

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

PRINTED: 03/17/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145222	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/10/2009
NAME OF PROVIDER OR SUPPLIER WOODSTOCK RESIDENCE			STREET ADDRESS, CITY, STATE, ZIP CODE 309 MCHENRY AVENUE WOODSTOCK, IL 60098		
(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 281 SS=B	<p>Investigation of Complaint Number 0970987/IL40152</p> <p>No Extended Survey was conducted.</p> <p>483.20(k)(3)(i) COMPREHENSIVE CARE PLANS</p> <p>The services provided or arranged by the facility must meet professional standards of quality.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Record and Interview the facility failed to document treatments being completed as ordered by the physician. This is for four residents (R3, R4, R5, and R6) out of thirty-eight residents who reside on wings 100 -200.</p> <p>Examples include:</p> <p>R3 has a physician's order to cleanse the left upper thigh open area with Normal Saline and apply PolyMem every day until healed. On March 4, 5, and 9, 2009 this treatment is not documented as being completed.</p> <p>R4 has a physician's order to apply Bacitracin Zinc Ointment to eyelids daily after cleansing with Normal Saline. This treatment is not documented as being completed on March 6,7, 8, 9, 2009.</p> <p>R5 has a physician's order to apply bilateral hand rolls daily. Between March 1 and March 10, 2009 it is only documented on March 4 as being done</p>	F 281			

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 281	Continued From page 1 as ordered. R6 has a physician's order to apply a hydrocolloid dressing to R6's coccyx every three days and as needed for a protective layer. Between March 1, 2009 and March 10 this treatment is only documented on March 9 as being done. The missing documentation was reviewed with E2, the Director of Nursing, E4, a Clinical Consultant, and E5, a Nurse. All of them validated the missing documentation. In private and separate interviews they stated that floor nurses are responsible for the treatments and the documentation. In addition , they all stated that the completion of the treatments must be documented in the treatment book. E2 added that without proper documentation there is no way to confirm whether or not the treatment has been completed as ordered by the physician.	F 281			