

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

PRINTED: 01/20/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145856	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R-C 11/06/2008
NAME OF PROVIDER OR SUPPLIER ALL FAITH PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 3500 SOUTH GILES AVENUE CHICAGO, IL 60653		
(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 314 SS=D	<p>1st Revisit to Complaint #0883779/IL26885 of 08/26/2008</p> <p>483.25(c) PRESSURE SORES</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, record reviews and interviews the facility failed to 1) provide preventive care and 2) implement medical and nursing care for one resident, (R5) with a known recent history of multiple pressure sores and hazards of immobility from re-developing a Stage II open pressure sore with moderate bleeding which was unknown by the facility.</p> <p>Findings include:</p> <p>Observations on 10-28-08 at 10:45AM in R5's room, R5 was sitting in a chair. R5 was sitting on top of a gel cushion, two, thick incontinence pads folded in fourths and the lining of the mechanical lift. R5 was unable to state how long she had been sitting in the chair.</p> <p>Review of R5 clinical records reveals that R5 is a 91 year old female admitted to the facility with</p>	F 314			

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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F 314	<p>Continued From page 1</p> <p>diagnosis of cerebrovascular accident, dehydration, latent syphilis, end stage dementia, Stage IV sacral decubiti and deep vein thrombosis.</p> <p>Further review of the the wound and skin notes dated 10-28-08, reveals R5 was assessed with an open area to her left buttock and red tissue with a moderate amount of bleeding....</p> <p>Another Wound and skin notes dated 10-28-08 reveals a superficial opening on left buttock measuring 3 cm x 2 cm x 0 surrounded by scar tissue ... The current pressure sore, (open area with bleeding) is surrounded by scar tissue from a healed Stage IV pressure sores on the sacral area.</p> <p>Interview with E11 (Treatment Nurse) on 10-28-08, E11 stated she was not aware of the open wound on R5's buttock. E11 also stated that excessive padding is not acceptable because R5 is at high risk for pressure sores. E11 stated that she will notify R5's physician and obtain medical orders.</p> <p>Interview with E12 (nurse's assistance) on 10-28-08 with two surveyors, E12 stated that she has always put multiple padding on residents. E12 also stated that the lining for the mechanical lift was under R5 along with the the two folded incontinent pads to help pull R5 from side to side while in the chair. E12 also gave a demonstration on the pulling process that she does on residents while in the chair for repositioning using the lining of the mechanical lift.</p> <p>Additional review of R5's clinical records revealed that E11 obtained medical orders for the medical treatment for R5's sacral pressure sore. The</p>	F 314			

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F 314	Continued From page 2 medical orders were to clean the left buttock with normal saline and apply calcium alginate and cover the wound with a water base dressing until healed. This is be done daily. Interview with E1 conformed the physician orders for R5's pressure sores. Interview with E1 (Administrator) on 10-28-08, E1 stated that many in-services had been done for the prevention and care of pressure sores in the building among the nursing staff. E1 further went on to state that E12 will be in-serviced immediately to prevent any other incidents. Interview with E2 (Director of Nursing) on 10-28-08 and E2 had no comments.	F 314			