

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145450	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/11/2024
NAME OF PROVIDER OR SUPPLIER Alden Lakeland Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 820 West Lawrence Chicago, IL 60640	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49572</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the call light was accessible and within reach in 4th floor shower room. This failure has the potential to affect all 70 residents residing on the 4th floor.</p> <p>Findings include:</p> <p>Facility document titled, (Facility) Daily Census 7/7/2024 shows a total number of 70 residents residing on the 4th floor.</p> <p>On 7/8/24 at 11:53am, R21 stated, A few days ago I (R21) was left in the shower and unable to reach the call light because the call light is too far and also did not have a string to pull. R21 stated, I (R21) had to reach for my bag that had my phone in it and I (R21) called V39 (R21's family member). V39 then called the nurse's station to tell them to get someone to help me.</p> <p>R21's Face Sheet documents, in part, diagnoses of multiple sclerosis, paraplegia, Diabetes Mellitus Type II, hypertension and anxiety disorder.</p> <p>R21's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 15 which indicates that R21 is cognitively intact.</p> <p>R21's Care Plan, date initiated 4/11/2014, documents, in part, (R21) has an ADL Self Care Performance Deficit due to generalized weakness and physical limitations secondary to diagnosis of multiple sclerosis, paraplegia, DM (Diabetes Mellitus) type 2, HTN (hypertension) and anxiety. Assist with ADL tasks . Encourage use of call light for assistance when needed.</p> <p>V39 (R21's family member) stated, R21 was left in there for an hour. This facility used to be good, but it isn't anymore. Please help.</p> <p>On 7/8/24 at 12:24pm, this surveyor noted no string attached to the call light in the 4th floor shower room. The call light is located at the front of the wall to the shower, in which a resident would have to stand up, get out of the shower and walk to pull the call light for assistance.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/8/24 at 12:28pm, V10 (Licensed Practical Nurse/LPN) said Yes, there should be a cord attached to the call light. I'll get one on there. V10 stated that there was an incident where V39 (R21's family member) called and said that R21 needed help in the shower and has been in there for an hour. When asked if R21 should have been left alone while in the shower, V10 stated, No, the CNA (certified nursing assistant) was new.</p> <p>On 7/8/24 at 12:32pm, When asked if all residents can reach the call light in the shower room, V3 (Assistant Director of Nursing/ADON) stated that residents that are not able to reach the call light are not left alone in the shower. When asked if R21 can reach the call light, V3 stated No, R21 should not have been left alone in the shower.</p> <p>On 7/8/24 at 12:35pm, When asked if residents can reach the call light from the shower, V37 (Building Manager) stated, I (V37) am just told to put the string long enough to where it reaches right before the floor.</p> <p>On 7/10/24 at 12:30pm, this surveyor and V37 (Building Manager) measured the distance from the shower to the call light on the 4th floor. V37 stated The distance is 4 feet. My boss said they used to have the call light string attached closer to the shower, but the residents were getting tangled up in it.</p> <p>Facility policy titled, CALL LIGHT, USE OF, dated 09/20, documents, in part, When providing care to residents, position the call light conveniently for the resident's use. Tell the resident where the call light is and show him/her how to use the call light and provide reminders to use the call light as needed .Be sure call lights are place within resident reach at all times.</p> <p>Facility policy titled, Residents' Rights for People in Long-term Care Facilities, revised date 3/17, documents, in part, safety and good care. Your facility must provide services to keep your physical and mental health, and sense of satisfaction.</p> <p>Facility job description titled, Certified Nursing Assistant, dated 3/2023, documents, in part, ensure that the highest degree of quality care is maintained at all times .ensure that all nursing procedures and protocols are followed in accordance with established policies .Provides assistance with activities of daily living to a specific number of residents and/or as directed by the staff nurse .Makes rounds to assure customers are safe and comfortable answers call lights promptly Keeps the nurses' call system within easy reach of the resident.</p> <p>Facility job description titled, Staff Nurse (Registered Nurse/License Practical Nurse), dated 1/2015, documents, in part, Responsible to provide direct care to the customer, and to supervise the day-to-day nursing activities performed by the nursing assistants .The objective is to ensure the highest degree of quality care is maintained at all times .Make daily rounds to ensure nursing personnel are performing required duties, and to ensure appropriate procedures are being followed. Make physical rounds to all customers daily</p> <p>Facility job description titled, Assistant Director of Nursing, dated 1/2015, documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times Assure all nursing procedures and protocols are followed in accordance with established policies Make daily rounds to ensure nursing personnel are performing required duties and to ensure appropriate procedures are being followed .</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>50728</p> <p>Based on interview and record review, the facility failed to ensure a Preadmission Screening and Resident Review (PASRR) for identified change in a resident's psychiatric diagnosis. This failure affected 1 resident (R61) in a sample of 62.</p> <p>Findings include:</p> <p>R61's admission record documents in part the following: chronic obstructive pulmonary disease, heart failure, schizoaffective disorder (onset date 3/22/2023), unspecified mood disorder (onset date 8/25/23), major depressive disorder (onset 2/9/2022).</p> <p>On 7/9/2024, record review of R61's electronic medical record did not indicate that a level I PASRR was completed for R61.</p> <p>On 7/10/2024, record review of R61's electronic medical record noted a level I PASRR was completed on 7/9/2024 for R61, determination: review for level II onsite, suspected mental health disability.</p> <p>On 7/10/2024 at 2:59 PM, V38 (Social Services Consultant) stated that R61's level I PASRR was completed on 7/9/2024 as R61 is due for a quarterly assessment and because schizoaffective disorder was identified on 3/22/23. Surveyor inquired why the PASSR was not completed earlier than 7/9/2024 (over a year since onset) and V38 could not give a rationale.</p> <p>Facility policy titled PREADMISSION SCREEN AND RESIDENT REVIEW (PASRR) POLICY AND PROCEDURE (ILLINOIS) dated 12/2022, documents in part the following POLICY: Prior to admission and upon changes in status, residents will be screened for a known or suspected diagnosis of severe mental illness, developmental disability or intellectual disability to ensure resident is appropriate for nursing facility services and to incorporate recommendations into the resident's care plan . PROCEDURE: 1. Prior to or upon admission and with any status change, facility will obtain completed Preadmission Screen and Resident Review Level 1 Screen through {Screening Company}.</p>

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45196</p> <p>Based on observation, interview, and record review the facility failed to ensure that five resident (R10, R65, R86, R99 and R102) who depend on staff's assistance for their ADL (Activities of Daily Living) care received shaving and nail care. This failure affected four out of 62 residents reviewed for ADL care.</p> <p>Findings include:</p> <p>R86's Brief Interview for Mental Status (BIMS) dated 04/23/24 shows that R86 has a BIMS score of 15 which indicates that R86 is cognitively intact.</p> <p>R86 has a diagnosis which includes but not limited to: hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, essential primary hypertension, muscle spasm, and type 2 diabetes mellitus without complications.</p> <p>R102's Brief Interview for Mental Status (BIMS) dated 05/08/24 shows no BIMS score for R102. During Surveyors interview with R102, R102 was alert and oriented and able to answer questions appropriately.</p> <p>R102 has a diagnosis which includes but not limited to: paroxysmal atrial fibrillation, hypertensive heart disease with heart failure, dysphagia oropharyngeal phase, anemia, and hypotension.</p> <p>On 07/08/24 at 10:25 am, R86 was observed in bed awake, and alert ungroomed with full facial hair (beard and mustache) visible. When surveyor asked R86 regarding being shaved R86 stated that the last time staff shaved R86 was on June 30th when R86 asked to be shaved. R86 stated I (R86) feel like If you are a woman with facial hair you should not have to ask to be shaved. The staff should offer it and do it.</p> <p>On 07/08/24 at 11:28 am, R102 was observed in bed awake, and alert ungroomed pulling on R102's facial hair (beard). When surveyor asked R102 regarding being shaved R102 stated Yes, I (R102) have to asked to be shaved. If they (referring to staff) have time then they (referring to staff) shave me (R102).</p> <p>On 07/09/24 at 9:10 am, Surveyor observed R86 and R102 still ungroomed not shaved. Surveyor brought this observation to V28 (Licensed Practical Nurse, LPN) and V28 stated that residents are shaved during ADL (Activities of Daily Living) by the CNA's (Certified Nursing Assistance's). V28 explained that CNA's predominantly shave residents on the shower days although it does not have to be the residents shower day to receive grooming such as shaving. When V28 was asked regarding the importance of female residents being shaved V28 stated, For the dignity of the residents.</p> <p>R86's MDS (Minimum Data Set) dated 04/23/24 shows that R86 requires assistance with ADL's.</p> <p>R102's MDS (Minimum Data Set) dated 05/08/24 shows that R102 requires assistance with ADL's.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R86's care plan dated 06/17/22 documents in part: Focus: R86 has an ADL self-care performance deficit secondary to body weakness, activity intolerance, decreased motivation, fall risk, impaired balance, limited ROM (Range of Motion) pain, skin alteration, history of CVA (Cerebrovascular Accident), weakness/deconditioning and obesity .Interventions: Place in Restorative Grooming Program.</p> <p>R86's care plan dated 06/17/22 documents in part: Focus: R86 requires assistance from staff in the area of personal grooming. Interventions: Provide supplies and necessary set up for grooming and hygiene task.</p> <p>R102's care plan dated 03/17/21 documents in part: Focus R102 has and ADL self-care performance deficit due to cognitive communication deficits and impaired functional mobility secondary to diagnosis status post ventricular fibrillation, cardiac arrest , complete heart block, atrial flutter . Interventions/Task: Assist with ADL task as needed. Assist with personal hygiene as needed.</p> <p>The facility document dated 09/2020 and titled Shaving The Resident documents, in part: To remove facial hair and improve the resident's appearance and morale.</p> <p>49572</p> <p>On 7/8/24 at 10:48am, R10 was observed in bed, with long, discolored fingernails on both hands and brown substances underneath the nail beds. R10 stated, I (R10) would like my nails cut. Oh, honey, I (R10) cannot cut them myself. I (R10) have asked. They (facility staff) said they (facility staff) would but never did.