

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

PRINTED: 07/11/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145739</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/08/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>LUTHERAN HOME FOR THE AGED</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>800 WEST OAKTON STREET ARLINGTON HTS, IL 60004</b>		
(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 431	Continued From page 17  This REQUIREMENT is not met as evidenced by: Based on observation, and interview, the facility failed to safely store medications in accordance with the manufacturer's recommendation for its safe and effective use on 3 units in the facility.  Findings include:  On 3/6/12 at 3:10pm, the temperature of the medication storage refrigerator on unit 3JH Read 34 degrees. E6 (Licensed Practical Nurse) was asked to verify the refrigerator temperature. E6 stated, " its 34 degrees."  On 3/6/12 at 3:17pm, the temperature of the medication storage refrigerator on unit 2B read 32 degrees. E7 (Registered Nurse) was asked to verify the refrigerator temperature. E7 stated, "32 degrees. "  On 3/6/12 at 3:30pm, the temperature of the medication storage refrigerator on unit 1B read 36 degrees. E9 (Registered Nurse) was asked to verify the refrigerator temperature. E9 read the thermometer and stated confirmed the temperature of 36 degrees.	F 431			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS: 300.1210a) 300.1210d)6) 300.3240a)	F9999			

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F9999	Continued From page 18  Section 300.1210 General Requirements for Nursing and Personal Care 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.  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: 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 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.  These Requirements are NOT MET as evidenced	F9999			

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F9999	<p>Continued From page 19 by:</p> <p>Based on record review and interview the facility failed to have a physician order for application of a hot compress for 1 resident in the sample (R29) in a sample of 30 reviewed for injury. R29 sustained second degree burns as a result of staff placing the compress on the residents abdomen. The facility also failed to ensure a medication cart was locked and secured while not attended.</p> <p>Findings include:</p> <p>On December 26, 2011 at 5:00 p.m E19 (LPN-Licensed Practical Nurse) stated in the Nursing Care Notes that she received a call from the daughter of R29, requesting to place a warm compress on the resident's left lower abdomen. Nursing notes indicate (E19) applied the compress at 5:25 p.m. At 5:30 p.m R29 was up in the hallway complaining of pain to the abdomen. E19 stated on the nursing notes that some redness was noted to be at the site where the warm compress was placed. E19 documented she applied a cold compress to the abdomen, and after 5 minutes R29 was still complaining of pain to the area and 2 blisters measuring 1 cm. x 0.5 cm were observed. The nursing notes did not indicate that E19 called the physician to obtain an order prior to applying the warm compress to R29's abdomen.</p> <p>December 26, 2011 at 5:30 p.m. the incident report indicates that (R29) did sustain two blisters and pinkish discoloration to the abdomen site after application of a warm compress by E19.</p>	F9999			

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F9999	<p>Continued From page 20</p> <p>December 26, 2011 at 5:20 p.m. the Corrective Action Form from the Final Investigation indicates, that E19 stated she told the daughter of R29 that she can not apply the warm compress without a physician order. E19 stated that the daughter kept begging her to apply the compress.</p> <p>March 8, 2012 at 1:20 p.m, E2 was asked if the nurses can apply compresses to residents she stated "No". E2 stated the nurses need to obtain an order from the physician if the Physical Therapy (PT) team is not on site. E2 stated that the PT is the only team assigned to assess and apply diathermy or warm compresses to the residents.</p> <p style="text-align: center;">(B)</p>	F9999			