

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

PRINTED: 04/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER HOME HISPANIC ELDERLY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1401 NORTH CALIFORNIA CHICAGO, IL 60622</b>		
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F 325	Continued From page 14 deficiencies; 4) a review of the differences among the various therapeutic diets, including consistencies; 5) a review of the requirement to check diet card with meal before service; 6) a review of the proper method for feeding residents who need assistance; and 7) a review of emergency procedures. Staff will be in-serviced prior to the start of their shift. All new employees will be oriented to these policies and procedures before they begin working on the floor. Education will be ongoing. IV. How corrective actions will be monitored. Food Service Supervisor and/or another Department Head or House Supervisor (when Food Service Supervisor is unavailable) will perform dietary spot checks to determine level of staff compliance and evaluate need for additional in-service training. This will be done daily for two weeks, the twice a week for three months, need for frequency will be reevaluated after that. All findings will be reviewed by the QA committee and will review systems and procedures. Administrator will monitor overall compliance through her own rounds, general supervision, and reports of Food Service Supervisor. V. Completion Date: 12/12/12	F 325			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS: 300.610a) 300.1210a) 300.1210b) 300.1210c) 300.1210d)6) 300.1220b)2)3) Section 300.2040b)e) 300.3240a)	F9999			

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F9999	Continued From page 15 Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee and representatives of nursing and other services in the facility. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting. 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. (Section 3-202.2a of the Act) b) The facility shall 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	F9999			

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F9999	<p>Continued From page 16</p> <p>each resident's comprehensive resident care plan. 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>c) Each direct care-giving staff shall review and be knowledgeable about his or her residents' respective resident care plan.</p> <p>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:</p> <p>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.</p> <p>Section 300.1220 Supervision of Nursing Services</p> <p>b) The DON shall supervise and oversee the nursing services of the facility, including:</p> <p>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.</p> <p>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,</p>	F9999			

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F9999	<p>Continued From page 17</p> <p>representing other services such as 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>Section 300.2040 Diet Orders b) Physicians shall write a diet order, in the medical record, for each resident indicating whether the resident is to have a general or a therapeutic diet. The diet shall be served as ordered. e) A therapeutic diet means a diet ordered by the physician as part of a treatment for a disease or clinical condition, to eliminate or decrease certain substances in the diet (e.g., sodium) or to increase certain substances in the diet (e.g., potassium), or to provide food in a form that the resident is able to eat (e.g., mechanically altered diet).</p> <p>Section 300.3240 Abuse and Neglect 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 evidence by:</p> <p>Based on observation, interviews and record reviews, the facility failed to provide adequate supervision and monitoring of meals for two resident 's (R1 and R3) of 4 reviewed in the feeding program out of 8 in the sample. The</p>	F9999			

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F9999	Continued From page 18 facility also failed to provide mechanically altered /therapeutic diet for one of 4 (R1) reviewed for Feeding Programs in a sample of 8. This failure resulted in the death of one resident (R1). R1 choked on a sausage. Findings include: According to Physician Orders Sheet(POS) dated 7/24/12, R1 was a 77 year old male with Severe Depression, history of Confusion, Glaucoma, Diabetes, Ulcers and Dysphagia. According to MDS(Minimum Data Set Assessment) dated 4/01/12, R1 required extensive assistance with one person physical assistance for ADL ' s (Activities for Daily Living). Per MDS, R1 is coded for a Mechanical altered diet and staff support provided. Physician's orders dated 7/10/12 indicate R1's diet changed to mechanical soft with honey thick liquids and Resident on Aspiration precautions. Incident/accident report dated 11/09/12 indicates that R1 was a 77 year male whom choked on uncut/ground sausage during dinner meal while being supervised by E5 CNA (Certified Nurse Aide). Nurses notes by E10 LPN (Licensed Practical Nurse) dated 11/09/12 remarks E5 noted R1 with difficulty breathing and unable to cough. Notes indicate E5 assessed resident airway and saw evidence of obstruction and proceed to perform Heimlich maneuver. R1 was able to cough out small amount of food particles but continued to have difficulty breathing, Heimlich continued, pulse palpable but weak. Emergency procedures were implemented. Eight minutes later resident became unresponsive, placed on floor by E10, E2 DON (Director of Nursing) and E5 while CPR initiated. Paramedics arrived and provide advanced emergency treatment. Notes indicate that paramedics were	F9999			

