

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

PRINTED: 04/01/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145259</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/26/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>ALDEN PARK STRATHMOOR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5668 STRATHMOOR DRIVE</b> <b>ROCKFORD, IL 61107</b>		
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F 000	INITIAL COMMENTS  Compliant Investigation  #0911208 / IL40408	F 000			
F 314 SS=D	No extended survey was conducted. 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 interview and record review the facility failed to provide R1 with a pressure relieving surface which prevented his pressure sores from improving.  This applies to 1 of 3 residents reviewed.  The example includes:  The Minimum Data Set (MDS) dated 03/11/2009 shows R1 has diagnoses for Hypothyroidism, Deep Vein Thrombosis, Seizure Disorder, Anxiety Disorder, Depression, Anemia, Methicillin Resistant Staphylococcus Aureus (MRSA), Clostridium Difficile, Urinary Tract Infection, Anoxic Brain Damage, Non-Ruptured Cerebral Aneurysm, Tracheostomy, and	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>Gastrostomy. The same assessment shows R1 was admitted with the following pressure areas: 2-Stage I, 2-Stage II, and 1-Stage IV. The same assessment shows R1 was totally dependent on staff for bed mobility. R1 required a mechanical lift for transfers from bed.</p> <p>The Braden Scale for Predicting Sore Risk (Braden) dated 02/27/2009 shows R1 to be assessed at 14 (13-14 Moderate Risk). The Braden dated 03/06/2009 shows R1 to be assessed at 12 (10-12 High Risk).</p> <p>The Weekly Assessment of Skin Alteration Form shows R1's pressure areas worsened from admission on 02/27/2009 until discharge to the hospital on 03/13/2009.</p> <p>Site: Right Lateral Heel (non-stable) 02/27/2009 1.4 x 1.3 03/05/2009 1.5 x 1.6 03/12/2009 1.7 x 2.0</p> <p>Site: Left Lateral Heel (non-stable) 02/27/2009 3.2 x 3.0 03/05/2009 3.5 x 3.2 03/12/2009 3.5 x 3.2 with dark spot within blister of 2.3 x 2.8</p> <p>Site: Right buttock #1 (stage II) 02/27/2009 2.0 x 1.0 03/05/2009 2.8 x 1.6 03/13/2009 4.0 x 2.4 x 0.3</p> <p>Site Right buttock #2 (stage I) 02/27/2009 8 x 4.8 03/05/2009 10.1 x 6.2 03/13/2009 12.0 x 8.3</p>	F 314			

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F 314	<p>Continued From page 2</p> <p>Site Gluteal crease (stage II) 02/27/2009 0.9 x 0.8 03/05/2009 1.0 x 1.1 03/13/2009 1.2 x 1.1</p> <p>Left buttock #1 (stage II) 02/27/2009 1.0 x 0.3 03/05/2009 1.1 x 1.6 03/13/2009 1.3 x 2.0</p> <p>Left buttock #2 (stage I) 02/27/2009 10.0 x 5.0 03/05/2009 10.6 x 6.8 03/13/2009 11.0 x 8.2</p> <p>On 02/24/2009 at 11:00 AM E1, Administrator confirmed R1 was on a foam pressure-relieving mattress [Static surface]. E1 stated we would normally use a low-air-loss mattress [Dynamic surface] for residents with multiple stage II pressure areas or residents with a stage III or IV pressure area.</p> <p>On 02/25/2009 at Z2 (Advance Practice Nurse / Wound Nurse) stated, "R1 should have been on a low-air-loss mattress. The pressure relief from the foam mattress was not sufficient to prevent further skin breakdown."</p> <p>The Interpretive Guidelines for Long-Term Care Facilities states, "Dynamic pressure reduction surfaces may be helpful when: 1) The resident cannot assume a variety of positions without bearing weight on a pressure ulcer, 2) The resident completely compresses a static device that has retained its original integrity, or 3) The pressure ulcer is not healing as expected, and it is determined that pressure may be contributing to the delay in healing."</p>	F 314			

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F 314	Continued From page 3	F 314			
F 327 SS=D	<p>The care plan for R1's alteration in skin integrity updated 02/27/2009 shows the facility had assessed R1's pressure areas as avoidable by stating a goal that "pressure areas will show signs of healing by 03/13/2009."</p> <p>483.25(j) HYDRATION</p> <p>The facility must provide each resident with sufficient fluid intake to maintain proper hydration and health.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to ensure R1, a tube fed resident, received fluids to prevent dehydration.</p> <p>This applies to 1 of 3 residents reviewed.</p> <p>The example includes:</p> <p>The Minimum Data Set (MDS) dated 03/11/2009 shows R1 is a 58 year old male with diagnoses for Hypothyroidism, Anxiety Disorder, Anemia, Methicillin Resistant Staphylococcus Aureus (MRSA), Clostridium Difficile, Urinary Tract Infection, Anoxic Brain Damage, Non-Ruptured Cerebral Aneurysm, Tracheostomy, and Gastrostomy.</p> <p>Review of the physician order sheets (April/March 2009) show R1 was admitted to the facility on 02/27/2009 with orders for 2-cans of Jevity 1.2 tube feeding every six hours (240 ml per can 1440 ml/day) and water flushes of 200 ml every eight hours. On 03/03/2009 orders were received to increase water flushes to 250 ml</p>	F 327			

