

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

PRINTED: 07/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/28/2013
NAME OF PROVIDER OR SUPPLIER PARK RIDGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 665 BUSSE HIGHWAY PARK RIDGE, IL 60068		
(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 323	Continued From page 2 During an interview on 3/8/13 at 11:05am Z1 (physician) stated " the fracture was an angulated fracture, it was a 90 degree angle where the bone was broken and turned as well. The arm presented with some bruising and it was swollen. This could have happened if maybe R1's arm got stuck in the side rails while being turned. There needs to be a better way of turning R1 and maybe from this point the facility should be looking at a two person assist with repositioning. " The Minimal Data Set (MDS) dated 2/2/13 indicates that R1 is a two person assist with personal hygiene care. The Facility's Restorative Rehab Progress Notes dated 2/1/13 documents that the quarterly assessment was completed and R1 requires total assistance of one to two people depending on her mood with her dressing/grooming and transfers due to her behavioral issues such as grabbing/hitting staff during care. The Facility's care plan was not individualized with interventions to address R1's impulsive behaviors. During an interview on 3/27/13 at 10:05am E2 stated " There was not care a plan in place to address R1's behaviors and need for assistance with care, I have since formulated a care plan for all of my residents and CNA's to follow. "	F 323			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.1210a) 300.1210b) 300.1210d)6) 300.3240a)	F9999			

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

PRINTED: 07/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/28/2013
NAME OF PROVIDER OR SUPPLIER PARK RIDGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 665 BUSSE HIGHWAY PARK RIDGE, IL 60068		
(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 3</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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)</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.</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>	F9999			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/28/2013
NAME OF PROVIDER OR SUPPLIER PARK RIDGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 665 BUSSE HIGHWAY PARK RIDGE, IL 60068		
(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 4 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. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on interviews and record reviews, the facility failed to provide increased supervision and assistance to an agitated resident during incontinence care. This was for 1 of 3 residents (R1) reviewed for incontinence care in a sample of 11. This failure resulted in R1, who was identified as requiring assistance of two staff when agitated, receiving care by only one staff person, which resulted in R1 suffering a distal right humeral fracture. Findings Include: The Facility's Resident Admission Information Sheet documents that R1 was admitted to the facility on 10/06/10 with a diagnosis of dementia, Down ' s syndrome, mental retardation, and a bipolar disorder. The Facility's Preliminary Incident Investigation	F9999			

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

PRINTED: 07/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/28/2013
NAME OF PROVIDER OR SUPPLIER PARK RIDGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 665 BUSSE HIGHWAY PARK RIDGE, IL 60068		
(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 5</p> <p>Report documents that on 3/2/13 at 11:20am E3, Certified Nursing Assistant (CNA) was turning R1 to the right side while changing resident in bed and heard a "pop." E2, Director of Nursing (DON) was called to the room for an assessment of the resident ' s status. E2 determined that R1 sustained an injury to the right arm and R1 was sent out to the hospital for further evaluation and treatment.</p> <p>The Emergency Department Documentation dated 3/2/13 at 12:44pm documents that R1 presented with a right arm deformity and the x-ray results at 3:52pm documents the injury as a severely angulated fracture of the distal right humeral shaft.</p> <p>The Facility's Final Incident Investigation Report documents that R1 has behaviors of constant movement, flapping or thrusting arms, bobbing head, and grabbing people or items, and R1 gets overly excited when people are in close proximity. The Facility's interview with E3, CNA on 3/3/13 documents that R1 was excited, moving around, and using arms grabbing and flapping, and E3 proceeded with bed mobility and incontinence care without assistance.</p> <p>During an interview on 3/8/13 at 10:30am, E3 (CNA) stated "(R1) was swinging her arms and grabbing at me. (R1) is usually a one person assist but requires two people when there are behaviors. We are taught to use our judgment when there are behaviors and to get assistance when needed." E3 did not ask for assistance with R1 and continued with the care.</p> <p>During an interview on 3/7/13 at 12:10pm, E2 (Director of Nursing) stated R1's mood can be unpredictable. R1 is a 1 to 2 person assist depending on R1's mood, E3 was told to call for help if needed but E3 did not, and the CNA's</p>	F9999			

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

PRINTED: 07/10/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145839	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/28/2013
NAME OF PROVIDER OR SUPPLIER PARK RIDGE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 665 BUSSE HIGHWAY PARK RIDGE, IL 60068		
(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 6</p> <p>decide if they need assistance based on R1's behavior, if R1 was fidgeting and antsy E3 should have called for assistance.</p> <p>During an interview on 3/8/13 at 11:05am Z1 (physician) stated " the fracture was an angulated fracture, it was a 90 degree angle where the bone was broken and turned as well. The arm presented with some bruising and it was swollen. This could have happened if maybe R1's arm got stuck in the side rails while being turned. There needs to be a better way of turning R1 and maybe from this point the facility should be looking at a two person assist with repositioning. "</p> <p>The Minimal Data Set (MDS) dated 2/2/13 indicates that R1 is a two person assist with personal hygiene care.</p> <p>The Facility's Restorative Rehab Progress Notes dated 2/1/13 documents that the quarterly assessment was completed and R1 requires total assistance of one to two people depending on her mood with her dressing/grooming and transfers due to her behavioral issues such as grabbing/hitting staff during care.</p> <p>The Facility's care plan was not individualized with interventions to address R1's impulsive behaviors. During an interview on 3/27/13 at 10:05am E2 stated " There was not care a plan in place to address R1's behaviors and need for assistance with care, I have since formulated a care plan for all of my residents and CNA's to follow. "</p> <p style="text-align: center;">(B)</p>	F9999			