

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/08/2014
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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER II	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S9999	<p>Final Observations</p> <p>Statement of licensure violations:</p> <p>300.610a) 300.686a)3,5 300.1010h 300.1210a)b)4d)2 300.1420 300.1620a) 300.3240a)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting</p> <p>Section 300.686 Unnecessary, Psychotropic, and Antipsychotic Drugs a) A resident shall not be given unnecessary drugs in accordance with Section 300. Appendix F. In addition, an unnecessary drug is any drug used: 3) without adequate monitoring; 5) in the presence of adverse consequences that indicate the drugs should be reduced or discontinued. (Section 2-106.1(a) of the Act)</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a</p>	S9999		
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Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

12/31/14

Attachment A - Statement of licensure violation

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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 1</p> <p>resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident.</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>2) All treatments and procedures shall be administered as ordered by the physician.</p> <p>Section 300.1420 Specialized Rehabilitation Services</p> <p>If physical therapy, occupational therapy, speech therapy or any other specialized rehabilitative service is offered, it shall be provided by, or supervised by, a qualified professional in that specialty and upon the written order of the physician.</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed prescriber. The facsimile or electronic order of a licensed prescriber shall be authenticated by the licensed prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed prescriber and at the designated time.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based upon observation, interview and record review, the facility neglected to comprehensively assess R7 ' s complaint of pain, provide on-going monitoring of R7 ' s complaint of pain., create plan of care to address R7 ' s complaint of pain, investigate R7 ' s refusal to attend activities and psychosocial programming, monitor R7 ' s isolative behavior, implement Care Plan for R7 who has diagnoses of Mental Illness, adapt plan of care to R7 ' s current level of functioning, identify R7 ' s need for additional behavioral attention, notify the physician of R7 ' s complaint of pain and decline in overall function, notify the psychiatrist of R7 ' s isolative behavior and decline in overall function, create a significant change MDS (Minimum Data Set) and plan of care to address significant decline of condition. The acute care psychiatric hospital discharge instruction dated 12/4/13 documents in part: " Notify physician if experiencing any of the following: Recurrence of psychiatric symptoms that led to hospitalization; Inability to care for yourself. "</p> <p>R7 ' s doctor created a plan for R7 to have PT (Physical Therapy) for pain for flexibility, posture assistance, neck and back exercises but the plan of care was not followed-up by the facility staff. There is no evidence that R7 received PT after 8/27/14.</p> <p>Doctor ' s Progress notes dated 8/27/14 documents in part: " (R7) c/o pain " all over " ...interferes with walking. Depressed, Gait-spastic/scissor gait, forward flexed posture ...Chronic Pain: Consider PT (Physical Therapy) for pain at (the facility) for flexibility, posture</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>assistance, neck/back exercises. " There is no evidence that R7 received PT after 8/27/14. On 11/19/14, at 1:36 PM, E3 ADON (Assistant Director of Nursing) validated that the PT was not followed-up by the nursing staff. E3 confirmed that R7 was not referred for PT. E3 stated, " I will call the doctor about it. "</p> <p>On 11/17/14, at 4:30 PM, R7 stated that he uses the urinal all the time because it is very difficult for him to go to the washroom because of the pain to his neck, legs and arms. The washroom is approximately five feet away from his bed. R7 stated that he is afraid he might fall if he walks to the washroom. R7 ' s Care Plan initiated on 9/18/14 documents in part: " Urinals provided at HS (at night). Refer to MD (Medical Doctor) for worsening conditions. " There is no evidence that the doctor was notified of the change - that R7 now uses the urinal all the time.</p> <p>On 11/17/14, at 3:07 PM, E12 Activity Director stated R7 prefers to stay in the room because of complain of pain to his legs.