

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

PRINTED: 03/11/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145259	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/04/2008
NAME OF PROVIDER OR SUPPLIER ALDEN PARK STRATHMOOR			STREET ADDRESS, CITY, STATE, ZIP CODE 5668 STRATHMOOR DRIVE ROCKFORD, IL 61107		
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F 000	INITIAL COMMENTS	F 000			
F 253 SS=E	<p>Complaint Investigation #0810852/IL33665</p> <p>No extended survey was conducted.</p> <p>483.15(h)(2) HOUSEKEEPING/MAINTENANCE</p> <p>The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to maintain the unit refrigerator temperature to avoid freezing the contents, failed to store resident and staff food in a organized and clean manner and failed to label and date the contents in the unit refrigerator.</p> <p>This applies to the unit refrigerator and soap dispensers on the E-wing.</p> <p>The example includes:</p> <p>1. On 3/4/08 at 10:20 AM, E7 (Certified Nursing Assistant - CNA) stated, "If a resident's family brings food in from home, I would first check with the nurse to make sure it's ok they have it. Then I would mark the food with the resident's name and store it in the nurses' refrigerator".</p> <p>On 3/4/08 at 11:00 AM, the unit refrigerator was observed in the E Wing nursing station. E6 (Licensed Practical Nurse - LPN) confirmed the refrigerator is used for both staff and resident food storage. On the outside door of the refrigerator, a temperature log was observed.</p>	F 253			

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 253	<p>Continued From page 1</p> <p>The refrigerator temperature was recorded on the dates March 1 through March 4, 2008 at 20 degrees F. No corrective action was listed. Inside the refrigerator 3 opened bottles of water, (2 were frozen), 3 bottles of soda pop (2 were opened), a fast food hamburger in a paper wrapper (did not appear edible), a large fast food bag, an empty plastic food storage container, 4 other containers with unlabeled contents, and an unlabeled foil packet were found. There were 2 opened containers of nutritional supplement (1 labeled with date open). Two cardboard cases of nutritional supplement pudding containers were stored on the bottom shelf. Resident snacks dated 3/4/08 were on the second shelf. The other food and beverage items were not labeled with a resident/staff name or date.</p> <p>The items on the shelves were cluttered and disorderly. Dirt residue was observed on the shelves and on the bottom of the refrigerator and in the storage bins.</p> <p>The freezer compartment did not have a thermometer, and daily temps were not recorded. The freezer contents included 3 bottles of water (unlabeled), 1 frozen meal, frozen glycerin swab packets, 2 popsicles (unlabeled) and a re-useable ice pack. The bottom of the freezer was soiled with food and dirt debris.</p> <p>On 3/4/08 at 11:05 AM, E1 (Administrator) stated, "Items in the refrigerator should be labeled and dated. Items are kept for 3 days. It is only common sense to turn down the refrigerator thermostat when it is too cold."</p> <p>On 3/4/08 at 11:15 AM, E9 (Maintenance) stated the inaccurate refrigerator temperatures had not been reported to him. "If the temperature is too</p>	F 253			

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F 253	<p>Continued From page 2</p> <p>cold, someone should turn up the thermostat".</p> <p>According to the Food Service Sanitation Code, October 1998 Section 750.800 e) Non-food contact surfaces of equipment shall be cleaned as often as is necessary to keep the equipment free of accumulations of dust, dirt, food particles and other debris.</p> <p>The facility policy Food Storage states: 9. All refrigerator foods will be labeled with the identity and date prepared. 13. Open commercial product containers and foods prepared on site can only be refrigerator no longer than 3 days after opening or preparation.</p> <p>2. On 3/4/08 at 9:30 AM, E10 (Registered Nurse - RN) removed her gloves after resident care and went to the bathroom shared by resident rooms 9 and 11 to wash her hands. The soap dispenser in the room was non-functional. E10 stated the soap dispenser was not working. She said she has not been working on this unit for a few days and was not sure how long it has been like that. E10 stated there is a maintenance log to report broken equipment.</p> <p>On 3/4/08 at 11:30 AM, 2 CNA's entered the E wing nursing station to wash their hands. The soap dispenser was non-functional. The CNA asked the other CNA to borrow her hand sanitizer when she realized the soap dispenser was not working. No other soap or sanitizer product was available at the sink in the nursing station.</p> <p>On 3/4/08 at 11:35 AM, E6 (LPN) was asked about the soap dispenser in the nursing station and reported, "It has been a problem off and on.</p>	F 253			

