

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

PRINTED: 01/11/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2008
NAME OF PROVIDER OR SUPPLIER LEXINGTON OF STREAMWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 815 EAST IRVING PARK ROAD STREAMWOOD, IL 60107		
(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	F 000			
F 279 SS=D	<p>Complaint Investigation 0794905 / IL31821</p> <p>An extended survey was not conducted.</p> <p>483.20(d), 483.20(k)(1) COMPREHENSIVE CARE PLANS</p> <p>A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care.</p> <p>The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment.</p> <p>The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by :</p> <p>Based on observations, record review and interview the facility failed to develop a care plan with specific interventions for R4's behaviors. This failure resulted in R4's continued scratching behavior that led to R4 developing skin injury from scratches in the groin area.</p>	F 279			

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.

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

PRINTED: 01/11/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145701	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 01/03/2008
NAME OF PROVIDER OR SUPPLIER LEXINGTON OF STREAMWOOD			STREET ADDRESS, CITY, STATE, ZIP CODE 815 EAST IRVING PARK ROAD STREAMWOOD, IL 60107		
(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 279	<p>Continued From page 1</p> <p>Findings include:</p> <p>R4 is a 74 year old resident who has resided in the facility since March of 2006. R4 has the following diagnoses: Alzheimer's Disease, Dementia with Agitation, Amputation, Psychosis with behavior disorder, Glaucoma and Neurogenic Bladder. R4 has a chronic skin condition that results in a fungal type irritation and also tends to get excoriated from frequent loose stools. During the observation of treatment on January 2, 2008 with E7 (nurse) and E8 (nurse aide), surveyor noted that R4's groin and perineal area was excoriated with small pin point openings. R4 was noted by surveyor to scratch the groin and buttock area frequently.</p> <p>A review of the Physician's Order Sheet indicates that the physician was aware of the skin irritation and ordered Mycolog Cream. A review of the treatment record indicates that R4 has been receiving the cream, however a clear description of the area was not documented within the nursing notes or treatment record. Review of the care plan dated 10-19-07 identified the care plan does not address R4's itching/scratching behavior. In addition, the resident's loose stool is not addressed on the plan of care. Specific interventions for staff to use to prevent further injury to the skin have not been developed on R4's care plan. This was verified by E1 (acting administrator) during the daily status meeting of January 3, 2008.</p>	F 279			