</p> <p>On 11/17/14, at 3:45 PM, R7 was on his bed, in a bent (fetal) position. R7 stated that he does not go to activities and resident morning meetings because he is stiff and sore. R7 stated that he told the nurse about his complaint of pain.</p> <p>On 11/17/14, at 4:00 PM, R7 was on his bed, in a bent (fetal) position. R7 had difficulty changing his position from the bed to standing position. R7 moved slowly, with facial grimacing, while changing his position to grab his walker. R7 was able to get out of bed and stabilize himself in a stooping position. R7 walked approximately three feet distance (from his bed to his dresser) with a slow and wobbly gait using his walker.</p> <p>On 11/17/14, at 4:30 PM, R7 stated that he uses the urinal all the time because it is very difficult for him to go to the washroom because of the pain to his neck, legs and arms. The washroom is</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>R7 did not attend on-going activities. R7 stated that the pain to his neck and upper back is worse and R7 has already reported his complaint of pain to the nursing staff.</p> <p>On 11/18/14, at 11:30 Am, Z1 (Attending Physician) stated that he was not aware of R7 ' s overall decline of condition. Z1 stated that he makes rounds in the facilities but the facility staff should have notified him of R7 ' s decline. Z1 further stated that he depends on the staff when it comes to informing him of what is going on with his residents in the facility.</p> <p>During the initial tour of the facility on 11/17/14 at 9:25am, R9 stated, "I'm sleepy because of my medication. Prolixin makes me sleepy and I have decreased energy. Today, I'm not going to groups because I'm too tired."</p> <p>On 11/17/14 at 12:45pm, R9 was still in bed and indicated that he felt really weak and sleepy. R9 stated, "I told the nurse." At 1:20pm, R9 asked E24 (RN-Registered Nurse) to take his blood pressure. R9 stated to E24, "I feel weak." As E24 performed R9's blood pressure he stated, "My normal is 120/80 or 120/75." His blood pressure result: 92/60.</p> <p>R9's Physician Order Sheet (POS) dated 11/1/14 through 11/30/14 documents Prolixin medication for a diagnosis of Paranoid Schizophrenia.</p> <p>R9's Psychiatric Progress Note dated 11/13/14 documents that his Prolixin was decreased to 17.5 mg at night.</p> <p>On 11/17/14 at 2:30pm, R9 stated, "I used to be on Prolixin 5 milligrams (mg) in the morning and 10 mg at night. I was less sleepy. But then the Prolixin was changed to 20 mg at night. I was sleepy and weak in the morning. The doctor</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>decreased my Prolixin by 2.5 mg. I was at 20 mg and now I am on 17.5 mg at night. And then she will decrease again so I will be at 15 mg like before. I am still so weak and sleepy and dizzy."</p> <p>On 11/18/14 at 10:30am, R9 was still in bed sleeping. At 12:05pm, R9 stated, "I'm still so sleepy. I tell the nurses all the time that I am sleepy even though my Prolixin was decreased. When the Prolixin was increased from 15 mg a day to 20 mg a day in the first week I was very sleepy and weak. I told (Z2-Psychiatrist) that the dose was too high." At 3:00pm, R9 was in bed complaining of dizziness and sleepiness.</p> <p>R9's Psychiatric Progress Note dated 10/10/14 documents that he requested to have his Prolixin decreased to 15 mg. Z2 did not decrease his Prolixin but instead indicated that R9 will be monitored by staff and will consider decreasing the medication if staff agrees.</p> <p>E24's Nurses' Progress Note dated 11/17/14 at 1:15pm documents that Z1 (Physician) was notified regarding R9's complaints of weakness, sleepiness and low blood pressure. On 11/19/14 at 10:00am, E24 stated, "I did not notify (Z2-Psychiatrist) only (Z1). (Z2) not notified because I was focusing more on medical problems. I should've called (Z2). I missed that. Especially because his Prolixin was decreased in dosage the week prior. I was focusing on his medical condition."</p> <p>On 11/19/14 at 11:40am, E9 (RN) stated, "When they have symptoms, we usually call the psychiatrist first because of the residents psych meds. (R9) complained of weakness and sleepiness on/off."</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>There is no documentation indicating that Z2 was notified of R9's on/off complaints of weakness and sleepiness.</p> <p>On 11/19/14 at 3:41pm, Z2 stated, "I think his increased energy level could be directly correlated to medication reduction. But they need to monitor him for mania. I absolutely would have attempted a further dose reduction of his Prolixin medication had I known earlier or had been contacted earlier regarding his sleepiness, drowsiness and decreased energy level. I did a dose reduction on 11/13/14 but would have done an additional dose reduction had I known."