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F 253	Continued From page 3 You have to push really hard to dispense the soap. The facility census sheet identifies 10 of 28 residents in isolation for communicable diseases. Both residents in rooms 9 and 11 were identified as having MRSA (Methicillin Resistant Staphylococcus Aureus). The facility Handwashing policy states, "Proper handwashing is used to decrease the risk of transmission of infection".	F 253			
F 314 SS=D	483.25(c) PRESSURE SORES 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to implement preventative skin interventions for a resident identified at high risk for skin breakdown. This applies to 1 of 3 residents with pressure ulcers. (R1) The example includes: 1. The Accumulative Diagnosis Record lists R1's diagnoses as Chronic Respiratory Failure, and	F 314			

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F 314	<p>Continued From page 4</p> <p>Status Post Tracheostomy. The Minimum Data Set (MDS) of 1/4/08 shows R1 does not walk, and is totally dependant on staff for transfers and all activities of daily living. R1 has short and long term memory problems and her cognitive skills are moderately impaired in decision making. The Braden (pressure risk score) on 1/7/08 was assessed for R1 with a score of 11 (high risk). The Admission Assessment Record dated 12/31/08 shows R1's right heel as "mushy" and healed pressure ulcer on coccyx.</p> <p>On 3/3/08 at 2:00 PM, E3 (Certified Nursing Assistant-CNA) and E4 (Licensed Practical Nurse - LPN) provided perineal care after an incontinence episode. E3 added bath soap to the water basin and washed R1's pubic area creating a soapy lather. Without rinsing the soap off the skin, E3 dried the skin with a towel. R1 was turned and the procedure was repeated on the rectal-coccyx area. No protective barrier was applied to the perineal area. The skin on R1's coccyx (tailbone) was healed scar tissue. The coccyx (tailbone) was bony and protruded from the buttocks. No pressure reduction measures were used to protect the skin over the coccyx (tailbone).</p> <p>On 3/3/08 at 2:15 PM, E3 (CNA) stated to remove the soapy lather, "I rinse the skin with warm water. I use a second basin to do this, but I didn't this time."</p> <p>The directions for use printed on the soap bottle label states to wet the skin, apply a small amount on the washcloth, work into a lather and rinse.</p> <p>On 3/3/08 at 2:20 PM, E6 (Licensed Practical Nurse - LPN) stated, "Baza cream or Vitamin A &</p>	F 314			

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F 314	<p>Continued From page 5</p> <p>D ointment are the barrier creams to use if a resident is incontinent or is at risk for skin breakdown".</p> <p>On 3/4/08 at 9:30 AM, R1 was observed lying on her back, heels flat on the mattress. Large amounts of dry flaking skin was observed on both lower legs and dead skin tissue was observed on the sheet under her legs.</p> <p>On 3/4/08 at 9:35 AM, E5 (CNA) identified supplies in R1's bath basin. E5 stated the Eucerin cream (skin lotion) is ordered for R1's legs. There was no supply of Vitamin A & D ointment or Baza Cream (barrier cream) for R1. E5 stated that if these supplies were needed he would have to get them from the nurse.</p> <p>On 3/4/08 at 9:45 AM, E8 (LPN-wound nurse) stated, "We use over the counter products like A& D ointment as preventative barrier creams. If the nurse feels Baza cream is needed, she would get the physician approval and order it from the pharmacy." E8 continued, "Incontinence skin care includes washing with soap and water and apply barrier cream. E1 (Administrator) stated, "We stock both rinse and no-rinse bath products." E8 stated, "R1 does not have any open areas. She has a bony prominence (coccyx) that protrudes out about 1/2 inch. We keep it padded with a gauze dressing and change it as needed. R1's heels are healed, there is no need for pressure off load. Her legs were very dry but they are a lot better, we use Eucerin lotion twice a day to her legs."</p> <p>The Physician Order Sheet of 2/9/08 does not have any orders for preventative skin care.</p>	F 314			

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F 314	Continued From page 6 The facility policy "Treatment and Prevention of Pressure Ulcers" on page 2 documents Daily Skin Hygiene includes: A.1. Wash with mild soap, rinse and dry thoroughly. 2. Moisturize skin with lotion to keep the skin soft and pliable. Positioning interventions include: B.6. Boney prominence susceptible to pressure will be protected. On page 3, Skin protection interventions C.6. Assess and treat incontinence. When incontinence cannot be controlled, appropriate peri-care with barrier cream to perineal area after each episode of incontinence.	F 314			