

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/23/2016
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NAME OF PROVIDER OR SUPPLIER ALHAMBRA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 417 EAST MAIN STREET, BOX 310 ALHAMBRA, IL 62001
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S9999	<p>Final Observations</p> <p>Licensure Violations:</p> <p>300.610a) 300.1210d)5 300.3240a)</p> <p>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.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.</p>	S9999	<p>Attachment A Statement of Licensure Violations</p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE 12/16/16
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S9999	<p>Continued From page 1</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.</p> <p>These Regulations are not met as evidenced by: Based on observation, interview and record review, the Facility failed to prevent the formation of pressure ulcers, provide repositioning and provide prescribed treatment for 2 of 5 residents (R2, R8) reviewed for pressure ulcers in the sample of 13. This failure resulted in R2 developing 3 facility acquired Stage II pressure ulcers.</p> <p>Findings include:</p> <p>1. R2's current face sheet documents R2 was admitted on 10/1/15 with diagnoses of, in part, Dementia with behaviors, repeated falls, Schizoaffective disorder, Psychosis and Alzheimer's Disease.</p> <p>R2's Minimum Data Set (MDS), dated 10/17/16, documents R2 has severe cognitive impairment, requires extensive assist of 2 staff members for bed mobility and transfer, and is totally is dependant on staff for incontinent care.</p> <p>R2's Braden Scale For Prediction of Pressure Score Risk, dated 10/17/16, documents R2 is at high risk.</p> <p>R2's Care Plan, dated 10/19/16, documents, in part, "Problem: Resident is at risk for pressure ulcers R/T (related to) impaired mobility- res (resident) not ambulatory at this time due to recent hip fracture. Resident has no pressure areas at this time. Approach: Turn and reposition</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>every 2 hours and prn (as needed)."</p> <p>On 11/15/2016 at 9:45 AM, E12 and E13, Certified Nurses Aides (CNAs) performed pericare for R2. At this time, R2's left buttock was slightly red and his right buttock was red. Both buttocks and coccyx were intact with no open areas. E12 and E13 transferred R2 into his wheel chair. R2 remained in his wheelchair without the benefit of repositioning from 9:45 AM until 2:00 PM based on 15 minute or less observation intervals performed by 2 surveyors.</p> <p>On 11/15/16 at 1:55 PM, E11, CNA stated, "(R2) usually stays up in his wheelchair all day once he is up."</p> <p>On 11/15/16 at 2:00 PM, E12 and E13 laid R2 down. R2 was wet with urine. R2 had 2 red open circular Stage 2 areas approximately 0.5 x 0.5 centimeters (cm) on his left buttocks.</p> <p>On 11/15/2016 at 2:15 PM, E4 Registered Nurse (RN) Wound Treatment Nurse, inspected R2's buttocks. E4 noted 3 open areas at this time. E4 stated, "(R2) did not have open areas yesterday. I did a skin check on him."</p> <p>On 11/15/2016 at 3:30 PM, E2, Director of Nurses (DON), stated, "Staff should turn, reposition and offload (R2) every 2 hours at least."</p> <p>R2's Nurses Note, dated 11/15/16 at 2:45 PM, documents, "Notified hospice, re (in reference to) 3 stage II open areas to left buttocks/coccyx = top Left buttock 0.5 L (length) X 0.3 W (wide). mid + 0.7 L x 0.2 cm W and lower 0.5 cm L X 0.2 cm W."</p> <p>The facility's undated Pressure Ulcer, Care and</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Prevention of policy and procedure documents, in part, "6. Turn the resident every two hours and position with pads or pillows to protect bony prominences. 8. Whenever possible, teach the resident to change his position at regular interval and shift his weight in wheelchair."</p> <p>2. The Facility Wound Report, dated 11/7/16, documents R8 has a facility acquired Stage 3 pressure ulcer on the coccyx.</p> <p>R8's Braden Scale for Prediction of Pressure Sore Risk, dated 10/31/16, documents R8 is at a moderate risk for the development of pressure sore.</p> <p>R8' Electronic Physician Order Sheet (POS), dated 10/11/16, documents, "Cleanse area on coccyx with normal saline, pat dry. Apply santyl and calcium alginate dressing, cover with island dressing, change daily and (prn) as needed."