included schizoaffective disorder and schizophrenia. R2 was listed on the facility's list of offenders. The scheduled psychosocial programing for R2 was a one-to-one session.<br><br>On 2/18/2010, the surveyor received the | F 406 | | |

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| F 406 | Continued From page 18<br>one-to-one schedule and noted R2 was to have to session with E12 (PRSC / case worker).<br><br>On 2/18/2010 at 2pm, E12 reported she was meeting with R2 to address ADL issue and R2's lack of attending group therapy. E12 explained that sometimes R2 does not interact with the caseworker, and it may take up to 4 attempts during the day until R2 would respond to E12.<br><br>The surveyor asked E12 if at any time if this behavior was referred to the psychiatrist or a psychologist. E12 did not answer the questions. The surveyor requested the written documentation of R2's one-to-one session for further review. E12 reported R2's sessions are done twice during the week for 30 minutes. R2 had scheduled program for one hour a week. The rest of the time there is no planned program.<br><br>The surveyor reviewed R2's last Minimum Data Set (MDS) assessment dated 1/19/2010 which indicated R2 receives group therapy treatment.<br><br>On 2/18/2010 during an afternoon meeting with the facility's administrative staff (including the administrator and director of social service / PRSD), requested evidence of R2 being in a group therapy. The facility did not provide any evidence of R2 receiving this service.<br><br>4. On 02/18/2010 at 11:29am, the surveyor met with R5 in the facility's recreation/hobby room. He told the surveyor that he attends the drug treatment program offered in the facility and also works in the facility's kitchen. He expressed there is nothing else he is doing and could get in a drug | F 406 | | |

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| F 406 | Continued From page 19<br>treatment program outside the facility.<br><br>R5 was identified as an offender and the facility's background for R5 confirmed that R5 is an offender but not under any court's supervision.<br><br>R5 is a 43 year who was admitted to the facility on 3/09/2009. R5 had an assessment for mental illness residents dated 3/13/2009 which indicated rehab recommendation of a MISA (mental ill substance abuse) program and hygiene group twice weekly.<br><br>According to the scheduled psychosocial groups and day programs for the facility, R5 was scheduled for the MISA and in-house work program.<br><br>On 2/16/2010 at 4:30pm, the administrator and the activity director were questioned about the work program for residents. According to the administrator, the work program is not a work program but an activity program.<br><br>On 2/18/2010 at 11am, the activity director reported to the surveyor that the work program was assigned to R5 because he wanted to do it. The goal for him is to sweep the floor and straighten up the chairs in the dinning room. This activity did not address any identified rehabilitated problem for R5.<br><br>R5's MDS assessment dated 3/19 and 12/19/2009 indicated R5 was receiving programs for training in skills required to return to the community and a special behavior symptom evaluation program. However, there were no documents to support that R5 had these services during that period. | F 406 | | |

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| F 406 | Continued From page 20<br><br>R5's comprehensive care plan with an initial date of 5/14/2009 and 12/2009 indicated R5 exhibits anxious behavior and resident will demonstrate 1 coping skill related to anxiety twice weekly with his PRSC (case worker). The interventions included but not limited to resident attending a coping skills group twice a week. According to the psychosocial group schedule, R5 is not listed for a coping skill group.<br><br>5. R14 is a 29 year resident with a diagnosis of bipolar disorder and a history of substance abuse.<br><br>On 2/17/2010 at 3:39pm E11 (case worker / PRSC) informed the surveyor that R14 is scheduled and attends the MISA group and goes to the day program on Wednesday and Thursday. E11 stated he comes to the MISA program periodically. He has a short attention span and sometime hard to re-direct. E11 told the surveyor R14's privileges were cancelled because he reported using drugs during a home visit.<br><br>The surveyor reviewed R14's current care plan and did not find any correlation of services with the program to assistant with R14's drug related problems.<br><br>6. R18 a 43 year old resident has diagnoses of bipolar disorder and schizo-paranoid type. The facility's offenders' list identified R18 has a sex offender. | F 406 | | |

