

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

PRINTED: 04/16/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145885	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/02/2013
NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644		
(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 000	INITIAL COMMENTS Complaint Investigations: Complaint # 1284430/IL60768 - no deficiency Complaint # 1283484/IL59761 - no deficiency Complaint # 1284020/IL60325 - no deficiency Complaint # 1284000/IL60302 - no deficiency Complaint # 1283778/IL60069 - no deficiency Complaint # 1284251/IL60577 - no deficiency Complaint # 1282324/IL58498 - no deficiency Complaint # 1283438/IL59718 - no deficiency Complaint # 1284114/IL60427 - no deficiency The Mayfield Care Center is in compliance with 42.CFR Part 483 Requirements for Long Term Care Facilities. For this survey.	F 000			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 300.1210b) 300.1210d)2)3) 300.1220b)2) 300.3240a) 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	F9999			
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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F9999	<p>Continued From page 1</p> <p>least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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 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>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>2) All treatments and procedures shall be administered as ordered by the physician.</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 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</p>	F9999			

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F9999	<p>Continued From page 2</p> <p>status and requirements, psychosocial status, discharge potential, dental condition, activities potential, rehabilitation potential, cognitive status, and drug therapy.</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 interview and record review, the facility failed to notify the physician of signs of urinary tract infection and administer antibiotics as ordered to 1 hospice resident (R3) out of 3 residents in hospice reviewed with medication orders. Failure to treat R3 in a timely manner with antibiotics resulted in R3 being admitted to the hospital with diagnosis of urosepsis. This was listed as one of the causes of death on R3's death certificate.</p> <p>Findings include :</p> <p>R3 was admitted to the facility on 8/5/11 with diagnoses of Chronic Renal Failure, Dementia, Chronic Respiratory Failure, and Chronic Obstructive Pulmonary Disease.</p> <p>R3's record showed that R3 became hospice on 8/6/11.</p> <p>R3's nurses note dated 12/19/11 indicated that at 9 AM, R3 had a temperature of 100.9 degrees F. At 1 PM, R3's temperature was at 99, and was at 98.2 at 3 PM. R3's notes indicated that her</p>	F9999			

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F9999	<p>Continued From page 3</p> <p>indwelling catheter was changed, and a dipstick urine test was done by E8. R3's dipstick test was positive for leukocytes, bilirubin, and trace of non-hemolyzed blood. This note does not indicate whether R3's physician or the hospice nurse was notified of these results.</p> <p>On 12/27/12 at 12 PM, E8 said that if a patient has a fever or if there's a change in mental status, the facility's previous protocol was to do dipstick test. E8 continued that if the test turns out positive, the physician should be notified. E8 was unable to explain why there is no notification of R3's physician on 12/19/11 when her dipstick test had abnormal results.</p> <p>R3's Physician Order Sheet (POS) dated 12/21/11 showed that Levaquin 500 mg daily x 10 days was ordered for R3.</p> <p>However, review of R3's Medication Administration Record (MAR) showed that Levaquin was never administered to R3 from 12/22/11 to 12/26/11. R3 was finally sent out to the hospital for treatment after family revoked her hospice consent on 12/26/11.</p> <p>On 12/26/12 at 1:32 PM, Z1 (Pharmacist) said that the pharmacy delivered the Levaquin to the facility on 12/22/11 at 1:48 AM. Furthermore, Z1 said that the facility also has Levaquin in the facility's convenience box.</p> <p>There is no indication of use of Levaquin from the convenience box for R3. There also is no explanation why the Levaquin delivered to the facility on 12/22/11 was not given to R3.</p> <p>On 12/26/12 at 1:54 PM, Z2 (Hospice Manager)</p>	F9999			

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F9999	<p>Continued From page 4</p> <p>said that even though R3 was a hospice patient, R3 still could get antibiotics if R3 had an acute condition not related to the hospice diagnosis, and the physician ordered it.</p> <p>R3's nurses note on 12/26/11 indicated that at 7:31 AM, her fever was at 102.5 degrees F. At 5:49 PM, R3 was sent out to the hospital. The admission diagnosis was urosepsis.</p> <p>R3 expired at the hospital on 1/9/12, and the death certificate cites urosepsis, cerebral vascular accident and Alzheimer's dementia as the cause of death.</p> <p style="text-align: right;">"B"</p>	F9999			