</p> <p>The facility ' s Behavior Monitoring Records dated from February, 2014 to November, 2014 were reviewed. The following records were blank and uncoded (No specific Behavior being monitored): March, 2014, April, 2014, May, 2014, July, 2014 and November, 2014. On 11/19/14, at 1:36 PM, E3 (ADON) stated that the behavior monitoring tool is used to track resident ' s behavior and the facility ' s monitoring tool to determine significant changes of behavior. E3 stated that information from the Behavior Monitoring Records is used when planning the care or behavior management for a resident.</p> <p>The facility ' s undated policy titled Psychotropic Medications policy documents in part: Guideline #11. Documentation of behavioral monitoring which includes symptoms requiring the use of psychotropic medication, if the symptoms are permanent or transient, other reason as potential causes of the behavior and monitoring of the side effects to the psychotropic medication.</p> <p>The facility ' s undated policy titled Behavior Monitoring Record Policy documents in part: Behavior Monitoring Record is used for antidepressant, antipsychotic, psycho-stimulant,</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>sedative-hypnotic, mood stabilizing and anticonvulsant medications, anti-anxiety medications to record target behaviors, appropriate diagnosis, interventions, outcomes and side effects.</p> <p>The facility ' s undated policy titled Psychotropic Medications policy documents in part: Guideline #11. Documentation of behavioral monitoring which includes symptoms requiring the use of psychotropic medication, if the symptoms are permanent or transient, other reason as potential causes of the behavior and monitoring of the side effects to the psychotropic medication.</p> <p>The facility ' s undated policy titled Psychotropic Medications policy documents in part: Guideline #11. Documentation of behavioral monitoring which includes symptoms requiring the use of psychotropic medication, if the symptoms are permanent or transient, other reason as potential causes of the behavior and monitoring of the side effects to the psychotropic medication.</p> <p>(B)</p> <p>300.610 300.2100 750.250 750.820e)2</p> <p>Section 300.610 Resident Care Policies</p> <p>a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>Section 300.2100 Food Handling Sanitation Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>Section 750.250 Food Display and Service of Potentially Hazardous Food Potentially hazardous foods shall be kept at an internal temperature of 41°F or below or at an internal temperature of 135°F or above during display and service, except that rare roast beef shall be held for service at a temperature of at least 130°F.</p> <p>Section 750.820 Manual Cleaning and Sanitizing e) The food-contact surfaces of all equipment and utensils shall be sanitized by: 2) Immersion for at least one minute in a clean solution containing at least 50 parts per million of available chlorine as a hypochlorite and having a temperature of at least 75 degrees F These requirements were not met as evidenced by:</p> <p>Based on observation, interview and record review facility failed to implement procedures to assure that potentially hazardous foods (PHF) are properly cooled down to prevent the rapid growth of micro-organisms ' , sanitize food preparation equipment and food preparation surfaces and follow policy ' s for taking food temperatures. As a result of not implementing procedures for potentially hazardous food (PHF) cool down policies, all 90 residents who were to receive the meal were at risk for a food borne illness. On 11/17/14 at 3:00pm Surveyor and E17 (Dietary Manager) offsite kitchen were checking the temperature of two pans of macaroni salad that was prepared on 11/17/14 at 1:15pm by E19</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>(PM Cook) earlier in the day. Macaroni salad was being stored in six inch deep full size stainless steel pans. Both pans of macaroni salad were filled to the very top and covered with plastic film. E17 checked the temperature of the macaroni salad with the facilities' digital thermometer. Two temperature readings in one pan were 76.3 degrees Fahrenheit and 74.7 degrees Fahrenheit. E17 stated " that can ' t be right. " The second full pan was 73.4 degrees Fahrenheit and E17 stated " that ' s still too high. " E17 instructed E25 (AM Cook) " got to get it in the freezer right now " , " that ' s been sitting way too long. " E25 placed the whole pan into the reach in freezer that was full with boxes of food from a delivery earlier in the day. Surveyor observed that the freezer was filled and that there was limited air circulation around the full size pan which