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| F 406 | Continued From page 21<br><br>R18's nurse's notes dated 2/02/2010 at 9am stated, Resident has been lately sexually inappropriate with females (female staff). PRN (as needed) given Haldol IM (intramuscular).<br><br>R18's care plan last dated 1/2010 for this inappropriate behavior: the resident is have 1: 1 intervention with the PRSC. However, according R18's scheduled psychosocial program, R18 is not scheduled for one-to-one sessions with the PRSC.<br><br>After the incident on 2/02/2010 R18's care plan problem with poor impulse control behavior that is demonstrated by being sexually inappropriate with females had no changes or modification.<br><br>7. R19 has a diagnoses of major depression, alcohol abuse with psychotic feature. The facility's offenders' list identified R19 as a sex offender.<br><br>R19's assessment summary for MI residents dated 12/11/2009 had a recommendation for MISA and day program.<br><br>On 2/17/2010 at 3:08am, R19 was downstairs in the court yard and walking around. According to R19's list program, R19 is scheduled for the MISA program that meets three times out of a week for a one hour per session.<br><br>R19's comprehensive care plan last dated 12/14/2009 indicated R19 is to attend a coping skill group. The facility had no documentation nor offered evidence of R19 being in any other | F 406 | | |

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| F 406 | Continued From page 22<br>program except the MISA program.<br><br>8. R13 is a 33 year old with schizo-affective disorder. On 2/16/2010 between 10:00am and 10:50am, the surveyor observed R13 sleeping in bed.<br><br>According the comprehensive care plan last date of 1/2010, R13 is attending a day program. However, there is no correlation of the day program with any facility plan program or goals.<br><br>The goal and intervention concerning the program was documented as follows:<br><br>Goal: Resident will attend day program regularly thru next review.<br><br>Approaches/ Interventions: Inform resident of his goal, Make resident aware of job description and meet with PRSC to discuss feelings about diagnosis, non-compliance and attend coping skills group.<br><br>-Next, R13 was identified with a problem with spending the majority of his time to himself. Interventions included but not limited to: Resident will meet with PRSC twice weekly for 1 to 1 and attend social skills group twice a week.<br><br>-Also, R13 was identified with a problem with refusing hygiene care needs and had a planned intervention of attending a ADL (hygiene) group 2 times weekly.<br><br>R13's assessment summary for MI residents | F 406 | | |

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| F 406 | Continued From page 23<br>dated 7/06/2009 had the recommendation of a social skills group, coping skill group, anger management group, and MISA group.<br><br>According to the scheduled one-to-one list for the PRSC, R13 is not among the listed residents. The facility's listed for skill/psychosocial groups indicated R13 is not scheduled for a coping skill, anger management group, or MISA group.<br><br>On 2/17/2010 the surveyor reviewed and obtained an attendance of both MISA groups from E11(case manager / MISA group instructor). R13 was not listed nor had a signature of attending the group on 2/17/2010.<br><br>9. R22 is a 58 year old resident identified by the facility as a sexual offender. At the time of the surveyor R22 was not present in the facility and a closed record review was conducted.<br><br>R22's PRSC progress notes dated 2/12/2010 stated, "Resident was sexually inappropriate in the form of exposing his genitals to an employee in the bathroom. Resident was given a PRN (medication) and monitored for further incident. Resident was sent to ...hospital for psychiatric evaluation."<br><br>R22's PRSC progress noted dated 8/10/2009 stated, "It was reported that resident became hostile with housekeeping staff when she was trying to make his bed. Also resident approached same housekeeper and presented her with a threatening posture, it was reported to writer. Resident was counseled and given a PRN for agitation. | F 406 | | |