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F9999	Continued From page 19 able to remove food particles from resident's throat. Resident was intubated and placed on monitor. Resident was transported to hospital. The emergency room record dated 11/09/12 indicates " R1 was brought to the ED(Emergency Department) in full cardiac arrest. The ER report indicates EMS (Emergency Management Service) was called because patient was choking on his food and orally intubated in field. The report further describes patient on arrival as having no pulses, he was intubated, Epinephrine was given and brought to ED after 25 minutes of resuscitation; pupils dilated and fixed, breath sounds decreased, no heart beat. After a brief CPR(Cardio-Pulmonary Resuscitation), manual ventilation, ashen in color, resident was pronounced dead. " Nurse ' s notes dated 11/09/12 indicate R1 was in room during dinner time while CNA placed resident ' s tray on tray table as R1 was being set up for feeding, resident choking on food, Heimlich and CPR performed. Physician, DON, 911 and family were notified. Interviewed Z1 (daughter of R1) by phone on 11/21/12 at approximately 10:55AM. Z1 indicated she was notified by a staff member that R1 was taken to emergency room after choking on a sausage. Z1 commented that her father had swallowing difficulties, father was weak and had pancreatic cancer. Z1 stated that they are understaffed at the facility, they should have the cooks cut up resident ' s food. Z1 stated that her mother (R2), whom is also a resident at facility, does not know that her husband( R1) is dead. Interviewed Z5 (Primary Physician) by phone on 12/06/12 at approximately 9:50AM, stated that the nurse called and informed her that resident(R1) was rushed to hospital because he had choked	F9999			

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F9999	Continued From page 20 on some food. Z5 stated that resident was weak and had many medical problems. Z5 said, "R1 needed supervision all of the time. Unfortunately, they (CNA 's) have too many patients (10 to 15). On 11/21/12 at 2:20 PM E5(CNA) indicated he set R1 ' s tray on tray table in front of him, proceeded to cut up sausage but stopped momentarily to go to sink, a short distance away from resident, to add water to resident ' s hot coffee. E5 stated he should not have to do that(cut up the food) because resident should have received a Mechanical soft diet. E5 stated that as he turned back around towards R1, he noticed resident had fork in his hand. E5 stated R1 looked to be in distress, not talking, lips turning blue so, he assumed resident ate some food(sausage and spaghetti) off of his plate. E5 stated that he proceeded to perform Heimlich Maneuver on resident but was unsuccessful. E5 then put on call light but, no one responded so, he ran to hallway and yelled for help at which time staff called code blue, E10(Nurse/LPN) and E2(DON/Director of Nursing) arrived with crash cart to perform emergency treatment on R1. 911 was called. E5 stated that paramedics arrived, were able to remove sausage with forceps but resident was still not breathing. Resident was then intubated by paramedics and taken to emergency room. On 12/12/12 at 3:00PM, E9 (CNA) stated that R1's sausage was not chopped up but in carrot slices, little larger than a quarter and had the thickness of a gait belt. On 12/13/12 at 3:20PM, E10(LPN) stated, R1 had received spaghetti and sausage-it was not properly chopped up, it didn't have any skin on it but most sausage you don't peel off the skin. The CNA was trying to chop it up before the resident took a bite.	F9999			

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F9999	<p>Continued From page 21</p> <p>E9 (Speech Therapist) stated on 12/6/12 at 1:20PM that she differs with Z4 (Consultant Dietician) on how mechanically altered meat, chopped versus ground, should be prepared at this facility. E9 stated that residents on mechanically altered diet should receive meats that are ground not chopped up. E9 then stated that R1 had choked on food before in the spring of this year, 911 code and resuscitated resident and taken to hospital. E9 also stated that R1 needed to have ground food.</p> <p>On 12/5/12 at 11:30 am Z4 (Consultant Dietician) stated that she only sees residents that are considered high risk for weight loss, on hospice, dialysis, has wounds or cancer. The speech therapist evaluates residents with swallowing difficulties and makes recommendations that are conveyed to her, and the doctor. Z4 states that she does not recall resident (R1).</p> <p>On 12/06/12 at 1:20pm E9 (Speech Therapist) stated that R1 had choked before in the Spring of this year. While in dining room eating he choked on food. 911 was called, he was stabilized and sent to hospital. R1 returned to facility with choking instructions. Speech therapy evaluation notes dated 7/31/12 remarks that R1 is to receive skilled speech therapy 5 times per week for two weeks to address dysphasia, resident on swallowing precautions; aspiration precautions; resident readmitted from hospital on mechanical soft diet with nectar thick liquids.</p> <p>Care Plan Conference dated 8/21/12 Dietary remarks that resident on a mechanical soft/Non-concentrated sweet/ No Salt diet and Resident on Feeding Program. E9 stated R1 received a swallow evaluation, resident was on swallowing precautions; aspirations and mechanical soft diet with thickened liquids.</p>	F9999			



