Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008270	A. BUILDING: _____ B. WING _____	01/21/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMWOOD CARE	7733 WEST GRAND AVENUE ELMWOOD PARK, IL 60707

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S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS 300.610a) 300.1010h) 300.1210a) 300.1210b) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.	S9999	Attachment A Statement of Licensure Violations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE 02/11/16

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S9999	Continued From page 1 Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) THESE REGULATIONS WERE NOT MET AS EVIDENCED BY: Based upon observation, interview and record	S9999		

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review, the facility failed to notify and consult the physician of a persistent complaint of pain and unavailability of pain medication and failed to consistently and completely document dialysis communication report treatment flow sheets. These failures have the potential to affect all 21 residents who receive dialysis services within the facility; affected 4 of 4 residents (R12, R17, R18, R25) reviewed for dialysis services, in the sample of 26 and 17 residents (R29, R53, R64-R78) from the supplemental sample.
Because of these deficient practices, R29 was not able to sleep at night due to pain and discomfort and failed to participate in activities due to continuous pain and discomfort.
Findings include:
Per physician order report dated 1/11/16, R29 ' s was admitted to the facility on 5/14/2015 with diagnoses listed in part as: hypotension, unspecified dementia without behavioral disturbance, hypertension, atrial fibrillation, heart failure, chronic obstructive pulmonary disease, chronic respiratory failure, end stage renal disease, tracheostomy, and gastrostomy.
On R29 ' s MDS (Minimum Data Set) dated 11/25/15 indicates BIMs (Brief Interview for Mental Status) as a 12 for moderate impairment.
On 1/6/16 at approximately 12:15 pm R29 was noted moaning and groaning in bed. R29 complained of generalized pain all over and inability to sleep all night. When asked if R29 was able to participate in the activities in the facility, R29 stated he was not able to because of pain. R29 further indicated that the nurses were aware of the complaints of pain and motioned to the nursing staff in the room. E10 (Licensed Practical Nurse) was asked about R29 ' s pain, and E10 indicated she would look into it. During the survey, R29 was observed in the room.
Review of R29 ' s progress notes from 12/1/15

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S9999	Continued From page 3 through 1/12/16, there is no documentation related to identification, assessment or management of R29 ' s pain. Review of R29 ' s MAR (Medication Administration Record) and Medication Review report with order date of 12/23/15 indicated that R29 has an existing order for pain management " Fentanyl patch 72 hours for pain management and remove as scheduled and apply new patch; Hydrocodone-acetaminophen 5-325 mg give 1 tablet via G-tube every 6 hours as needed for moderate (4-6) to severe (7-10) pain. Further Review of R29 ' s MAR shows that the prescribed Fentanyl pain patch was not given on 12/26/15, 12/29/15, and 1/1/16 with notations indicating that medication was not available. R29 was provided the Fentanyl pain patch on 1/4/16, eleven days after the physician order. A medication for hydrocodone-acetaminophen was ordered for R29 on 12/22/15 as an alternative pain medication to be offered but was not given per record review. Review of progress notes for 1/4/16 documented by E46 (licensed practical nurse) states, " Called pharmacy for Fentanyl patch. Needs prescription. Prescription form faxed to pharmacy. " Interview with E46 on 1/12/16 at 1:10pm indicated that E46 was very familiar with R29. E46 went on to say that R29 had intermittent complaints of pain and that it was the facility ' s practice to access for pain based on a 1-10 pain scale however could not recall if she did any assessment for this resident. E46 confirmed she ordered the Fentanyl patch because R29 was out of the medication but could not recall if she ordered it due to R29 ' s complaints of pain. Interview was conducted with Z6 (Pharmacist consultant) on 1/7/16 at approximately 3:15pm. Z6 indicated she conducted medication regimen reviews for the facility on a monthly basis and	S9999		

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would provide the results of the report to the administrator and director of nursing. Asked what the process would be if she saw circled medications on the MAR (medication administration record) indicating not given or unavailable, Z6 indicated that she would report it to the administrator and director of nursing and would show up on her report.
Review of consultant pharmacist medication regimen review lists R29 as one of the resident ' s not requiring any recommendations pertaining to her medications and fails to identify the unavailable Fentanyl medication.
Pain assessments for 12/25/15 indicate R29 was in severe pain during the evening and night shifts with no pain medications provided. Pain assessments for 12/26/15 indicate R29 was in severe pain again during the evening and night shifts. E2 (Director of Nursing) provided the surveyor with copies of MAR (Medication Administration Records) dated 12/2015 and 1/2016, which confirmed that no medication were provided to alleviate R29 ' s pain. Despite surveyor ' s request, E2 was unable to provide evidence of other pain management measures for R29.
On 1/11/16 at approximately 2:00 pm Z1 (Physician) was telephoned and interviewed. Z1 indicated that he was not informed by the facility about R29 ' s complaints of pain nor was informed that R29 ' s Fentanyl pain medication was not available. Z1 indicated if he was informed he would have taken care of the issue. Z1 further indicated that it was his expectation to be informed when there is any change in condition with any of his patients and the facility would usually do that.
On 1/11/16 at 3:10 pm E2 (Director of Nursing) was interviewed. E2 indicated she expected her nurses to assess and document pain and to

