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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145222	A. BUILDING ______ B. WING ______	C 04/29/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTOCK RESIDENCE	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 Investigation of Complaint 0870791/ IL 33595 - F281 0871674/ IL 34504 - F281 and F309 0871678/ IL 34507 - No Deficiencies No Extended Survey was conducted.	F 000		
F 281 SS=D	483.20(k)(3)(i) COMPREHENSIVE CARE PLANS The services provided or arranged by the facility must meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to: 1. follow physician's order for medication administration 2. document indwelling catheter care and Gastrostomy tube (G-tube) site care 3. notify the physician of resident having rash/redness and obtain and/or document the treatment for the rash/redness. This is for 1 resident (R1) out of 3 in the sample. The examples include: 1. R1 was 54 years old admitted to the facility on 1/19/08 with diagnoses including Chronic Liver Disease, Cirrhosis, and Hepatitis C according to R1's face sheet. R1 was readmitted to the facility was on 1/29/08 with diagnosis of Hematemesis. A history and physical from the local hospital documents diagnosis of Acute and Chronic Anemia secondary to Gastrointestinal Hemorrhage. R1's record review indicated that	F 281		5/14/08

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145222	A. BUILDING ______ B. WING ______	C 04/29/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTOCK RESIDENCE	**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 281	Continued From page 1 R1 was to have nothing by mouth (NPO), was receiving tube feeding through the G-tube, and had an indwelling urinary catheter. R1 has a physician's order dated 1/29/08 to administer Ferrous Sulfate 300 milligram (mg)Elixir daily and Acidophylis one tablet twice daily through the G-tube. R1's Medication Administration Record (MAR) from 2/1/08 to 2/15/08 were reviewed. The review indicated that 12 out of 15 doses of Ferrous Sulfate and 3 out of 30 doses of Acidophylis were not given as ordered by the physician. A further review of R1's clinical record indicated no documentation regarding the reason for not administering the ordered medications. This was confirmed by E4 (Nurse) on 4/18/08 at around 1:50 pm and by E3 (Nurse Consultant) on 4/18/08 at around 2:10 pm. E3 also stated that there was no documentation to indicate that the physician was notified about R1 not receiving Ferrous sulfate and Acidophylis. 2a. E2 (DON) was interviewed on 4/18/08 at around 12:25 pm. E2 stated the nurses should check the G-tube insertion site every shift and it should be documented on the MAR. E2 further stated that any changes to the G-tube insertion site like redness, bleeding, crustiness should be documented in the Nurse's Notes. R1's clinical record including the MAR and the Treatment Sheets were reviewed. There was no documentation regarding the inspection of the G-tube site and/or G-tube site care in R1's clinical record and this was confirmed by E2 on 4/18/08 at around 12:25 pm. The facility's policy and procedure titled "Gastrostomy Tube care and Maintenance"	F 281		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145222	A. BUILDING ______ B. WING ______	C 04/29/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTOCK RESIDENCE	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 281	Continued From page 2 documents " ... Clean the tube site daily with mild soap and water, rinse (unless no rinse soap is used) and dry. Observe the peristomal skin for redness, irritation or gastric leakage ..." The Nursing charting from the local hospital dated 2/16/08 at 8:30 pm documented "G-tube site reddened with scab area noted." b. R1's clinical record review indicated that there was no documentation regarding the indwelling catheter care and this was confirmed by E2 on 4/18/08 at around 2:15 pm. 3. E5 (CNA) was interviewed on 4/18/08 at around 3:00 pm. E5 stated that R1 had redness from under his testicles to the back. E5 also stated that R1 had diarrhea. E5 stated that the nurses were aware of R1's redness. There was no documentation in R1's clinical record to indicate that the physician was not notified about the redness/rash and a treatment was not obtained for the redness/rash. R1's Nurse's Notes dated 2/12/08 documents that the stool specimen was collected to be sent to the laboratory for Clostridium Difficile. It further documents that R1 was having loose bowel movements. The Legend charting from the local hospital dated 2/16/08 at 8:00 pm documented "Right and left groin redness and irritation. Yellow drainage with foul smell."	F 281		
F 309 SS=D	483.25 QUALITY OF CARE 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	F 309		5/18/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145222	A. BUILDING ______ B. WING ______	C 04/29/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTOCK RESIDENCE	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 309	Continued From page 3 accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on record review and interview the facility failed to: 1. respond to low/no urine output and notify the physician of the low/no urine output 2. consistently document the urine output on the output sheet 3. document the intake of the tube feeding 4. assess a resident for signs and symptoms of urinary tract infection This is for 2 residents (R1, R2) out of 3 residents reviewed for urinary catheters. The examples include: 1. R1 was 54 years old admitted to the facility on 1/19/08 with diagnoses including Chronic Liver Disease, Cirrhosis, and Hepatitis C according to R1's face sheet. R1's record review indicated that R1 was to have nothing by mouth (NPO), was receiving tube feeding through the Gastrostomy tube (G-tube), and had an indwelling urinary catheter. R1's indwelling catheter output sheets from 2/1/08 to 2/16/08 were reviewed. The following are the documentation: a. the output sheet dated 2/13/08 for 11-7 shift documents 100 cubic centimeters (ccs) of dark yellow urine. b. the output sheet dated 2/14/08 for 11-7 shift documents "Not Emptied decreased output." c. the output sheet dated 2/14/08 for 7-3 shift was	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145222	A. BUILDING ____ B. WING ____	C 04/29/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTOCK RESIDENCE	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 309	Continued From page 4	F 309		

blank.
d. the output sheet dated 2/15/08 for 11-7 shift was blank.
e. the output sheet dated 2/15/08 for 7-3 shift was 200 ccs of orange urine
f. the output sheet dated 2/15/08 for 3-11 shift was 200 ccs of orange urine
g. the output sheet dated 2/16/08 for 11-7 "No output, Nurse notified."