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F9999	<p>Continued From page 22</p> <p>Aspiration Care plan dated 11/04/12 indicates R1 demonstrates risk to potentially choke or aspirate food or liquids related to diagnosis of Dysphasia. On 12/06/12 at 1:00 PM E2(DON) stated R1 was in their feeding program. Restorative Nursing Assessment dated 11/05/12 indicates R1 requires extensive assistance/dependent in eating setup, feeding.</p> <p>The kitchen failed to serve R1 the diet as prescribed by the physician and deemed to be safe by E9 when the sausage served to R1 was not ground. Interviews with E5 (nurse aid) on 11/21/12 and E10 (Nurse) on 12/06/12, they state that they have to chop up residents food; hot dogs, chicken when the dietary is responsible for doing this. E5 and E10 stated that the mechanically altered diets are not really mechanically soft because the meat is not always cut up so they take it upon themselves to do it so that the residents can eat. When E5 and E10 saw that R1 or other residents did not receive proper diet, they did not report it to supervisor or dietary services.</p> <p>In an interview on 11/21/12 at 3:30PM with E1, Administrator shared the same events of incident that were in incident/accident report dated 11/09/12. E1 stated that the Incident was investigated and reported to state agency. E1 stated that after the incident all staff were in-serviced on ensuring proper diets for all residents and proper feeding procedures for residents in feeding program.</p> <p>On 11/21/12 at lunch time, R3, a 76 year old female, with history of dementia, Dysphagia, Renal Failure and Pressure Sores observed sitting in bed with tray on tray table in front of her. R3 identified on list for Feeding Program. Although resident was asleep at the time, she</p>	F9999			

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F9999	<p>Continued From page 23</p> <p>was unsupervised and had shredded chicken on tray as opposed to mechanically altered chicken (chopped or ground). Review of R3 ' s speech therapy evaluation 7/31/12 indicates R3 to have Mechanical soft consistency with thin liquids and is on aspiration precautions. On 11/21/12 at 12:55PM, E3(LPN) stated that resident ate some of her food. She especially likes desert, the tray is still on the cart, this is the tray ticket, she eats a mechanical soft diet. On 12/06/12 at 12:15 PM Z6 (daughter of R8) stated she has to come to facility at lunch and dinner time everyday to make sure her mother is fed because they miss sometimes, mother has problems with swallowing, she coughs and chokes sometimes when eating, I want her to have a swallow evaluation, they don ' t give good care here. E9 (Speech Therapist) stated that R8 was discussed this morning in care conference with doctor. Interviews with E12CNA and E13CNA indicate that sometimes residents on special diets, like(altered textured diets) would not get the right diet but nothing happened recently. On 12/13/12 at 11:35AM, E11(LPN) stated she always tells her CNA's to check the diets to make sure diet is right if resident diet is changed. In the past CNA's would tell me resident received wrong diet but nothing recent. Sometimes the kitchen, I know, will send up thin liquids but resident should receive thickened liquids(nectar). On 11/21/12 at 11:30am E4 (Dietary Aide) stated that she had just started working in the kitchen. On 11/09/12, the day of the incident, E4 stated that she cooked sausage and spaghetti, prepared meat the way the supervisor told her. According to E4, she was directed to bake the sausage</p>	F9999			

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F9999	<p>Continued From page 24</p> <p>whole and then slice them thin for all trays. E4 defined mechanical soft diet meats as chopped. E4 stated that she has not attended the dietary class but will be attending dietary class in the future.</p> <p>On 12/06/12 at approximately 1:15PM, E8 (Dietary Manager) stated she started working on 11/08/12 and the other dietary manager resigned November 9, 2012. E8 stated that mechanical soft meats are cooked and then chopped up, ground it in food processor.</p> <p>On 12/13/12 at 1:30PM, E1 provided copy of Menu spread sheet from 11/09/12(date of incident) and copy of Vendors Information of product (Italian Sausage) served at evening meal. Item description sheet from vendor indicates Real Italian sausage was ordered and delivered on 11/05/12. Italian sausage described as a .35 cube, fully cooked, best heated over a char grill to dark brown color and can be grilled from frozen. The product is also described as skinless.</p> <p>Interviewed E1 regarding quality assurance (QA) of nursing care. E1 stated that monthly QA meetings are held, meetings are record, indicate the various disciplines whom attend and how resident care issues are addressed, interventions and approaches implemented. E1 stated that consultant dietician has not come in a while but will have dietician come more regularly. E1 provided three months of billed hours for dietician except for November, 2012.</p> <p>Review of Diet Standardization policy and procedure dated 2010 indicates a Mechanical Soft Diet is; texture and consistency of the general or therapeutic diet is modified. Foods may be served in the form of ground, chopped, or whole foods of a soft consistency.</p> <p>Review of Assistance with Meals policy dated</p>	F9999			

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146062</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/14/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTER HOME HISPANIC ELDERLY</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1401 NORTH CALIFORNIA</b> <b>CHICAGO, IL 60622</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	
F9999	Continued From page 25 2009 specifies that residents requiring full assistance will be fed by nursing staff and/or Feeding Assistant will feed those residents needing full assistance within certain time frame/minutes of the delivery of trays. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity (A)	F9999			