</p> <p>R10's Face Sheet documents, in part, diagnoses of chronic obstructive pulmonary disease, chronic kidney disease, emphysema, schizophrenia, anxiety disorder and chronic pain.</p> <p>R10's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 15 which indicates that R10 is cognitively intact.</p> <p>R10's Care Plan, date initiated 6/22/2021, documents, in part, (R10) has an ADL Self Care Performance Deficit due dx of history of hip fracture and TIA (trans ischemic attack), Emphysema/COPD (chronic obstructive pulmonary disease), HTN (hypertension), Dementia, and Osteoporosis. Assist with ADL tasks . Assist with personal hygiene .Provide needed level of assistance and support to complete Activities of Daily Living.</p> <p>On 7/9/24 at 11:26am, V15 (Registered Nurse/RN) stated, CNAs (certified nursing assistants) cut the resident's nails. Oh yeah, R10's nails are long and dirty. They need to be cleaned and cut. I'll (V15) take care of it right now.</p> <p>On 7/10/2024 at 1:28pm,V2 (DON/Director of Nursing) stated that nail care should be done on shower days and as needed by the CNA's (Certified Nursing Assistants) or the nurse.</p> <p>Facility policy titled, NAILS (CARE OF), dated 09/2020, documents, in part, All residents will have clean, well-trimmed nails.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility policy titled, Residents' Rights for People in Long-term Care Facilities, revised date 3/17, documents, in part, safety and good care. Your facility must provide services to keep your physical and mental health, and sense of satisfaction.</p> <p>Facility job description titled, Certified Nursing Assistant, dated 3/2023, documents, in part, ensure that the highest degree of quality care is maintained at all times .ensure that all nursing procedures and protocols are followed in accordance with established policies .Provides assistance with activities of daily living to a specific number of residents and/or as directed by the staff nurse .Makes rounds to assure customers are safe and comfortable observes customers physical condition.</p> <p>Facility job description titled, Staff Nurse (Registered Nurse/License Practical Nurse), dated 1/2015, documents, in part, Responsible to provide direct care to the customer, and to supervise the day-to-day nursing activities performed by the nursing assistants .The objective is to ensure the highest degree of quality care is maintained at all times .Make daily rounds to ensure nursing personnel are performing required duties, and to ensure appropriate procedures are being followed. Make physical rounds to all customers daily</p> <p>Facility job description titled, Director of Nursing, dated 1/2015, documents, in part, The objective is to ensure the highest degree of quality care is maintained at all times Assure all nursing procedures and protocols are followed in accordance with established policies Make daily rounds to ensure nursing personnel are performing required duties and to ensure appropriate procedures are being followed. Make physical rounds to all customers daily</p> <p>50662</p> <p>On 07/08/24 at 11:52 AM, R65 observed with unkempt facial hair and long nails with black substance underneath nails. V18 Licensed Practical Nurse, LPN stated, It's a dignity thing for residents to be shaved. We pay more attention to shaving on shower days. (R65) looks like (R65) could have been digging in (R65's) diaper and got something from (R65's) diaper under (R65's) nails. (R65) should have clean and cut nails.</p> <p>R65's Minimum Data Sheet (MDS) dated [DATE], has a staff assessment for mental status which is scored as memory ok.</p> <p>R65's diagnosis includes but are not limited to Acute respiratory failure with hypoxia, essential hypertension, depression, retention of urine, chronic obstructive pulmonary disease.</p> <p>R65's care plan dated 06/25/24, documents in part R65 has an ADL Functional Performance Deficit chronic respiratory failure with hypoxia, chronic obstructive pulmonary disease, glaucoma. Assist with ADL task as needed. Assist with personal hygiene as needed.</p> <p>Facility Policy titled Nails (Care of), dated 09/2020 in part states: Policy - All residents will have clean, well trimmed nails.</p> <p>R99 has a diagnosis of but not limited to Hemiplegia and Hemiparis Left Non-Dominant side, Atherosclerotic Heart Disease of Native Coronary Artery, Hypertension, Vitamin D Deficiency and Hyperlipidemia.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R99 has a Brief Interview of Mental Status score of 15.</p> <p>On 7/08/2024 at 11:34am surveyor observed R99 with long fingernails on both hands.</p> <p>On 7/08/2024 at 11:35am R99 stated he would like his nails clipped but he always has to ask them to cut them, but they have not done so yet.</p> <p>On 7/08/2024 at 11:38am (V4-Licensed Practical Nurse) stated that nail care is provided at least twice a week on shower days and as needed.</p> <p>On 7/09/2024 at 10:54am surveyor observed R99's fingernails to be long and had not been cut.</p> <p>On 7/09/2024 at 10:56am R99 stated that no one had come to cut his fingernails yet and no one had come to offer to cut his fingernails. R99 stated that he was going to ask them today.</p> <p>On 7/10/2024 at 11:13am surveyor observed R99's fingernails to still be long and not cut.</p> <p>On 7/10/2024 at 1:28pm V2 (Director of Nursing) stated nail care should be done on shower days and as needed by the CNA's (Certified Nursing Assistant) or the nurse.</p> <p>Policy dated 09/2020 titled Nails (Care Of) documents, in part, all residents will have clean, well trimmed nails, and with nail clippers clip fingernails straight across.</p> <p>R99's care plan for ADL Self Care (Activities of Daily Living) dated 10/09/2020 documents, in part, assist with ADL's tasks as needed and check nail length and trim and clean on bath days and as necessary.</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728</p> <p>Based on observation, interview and record review, the facility failed to provide daily activity programming and activity programming as identified on the resident's care plan. This failure affects 3 residents (R11, R99, R40) in a sample of 62.</p> <p>Findings include:</p> <p>R11's admission record documents in part the following diagnosis: encephalopathy, heart failure, dysphagia, dementia without behavioral disturbance, peripheral vascular disease, functional quadriplegia, and failure to thrive.</p> <p>R11's Minimum Data Set, dated dated [DATE], documents in part a brief interview of mental status (BIMS) score of 3, indicating R11 has severe cognitive impairment and is dependent of facility staff for activities of daily living (eating, dressing, toileting, bathing, transferring).</p> <p>R11's care plan, dated 3/20/2018, documents in part the following, (R11)'s preferences will be provided as applicable. Preference for having the television on while in (R11)'s room . 1:1 programming will be provided in order to suplicate similar meaningful interactions, such as jazz music, our daily bread prayer book, friendly visits. Staff will invite [NAME] to the following programs to attempt to replicate their life history: intergenerational and spiritual programs.</p> <p>Review of July 2024 activity calendar does not indicate any intergenerational programming.</p> <p>On 7/8/2024 at 1:36 PM, V43 (Activity Director) stated that there are 2 activities staff (including V43) for the facility. V43 stated calendars are provided to residents that regularly go to activities. When surveyor inquired why residents do not have updated activities calendars for July, V43 stated that that was before V43's time and that if the resident goes to group programming, they would receive a calendar.</p> <p>On 7/9/2024 at 1:14 PM, R11 was observed sitting in bed staring forward with a calendar of activities dated March 2024 hanging on the wall near R11's bed. No calendar for July 2024 was noted. When surveyor asked if resident uses calendar to know what activities are going on, R11 replied yes. TV was noted to be off, and no jazz music noted to be playing. R11 affirmed they wanted the television on and that R11 felt bored.</p> <p>On 7/10/2024, Records indicating 1:1 activity participation were requested from V43, V1 (Administrator), and V44 (Operations development coordinator) for July 2024. No records were produced from facility indicating R11 had 1:1 activity programming for July.</p> <p>On 7/10/2024, V1 (Administrator) stated that the facility does not have a policy for activities.</p> <p>41611</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R40 has a diagnosis of but not limited to End Stage Renal Dialysis, Chronic Obstructive Pulmonary Disease, Acute Kidney Failure, Type 2 Diabetes Mellitus and Muscle Weakness. R40's has a Brief Interview of Mental Status score of 15.</p> <p>R40's care plan focus for activities dated 2/28/2024 documents assess and record R40's activity preferences, assist with providing daily supplies for independent leisure and record activity participation.</p> <p>R99 has a diagnosis of but not limited to Hemiplegia and Hemiparis Left Non-Dominant side, Atherosclerotic Heart Disease of Native Coronary Artery, Hypertension, Vitamin D Deficiency and Hyperlipidemia.</p> <p>R99 has a Brief Interview of Mental Status score of 15.</p> <p>R99's care plan focus for activities dated 10/13/2020 documents activities will provide the following supplies to R99: word search puzzles, our daily bread and weekly devotionals and R99 will be allowed tin other activity level groups in order to gain stimulation, provide high functioning activities, such as word search puzzles, daily chronicles, trivia games and magazines, assist with providing supplies for independent activity and encourage participation in facility group activities that match past interests, such as bingo.</p> <p>On 7/08/2024 at 00:00 R99 stated that June was an extremely boring month because they had no activities. R99 stated that the facility used to have bingo and he likes bingo but they (the facility) have not provided activities for us for the last 3-4 months.</p> <p>On 7/08/2024 surveyor was on the second floor from 11:30am to 1:15pm and there were no activities provided.</p> <p>On 7/09/2024 at 11:54am R40 stated no they don't have any activities and they don't follow the activity calendar. R40 said, It makes me feel bored as hell when there are no activities. R40 stated no one ever lets her know where the activities, on the activity calendar, are held and how can you have an activity at noon when lunch is scheduled.</p> <p>On 7/09/2024 at 11:55am to 12:35pm there were no activities provided on the second floor.</p> <p>On 7/10/2024 at 10:55am R99 stated that no one has come around and did one-to- one activities with him and having no activities makes it extremely hard for him to get through the day.</p> <p>On 7/10/2024 at about 10:00am surveyor reviewed one to one activity documentation for June and July of 2024 and R40 and R99 had not received any one-to-one activities with an activity staff.</p>		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40067</p> <p>Based on observation, interview and record review, the facility failed to ensure that residents' low air loss (LAL) mattresses have the accurate weight setting for 3 residents (R65, R103 and R105) and are functioning properly (R84 and R105); and failed to ensure that a resident's (R84) heels were elevated with heel boots. These failures affected 5 residents reviewed for pressure ulcers in the total sample of 62 residents.