</p> <p>R8's Weekly Wound Progress Note, dated 11/9/16, documents, "Continue to treat coccyx with santyl and calcium alginate. Wound 1.0 cm by 0.3 cm by 0.4 cm with minimal serosanguinous drainage. Red area to buttock resolved. No other open areas, redness or blisters noted over bony prominences."</p> <p>On 11/15/16 at 9:41 AM, E4 provided treatment to R8's stage 3 pressure ulcer on the coccyx. E14, CNA, assisted E4. R8 was in bed. E7 and E11, both CNAs, had just finished providing incontinent care to R8. R8 did not have any dressing covering her coccyx pressure ulcer nor any loose dressing was found anywhere in the bed clothes. E4 washed her hands and donned gloves. E4 cleansed the pressure ulcer with wound cleanser and applied santyl and calcium alginate and</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>covered with an island dressing.</p> <p>On 11/15/16 at 9:49 AM, E7 and E11 both stated they cleaned up R8 before breakfast that morning and there was no dressing covering the wound then. They stated E4 was not in the facility at the time so she was not informed about it.</p> <p>On 11/16/16 at 4:00 PM, E2 stated she expects the staff to notify the nurse immediately when wound dressings come off or get soiled so the nurse can put a new dressing on.</p> <p style="text-align: center;">(B)</p> <p>300.1210b) 300.1210d)6 300.3240a)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident</p> <p>These regulations are not met as evidenced by:</p> <p>Based on interview and record review, the Facility failed to provide progressive interventions to prevent falls for 1 of 4 residents (R2) reviewed for falls in the sample of 13. This failure resulted in R2 sustaining lacerations, a subarachnoid hemorrhage, and a hip fracture.</p> <p>Findings include:</p> <p>R2's current face sheet documents R2 was admitted on 10/1/15 with diagnoses of Dementia with behaviors, repeated falls, Schizoffective disorder, Psychosis and Alzheimer's.</p> <p>R2's Minimum Data Set (MDS), dated 12/30/15, documents R2 had severe cognitive impairment, ambulation did not occur, and needed extensive assist of 1 staff member for mobility in a wheelchair. R2's MDS, dated 6/6/16, documents R2 has severe cognitive impairment and requires limited assist of 1 for ambulation.</p> <p>R2's Care Plan, dated 12/20/15, documents resident exited facility requiring assist of 2 staff members to return him into facility. The Care Plan also documents resident was combative caused staff and resident to fall. The Care Plan documents R2 was sent to emergency room and admitted with a hip fracture.</p> <p>R2's Fall Risk Evaluations, dated 3/2/16, 6/6/16, 7/22/16, and 10/17/16 document R2 is</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>considered high risk.</p> <p>The facility Occurrence Report for R2, dated 5/12/16 at 11:15 AM, documents, in part, "Resident very agitated earlier in day and unable to redirect. Lorazepam administered, calmed. Resident placed in activities when fall occurred. Sent to ER (emergency room) for lacerations. To prevent further occurrence place in front of activities. (fall occurred when activity staff had back towards resident)."</p> <p>The facility follow up report, dated 5/12/16 and untimed, documents, in part, "Returned to facility at 8:52 PM with subarachnoid hemorrhage, laceration to forehead skin tear to left elbow and Left hand. Family has been visiting and sits with him daily. Remains with agitation, 15 minutes checks continue. One on One as needed and provided (family and staff)."</p> <p>The facility Occurrence Report for R2, dated 5/18/16 at 2:00 PM, documents, in part, "Nurse Statement of other Contributing Factors: Resident found on floor in own bathroom head to toe assessment performed- 911 called." The Report continues, "New Intervention check alarm is in place on bed and wheelchair. Do not leave alone in bathroom."</p> <p>R2 ' s Nurses Note, dated 05/18/2016 at 02:04 PM, [Recorded as Late Entry on 05/18/2016 10:04 PM] documents, "Resident fell in bathroom in own room. Reopened laceration above left eye. Skin tear measuring 4 cm (centimeter) x 4 cm to left forearm. 1 cm x 1 cm skin tear to top of left hand. Neurological assessment completed. 911 contacted. POA (Power of Attorney) contacted. Resident sent to Hospital for evaluation & treatment."