R1's Nurse's Notes were reviewed. The Nurse's Notes do not document the physician being notified about R1's low and/or no urine output. The Nurse's Notes also does not document any nursing interventions done for the low/no urine output. R1's Nurse's Notes dated 2/16/08 at 2:00 pm documents, "Went into resident's room to check output and feeding. Found resident unresponsive. Skin cool/moist. Eyes closed. Mid sternal stimulation applied with no results. Left hand swollen, nail beds bluish. Color dusky, (blood pressure)167/129, (pulse) 171, (respiration) 12, oxygen saturation 73%. oxygen per non-rebreather mask applied at 4 liters. 911 called at 2:05 pm, 911 arrived and transferred resident at 2:15 pm ..."

E4 (Nurse) was interviewed on 4/18/08 at around 12:30 pm. E4 stated that on 2/16/08 the night nurse might have told her that R1's had no output during the 11-7 shift and she would have notified the physician if R1 had no output by the end of 7-3 shift. E4 after reviewing R1's indwelling catheter output sheet stated that from 2/13/08 11-7 shift onwards there were change in R1's urine output. E4 also stated that she was not aware of the R1's indwelling catheter output being only 100 ccs of dark yellow urine on 2/13/08 for 11-7 shift . E4 further stated the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145222	A. BUILDING ______ B. WING ______	C 04/29/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTOCK RESIDENCE	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 309	Continued From page 5	F 309		

indwelling catheter output sheets were not seen by the Nurses and the Certified Nurse's Assistants (CNAs) were responsible for reporting any abnormalities to the Nurses.

E2 (DON) was interviewed on 4/18/08 at around 12:05 pm. After reviewing R1's indwelling catheter output sheet E2 stated that something was going on with R1 from 2/13/08 with the decreased output. E2 also stated that the Nurses should have checked the indwelling catheter for patency, if the indwelling catheter was patent then they should have checked R1's vitals at least twice per shift and R1's physician should have been notified on 2/13/08 at least by 3:00 pm. E2 was interviewed again on 4/18/08 at around 2:00 pm. E2 stated that the physician should be notified if resident had no urine output for a shift (8 hours). E2 also stated that with regards to R1 the physician should have been notified on 2/14/08 and 2/16/08.

The facility's policy and procedure titled "Intake and Output" documents "... If resident has no intake and/or output for a shift, alert the physician or nurse practioner."

The facility's policy and procedure titled "Change in Resident's Condition" documents " ... nursing will notify the resident's physician or nurse practioner when: ...There is a significant change in the resident's physical, mental, or emotional status ..." E3 (Nurse Consultant) was interviewed on 4/18/08 at around 2:50 pm. E3 stated that the significant change includes decrease in urine output, changes in the color of urine like dark yellow, orange color.

2. A further of R1's indwelling catheter output

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145222	A. BUILDING ______ B. WING ______	C 04/29/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTOCK RESIDENCE	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 309	Continued From page 6	F 309		

from 2/1/08 to 2/16/08 indicated that the urine output was inconsistently document on the output sheet and this was confirmed by E2 on 4/18/08 at around 12:25 pm.

The facility's policy and procedure titled "Intake and Output" documents "... Output is recorded for residents with the following: ... Foley Catheter ..."

3. R1's record review documents a physician's order to administer tube feeding at 45 cc per hour and to flush the "G" tube with 250 ccs of water eight hourly. R1's record review indicated no documentation regarding R1's intake through the "G" tube.

The facility's policy and procedure titled "Intake and Output" documents " ... Intake is recorded for residents with the following: ... Tube feedings ..."

4. R2 is 80 years old who was readmitted to the facility on 4/4/07 with diagnoses including urinary retention. A history and physical from the local hospital dated 6/5/07 documents that R2 had a urinary tract infection with sepsis.

On 4/18/08 at around 10:10 am. R2 was lying in bed, the indwelling catheter was draining cloudy urine and mucous was noted in the tubing which was connected to the urinary drainage bag. This was confirmed by E2 on 4/8/08 at around 10:15 am. E2 further stated that she will send a specimen to the laboratory for urine analysis, culture and sensitivity.

R2's indwelling catheter output sheets from 4/1/08 to 4/18/08 were reviewed. Most of the output documented from 4/1/08 to 4/18/08 documents urine with sediments. There are no

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145222	A. BUILDING ____ B. WING ____	C 04/29/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSTOCK RESIDENCE	**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 309	Continued From page 7 nursing documentation from 4/1/08 to 4/17/08 to show that R2 was assessed for signs and symptoms of urinary tract infection. R2's care plan for indwelling catheter documents "... assess urine for signs and symptoms of infection i.e.: blood, sediments, cloudiness, decreased output, increased temperature..." The review also indicated that the R2's urine output was inconsistently documented and this was confirmed by E2 on 4/18/08 at around 10:25 am. R2's urine culture and sensitivity report dated 4/24/08 documents that R2 had greater than 100,000 col/ml of Pseudomonas Aeruginosa and Proteus Mirabilis.	F 309		