was placed directly on top of a box of frozen food. Surveyor inquired if E17 thought it was going to make it? Meaning 41 degrees or below before serving time 5:00pm and E17 stated " he (E19) knows the procedure, cooks just didn ' t ' t pay attention to the clock. In addition, a red bean salad was on the supper menu for the dinner meal. E19 (PM Cook) stated that the red bean salad was prepared at 1:00pm on 11/17/14. On 11/17/14 at 1:55pm Surveyor inquired E17 (Dietary Manager) about the roast beef served on the lunch menu today. E17 stated that the roast beef had been cooked on Sunday 11/16/14 by E18 (AM Cook). Surveyor questioned E17 if they utilized and documented any cool down activities for Potentially Hazardous Foods (PHF) and E17 stated " No we don ' t keep any records; should we? E17 indicated that Roast Pork, Pork Loin, Roast Beef and Corned Beef were items served on the four week cycle menu and all cooked the day prior to being served. Surveyor inquired regarding the Hazard Analysis</p>	S9999		
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S9999	<p>Continued From page 12</p> <p>Critical Control Point (HACCP) documentation for the two-stage cool down process, and E17 stated in part that the process was documentation heavy and that E17 didn't trust staff to complete the documentation accurately. Surveyor questioned E17 if he had any records of any Potentially Hazardous Food (PHF) cool down activities in the department and E17 stated "no."</p> <p>On 12/02/14 at 10:15 am Z8 (Consultant Dietitian) in-serviced the cook staff regarding the Cool Down Policy. The undated Two Step Cool Down Procedure states: Cooked food will be cooled down from 130 degrees Fahrenheit to 70 degrees Fahrenheit within two hours and from 70 degrees Fahrenheit to 41 degrees Fahrenheit or below within four hours (or within a total of 6 hours). Once the food comes out of the oven, or is removed from the steam-table, use an active cooling method to reach 135 degrees Fahrenheit.</p> <p>On 11/17/14 at 4:45pm, both hot and cold food prepared for the dinner meal was transported to the facility kitchen from the offsite kitchen in a plastic thermal cabinet. Macaroni salad temperatures were taken by E10 (Food Service Supervisor) using a digital thermometer and by Surveyor using a calibrated metal stem thermometer. Digital temperature was 69.2 degrees Fahrenheit and the metal stem thermometer reading was 65.0 degrees Fahrenheit. The metal stem thermometer reading for the red bean salad was 48 degrees Fahrenheit.</p> <p>Surveyor asked E10 if the temperatures were acceptable and E10 stated "of course they are not acceptable, they should be less than 40 degrees Fahrenheit." E10 stated I am going to put a lid on this and put it in the freezer until we serve."</p> <p>On 11/17/14 at 11:55pm with E10, E26 (Dietary Aide) checked the food preparation surface</p>	S9999		
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S9999	<p>Continued From page 13</p> <p>sanitizer bucket and determined that it was at or less than 10 parts per million (ppm). Facility policy for Chemical Sanitizing For Wiping Cloths states: Wiping cloths should be stored in a bucket of water at 75 degrees Fahrenheit with the following concentrations: Chlorine 100 ppm. On 11/17/14 at 2:20pm Surveyor and E17 offsite kitchen along with E25 (am cook) checked the bucket sanitizing solution in the cook ' s area. E17 stated that they use that bucket to sanitize the thermometers ' metal probes in between taking food temperatures. E17 stated in part that he understood that if alcohol was used to wipe down tables that it leaves a residue behind and stated that using bleach water would be better idea than using a alcohol swab cloth to sanitize the thermometer probe. E25 tested the bleach water for sanitizing temperature probes stated in part, there ' s barely anything, maybe 20 parts per million.</p> <p>Undated Food Temperature Procedure states: 2. Fill sanitizing bucket with proper mix of water and sanitizing solution and place on rear table out of the way. 3. using a digital probe-type thermometer, take the temperature of the first food placed in the steam table. Record the temperature on the Daily temperature Log in the proper location. Rinse and sanitize the thermometer probe after each use.</p> <p>On 11/17/14 at 2:25pm observed an aluminum four quart measuring container with five french knives inside tip down. Surveyor asked E17 if theses knives were clean and E17 stated there supposed to be clean, that ' s the way it is. E25 interjected and stated in part that ' s where we store the dirty knives. E17 asked, " When did that get switched? " E25 stated in part, we use all the knives until no clean ones are left and then wash them all at one time. Facility presented a Knife Cleaning and Storage Policy on 11/18/14.</p>	S9999		