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| F 406 | Continued From page 24<br><br>Later that day writer was approached by another housekeeper reporting R22 had pulled his zipper down and exposed his private parts.....<br><br>R22's PRSC progress noted dated 7/14/2009 stated, Met with resident. Resident struggles with sexual delusional thoughts and becomes agitated and demanding at times. Resident was given a PRN and seem to respond appropriately to the PRN.<br><br>R22's last MDS assessment dated 11/13/2009, does not trigger for any inappropriate behavior.<br>Also the assessment indicated R22 received training in skills required to return to the community, special behavior symptom evaluation program and group therapy<br><br>R22's comprehensive care plan with initial dated of 5/24/2009 through 11/2009 was reviewed. There was a problem identified with R22 having a criminal history related to a sexual offense. The goal was R22 will remain free from behavior that would constitute a sexual offense.<br><br>8/10/09 there is notation of R22 exposing himself. The care plan lacks in modification in a preventive psychosocial programing for R22. The care plan indicated an approach for one-to-one therapy with the PRCS once weekly. This did not change. All other approaches/interventions addressed the monitoring of behavior and episodic intervention when or if the behavior happens. | F 406 | | |
| F9999 | FINAL OBSERVATIONS<br><br>LICENSURE VIOLATIONS | F9999 | | |

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| F9999 | Continued From page 25<br><br>300.1210a)<br>300.1210b)6)<br><br>Section 300.1210 General Requirements for Nursing and Personal Care<br><br>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.<br><br>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:<br>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.<br><br>These REGULATIONS are not met as evidenced by:<br><br>Based on observation, review of closed records, and interviews, the facility failed to:<br><br>1. Effectively implement and follow their policy and procedure regarding smoking, including monitor non-compliant residents on smoking restrictions for 1 resident (R23) of 24 in the sample. | F9999 | | |

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|---|---|---|---|
| | 14E160 | A. BUILDING _____ B. WING _____ | 02/22/2010 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| SACRED HEART HOME | 1550 SOUTH ALBANY CHICAGO, IL 60623 |

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| F9999 | Continued From page 26<br>2. Monitor, supervise, and assess a resident's ability to handle matches and lighters.<br><br>3. Install and maintain working smoke detectors in all resident sleeping areas.<br><br>4. Follow facility's smoking policy which indicates that all residents must smoke in the designated smoking areas at the designated smoking times.<br><br>This failure potentially effects every resident (144) in the building.<br><br>Findings include:<br><br>Surveyor observed with E8 (Maintenance) on 01/29/10 at 10:00 am that room 308 did not have a smoke detector in the room.<br><br>R23 is a 59 year old male with diagnosis of Schizophrenia, Paranoia, and Agitation.<br><br>Review of R23's MDS (Minimum Data Set) dated 11/09/209 denoted Section B: Cognitive Patterns (4). Cognitive Skills For Daily Decision-Making was scored 1 (modified Independence - some difficulty in new situations only).<br><br>Review of Resident Abuse Screening Form dated 11/5/09 denoted resident had admitted to having sex obtain wants/need; has stated he was taken advantage of prior to negotiating items (cigarettes, money, pop, and candy).<br><br>Review of the Psychoactive Rehabilitation Service Coordinator (PRSC) Notes:<br><br>11/12/09 - Resident has been placed on smoking restriction due to smoking in an | F9999 | | |

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| F9999 | Continued From page 27<br>unauthorized area of the facility. Resident was caught smoking in his room twice. Resident has been advised on the smoking policy of the facility. Resident was informed of his smoking restrictions.<br><br>11/20/09 - Resident was observed outside yelling, cursing, and agitated about not receiving coupons / cigarettes from this writer (PRSC). Resident was yelling at staff saying "You're gonna make me commit suicide."<br><br>1/20/10 - As reported to PRSC before writer came on the scene was said resident was laying on the grounds in the community yard having a breakdown. Resident was escorted to the third floor nursing station for further observation. Resident continued to demand to smoke and be left alone. The physician was contacted for resident to be hospitalized for agitation. Resident asked to go to the room to calm down. Moments later it was discovered that the room was a blaze, and the hallways from his direction was filling up with smoke. As reported the resident was found laying on the floor and pulled to safety by security and nursing staff.<br><br>Review of the Nurses Notes dated 1/20/10 at 9:00 am denoted observed resident lying on ground in court yard on back. Assessed temperature 98.4, pulse 96, respiration 22, and blood pressure 128/82. Verbally encouraged to get from the ground, eyes open and staring but able to blink, escorted to unit per 3 staff (2 nurses) per wheelchair. Z1 notified. Will send to Z2 hospital for evaluation. Resident was told not to go down to smoke. Resident got up and laid on the floor again with his hand resting on his arm. While preparing transfer resident directed by | F9999 | | |