</p> <p>Findings include:</p> <p>On 7/8/24 at 10:59 am, R84 observed lying in the center of bed on R84's LAL mattress, and R84's LAL mattress pump settings read alternating pressure every 10 minutes. This surveyor hears the alternation air flow sounds from R84's LAL mattress as the pump alarms, with an audible beeping lasting for 30 seconds, and the Low Pressure Alarm on the pump flashes red on the low pressure alarm indicator during this audible alarm. R84 observed with no heel boots on, and a laminated sign of a picture of the heel boot hanging on the wall above R84's bed. R84's heel boots observed off to the side in R84's room, not on R84's feet.</p> <p>On 7/9/24 at 11:42 am and on 7/10/24 at 11:29 am, R84 observed lying in center of bed on R84's LAL mattress. This surveyor again hears the alternation air flow sounds from R84's LAL mattress as the pump alarms, with an audible beeping lasting for 30 seconds, and the Low Pressure Alarm on the pump flashes red on the low pressure alarm indicator during this audible alarm.</p> <p>On 7/10/24 at 10:46 am, V20 (Licensed Practical Nurse, LPN, Wound Care Nurse) observed with the treatment cart outside R84's room and preparing R84's wound care treatment medication and supplies on treatment trays.</p> <p>On 7/10/24 at 10:53 am, V20 and V21 (LPN, Wound Care Nurse) entered R84's room, and both repositioned R84 to R84's lateral side with R84's body position in between the center and left side of the LAL mattress on the bed. V21 held R84's lateral position while V20 performed with wound care treatment to R84's sacral pressure ulcer wound.</p> <p>On 7/10/24 at 11:03 am, this surveyor inquired about the laminated picture of a heel boot posted over R84's bed. V21 stated, Anyone with at risk for wounds, we have to keep the heel boots on. All residents with wounds should have on boots. When asked the expectation of staff with R84's sign posted for heel boots, V21 stated, They (nursing staff) keep the boots on (R84's) feet. V21 stated that the heel boots elevate and keeps pressure off the heels. V21 stated, It protects the skin on (R84's) heels.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Alden Lakeland Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 820 West Lawrence Chicago, IL 60640	
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/10/24 at 11:05 am, while this surveyor, V20 and V21 remain inside R84's room, R84's LAL mattress pump alarms, with an audible beeping lasting for 30 seconds, and the Low Pressure Alarm on the pump flashes red on the low pressure alarm indicator during this audible alarm. This surveyor inquired about the low pressure alarm, and V21 stated that if the resident is turned too much to one side for too long, then the low pressure alarm will go off. V21 added that when R84 is repositioned to the center of the bed, the alarm will go away. V21 stated, Lately, they (LAL mattresses) have been going off (alarms). It's a sign for staff to reposition residents, move them over, and make sure to rotate them to center of the bed. This surveyor then informed V21 of previous observations on 7/8/24, 7/9/24 and 7/10/24 with R84's low pressure alarm intermittently sounding with R84 laying in the center of the bed.</p> <p>R84's Admission Record documents, in part, diagnoses of pressure ulcer of sacral region, unstageable; contracture; encephalopathy; dependence on respiratory (ventilatory) status; cerebral palsy; encounter for attention to tracheostomy; encounter for attention to gastrostomy; epilepsy; hypertension; personal history of traumatic brain injury; chronic kidney disease, stage 4; candidiasis; extended spectrum beta lactamase (ESBL) resistance; and klebsiella pneumoniae.</p> <p>R84's Order Summary Report documents, in part, an order dated 4/19/24 of Low air Loss Mattress.</p> <p>R84's Minimum Data Set (MDS), dated [DATE], documents, in part, a staff assessment for mental status which indicates that R84's cognitive skills for daily decision making are severely impaired. R84's functional limitation in range of motion documents, in part, as impairment on both sides for R84's upper and lower extremities. R84's functional abilities to roll left and right - the ability to roll from lying on back to left and right side and return to lying on back on the bed documents, in part, that R84 is dependent - Helper does all of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity. R84's skin conditions section documents, in part, that R84 has one unstageable pressure injury with unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar. R84's skin and ulcer/injury treatments documents, in part, pressure reducing device for bed.</p> <p>R84's Care Plan documents, in part, a focus of alteration in skin integrity (initiated date of 9/29/21) related to pressure on sacrum, history of left toe avulsion and pressure injury to the right lateral foot with further risk related to quadriplegia, cerebral palsy and vent dependent chronic respiratory failure with interventions of elevate heels off bed and pressure redistribution support (low air or alternating air) in bed.</p> <p>On 7/10/24 at 3:38 pm, V2 (Director of Nursing, DON) stated that padded heel boots and LAL mattress are used for prevention and treatment of pressure ulcers. When asked the purpose of a LAL mattress, V2 stated, To fluctuate the pressure areas. Alternating pressure. There is to be air in between the wound and surface of bed. Every 10 minutes, air is flowing to different areas in the mattress to alternate the pressure from the resident's wound and body. When asked if the LAL mattress pump is alarming for the low pressure alarm, what should the staff do, and V2 stated that they should be trouble shooting what's going on with it. Make sure there's no leak somewhere or if air is seeping out of mattress. If there's not a determination or they can't correct it, they should be informing management to further see if it's not corrected and replace the mattress. When asked the purpose of heel boots, V2 stated, To keep pressure off the heel from the mattress. When asked about the expectation of the nursing staff when the sign of the heel boot is posted over a resident's bed, V2 stated, To make sure the heel boots are present and resident is wearing the heel boots.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility Operation Manual for (R84's LAL mattress, model 6000) documents, in part, that for important safeguards, Warning: . Never operate this product . if it is not working properly, and for product function with the LAL mattress pump, The audible/visible alarm turns on when low pressure, power failure or alternate failure. This operation manual further documents, in part, for operation, Low Pressure Warning: When abnormal pressure occurs, the Low Pressure indicator will come on. For some types of pumps, the audible alarm will be activated to bring attention to a low pressure condition. Check if the connections are secure and correctly installed according to the relevant instructions. Note: If the pressure is consistently low, open the zipper and confirm that all of the hoses are properly connected. Then check for any noticeable leakages in any of the tubes. If necessary, contact your local dealer to replace any damaged tubes or hoses.</p> <p>50662</p> <p>On 07/08/24 at 10:45 AM, R65 observed laying in bed on air mattress with settings on air mattress pump at 180 pounds (lbs). V18 (Licensed Practical Nurse, LPN) stated, (R65's) weight in the computer (electronic health record) is 109 lbs, the mattress should not be set to 180 lbs. I (V18) will change it. V18 observed changing settings on air mattress pump to 120 lbs. V18 stated, I can only set it to 100 or 120 lbs, so I will set it to 120 lbs.</p> <p>On 07/08/24 at 10:53 AM (R103) observed laying in bed on air mattress with settings on air mattress pump at 340lbs. V24 (Certified Nursing Assistant, CNA) stated, R103's mattress is set to 340 lbs. It should not be set to 340 lbs. I (V24) do not know who set the bed up like that.</p> <p>On 07/08/24 at 11:05 AM, V17 (Registered Nurse, RN) stated, (R103's) air mattress is set to 340 lbs and has low pressure. Sometimes these things are not set right because the machine is not accurate. When the machine is set to the correct weight of the resident, the mattress has a dent in it. And because of the resident's wounds, we increase the pressure.</p> <p>On 07/10/24 at 12:45 PM, V16 (Wound Care Coordinator, WCC) stated, It's easier for the staff to change the residents when the resident's mattress is firm, but the staff don't put the mattress back to the proper settings when done. The nursing staff either let me (V16) or the maintenance staff know if the mattresses are not working properly.</p> <p>The facility does not in-service the staff on the mattress, you have to have an internal knowledge of how the mattresses work.</p> <p>R65's Minimum Data Set (MDS) dated [DATE], has a staff assessment for mental status which is scored as memory ok. R65's MDS dated [DATE] document in part, R65 has one stage four pressure ulcer and is at risk for developing pressure ulcers . Pressure reducing device for bed.</p> <p>R65's diagnosis includes but are not limited to Acute respiratory failure with hypoxia, essential hypertension, depression, retention of urine, chronic obstructive pulmonary disease.</p> <p>R65's care plan dated 6/12/24 document in part, R65 has an Actual alteration in skin integrity r/t (related to) pressure injury to Sacrum.</p> <p>R103 diagnosis include but are not limited to anxiety, chronic obstructive pulmonary disease, epilepsy, hypertensive heart disease, methicillin resistant staphylococcus aureus infection.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R103's active order dated 12/20/23 documents in part: enhanced barrier precaution (EBP) for [NAME] Auris; CRAB (Carbapenem-Resistant Acinetobacter Baumannii). EBP for Chronic wound. EBP for Device Care or use of Feeding Tube. EBP for Device Care or use of Urinary Catheter.</p> <p>R103 has a Staff Assessment for Mental Status, dated 5/1/24, with Short-term and Long-term memory scored Memory Problem. R103's (MDS) dated [DATE] document in part, R103 has one stage four pressure ulcer and is at risk for developing pressure ulcers.</p> <p>R103 physician order summary report with a start date order of 11/22/23, in part Low air Loss Mattress.</p> <p>R103's care plan documented in part, R103 has actual alteration in skin integrity with pressure injury to sacrum . Pressure redistribution support (low air loss) in bed.</p> <p>R103's medical record documents R103's weight as 186.2 lbs on 06/17/24.</p> <p>50728</p> <p>On 07/09/24 at 11:35 AM, Surveyor observed R105 asleep in bed and R105's low air loss mattress set to 280 lbs., alarming with 01 error code. V16 (Wound Care Coordinator, Licensed Practical Nurse) confirmed R105's low air loss mattress settings and affirmed resident did not weigh 280 lbs. V16 then changed the settings to 200 lbs. Record review with V16 confirmed R105 last weight is 203 lbs. V16 stated that V16 did not know what the error code meant, but that V16 would submit a request for maintenance. V16 affirmed that if low air loss mattresses are not set to the right weight, it may not achieve adequate pressure relief.</p> <p>R105's admission record documents in part the following diagnosis: heart failure, type 2 diabetes with foot ulcer, peripheral vascular disease, pressure ulcer of sacral region stage 3, pressure ulcer of left buttock stage 3, pressure ulcer of right ankle unstageable, pressure ulcer of right heel unspecified, non-pressure chronic ulcer of other part of right foot with necrosis of muscle.