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S9999	<p>Continued From page 14</p> <p>On 11/17/14 at 2:45pm observed E19 (PM cook) washing pots and pans in the three compartment sink. Observed the immersion time to be less than 10 seconds, E19 was continuously moving pans from the rinse to through the sanitizer to the drain board without required sanitizer contact time.</p> <p style="text-align: center;">(B)</p> <p>300.610a) 300.1010h 300.1210a)b)4 300.1410a)g)h) 300.3240a) 300.4010b)c)3A,B,D,E,7A,B,d) 300.4020b)2,3,4 300.4040a)4,b),c)1,7 300.4050a)b) 300.4090b)3)C)4)5)</p> <p>Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting</p> <p>Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest</p>	S9999		

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S9999	<p>Continued From page 15</p> <p>decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act)</p> <p>b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures</p> <p>4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition</p>	S9999		

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S9999	<p>Continued From page 16</p> <p>demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene</p> <p>Section 300.1410 Activity Program</p> <p>a) The facility shall provide an ongoing program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident, in accordance with the resident's comprehensive assessment. The activities shall be coordinated with other services and programs to make use of both community and facility resources and to benefit the residents</p> <p>g) The facility shall provide a specific, planned program of individual (including self-initiated) and group activities that are aimed at improving, maintaining, or minimizing decline in the resident's functional status, and at promoting well-being. The program shall be designed in accordance with the individual resident's needs, based on past and present lifestyle, cultural/ethnic background, interests, capabilities, and tolerance. Activities shall be daily and shall reflect the schedules, choices, and rights of the residents (e.g., morning, afternoon, evenings and weekends). The residents shall be given opportunities to contribute to planning, preparing, conducting, concluding and evaluating the activity program</p> <p>h) The activity program shall be multifaceted and shall reflect each individual resident's needs and be adapted to the resident's capabilities. The activity program philosophy shall encompass programs that provide stimulation or solace; promote physical, cognitive and/or emotional</p>	S9999		

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S9999	<p>Continued From page 17</p> <p>health; enhance, to the extent practicable, each resident's physical and mental status; and promote each resident's self-respect by providing, for example, activities that support self-expression and choice</p> <p>Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (A, B) (Section 2-107 of the Act)</p> <p>Section 300.4010 Comprehensive Assessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S b) The IDT must identify the individual's needs by performing a comprehensive assessment as needed to supplement any preliminary evaluation conducted prior to admission to the facility. The assessment shall be coordinated by a PRSC. c) A comprehensive assessment must be completed by the IDT no later than 14 days after admission to the facility. Reports from the pre-admission screening assessment or assessments conducted to meet other requirements may be used as part of the comprehensive assessment if the assessment reflects the current condition of the individual and was completed no more than 90 days prior to admission. The assessment shall include at least the following: 3) A skills assessment performed by a social worker, occupational therapist, or PRSD or PRSC with training in skills assessment. The skills assessment shall include an evaluation of the resident's strengths, an assessment of the resident's levels of functioning, including but not limited to the following areas: A) Self-maintenance (including basic activities of daily living such as hygiene, dressing, grooming, maintenance of personal space, care of belongings, diet and nutrition, and personal</p>	S9999		

