

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

PRINTED: 03/20/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145856</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/17/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALL FAITH PAVILION</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3500 SOUTH GILES AVENUE</b> <b>CHICAGO, IL 60653</b>		
(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 309 SS=D	<p>Complaint investigation of Complaint #'s</p> <p>0880374/IL33141 no deficiencies 0880456/IL33228 no deficiencies 0881110/IL33921 no deficiencies 0880560/IL33343 F-309 &amp; F314 cited 0880732/IL33534 no deficiencies</p> <p>No extended survey was conducted.</p> <p>483.25 QUALITY OF CARE</p> <p>Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to refer to a physician high fever in 2 occasions for 1 resident ( R5 ).</p> <p>Findings include :</p> <p>Per record review, R5 was admitted at the hospital for Sepsis on 12/25/07 and was readmitted to the facility on 1/3/08.</p> <p>On 1/20/08, R5's nurse's notes at 1 PM showed that R5 had a fever of 102.3 degrees Fahrenheit and Tylenol was administered by E15 ( Nurse). According to R5's record, at 1:45 PM, R5 still had a fever of 101.9 degrees Fahrenheit and</p>	F 309			

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 309	<p>Continued From page 1</p> <p>E15 paged Z2 ( MD ). Further review of R5's record showed no further charting on R5 for the 2-10 shift and 10-6 shift. When E15 was interviewed on 3/12/08 at 12:24 PM, E15 said that although Z2 was paged, Z2 never called E15 back during E15's shift at 6-2 PM. E15 added that she relayed to the next shift on 1/20/08 to follow up with Z2 who has not called E15 back. E15 said that when she came back the next day, E15 did not remember if the previous nurse mentioned that Z2 called back and was made aware of R5's fever on 1/20/08. Review of Facility's 24 Hour report showed no evidence that Z2 called back on 1/20/08 nor was there evidence that the 2-10 shift and 10-6 shifts followed up with Z2.</p> <p>Per R5's Nurse's notes on 1/23/08, R5 had a temperature of 102.1 degress Farenheit at 1:45 PM. Per E7's ( 6-2 shift nurse ) charting, Z2 was paged and was suppose to call E7 back. Per E7 during 3/12/08 interview, Z2 never called her back on 1/23/08 at the end of E7's shift. Per interview on 3/12/08 and per R5's nurses notes dated 1/23/08, E8 ( 2-10 shift nurse ) also paged Z2 as E8 charted on 1/23/08, to refer R5's fever. E8 continued that Z2 also did not call her back during her shift. Per R5's nurses notes, Z2 was finally contacted on 1/24/08 at 11 AM. Per R5's Physician Order Sheet ( POS ) and Nurse's notes, Z2 ordered CBS, CMP, and Sedimentation rate. Per R5's Nurse's notes on 1/25/08, R5's Blood Urea Nitrogen was elevated at 68, WBC was elevated at 17.02 and Sedimentation rate was elevated at 100. When Z2 was notified of R5's blood works, R5 was sent to Kindred Lakeshore Hospital.</p> <p>When E3 ( DON ) was interviewed over the</p>	F 309			

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F 309	Continued From page 2 phone on 3/14/08, E3 said that it is the facility's policy to call the Medical Director if resident's attending physician cannot be reached. Review of the facility's Policy and Procedures confirmed E3's statement that if facility staff is unable to contact the physician after 2- 3 attempts, call the Medical Director and the Administrator - on call.	F 309			
F 314 SS=D	<b>483.25(c) PRESSURE SORES</b>  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, interviews, and record review , the facility failed to ensure that pressure sores for 2 residents ( R4 and R5) were given proper treatment and intervention.  Findings include :  1) R4 has diagnoses of Diabetes Mellitus, Anemia, and Congestive Heart Failure. On 3/11/08 at around 12:10 PM and on 3/12/08 at 11:30 AM, R4's Left and Right Buttock pressure sores were observed with clear gel dressing when E5 ( nurse ) opened R4's dressing. R4's Left Buttock sore was observed pinkish with a grayish slough at the center of the sore. Per E5, she treated R4's Left and Right Buttock sores	F 314			