</p> <p>R105's physician orders (dated 5/5/2024) document in part an order for Low air Loss Mattress.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>45196</p> <p>Based on observation, interview, and record review, the facility failed to ensure that an adaptive device (splint/hand roll) was in place for one resident (R52) with bilateral hand contractures. This failure affected one resident in the sample of 62 reviewed for limited mobility.</p> <p>Findings include:</p> <p>On 07/08/24 at 11:06 am, R52 was observed in bed not alert and unable to communicate. Surveyor observed R52 with bilateral hand contractures and without the use of splints or hand rolls in place in R52's hand contractures.</p> <p>On 07/09/24 at 9:50 am, R52 was observed in bed not alert and unable to communicate. Surveyor observed R52 again without the use of splints or hand rolls in place to R52's bilateral hand contractures.</p> <p>On 07/09/24 at 9:56 am, Surveyor brought this observation to V31 (Restorative Aide) and V31 stated, I (V31) was off yesterday and there was no restorative aide in the facility, so no residents splints were applied. I (V31) have been looking for R52's splints all day and I (V31) can't find it. V31 then explained that V31 usually applies R52 splint at 7:00 am and that R52 usually wears R52's splints for 2-4 hours every day. When V31 was asked regarding the importance of R52 wearing R52's splint device or hand roll V31 stated, For mobility.</p> <p>On 07/09/24 at 10:00 am V2 (Director of Nursing, DON) stated that V2 believes that R52 was not able to wear splints due to R52's splints causing R52 pain and that R52 should be wearing hand rolls. When V2 was asked regarding the importance of R52 wearing an adaptive device to R52's bilateral hand contractures V2 stated that residents with contractures and have orders for splints or hand roll devices to be in place to prevent or avoid further contractures.</p> <p>R52's Brief Interview for Mental Status (BIMS) dated 05/10/24 shows that R52 does not have a BIMS. During this survey, R52 was not able to answer questions.</p> <p>R52 has a diagnosis which includes but not limited to: anoxic brain damage, dystonia, myoclonus, dysphagia, retention of urine, klebsiella pneumoniae and encephalopathy.</p> <p>R52's Physician Order Sheet (POS) dated 12/09/21 shows that R52 has orders for R52 to tolerate bilateral hand roll on in the am (morning) daily. May remove for ADL (Activities of Daily Living) care, and skin checks. Off in the pm (evening).</p> <p>R52's care plan dated 09/08/15 documents in part: Focus: R52 requires the use of splints to R52's bilateral hands and bilateral AFO (Ankle-Foot Orthoses) boots due to decreased joint mobility that requires sustained positioning . Interventions/Task: Apply splint/brace per MD (Medical Doctor) order to affected areas.</p> <p>(continued on next page)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's job description document dated 01/2015 and titled Restorative Aide documents, in part: Job Summary: responsible for carrying out and documenting the activities of the restorative program in accordance with current federal, state, and local standards, guidelines and regulations, facility policies. The objective is to ensure the highest degree of quality care is maintained at all times . IV. Essential Functions: A. Assure all restorative procedures are followed in accordance with established policies . E. Recommend to the clinical support supervisor the equipment and supply needs of the department.</p> <p>The facility's job description document dated 04/2024 and titled Restorative Nurse documents, in part: Job Summary: responsible for the development, implementation, monitoring and supervision of the restorative nursing program for the facility. Acts as the liaison between formalized therapy and nursing. Promotes a restorative nursing philosophy among all facility departments and work closely with the ladies and gentlemen of the facility to ensure the restorative plan of care is being followed thereby, promoting customer's to their highest level of function . IV. Essential Functions: F. Overseas the customers It formalized therapy, as indicated, and that the necessary assistive feeding and or ADL devices are obtained as recommended . R. Sees that equipment and supplies are available and that they are in good working order.</p> <p>The facility's document dated 09/2020 and titled Splints documents, in part: Policy: Adaptative devices will be used as ordered by the physician/NP (Nurse Practitioner) to prevent deformities or further contractures. 3. Splints will be applied per physician's/NP orders.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40067</p> <p>Based on observation, interview and record review, the facility failed to provide a resident with accurate liquid consistency fluid and nutritional supplement on the lunch meal tray from the resident's mechanically altered diet order which affected one resident (R69) when reviewed for nutrition in the total sample of 62 residents.</p> <p>Findings include:</p> <p>On 7/8/24 at 12:45 pm, R69 observed in R69's room in the bed with a stoma in R69's anterior neck, open to air, from a decannulated tracheostomy appliance. V7 (Agency Certified Nursing Assistant, CNA) delivered R69's lunch meal tray from the meal cart in the dining room, and V7 observed setting up R69's lunch tray on the table positioned over R69's lap. R69 picks up the utensils from the tray and begins to feed self the puree textured food from the plate with R69's left hand, and V7 exits R69's room. This surveyor observed a red cup with lemonade (thin liquid) with no lid; a prepackaged and sealed cup of thickened water with lemon (labeled 4 fluid ounces with pink label of nectar thick consistency); and a prepackaged and sealed cup of thickened cranberry juice (labeled 4 fluid ounces with pink label of nectar thick consistency) on R69's lunch meal tray. No nutritional supplement ice cream observed on R69's lunch meal tray. R69's meal ticket (dated Monday, July 8, 2024, Lunch) with diet order is visible on R69's lunch tray which documents, in part, R69's fluids as nectar (with an orange background) and standing order of 4 fl oz (fluid ounces) (nutritional supplement ice cream), available flavor.</p> <p>On 7/8/24 at 1:15 pm, V9 (Dietary Supervisor) stated that the large liquid container of the drink cart for lunch meal service on the resident floor contained lemonade.</p> <p>On 7/9/24 at 12:43 pm, R69 observed in R69's room in the bed with lunch meal tray on the table positioned over R69's lap. R69 observed taking the first bite of R69's pureed meal items on the plate. No nutritional supplement ice cream noted on R69's lunch meal tray. R69's meal ticket (dated Tuesday, July 9, 2024, Lunch) with diet order is visible on R69's lunch tray which documents, in part, R69's standing order of 4 fl oz (nutritional supplement ice cream), available flavor. When asked if R69 has any nutritional supplement ice cream on R69's lunch tray, R69 nodded head side to side indicating no.</p> <p>R69's Admission Record, documents, in part, diagnoses of hemiplegia and hemiparesis following cerebral infarction, dysphagia following cerebral infarction, aphasia following cerebral infarction, epilepsy, pseudobulbar affect, gastro-esophageal reflux disease, gastrostomy status, type 2 diabetes mellitus, hypertension, and chronic respiratory failure.</p> <p>R69's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 15 which indicates that R69 is cognitively intact. R69's Swallowing/Nutritional Status documents, in part, that R69 is receiving a mechanically altered diet - require change in texture of food or liquids (. thickened liquids).</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R69's Order Summary Report, with active orders as of 7/9/24, documents, in part, R69's diet order of pureed texture and nectar thick liquids, and dietary supplement order of nutritional supplement ice cream one time a day to be given at lunch.</p> <p>On 7/10/24 at 9:54 am, V9 (Dietary Supervisor) stated that process in which a resident's meal ticket is generated is that the nurse will receive the diet order from the doctor, place it in the facility's electronic health records (EHR) system, and then V9 prints the tray card (meal ticket) from the kitchen. V9 stated that the meal card is printed with each meal with the date. When asked what information is printed on the meal ticket, V9 stated it's the resident's food preferences, allergies, dislikes, and the diet order. When asked about the specifics to mechanically altered diet order, V9 stated that it would indicate if a resident was on a puree or a mechanical soft textured food or ordered for thick liquids such as honey thick or nectar thick and that these diet orders are colored coordinated to makes it easier for the dietary aides to see that color which corresponds to the ordered meal texture and thinness of the liquids. V9 stated that for nectar thick liquids, like cranberry juice or lemon ice water, they come in a prepackaged container with a sealed lid, and the dietary aide places them in a bowl of crushed ice on the liquids tray in the kitchen before the cart is brought up to the resident floor for serving. V9 stated that when the tray is being prepared for meal service on the floor, the dietary aide will read the meal ticket to verify the order before placing a liquid drink on the tray, whether it's the prepackaged container of thickened liquid or filling up the red cups (tumblers) with thin liquids. V9 stated that only the thin liquid, like lemonade, is served in the red cups on resident trays. When asked if a resident's meal ticket reads nectar thick liquids, would V9 expect that a dietary aide would place the red cup filled with lemonade (thin liquid) on the tray served to the resident, and V9 stated, No. There should be no red cup on that tray. It's supposed to be thick liquids. V9 stated that the nutritional supplement ice cream is also in prepackaged containers with sealed lids and are brought to the resident floors stored in a big bowl of ice for meal service. V9 stated that the dietitian orders the nutritional supplement ice cream which is ordered in the EHR (electronic health record) system, and then it is printed on the meal ticket card. When asked who is responsible for placing the nutritional supplement ice cream onto the resident's meal tray during tray service on the floor, V9 stated, It's the dietary aide on the floor.</p> <p>On 7/10/24 at 3:38 pm, V2 (Director of Nursing, DON) stated that the process of a resident receiving the physician ordered diet in the facility includes nurse puts in the diet order, and it's printed. Dietary (staff) prints off the orders. They should prepare the tray based off diet order from the system. Dietary aides. They should be reading the diet care to ensure they put on the right diet and drink on the diet card. When asked if a resident is ordered for nectar thick liquids and is served a thin liquid, what could be a complication if the resident swallowed the thin liquid, and V2 stated that the resident has the potential to aspirate the thin liquid into the resident's lungs. V2 stated that the nutritional supplement ice cream can be ordered to supplement additional nutrition besides the traditional needs. Resident may need extra calories. When asked if a resident has an order for the nutritional supplement ice cream and is listed on the meal ticket, is the nutritional supplement ice cream expected to be served to the resident, and V2 stated, Yes. It is served per the meal ticket.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 7/11/24 at 11:44 am, V45 (Clinical Dietitian Manager) stated that R69 is ordered for nectar thick liquids. When asked reason why a resident would be ordered for nectar thick liquids, V45 stated, For dysphagia and swallowing safety. Magic cup ordered once a day, lunch. When asked what is a nutritional supplement ice cream, V45 stated that it's an ice cream that comes in a prepackaged individual container; is used for all texture diets; and is a honey like, pudding consistency that does not melt like traditional ice cream. V45 stated that the purpose of providing R69 with the nutritional supplement ice cream is for adding calories and protein.</p> <p>R69's Care Plan, initial date of 3/20/20, documents, in part, an focus of R69 requires a mechanically altered diet (pureed and nectar thick liquids) secondary to difficulty to swallow related to dx (diagnosis) of dysphagia due to dx of CVA (cerebral vascular accident) with an intervention of provide diet order per MD (doctor) and nectar consistency.</p> <p>Facility policy, dated June 2018, documents, in part, Policy: Thickened liquids will be prepared and served to the resident as ordered by their physician. Purpose: To reduce the risk of aspiration pneumonia. Procedure: . 3. Residents with a physician order for thickened liquids will receive all fluids thickened to the consistency ordered. There will be three degrees of thickness-nectar, honey, pudding. 4. The FNS (Food and Nutrition Services) Department will provide thickened liquids that are delivered on the meal tray.</p>		