</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>R2's Safety event, dated 6/6/16 at 6:06 AM, documents, "Resident found on floor in dining room laying on back. Chair alarm sounding at the time. Full body assessment completed. Resident states ' no pain ' range of motion good in all extremities. Skin tear to forearm measuring 1 cm X 1 cm, cleansed with normal saline and steri-strips applied. Resident assisted to sitting position and then standing position. Able to take 3 steps without difficulty and sit in wheelchair. Alarm on and patent. 15 minute checks initiated." R2's Nurses Note, dated 6/6/16 at 1:51 PM, documents, in part, "Resident complains of pain in right hip. ambulance here at 1 PM and took to emergency room. R2's Nurses Note, dated 6/6/16 at 8:29 PM, documents, Resident admitted to hospital with diagnosis of hip fracture. The facility Follow Up Report, dated 6/6/16, documents " Personal alarm to be worn upon readmission."</p> <p>R2's Nurses Note, dated 7/3/16 at 4:59 PM, documents, in part, "Found on floor in cafe. laceration to left forehead. Call to 911." R2's Nurses Note, dated 7/3/16 at 9:50 PM, documents, in part, "Resident returned to facility at 9 PM with sutures to forehead. Preventive Measure Continue with monitoring/ use of personal alarm."</p> <p>R2's Safety event, dated 9/28/16 at 8:29 PM, documents, " Resident slide out of w/c (wheelchair) in DR (dining room) at table and landed on R (right) knee as noted per staff. New Intervention Hospice contacted - tried another chair repositioned medicate when restless/ discuss with hospice to obtain different type of w/c cushion. "</p> <p>R2's Safety event, dated 10/14/16 at 9:54 PM,</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>documents, in part, "Staff pushing resident in w/c out of dining room when resident leaned forward and slid off w/c seat onto floor lying on his right side. New Intervention Discuss with hospice of adjusting wheelchair."</p> <p>On 11/17/16 at 8:50 AM, E2 Director of Nurses (DON), stated, " The 1/5/16 fall was nonwitnessed and we implemented a (lap top cushion), 15 minute checks and personal alarms. The 5/12/16 fall we implemented personal alarms, place where he would be seen at all times during activity, family involvement and a medication review. The 5/18/16 fall new intervention was to check alarms to make sure they are working, do not leave alone in bath and frequent 15 minute checks. " E2 stated " The alarm was sounding when found. The 6/6/16 fall happened at 5:30 AM, chair alarm was sounding he was in dining room. The night staff put him in dining room to redirect him with snack and drink with chair alarm on. He tried to stand up and fell. This resulted in a fractured right hip. " E2 further stated, " When (R2) came back, the interventions started all over again alarms, frequent checks and turn and reposition. The fall 9/28/16 at 8:35 AM, he was in the dining room because he was playing a puzzle and having a snack. The alarm was sounding when found. The new intervention was to get a different wheelchair cushion, medicate when restless and staff to do frequent checks to make sure he is safe. "</p> <p>On 11/21/16 at 2:55 PM, E2 stated, " I think the fall on 10/14/16, he was in a high back wheelchair and the girls couldn't reach him. "</p> <p>On 11/21/16 at 2:55 PM, E3, MDS/Care Plan Coordinator, stated, " I know we have tried a lot of different things with (R2) it ' s just not</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>documented anywhere. (R2) is just so quick ,before you know it he is up and on the floor. "</p> <p>On 11/22/16 at 10:55, Z2, Medical Director, stated, "There are many reasons for (R2) falling. The most significant is his mental status. He is unable to process information. Despite our attempt, it is a struggle to keep him safe. That is why he needs to be at the Nurses Station so he can be watched."</p> <p>The facility ' s undated Fall Protocol policy and procedure documents, in part, "Preventive measures will then be implemented for those residents assessed as moderate to high risk. These measures will be documented on the Plan of Care and/ or nurses notes. " The Protocol continues, " 8. Care Plans will be updated as appropriate within 3 days of a fall occurrence. "</p> <p>(B)</p> <p>Licensure Violations: 300.615f)</p> <p>Administrative Code 300</p> <p>Illinois Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender.</p> <p>These requirements are NOT MET as evidenced by:</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>Based on interview and record review, the Facility failed to check the Illinois Department of Corrections sex registrant search page during preadmission screening for 1 of 1 resident (R13) reviewed for preadmission screening in the sample of 13 and 9 residents (R15, R17, R18, R19, R20, R21, R22, R23 and R24) in the supplemental sample.</p> <p>Findings include:</p> <p>During review of R13's, R15's, R17's, R18's, R19's, R20's, R21's, R22's, R23's and R24's Preadmission Screening documents, the Illinois Department of Correction Search was not in the screening documents.</p> <p>On 11/17/16 at 9:40 AM, E16, Social Services Director stated that we are not separately checking the Department of Corrections Website sex offender website we only going off of the criminal background sheets from the Illinois State Police.</p> <p>The Facility's Resident Background Check Policy and Procedure, dated 12/11/07, documents in part, "Within 24 hours of admission we conduct a background check currently checking ISP (Illinois State Police) Sex Offender List, the IL Dept of Corrections Parolee Sex Registrant List, and an UCIA (Uniform Conviction Information Act) Background Check through ISP FEESUB program."</p> <p>The Facility's Resident Background Check Checklist, undated, documents in part, "ISP Sex Offender search completed and results attached. " The Checklist also documents " IL Dept of Corrections search completed " and then a space to enter for completion.</p>	S9999		
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S9999	<p>Continued From page 11</p> <p style="text-align: center;">(B)</p> <p>300.661 Section 300.661 Health Care Worker Background Check A facility shall comply with the Health Care Worker Background Check Act [225 ILCS 46] and the Health Care Worker Background Check Code (77 Ill. Adm. Code 955).</p> <p>225 ILCS 46 Health Care Worker Background Check Act</p> <p>Section 10. Applicability. This Act applies to all individuals employed or retained by a health care employer as home health aides, nurse aides, personal care assistants, private duty nurse aides, day training personnel, or an individual working in any similar health-related occupation where he or she provides direct care or has access to long term care residents. This Act also applies to all employees of licensed or certified long term care facilities who have or may have contact with residents or access to the living quarters or the financial, medical, or personal records of residents.</p> <p>225 ILCS 46 Health Care Worker Background Check Act. Section 33 (b) Fingerprint-based criminal history records check. (b) On October 1, 2007 or as soon thereafter as is reasonably practical, in the discretion of the Director of Public Health, and thereafter, any student, applicant, or employee who desires to be included on the Department of Public health's Health Care Worker Registry must authorize the Department of Public Health or its designee to request a fingerprint-based criminal history records check to determine if the individual has a conviction for a disqualifying offense.</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6004014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/23/2016
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NAME OF PROVIDER OR SUPPLIER ALHAMBRA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 417 EAST MAIN STREET, BOX 310 ALHAMBRA, IL 62001
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S9999	<p>Continued From page 12</p> <p>77 IL Administrative Code 955.115 Implementation of Fingerprint-based Criminal History Records Checks as a Fee Applicant Inquiry</p> <p>a) Fingerprint-based criminal history records checks shall be initiated through the Department's web application used for the Health Care Worker Registry. The direct care employer or its designee must log into the Health Care Worker Registry through a secure login. (Section 33(i) of the Act).