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| F9999 | Continued From page 28<br>another nurse to get off the floor and go to his room and rest until he was ready to go to hospital. Approximately 7 minutes later fire alarm went off and resident noted coming out of room. Resident taken to hospital via 911 call.<br><br>The Accident/Incident Report dated 01/20/10 denoted fire alarm sounded. Smoke was coming out of 308. Resident seen coming out of his room. He laid on the floor and resisted staff attempts to move him out of the corridor. Resident having tantrums--laid out in on 3rd floor sobbing crying when the fire department tried to get him up. He finally got up and got into wheelchair and was escorted to 1st floor in wheelchair by fire department and stretcher to stretcher.<br><br>The Z1 report dated 01/20/10 stated, "The fire originated in room 308 and was result of an open flame igniting linen and bedding. The fire extended to the mattress and was contained to the area of origin by the building's sprinkler system."<br><br>The Z4 hospital report dated 01/20/10 stated, "Prior to his admission, he was found in his smoke-filled room after he set his mattress on fire. He was evaluated in the emergency room for smoke inhalation. The emergency room exam worksheet also denoted suspected smoke inhalation X 1 degree."<br><br>E8 (Maintenance Department) on 01/29/10 at 10:20 am in conference room stated, "I heard the fire alarm went off. I went to fire panel. It showed 3rd floor. The 3rd floor was a lot of smoke. The sprinkler went off. It was a lot of smoke in the hall. There are no smoke detector in the rooms." | F9999 | | |

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| F9999 | Continued From page 29<br><br>E2 (Assistance Administrator) on 01/29/10 at 10:30 am in conference room stated, "R23 was in court yard lying out on ground. Security got a wheelchair brought him upstairs. When he got upstairs, the nurse was telling him that he was going to be sent out to the hospital. R23 got up said I am going to smoke. He made it to the elevator lying on the the floor. Another nurse said don't lay there, go to bed. He got up to go to his room. Next thing I know room was on fire. We had to re-do the smoking policy."<br><br>Surveyor asked whether the residents can have smoking items. E2 stated, "No, they could never carry smoking materials such as cigarettes, lighter, or matches."<br><br>E6 (Certified Nurse Aide/CNA) on 01/29/10 at 10:40 am in the conference room stated, "I had just walked on 3rd by the nurse station. I was doing rounds. I just finished at 9:00 am. As soon as I got to 3rd floor, the fire alarm went off. All the doors shut. As I look down hall on 3 north, I saw smoke coming out of the room. My nurse and co-worker ran to 308 where the smoke was coming from. I got on the intercom 'Code Red' which means 'fire.' R23 was lying on the floor. He was semi-consciousness. Staff pushed him to the nurse station."<br><br>E7 (Nurse) on 1/29/10 at 10:50 am in conference room stated, "I was coming up the stairs. When I came upstairs, he was lying on the floor. I told him that he needed to get off the floor and go to your bed. He got up and started to walk towards the room. There was a CNA sitting at the nurse station and nurse behind the station. I told them that he was on the floor. Nurse told me that he | F9999 | | |

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| F9999 | Continued From page 30<br>had did that in the courtyard. He (nurse) was getting paper ready for him go to the hospital."<br><br>The Smoking Policy dated 11/30/2008:<br><br>By the order of the Z5, it is the policy of facility that smoking is not allowed in the facility. The only designated area on the premises is in the courtyard at a 15 ft. distance from the facility entrance. All current residents of the facility have been oriented to this policy. All residents are also oriented to this policy upon admission.<br><br>All staff will intervene when they see residents smoking in non-designated areas. Residents who are repeat offenders will be referred to the social service department for counseling.<br><br>(A) | F9999 | | |