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NAME OF PROVIDER OR SUPPLIER Alden Lakeland Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 820 West Lawrence Chicago, IL 60640	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45644</p> <p>Based on observations, interviews and record review, the facility failed to properly date the oxygen tubing, failed to ensure the humidifier bottle is not empty, failed to ensure that a backup tracheostomy appliance was at the bedside of a resident with a tracheostomy connected to a ventilator and failed to ensure that for a resident receiving humidified oxygen via a tracheostomy collar tubing, the nebulizer extender port was closed when a nebulizer medication was not infusing. These failures affected three residents (R109, R139 and R141) reviewed for oxygen care and equipment, in a total sample size of 62 residents.</p> <p>Findings include:</p> <p>1) R139 admission diagnoses includes but not limited to, acute and chronic respiratory failure with hypoxia, asthma, dependence of supplemental oxygen, and congestive heart failure.</p> <p>R139's Brief Interview of Mental Status (BIMS) dated 6/5/24 shows a score of 14 which indicates that R139 is cognitively intact.</p> <p>R139's MDS (Minimum Data Set) Section O. dated 6/5/2024 documents, in part, 00100.Special Treatments, Procedures, and Programs, Respiratory Treatments C1. Oxygen Therapy.</p> <p>On 7/8/24 at 11:10 am, observed R139 lying in bed receiving oxygen through an oxygen nasal tube at 3 liters. R139's oxygen tubing was connected to a humidifier bottle that was dated 6/23/24 and was empty. R139 stated that the humidifier bottle had been empty for a couple of days. R139 stated my nose gets dry when it is empty.</p> <p>On 7/9/24 at 11:40 am, V4 LPN (License Practical Nurse) stated, The oxygen tubing is changed every Thursday on second shift. Surveyor inquired to V4 when should the humidifier bottle be changed? V4 stated, The nurse should change the humidifier bottle every Thursday, or if it gets to a certain level that is low. I think less than 25 milliliters. I'm not sure about the milliliters I know when it gets to a certain line on the bottle it should be changed.</p> <p>On 7/10/24 at 2:50 pm, V2 DON (Director of Nursing) stated that the oxygen tubing is changed every 30 days unless there is an issue with the tubing. The oxygen tubing should be labeled with a change date. V2 stated that the humidifier bottle should be labeled also the date it was changed. The nurses are responsible for changing and filling the humidifier bottles. V2 stated that the purpose for the humidifier bottle is for the moisture and not dry out the resident's nose.</p> <p>R139's Physician Order Sheet (POS) dated 4/15/24 documents in part, Respiratory: oxygen per nasal cannula at 3 liters per minute continuous every shift. Respiratory: change O2 (Oxygen) tubing monthly and prn (as needed).</p> <p>R139's care plan dated 12/5/23 documents in part, Focus: R139 requires oxygen therapy.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled, Equipment Change Schedule dated 9/2020, documents in part, Policy: Equipment will be changed following established schedules to prevent cross contamination. Procedures: 1. Oxygen: a. Oxygen tubing, nasal cannula and masks are changed every month and PRN (AS Needed). b. Check water levels in humidifier jar every shift and change humidifier jar weekly and prn. c. Change pre-filled humidifier when water level becomes low or weekly and prn.</p> <p>Facility Job description titled, Staff Nurse (Registered Nurse/License Practical Nurse) documents in part, Job Summary: Responsible to provide direct nursing care to the customer, and to supervise the day-to-day nursing activities performed by the nursing assistants. Such supervision must be in accordance with current Federal, State, and local standards, guidelines, and regulations, facility policies. The objective is to ensure the highest degree of quality care is maintained at all times. Essential Functions: C. Assume all Nursing procedures and protocols are followed in accordance with established policies.</p> <p>40067</p> <p>2) On 7/8/24 at 11:33 am, R109 observed laying in bed with a tracheostomy with a high flow humidified oxygen machine delivering humidified oxygen via corrugated tubing connected to a tracheostomy collar which is covering R109's anterior neck tracheostomy. The corrugated oxygen tubing coming from R109's tracheostomy collar is white, and a blue colored tubing in the shape of a T is noted with in between the white oxygen tubing. This blue colored T adapter tubing used for administering nebulizer treatments is observed with the bottom part of the T open to air with the clear colored cap hanging open (not closed).</p> <p>On 7/9/24 at 11:24 am, V5 (Respiratory Therapy Manager) stated that the corrugated tubing coming from the high flow humidified oxygen machine to the tracheostomy collar is used for oxygen delivery into the resident's tracheostomy. When asked about the purpose of the addition of the blue T adaptor within this oxygen tubing, V5 stated that that's where V5 administers nebulizer treatments to residents. When asked when the nebulizer treatment is completed, what's the process of removing the nebulizer chamber that was connected to the blue T adapter for inhalation, and V5 stated that V5 will disconnect the nebulizer from the T and will close the flap. It seals it off. When asked the purpose of having this tubing sealed off closed, V5 stated it's to provide the direct flow of oxygen and humidity.</p> <p>R109's Admission Record documents, in part, diagnoses of anoxic brain injury, encounter for tracheostomy, asthma, hemiplegia and hemiparesis following cerebral infarction, bradycardia, dysphagia, Klebsiella Pneumoniae, chronic kidney disease (stage 3B), aphasia, epilepsy, encounter for gastrostomy and retention of urine.</p> <p>R109's Minimum Data Set (MDS), dated [DATE], documents, in part, a Brief Interview of Mental Status (BIMS) score of 3 which indicates that R109 is severely cognitively impaired. R109's Special Treatments, Procedures, and Programs include but not limited to oxygen therapy, tracheostomy care and suctioning.</p> <p>R109's Medication Admission Record (MAR) dated July 2024 documents, in part, the Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG (milligrams)/3ML (milliliter) every 6 hours for respiratory symptoms with administration signed by V5 as given on 7/8/24 at 8:00 am.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R109's Care Plan (initiated date of 5/4/23) documents, in part, a focus of R109 requires oxygen therapy r/t (related to) acute and chronic respiratory failure with hypoxia, and a focus of R109 has the potential of shortness of breath due to breath problems that require respiratory treatments r/t asthma and respiratory failure.</p> <p>On 7/10/24 at 3:38 pm, when asked about a resident's tracheostomy collar oxygen administration with the T adaptor for nebulizer treatments, V2 (Director of Nursing, DON) stated that respiratory staff manages this and to refer to them.</p> <p>Facility policy titled Oxygen Therapy Devices High Humidity and dated 9/2020 documents, in part, Policy: Oxygen delivered with high humidity or high humidity without O2 (oxygen) will be set up to enhance humidification of mucous membranes. Procedure: 1. Verify physician's order . 3. High humidity - with oxygen; can be delivered using an aerosol bottle, large bore corrugated tubing, O2 device and a 100% (percent) Oxygen source. This can then provide Resident with 28-100% oxygen while enabling resident to also receive enhanced humidity. Liter flow should correlate with prescribed FIO2.</p> <p>3) On 7/8/24 at 12:00 pm, R141 observed laying in bed with R141's tracheostomy connected to the ventilator next to R141's bed. No backup tracheostomy apparatus observed at R141's bedside. V5 (Respiratory Therapy Manager) entered R141's room, and this surveyor asked V5 where R141's backup tracheostomy apparatus is located in R141's room. V5 stated, It should be at the bedside. V5 walked out of R141's room and obtained extra-large gloves at nurse's station and returned to room. V5 stated that V5 can only wear the extra-large gloves. V5 began checking the plastic bag hanging from the ventilator with no backup tracheostomy apparatus observed. V5 then walked over the small dresser (nightstand) on other side of the bed, and V5 searched all the drawers with no backup tracheostomy apparatus observed. V5 next walked over to the larger dresser with drawers, and V5 searched all the drawers with no backup tracheostomy apparatus observed. When asked which tracheostomy size does R141 have, V5 was unable to tell this surveyor. V5 looked at the clear flanges on the side of R141's tracheostomy (anterior neck) with the name and size embedded on the clear plastic flanges, and V5 stated, It's hard to see. V5 then stated that it's a (tracheostomy brand) number 6, cuffed tracheostomy. V5 stated, There should always be a backup trach (tracheostomy). When asked where the backup tracheostomy apparatus is to be kept in R141's room, V5 stated, In the bag on the vent (ventilator) or in the drawer. It's best hanging on the vent for easier access. When asked the purpose of keeping the backup tracheostomy apparatus in the room, V5 stated, If there's a problem, then I (V5) can get the backup right here. When asked when the backup tracheostomy apparatus would be used, V5 stated that if there's an emergency where the entire tracheostomy apparatus is removed from the stoma (decannulated) or coughed out of the stoma, staff would have to replace the backup tracheostomy apparatus in the tracheostomy stoma, so it's standard to have the backup tracheostomy apparatus at the resident's bedside. V5 stated, We have to replace the tube (tracheostomy) to keep it open. It can start to close immediately. Within a few seconds.</p> <p>R141's Admission Record documents, in part, diagnoses of traumatic subdural hemorrhage, acute and chronic respiratory failure, encounter for tracheostomy, dependence on respiratory (ventilator) status, chronic obstructive pulmonary disease, pneumothorax, atelectasis, persistent vegetative state, encounter for gastrostomy, hypertension, tachycardia, cerebral edema, and convulsions.