</p> <p>1) Educational entities and health care employers shall gain access to the secure login by having an employee register for access to the Department's secure web portal. After the Department has authorized initial access, that employee may authorize other employees or a designee access to the secure web portal. A health care employer may not be implemented into the process of initiating fingerprint-based criminal history records checks as a fee applicant inquiry through the Department's web application until the Department has authorized the initial access.</p> <p>This requirement is not met as evidence by:</p> <p>Based on interview and record review, the facility failed to obtain results of fingerprint checks to determine if employees had a prior criminal history which would disqualify them for employment for 6 of 10 employees reviewed for health care worker background checks in the facility. This had the potential to affect all 52 residents in living in the facility.</p> <p>Findings include:</p>	S9999		
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Illinois Department of Public Health

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NAME OF PROVIDER OR SUPPLIER ALHAMBRA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 417 EAST MAIN STREET, BOX 310 ALHAMBRA, IL 62001
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S9999	<p>Continued From page 13</p> <p>On 11/17/16 at 1:00 PM, five employees who were hired within the last year were reviewed for health care worker background checks and the following were documented:</p> <p>E24 was hired on 8/24/16 as a Certified Nursing Assistant (CNA). The facility has no documentation of E24 receiving an Illinois fingerprint check.</p> <p>E27 was hired on 11/7/16 as a Housekeeper. The facility has no documentation of E27 receiving and Illinois fingerprint check.</p> <p>On 11/21/16 at 1:00 PM, five additional employees who were hired within the last year were reviewed for health care worker background checks and the following were documented:</p> <p>E20 was hired on 10/26/16 as a Housekeeper. The facility has no documentation of E20 receiving and Illinois fingerprint check.</p> <p>E28 was hired on 10/13/16 as a Cook. The facility has no documentation of E28 receiving and Illinois fingerprint check.</p> <p>E29 was hired on 10/1/16 as a Dishwasher. The facility has no documentation of E29 receiving and Illinois fingerprint check.</p> <p>E30 was hired on 8/18/16 as a Cook. The facility has no documentation of E30 receiving and Illinois fingerprint check.</p> <p>On 11/17/16 at 3:30 PM, E1, Administrator said she thought E24 had already had a fingerprint check because she came from Missouri and had already been working as a CNA.</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER ALHAMBRA CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 417 EAST MAIN STREET, BOX 310 ALHAMBRA, IL 62001
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S9999	<p>Continued From page 14</p> <p>On 11/21/16 at 12:00 PM, E25, Human Resources stated that he fills out the application for the employee to get the background check and then gives the employee a sheet to take and get the fingerprint done.</p> <p>On 11/21/16 at 1:30 PM, E25 stated that none of the 6 employees, E20, E24, E27, E28, E29, or E30 have had a fingerprint background check done to his knowledge.</p> <p>On 11/21/16 at 1:50 PM, E1, stated E25 needs to have some type of follow up system in place to make sure people get the their fingerprints done.</p> <p>The Facility's New Hire Fingerprint Application Procedure undated documents in part, "Must be complete on the date of hire. Need to do this while new hire is still here. You must also schedule an appointment to get fingerprinted. Verify in Registry: Verify Background Check: If they have FEE_APP without a hit print the page, If they have FEE_APP with a hit, click on the DQs to verify type, If they have UCIA_NAME go to new application."</p> <p>The Facility's Policy and Procedures Abuse, Prevention and Prohibition of dated 12/12/12 documents in part, "Screening: All employees will have a criminal background checks and license/certification confirmed. The facility will make reasonable efforts to uncover information about any past criminal prosecutions."</p> <p>The Resident Census and conditions of Residents, CMS 672, dated 11/14/16 documents that the facility has 52 residents living in the facility.</p> <p>(B)</p>	S9999		
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