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F 327	<p>Continued From page 4</p> <p>every eight hours. On 03/05/2209 the tube feeding was changed to Jevity 1.5 and water flushes were increased. According to Ross Nutrition (2005), Medical Nutritional Products, Jevity 1.2 provides 80 percent free water, and Jevity 1.5 provides 75 percent free water. (p. 53-54)</p> <p>The Registered Dietitian (RD) (E7) first assessed R1 on 03/03/2009 (five days after admission). E7's assessment showed R1 required fluid intake of 2520 ml to 2880 ml of free water.</p> <p>From 02/27/2009 until 03/03/2009 R1 received 2136 ml of free water --1536 ml (80 percent tube feeding) plus 600 ml (200 ml every eight hours) from water flushes.</p> <p>From 03/03/2009 until 03/05/2009 R1 received 2286 ml of free water --1536 ml from tube feeding plus 750 ml (250 ml every eight hours) from water flushes.</p> <p>From 03/05/2009 until 03/15/2009 R1 received 2640 ml of free water --1440 ml from tube feeding plus 1200 ml (300 ml four times daily) from water flushes.</p> <p>R1 did not receive fluid intake required to meet basic needs from 02/27/2009 until 03/05/2009, for 7 days. R1 did not receive fluid intake required to meet his needs while having a temperature from 03/05/2009 to 03/13/2009</p> <p>On 03/25/2008 at 10:00 AM, Z2 (RD) stated, "I would recommend an increase of fluid intake when a resident has a temperature."</p>	F 327			

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F 327	<p>Continued From page 5</p> <p>According to the text, Nutrition Care of the Older Adult 2nd Edition, (2004), "Fluid needs increase 7% for each degree Fahrenheit above normal." (p. 122)</p> <p>The Nursing Notes show R1 had a baseline temperature of 98.6 (+/- 0.2) degrees Fahrenheit (F) from 02/28/2009 until 03/01/2009.</p> <p>On 03/01/2009 at 7:30 AM R1 had a temperature of 99.8 degrees F; at 10:20 AM R1's temperature was reassessed at 100.1 degrees F axillary; at 6:45 PM R1's temperature was 99.8 degrees F.</p> <p>On 03/05/2009 at 9:30 PM R1 had a temperature of 100.2 degrees F (1.6 degrees above normal), increasing the requiring fluid intake by an 11.2 percent-- 2880 ml to 3203 ml.</p> <p>From 03/05/2009 to 03/13/2009 R1's temperature fluctuated between 98.3 degrees F and 101.2 degrees F axillary.</p> <p>On 03/25/2009 at 9:00 AM E6, (Certified Nursing Assistant) stated, R1 usually gets up into a chair during the day and stays awake. R1 started sleeping more and didn't communicate as much and seemed weaker, so we had to put him in bed. He was like that for two days.</p> <p>On 03/25/2009 at 10:20 AM E4 (Registered Nurse , RN) stated R1 had been running a temperature on and off since he was admitted. There were a few days R1 had a high temperature. I remember receiving in report he had been running a high fever. I gave R1 his medications just before starting his tube feeding and he always got his scheduled flushes at that time.</p>	F 327			

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F 327	<p>Continued From page 6</p> <p>On 03/25/2009 at 10:30 AM E5 (RN) stated, R1 was running a low grade temperature on all the shifts. Everyone was aware of R1's temperature, and we were monitoring him. The last day he started to get worse. R1 was more lethargic and I passed to E4, RN the Nurse Practitioner would have to be called and something would have to be done. I had a tube feeding scheduled for midnight and maybe at 6:00 AM. I gave his medication when I gave him his tube feeding at midnight.</p> <p>The hospital history and physical dated 03/13/2009 states "LABS AND STUDIES ... Chemistry panel notable for Hyponatremia at 161. BUN and creatinine are 46 and 1 suggesting some dehydration, hypovolemia [low volume of fluids]. Potassium is normal. Albumin is 2.7." and "PLAN ... 2. Hypotension from hypovolemia versus adrenal insufficiency. His sodium is 161 suggesting that the patient is definitely dehydrated in the sense that his free water is low. Will hydrate. 3 liters given in emergency room. Continue at 125 cc an hour overnight." R1 was admitted to hospital on 03/13/2009 and was treated until 03/25/2009, for twelve days.</p> <p>The lab report, electrolytes, for R1 dated 03/13/2009 shows Sodium (NA+) at 161 mEq / L (normal 136-145).</p> <p>The Merck Manual of Geriatrics (2000), Hyponatremia states, "An elevation in the plasma concentration greater than 146 mEq/L caused by a deficit of water relative to solute; total body sodium content is usually normal or nearly normal. Excessive loss of body water</p>	F 327			

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F 327	Continued From page 7 relative to loss of sodium underlies hypernatremia... Mortality rate is about 40 percent in the elderly hospitalized patient and is highest in patients with a rapid onset and in those with serum sodium concentrations greater than 160 mEq/L." and Symptoms and Signs, states, "The symptoms of moderate hypernatremia may be nonspecific; weakness and lethargy are common. More severe hypernatremia (serum Sodium concentrations greater than 152 MEq/L) may cause a focal neurologic deficit (e.g., hemiparesis), severe obtundation, stupor, coma, and seizures." (p. 566-567)	F 327			