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R141's Minimum Data Set (MDS), dated [DATE], documents, in part, a staff assessment for mental status which indicates that R141's cognitive skills for daily decision making are severely impaired. R141's Special Treatments, Procedures, and Programs include but not limited to invasive mechanical ventilation (ventilator or respirator), oxygen therapy, tracheostomy care and suctioning.</p> <p>R141's Order Summary Report with active orders dated 4/24/24 documents, in part, Trach care: (Type & Brand) Size 6 and Trach care: In case of emergency, trained nurse may reinsert outer cannula of tracheostomy as needed.</p> <p>On 7/10/24 at 3:38 pm, when asked where the backup tracheostomy should be kept for a resident who has a tracheostomy connected to a ventilator, V2 (Director of Nursing, DON) stated, It should be kept at the bedside. When asked the purpose of keeping the backup tracheostomy at the resident's bedside, V2 stated, In an emergency situation, if resident decannulates accidentally, we have to have the backup trach (tracheostomy) at the bedside. It should be kept right by the ventilator, usually the RT (respiratory therapist) keeps extra supplies in the top drawer of resident's dresser next to the bed. V2 stated, This is a standard of care to keep it (backup tracheostomy) at the bedside.</p> <p>Contract between the facility and the respiratory care staffing company, titled Agreement for Services and dated 3/24/2011, documents, in part, that provision for emergency medical personnel, equipment, procedures and protocols suitable to respond to any of the (facility's) patient's medical emergency needs . patient care and handling and/or therapy delivered by the (respiratory care staffing company's) personnel . shall be the sole responsibility of the (facility).</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>41611</p> <p>Based on observation, interview and record review the facility failed to label medication for one resident (R511) and discard expired medications for one resident (R127). This failure affected two residents receiving medications on the 2nd floor.</p> <p>Findings include:</p> <p>On 7/98/2024 at 11:19am surveyor observed R511's canister of Fluticasone 50mcg (micrograms) with no open or use by date on it. Surveyor also observed R127's Albuterol inhaler 108mcg that was ordered on 7/19/2023 with a worn label with no open or used by date.</p> <p>On 7/09/2024 at 11:39am V4 (Licensed Practical Nurse-LPN) stated nose spray canisters and inhalers should be labeled with the date it was opened and the date it expires or use by date.</p> <p>On 7/10/2024 at 1:28pm V2 (Director of Nursing) stated expired and medications with worn labels should be discarded because of possible contamination and may no longer be effective and the purpose of labeling the medication is to know when it was opened and when to discard the medication.</p> <p>Dated policy (01/2022) titled Storage/Labeling/Packaging of Medications documents, in part, individual resident's medications are stored and labeled according to legal requirements, each resident's medications are stored in original containers and must be properly labeled and medication containers that are damaged, soiled, contaminated, or outdated are immediately removed and either returned or disposed of according to procedure.</p>

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>45196</p> <p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p>Based on observation, interview, and record review the facility failed to provide a thermometer for one resident (R23) refrigerator. This failure affected one resident in the sample of 62 residents.</p> <p>Findings include:</p> <p>R23 has a diagnosis which includes but not limited cardiomegaly, hypertensive heart disease with heart failure, atrial fibrillation, iron deficiency, and constipation.</p> <p>R23's Brief Interview for Mental Status (BIMS) dated 04/19/24 documents that R23 has a BIMS score of 15 which indicates that R15 is cognitively intact.</p> <p>On 07/08/24 at 11:32 am, Surveyor observed R23 in bed alert and awake with R23's personal room refrigerator missing a refrigerator temperature log sheet. R23 states that R23 sees the housekeeping staff checks R23's refrigerator twice a week.</p> <p>On 07/09/24 at 9:20 am, V29 (Housekeeping Supervisor) stated that the housekeeping department is not responsible for checking and logging the residents personal refrigerator temperatures. V29 stated that V29 and housekeeping staff is only responsible for cleaning the residents refrigerators daily. V29 stated that V9 (Dietary Supervisor) is responsible for monitoring and logging the resident personal refrigerator temperatures.</p> <p>On 07/09/24 at 10:50 am, V9 (Dietary Supervisor) stated that V9 does not know who is responsible for logging and checking the residents personal refrigerator temperatures and that V9 is not responsible for logging and checking the residents personal refrigerators temperatures. V9 stated that V9 and the dietary staff at the facility are responsible for checking and logging the unit pantry refrigerator temperatures on each floor.</p> <p>On 07/09/24 at 2:23 pm, V1 (Administrator) stated that it is the responsibility of the housekeeping department to log and check the residents personal refrigerators daily. V1 explained that every resident with a personal refrigerator should have a refrigerator temperature log. V1 explained that it is important to monitor the residents personal refrigerators temperatures and to log the refrigerator temperatures daily for the safety of the residents food they will consume.</p> <p>The facility's policy dated 07/18 and titled Resident Refrigerators documents, in part: Policy: Resident personal refrigerators will be inspected by designated facility staff for outdated foods. Purpose: To reduce the risk of food borne illness. Procedure: 4. Facility staff assigned to monitor resident refrigerators will monitor temperature. Temperatures will be recorded on the Refrigerator Temperature log.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50662</p> <p>Based on observation, interview and record review the facility failed to ensure that staff use proper hand hygiene and sanitary conditions when performing resident care and wound care for three residents (R69, R84 and R103); failed to perform hand hygiene prior to plating resident's meals from steam table; failed to properly don PPE (Personal Protective Equipment) for three residents (R52, R55, R69 and R132) who required EBP (Enhanced Barrier Precautions). This deficient practice has the ability to affect all 67 residents on the 3rd floor.</p> <p>Findings include:</p> <p>On 07/09/24 at 10:40 AM, V20 (Licensed Practical Nurse, LPN) observed pushing wound treatment cart through hall with V20's hands, and V20 parked treatment cart outside R103's room. V20 (LPN) removed 4 inches by 4 inches (4x4) gauze from open, bulk package of gauzes inside drawer of wound cart using V20's bare hands and without sanitizing hands. V20 (LPN) stated, I sanitized my hands down there when I left out the other room, you just didn't see me. V20 pointed down the hallway where V20 had been pushing the cart.</p> <p>On 07/09/24 at 10:41 V20 (LPN) entered R103's room carrying the wound tray and placed wound tray with supplies on R103's dresser in front of television without cleaning surface. V20 (LPN) removed scissors from V20's (LPN) pants pocket and cut the calcium alginate wound dressing package with the same scissors without cleaning then placed scissors back in pocket. V20 (LPN) used scissors to cut into unopened foil package containing calcium alginate.</p> <p>On 07/09/24 at 10:45 AM V22 (Certified Nursing Assistant, CNA) observed holding R103 to lateral position in bed while V20 and V21 (LPN) performed peri care and wound care. V22 was wearing two pairs of gloves on both hands (double gloved). V22 removed top pair of gloves with second pair of gloves remaining on V22's hands, and then V22 opened R103's door and removed linen from the clean linen cart in the hallway. V22 CNA stated, That's why I always wear two pair of gloves just in case I have to get something.</p> <p>On 07/09/24 at 10:56 AM V16 (Wound Care Coordinator, WCC) stated, We should start wound care with a clean surface so that nothing like debris or germs gets into the wound. The packages of the wound care products are considered dirty. Pockets are considered dirty. No one should take scissors out of their clothes pocket to cut a dressing; if wound treatment continues then the wound could become dirty and infected. The treatment should be stopped, and new supplies should be gathered. Double gloving is not a cheat process for washing hands. All gloves should be removed, and hand hygiene should be performed. Hand hygiene is to prevent cross contamination and transferring germs between residents.</p> <p>On 07/09/24 at 11:25 AM V3 (Assistant Director of Nursing, ADON) We have in services regarding hand hygiene and not wearing gloves outside of the resident's rooms. Double gloves are not considered clean once the top pair is removed and it is considered contamination. I (V3) would call that poor infection control. Scissors should be cleaned after removing from pocket.</p> <p>R103 diagnoses include but are not limited to anxiety, chronic obstructive pulmonary disease, epilepsy, hypertensive heart disease, methicillin resistant staphylococcus aureus infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R103's active order documented in part: enhanced barrier precaution (EBP) for [NAME] Auris; CRAB (Carbapenem-Resistant Acinetobacter Baumannii). EBP for Chronic wound. EBP for Device Care or use of Feeding Tube. EBP for Device Care or use of Urinary Catheter.</p> <p>R103 has a Staff Assessment for Mental Status, dated 5/1/24, with Short-term and Long-term memory scored Memory Problem.</p> <p>R103 care plan documented in part: R103 has Multi Drug Resistant Organism (MDRO): EBP for Candida Auris, CRAB. Enhanced barrier precautions will be implemented during high contact resident care activities.</p> <p>Facility's policy dated 04/2021, titled Infection Prevention and Control Program, documents, in part: Policy: . It is the policy that this facility's Infection Prevention and Control Program (IPCP), is based upon information from the Facility Assessment and follows national standards and guidelines to prevent, recognize and control the onset and spread of infection whenever possible. The Infection Prevention and Control Program includes . 2. c. Standard and transmission-based precautions to be followed to prevent the spread of infections. h. The hand hygiene procedures to be followed by staff involved in direct resident contact . 5. A system for linen handling to prevent the spread of infection to include handling, storing, processing and transporting linens.</p> <p>Facility's policy dated 03/2021, titled Prevention and Treatment of Pressure Injury and Other Skin Alterations, documents, in part: Policy: . 3. Implement preventative measures and appropriate treatment modalities for pressure injuries and/or other skin alterations through individualized resident care plan.</p> <p>45196</p> <p>On 07/08/24 V1 (Administrator) reported the facility census on the third floor with 30 residents.