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provide pain medications as ordered by the doctor. E2 went on to say that she expected to be informed, along with the doctor and pharmacy if there were any issues with medications being unavailable.
On 1/12/16 at 3:15 pm, E45 (PM Nursing Supervisor) indicated she was very familiar with R29 and was aware of her complaints of intermittent pain. E45 indicated they would assess pain on a scale of 1 to 10, 10 being the most severe. She added that they would give pain medications per doctor ' s orders and that they ' d assess and document the results in the MAR or nurses notes. E45 went on to say she recalled R29 ' s issue with unavailable pain medication.
R29 ' s care plan dated 11/20/2015 states in part: " Resident will be comfortable and free of pain. Administer pain medications as ordered. Evaluate/record/report effectiveness and any adverse side effects. Administer pain relief measures e.g., distraction, relaxation, music, pillows, repositioning, etc. Monitor and record effectiveness. " There is no documentation noted pertaining to pain relief measures being administered to R29.
The facility ' s policy dated 2/28/13 titled Pain Management states in part: Objective: It is the policy of this Facility to screen all residents for pain; identify those who are experiencing pain; and assess and develop an effective individualized pain management care plan. Procedure: All residents will be screened for the presence of pain symptoms. The facility nursing staff will complete the Pain Screening Form upon admission, with the Quarterly Assessments, Readmission from Hospital Stay, and if the resident experiences a new onset of recurrent pain. If a resident scores a total of 5 or more on the paper screening form, the Comprehensive Pain Assessment will then be competed. The

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S9999	Continued From page 6 physician will be informed of resident ' s initial complaint of pain and review the resident ' s pain management plan during routine visits. On 1/6/16 at 9:45 am during an interview with Z3 (Dialysis Nurse), Z3 was asked, how does dialysis staff communicate with the facility nurses to ensure continuity of care between the nursing unit and the dialysis unit. Z3 stated, " We use a communication log between the dialysis (nurse) and the unit nurses each time the patient comes to dialysis. " On 1/7/16 at 3:06 pm during an interview with E2 (Director of Nursing), E2 was asked, what is your expectation for communication between the unit nurses and the dialysis staff. E2 stated, " The dialysis nurses may call the unit nurses and the unit nurses may call the dialysis nurses. " E2 was asked, what is the purpose of the dialysis communication report. E2 stated, " Each time the resident goes to dialysis, the communication report goes with them to dialysis staff but, the policy is not limited to paper only, nurse may call. The unit nurses do not have to use the dialysis communication report because they can just call. " E2 was asked, does your dialysis policy or contract with the dialysis service indicate that the (unit) nurses should use the communication report. E2 stated, " No the contract does not say that and we do not have a policy that says that. " On 1/7/16 received from the facility Dialysis Communication Report forms for the third floor residents receiving dialysis from E3 (nursing supervisor). The Dialysis Communication Report forms were incomplete in the section labeled to be " completed by long term facility staff prior to sending patients to dialysis. The incomplete dialysis communication reports were regarding; R29, R69, R17, R70, R71, R72, R73, R74, R75, R76 and, R77.	S9999		

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S9999	Continued From page 7 On 1/7/16 requested from E1 (Facility Administrator) copies of all dialysis communication reports for all residents receiving dialysis at the facility. E1 presented all dialysis communication reports on 1/11/16. Dialysis communication reports for all residents receiving dialysis in the facility (R12, R17, R18, R25, R29, R53, R64-R78) and presented by E1 were incomplete. Duplicate dialysis communication reports that were incomplete as presented by E3 (nursing supervisor) on 1/7/16 were partially completed for R77, R17, R74, R29, R70, R73 and, R12 as presented by E1. A review of the undated facility policy initialed, " Care of the Dialysis Resident " , indicates in part: " Pre-dialysis weights are to be obtained. If resident attends in-house dialysis the weights are to obtained by nursing staff. Correlation of services will be established between the dialysis team and the facility staff. " A review of the " Home Hemodialysis Coordination and Services Agreement " indicates in part: " Patient care personnel shall complete a treatment flow sheet, one copy of which shall be maintained on the facility premises. Patient care personnel shall be responsible for recording all weights in the dialysis treatment record of each Home Dialysis Patient. " (B)	S9999		