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F 314	<p>Continued From page 3 with Hydrogel.</p> <p>Review of R4's Physician Order Sheet ( POS ) showed that on 2/12/08, Hydrogel Dressing was discontinued by R4's physician and Panafil was ordered for Left and right Buttocks sores. Furthermore, when R4's Treatment Administration Record ( TAR ) was reviewed, it was noted that Hydrogel was still applied to R4's Left and Right Buttocks sores on 3/3/08, 3/4/08, 3/6/08, 3/7/08, 3/10/08, 3/11/08, and 3/12/08. R4's treatment for Left and Right Buttocks on 3/1, 3/2, 3/5, 3/8, and 3/9/08 were left blank and were not signed as treated.</p> <p>When E3 ( Director of Nursing ) was interviewed over the phone on 3/14/08, E3 said that the facility has corrected the error in the treatment already and explained that E5 made an error.</p> <p>2) Per record review, R5 has diagnoses of Cerebro Vascular Accident, Hypertension, and Dementia. Per E7 and E8 ( nurses ) , R5 needs total care, was non-ambulatory and was incontinent.</p> <p>R5's Weekly Wound Assessment showed the following sacral wound measurements :</p> <p>a) 10/23/07 - Stage III - 3.5 x 6 x 0.1 cm - pink with yellow slough  b) 10/30/07 - Stage III - 3.5 x 5 x 0.1 cm. - pink with yellow slough  c) 11/6/07 - Stage III - 4 x 4 x 0.1 cm - pink with green slough  d) 11/13/07 - Stage III - 6 x 5 x 0.1 cm - pink  e) 11/20/07 - Stage III - 5 x 3 x 1 cm -</p>	F 314			

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F 314	<p>Continued From page 4</p> <p>pink f) 11/27/07 - Stage III - 6 x 4 x 0.5 cm - pink with yellow slough</p> <p>Review of R5's POS showed that on 10/24/08, Z2 ( MD ) ordered a change in R5 sacral sore treatment from Nystatin Powder to Panafil daily. R5's TAR for the month of October 2007 showed that Panafil was applied to sacrum on 10/24, 10/25, 10/26, 10/30 and 10/31/07. The TAR was left blank and was not signed as treatment provided on 10/27, 10/28, and 10/29/07. Added to that, review of the 2 November 2007 TAR provided by the facility showed that one TAR is blank and not signed for the whole month, and another hand-written TAR for November showed that the Panafil dressing to the sacrum was not carried out. Per November TAR, R5's sacral sore was still treated with Nystatin Powder which was discontinued on 10/24/07. Further record review showed that even in December 07, R5's panafil Treatment was not carried out in place of the discontinued Nystatin powder. As of 12/19/07, R5's wound measurement per Weekly Wound Record was 5 x 5.5 x 2 cm..</p> <p>There were also multiple blanks in R5's TAR which were as follows :</p> <p>a) May 19 and 20 , 2007 b) July 23, 24, and 25 , 2007 c) August TAR not found in record d) September 1, 2, 8, 9, 15, and 16, 2007 e) October 1, 14, 16, 20, 21, 22, 23, 27, 28, and 29, 2007 f) November 10, 11, 17, 18, 24, and 25, 2007 g) December 8, 9, 15, 16, 22, and 23 , 2007</p> <p>Per E3 ( DON ) during 3/14/08 interview, E6 (</p>	F 314			

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F 314	Continued From page 5 treatment nurse ) was not working during this weekends and it should have been the weekend nurse who should sign these blanks. E3 who is new to the facility said that she is unable to determine who these nurses were , why they did not sign, or if the treatment were done.	F 314			