</p> <p>On 07/08/24 at 10:30 am, Surveyor observed R52 and R55's room with a sign that stated Enhanced Barrier Precautions (EBP)</p> <p>On 07/08/24 at 10:34 am, Surveyor observed V35 (Certified Nursing Assistant, CNA) performing ADL (Activities of Daily Living) care (bathing) with R55 without wearing PPE (Personal Protective Equipment) (gown).</p> <p>On 07/08/24 at 10:45 am, Surveyor observed V35 (CNA) performing emptying R52's indwelling catheter bag without wearing PPE (Personal Protective Equipment) (gown).</p> <p>On 07/08/24 at 11:05 am, Surveyor asked V35 (CNA) regarding R52 and R55's EBP sign on R52 and R55's door and V35 stated, EBP is for residents who have a wound or infection. If a resident has a wound or infection then staff have to put a gown on. Surveyor asked V35 regarding residents who have a EBP sign with an indwelling catheter and V35 stated, If they have an infection then staff have to put on a gown. They (referring to R52 and R55) don't have an infection. When surveyor asked V35 the importance of wearing PPE in residents rooms with EBP V35 stated, So we (referring to staff) don't spread infection to other residents.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/09/24 at 9:42 am, V2 (Director of Nursing, DON) stated that residents who have EBP signs on the residents doors requires staff to wear a gown when providing direct care including ADL care (washing residents faces) and emptying the residents indwelling catheter bags. V2 explained that it is important for staff to wear proper PPE with residents that require EBP so that staff don't cross contaminate infections with other staff or to other residents.</p> <p>On 07/10/24 at 10:01 am, V3 (Infection Preventionist, IP) stated that residents who require EBP have an orange sign placed on the residents door that states EBP and a isolation bin with available PPE for staff to use. V3 then explained that staff are instructed to wear PPE (including donning gloves and gown) when performing direct care including ADL care grooming and emptying indwelling catheters with residents that require EBP. When V3 was asked regarding the importance of staff wearing proper PPE in residents rooms that require EBP, V3 stated To protect the residents from the transmittal of bacteria from staff and to other residents.</p> <p>The facility's policy dated 12/14/23 and titled Enhanced (Enhanced) Barrier Precautions documents, in part: Policy: Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce the transmission of multidrug-resistant organisms (MDRO) in nursing homes. As well as to prevent multi-drug resistant organisms acquisition of those with an increased risk of acquiring MDRO's including residents with a chronic wound or indwelling medical device. Guidelines: 1. EBP involves gown and gloves use during high-contact resident care activities for residents known to be infected or colonized with MDRO's when contact precautions do not otherwise apply. As well as residents with a chronic wound and/or indwelling medical device.</p> <p>R52's Brief Interview for Mental Status (BIMS) dated 05/10/24 shows that R52 does not have a BIMS. During this survey, R52 was not able to answer questions.</p> <p>R52 has a diagnosis which includes but not limited to: anoxic brain damage, dysphagia, retention of urine, klebsiella pneumoniae and encephalopathy.</p> <p>R52's Physician Order Sheet (POS) dated 09/21/22 shows that R52 has orders for EBP for device care or use of feeding tube.</p> <p>R55's Brief Interview for Mental Status (BIMS) dated 06/20/24 shows that R55 has a BIMS score of 15 which indicates that R55 is cognitively intact.</p> <p>R55 has a diagnosis which includes but not limited to: chronic kidney disease, renal osteodystrophy, incontinence without sensory awareness.</p> <p>R55's Physician Order Sheet (POS) dated 08/29/23 shows that R55 has orders for EBP FOR chronic wound, EBP for device care or use of feeding tube, EBP for candida auris, crab (rectal); KPC (Klebsiella Pneumoniae Carbapenemase); crab (Axilla/Groin).</p> <p>The facility's document presented by V1 and titled Enhanced Barrier Precautions documents in part: Stop Enhanced Barrier Precautions . Providers and staff must also: wear gloves and a gown for the following high-contact resident care activities. Dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting, device care or use: central lines, urinary catheter, feeding tubes, tracheostomy, wound care any skin opening requiring a dressing.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Alden Lakeland Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 820 West Lawrence Chicago, IL 60640	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/08/24 at 12:30 pm, Surveyor observed V25 (Dietary Aide) and V26 (Dietary Aide) enter the third-floor dining area with a steam table cart. Surveyor observed V25 placing a steam table cart in the third-floor dining room adjacent from the third-floor elevator and began plating residents food meals from the steam table without performing hand hygiene or donning gloves. Surveyor observed V25 plate all residents with an oral diet lunch meal on the third-floor steam table without hand hygiene performed prior to plating the residents food.</p> <p>On 07/08/24 at 12:53 pm, Surveyor brought this observation to V25 and V25 stated that V25 washed V25's hands in the third-floor pantry when V25 entered the third-floor unit from the elevator. Surveyor and V25 entered the third-floor pantry area and observed the third-floor pantry area sink not working, water unable to dispense from the faucet, and with a sign taped onto the third-floor pantry sink faucet that stated, Clogged do not use. V25 stated, Oh I (V25) did not wash my hands today because the sink was broken (referring to the third-floor pantry sink). When surveyor asked V25 regarding the importance of performing hand hygiene prior to plating the residents food from the steam table, V25 stated so that we don't pass germs.</p> <p>On 07/10/24 at 9:49 am, V9 (Dietary Manager) stated that hand hygiene should be performed prior to the dietary staff plating the residents food on the units. V9 stated that the dietary staff do not use gloves during plating the residents meals and that staff should be utilizing utensils. When V9 was asked regarding the importance of the dietary staff performing hand hygiene prior to plating the residents meals and V9 stated, To avoid passing germs to the residents. V9 explained that because the dietary aides push the steam table carts onto the units the dietary aides should be performing hand hygiene prior to plating the residents meals so the dietary aides do not cross contamination.</p> <p>The facility's policy dated 02/23 and titled Hand Washing documents, in part: Policy: Proper hand washing techniques are maintained by the by the FNS (Food Nutrition Service) Department employees. Procedure: 8. Hands should be washed before beginning work, after breaks, after using the restroom, after smoking or eating after blowing nose, after disposing of trash, after handling dirty dishes, after handling raw meats, fish, poultry, or eggs, after picking anything up from the floor and at any other time deemed necessary.</p> <p>The facility policy dated 07/18 and titled Sanitation documents, in part: Policy: The food service area will be maintained in a clean and sanitary manner. Purpose: To reduce the risk of food borne illness.</p> <p>40067</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/8/24 at 11:07 am, this surveyor observed an Enhanced Barrier Precautions (EBP) sign clearly posted outside R69's door with the PPE (Personal Protective Equipment) bin stocked outside R69's door. R69 observed in bed in a 4 resident room with a tracheostomy stoma (open to air), gastrostomy tube with tube feedings connected, and an indwelling urinary catheter noted. R69 is communicating with surveyor by nodding head side to side for no or up and down for yes to surveyor questions (unable to verbalize words), and R69 coughing intermittently with audible air, which is congested (moist) sounding, escaping from R69's tracheostomy stoma where R69 does not cover R69's tracheal stoma while coughing. R69 observed with a blanket on top of R69's body (covering chest down to foot of bed). When asked about if R69 was wearing heel boots, R69 shrugged R69's shoulders indicating that R69 did not know. At that time, V6 (Certified Nursing Assistant, CNA) observed walking into R69's 4 resident room, and this surveyor asked V6 if R69 is wearing the heel boots. V6 removes a paper towel from the dispenser in the room near the sink and with V6's hand, uses the paper towel (in between R69's blanket and V6's bare hand) to lift up and pull back R69's blanket to show R69's lower body. R69's feet are elevated with a pillow under R69's calves. V6 places the blanket back on top of R69's lower body; puts the paper towel in the garbage inside the room; and then removes gloves from the dispenser inside the room by the door. V6 walks outside the room without using alcohol based hand sanitizer (ABHS) or perform hand washing; opens up the drawer of the PPE bin; removes a gown and dons it. V6 next puts on the gloves without performing hand hygiene. V6 reenters R69's 4 resident room, partially pulls the privacy curtain for R132 and provides repositioning care to R132 in bed.</p> <p>R69's Admission Record, documents, in part, diagnoses of hemiplegia and hemiparesis following cerebral infarction, neuromuscular dysfunction of bladder, dysphagia following cerebral infarction, aphasia following cerebral infarction, epilepsy, pseudobulbar affect, gastro-esophageal reflux disease, gastrostomy status, type 2 diabetes mellitus, hypertension, chronic respiratory failure and klebsiella pneumoniae.</p> <p>R69's Order Summary Report documents, in part, active order dates of 6/16/23 of EBP: KPC (Klebsiella pneumoniae Carbapenemase) in rectal, KPC in sputum and Candida Auris and CRAB (Carbapenem-resistant Acinetobacter baumannii) -axilla/groin, EBP for device care or use of feeding tube, and EBP for device care or use of urinary catheter.</p> <p>R69's Care Plan, date initiated of 6/20/23, documents, in part, a focus of R69 has MDRO: EBP for KPC in rectal, KPC in sputum, and Candida Auris and CRAB - Axilla/Groin with interventions of Enhanced Barrier Precautions will be implemented during high contact resident care activities.</p> <p>On 7/10/24 at 3:38 pm, V2 (Director of Nursing, DON) stated that the purpose of EBP is to prevent any contamination or cross contamination of any resident with MDRO (multidrug resistant organism). When asked when should nursing staff perform hand hygiene, V2 stated, In between resident care. When asked if a nursing staff is performing care on 2 residents in the same EBP room, when should staff perform hand hygiene, and V2 stated, Hand hygiene still should be done with changing gloves after touching one person before going to another. With hand hygiene. V2 stated that hand hygiene is to be done before and after gloving. In between changing them (residents). Prior to entering a resident room and when exiting resident room, they (nursing staff) should be using sanitizer. When asked when should staff don PPE for resident care in an EBP room, V2 stated When they are doing any activity. Any direct care. They should wear gown and gloves when it requires them to touch the patient. When asked if staff is touching and pulling back a resident's blanket off of the resident's body in bed, should staff being donning gown and gloves, and V2 stated, Yes, the blanket's coming in contact with the resident.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R132's Admission Record documents, in part, diagnoses of quadriplegia; anoxic brain injury; persistent vegetative state; chronic respiratory failure; epilepsy; encounter for attention to tracheostomy; encounter for attention to gastrostomy; epilepsy; neuromuscular dysfunction of bladder; extended spectrum beta lactamase (ESBL) resistance; and klebsiella pneumoniae.</p> <p>Facility policy, dated 6/4/2020, documents, in part, Purpose: Appropriate hand hygiene is essential in preventing the spread of infectious organisms in health care settings. Guidelines: 1. Hand hygiene must be performed after touching blood, body fluids, secretions, excretions, and contaminated items. Specific examples include but are not limited to: . e) Before and after providing personal cares for a resident . i) Between contacts with different residents . 2. Alcohol-based hand rub (ABHR) is the preferred method for hand hygiene.</p> <p>On 7/10/24 at 10:46 am, V20 (Licensed Practical Nurse, LPN, Wound Care Nurse) observed with the treatment cart outside R84's room. V20 removes all of R84's treatment supplies and medication from the treatment cart and placed them on one white foam treatment tray. V20 then removes multiple clean gloves from the box on top of the treatment cart and places them on another white foam treatment tray.</p> <p>On 7/10/24 at 10:53 am, V21 (LPN, Wound Care Nurse) arrived outside R84's room. V20 and V21 donned the appropriate PPE per R84's EBP isolation sign posted and entered R84's room. V20 observed holding with V20's hands the two treatment trays which are stacked on top of each other, with the gloves tray on the bottom; and V20 sets the stacked treatment trays on R84's dresser in the room without cleansing or sanitizing the dresser (contaminated surface). V20 then removes the top treatment tray containing R84's medication and dressing supplies and places it directly on the dresser without cleansing or sanitizing the dresser (contaminated surface). V20 and V21 next pulled down R84's incontinence brief, turned R84 to the left lateral side, where the incontinence brief showed a small brown smear of bowel movement. V20 removed R84's sacral dressing and placed it in the clear garbage bag that is opened near the foot of the bed; tied up the clear garbage bag and placed it into the room's large garbage container. While holding R84 on left lateral side, V21 reached over R84's body, removed the soiled incontinence brief, and placed in on top of R84's bed near R84's legs. V20 cleansed R84's sacral wound, and this surveyor inquired about the staging of R84's sacral wound to which V20 stated, Stage 4. V20 next picked up the treatment tray with the medication and dressing supplies and set this tray on top on R84's bed (contaminated surface) with the tray coming contact with the dirty incontinence brief (contaminated item). V21 observed this, saying No, don't do that. V21 then asked V20 to hold R84's lateral position (which V20 did); removed the dirty incontinence brief that was in contact with the treatment tray on R84's bed; and placed it in the room garbage container. V21 then came back to the bedside to take over V20 from holding R84's left lateral position. V20 next removed the Metronizole cream in the open medicine cup and unpackaged tongue depressor from the same contaminated treatment tray on top of R84's bed and applied the cream with the depressor on R84's sacral wound. V20 completes R84's wound care treatment with applying the calcium alginate then dry border dressing from their respective packages that were on the same contaminated treatment tray.</p> <p>R84's Admission Record documents, in part, diagnoses of pressure ulcer of sacral region, unstageable; contracture; encephalopathy; dependence on respiratory (ventilatory) status; cerebral palsy; encounter for attention to tracheostomy; encounter for attention to gastrostomy; epilepsy; hypertension; personal history of traumatic brain injury; chronic kidney disease, stage 4; candidiasis; ESBL resistance; and klebsiella pneumoniae.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R84's Order Summary Report documents, in part, an order dated 4/20/24 of wound care treatment to apply to sacrum topically every day shift for apply (Metronidzole 0.75% topical) on calcium alginate and cover with dry dressing.</p> <p>R84's Minimum Data Set (MDS), dated [DATE], documents, in part, a staff assessment for mental status which indicates that R84's cognitive skills for daily decision making are severely impaired. R84's skin conditions section documents, in part, that R84 has one unstageable pressure injury with unstageable pressure ulcers due to coverage of wound bed by slough and/or eschar.</p> <p>R84's Care Plan documents, in part, a focus of alteration in skin integrity (initiated date of 9/29/21) related to pressure on sacrum, history of left toe avulsion and pressure injury to the right lateral foot with further risk related to quadriplegia, cerebral palsy and vent dependent chronic respiratory failure with interventions of treatment as ordered.</p>

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50728</p> <p>Based on observation and interview, the facility failed to ensure that call light systems were operating in good working condition. This failure affected 5 residents (R143, R61, R114, R31, R67) in a sample of 62.</p> <p>Findings include:</p> <p>1. On 7/8/2024 at 11:05 AM, R143 expressed that R143's call light was not working. R143 stated that not having a way to call for assistance gives R143 anxiety and has had to often call the facility using R143's personal cell phone because the call light does not work. Surveyor observed the following: call light system in resident room consisting of a flip toggle switch ([NAME] to light switch) with a hole in the center of the switch on the wall of the room. A neon yellow string was tied in a knot to R105's (R143's roommate) call light string about half-way down R105's call light string. Surveyor asked R143 to demonstrate call light use. R143 pulled the call light string and the string pulled R105's string from R105's reach. The call light system was not activated when R143 pulled the string.</p> <p>On 7/8/2024 at 11:09 AM, V15 (Registered Nurse) observed the call light system (including string and switch) for R143 and pulled the string, which was unable to activate the call system. V15 stated that R143 told V15 this morning about the call light system not working and that V15 put in a maintenance request for the call light to be fixed. V15 denied implementing any further interventions given to R143 to signal for help while the call light system was in disrepair. V15 acknowledged that R143 would have no way to signal for help should R143 need it.</p> <p>On 7/8/2024 at 11:12 AM, V3 (Assistant Director of Nursing) confirmed that R143's call light system was not working. V3 stated that when call systems are not working, the facility is to provide a bell or alternative device. V3 confirmed that R143 was not given a bell or alternative device and stated, I can go get (R143) one (a bell).</p> <p>R143's face sheet documents in part the following diagnosis: spinal stenosis lumbar region, chronic obstructive pulmonary disease, hypertension, unspecified convulsions, type 2 diabetes mellitus, and schizoaffective disorder.</p> <p>R143's minimum data set (MDS) dated [DATE] documents in part a brief interview of mental status (BIMS) summary score of 14 indicating R143 is cognitively intact and requires partial assistance from staff with activities of daily living (transfers, ambulation and bathing).</p> <p>2. On 7/8/2024 at 11:35 AM, R61 stated that when R61 pulls R61's call string, staff do not come to help. R114 and R31 (R61's roommates) affirmed they also have difficulty getting staff to answer their call light. R31 stated that not having staff come when R31 pulls the string makes R31 upset. R61 pulled the call string, which activated the switch inside R61's room. While activated, surveyor observed the light outside R61's room was not illuminated.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/8/2024 at 11:37 AM, V34 (Licensed Practical Nurse, Wound Care) confirmed that the light outside of R61, R114, and R31's room was not illuminated while the system was activated. V34 stated that the light outside the residents' door should illuminate when pulled and that maintenance would need to fix the light. V34 affirmed that with the light not illuminated, staff may miss the call light, causing the resident to not get assistance when needed. No alternative call system was observed provided to R61, R114, and R31.</p> <p>R61's admission record documents in part the following diagnosis: chronic obstructive pulmonary disease, hypertensive heart disease with heart failure, esophagitis, diverticulosis of intestine and schizoaffective disorder.</p> <p>R61's MDS dated [DATE] documents in part a BIMS summary score of 13, indicating R61 is cognitively intact, and that R61 is dependent on facility staff for activities of daily living (dressing, toileting, transferring).</p> <p>R31's admission record documents in part the following diagnosis: chronic obstructive pulmonary disease, unspecified asthma, hypertension, unspecified convulsions, history of falling, and schizoaffective disorder.</p> <p>R31's MDS dated [DATE] documents in part a BIMS summary score of 14, indicating R114 is cognitively intact and that R114 is dependent on facility staff for activities of daily living (toileting, bathing, dressing, transferring)</p> <p>R114's admission record documents in part the following diagnosis: primary osteoarthritis, displaced bimalleolar fracture of left lower leg, hypertension, schizoaffective disorder.</p> <p>R114's MDS dated [DATE], documents in part a BIMS summary score of 15, indicating R114 is cognitively intact and is dependent on facility staff for activities of daily living (toileting, bathing, dressing, transferring)</p> <p>3. On 7/8/2024 at 11:50 R67 was observed laying in bed with the call string clipped to R67's bed. Surveyor inquired if staff come when R67 pulls the string and R67 shook head no. R67 pulled R67's call light string and call light string was not connected to the switch on the wall, causing the call light system to remain inactivated.</p> <p>On 7/8/2024 at 11:55, V42 (Certified Nursing Assistant) observed R67's call light string and confirmed that it was not connected to the switch. V42 confirmed that R67 would have no way to call for help with the call light string not attached to R67's call light switch. V42 stated that there were other call lights on the unit not working but that facility staff was working on replacing the strings currently. No alternative call system was observed for R67 while R76's call light system was in disrepair.</p> <p>R67's admission record documents in part the following diagnosis: peripheral vascular disease, hypertension, type 2 diabetes, non-pressure chronic ulcer of left calf, schizophrenia unspecified.</p> <p>R67's MDS (quarterly) dated 5/17/24 indicates that resident was not assessed for cognition, (however, resident was able to appropriately respond during interview) and that R67 is dependent on facility staff for activities of daily living (bathing, dressing, and transferring).</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 7/10/2024 at 3:10 PM, V2 (Director of Nursing) affirmed that all residents should always have a working call light. V2 stated that without a working call light, residents may be unable to get the help they need. V2 stated that when resident's call lights do not work, staff should be providing bells to the residents to signal for assistance.</p> <p>Facility policy titled, CALL LIGHT, USE OF dated 09/20, documents in part the following PURPOSE: 1. To respond promptly to resident's call for assistance.</p>		