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S9999	<p>Continued From page 18</p> <p>safety);</p> <p>B) Social skills (including communication, peer group involvement, friendship, family interaction, male/female relationship, and conflict avoidance and resolution)</p> <p>D) Occupational skills (including basic academic skills; job seeking and retention skills; ability to initiate and schedule activities; promptness and regular attendance; ability to accept, understand and carry out instructions; ability to complete an application; and interview skills);</p> <p>E) Symptom management skills (including symptom monitoring and coping strategies; stress identification and management; impulse control; medication management and self-medication capability; relapse prevention)</p> <p>7) A structured assessment of resident interests and expectations regarding psychiatric rehabilitation conducted by the PRSC or PRSD with each resident. The assessment shall include at a minimum:</p> <p>A) Resident's identification of personal strengths, goals, needs, and resources;</p> <p>B) Skill development and problem areas for which the resident expresses an interest in setting goals and participating in psychiatric rehabilitation programming</p> <p>d) Based on the results of all assessments, the PRSD or PRSC shall develop a narrative statement for the IDT review that summarizes findings regarding the resident's strengths and limitations; indicates the resident's expressed interests, expectations, and apparent level of motivation for psychiatric rehabilitation; and prioritizes needs for skill development related to improved functioning and increased independence</p> <p>Section 300.4020 Reassessments for Residents with Serious Mental Illness Residing in Facilities Subject to Subpart S</p>	S9999		

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S9999	<p>Continued From page 19</p> <p>b) All persons admitted to a nursing home facility with a diagnosis of serious mental illness who remain in the facility for a period of 90 days shall be re-screened by the Department of Human Services or its designee at the end of the 90-day period, at 6 months, and annually thereafter to assess their continued need for nursing facility care and shall be advised of all other available care options. (Section 2-104.3 of the Act)</p> <p>Complete comprehensive reassessments shall be conducted in the following areas</p> <p>2) Psychosocial assessment update (including significant events, e.g., death of a significant other since the last reassessment);</p> <p>3) Skills assessment update, including an assessment of resident levels of functioning and reassessment of rehabilitation potential (an evaluation of the individual's strengths, potentials, environmental opportunities and ability to achieve or likelihood of achieving maximum functioning); and a narrative statement of the individual's strengths and potential as they directly relate to the individual's functional limitations with recommendations for treatment and/or services, and the potential of the individual to function more independently. A complete reassessment shall be required if changes in the resident's functional level make the current assessment inapplicable. If a complete reassessment is not required, the update must include a narrative summary of the reevaluated assessment;</p> <p>4) Recreation and leisure activities updates, including the resident's participation, perceived enjoyment, frequency of self-initiated involvement versus staff coaxing or refusal, and recommended interventions</p> <p>Section 300.4040 General Requirements for Facilities Subject to Subpart S</p> <p>a) The psychiatric rehabilitation services program of the facility shall provide the following services</p>	S9999		
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S9999	<p>Continued From page 20</p> <p>as needed by facility residents under Subpart S:</p> <p>4) Psychiatric rehabilitation services addressing major domains of functioning and skills development: self-maintenance, social and community living, occupational preparedness, symptom management, and substance abuse avoidance</p> <p>b) The psychiatric rehabilitation services programs in the facility shall be designed to improve or maintain the resident's level of functioning and independence</p> <p>c) The facility's psychiatric rehabilitation program shall have the following overall goals:</p> <p>1) Encourage the engagement of each resident in his/her recovery and rehabilitation;</p> <p>7) Foster the human dignity, personal worth, and quality of life of each resident.</p> <p>Section 300.4050 Psychiatric Rehabilitation Services for Facilities Subject to Subpart S</p> <p>a) The facility shall develop and implement a psychiatric rehabilitation program. A facility may contract with an outside entity to provide all or part of the psychiatric rehabilitation program as long as individual residents' needs are met and subsection (c)(4) is met.</p> <p>b) The facility's psychiatric rehabilitation program shall be integrated with other services provided to residents by the facility to develop a cohesive approach to each resident's overall needs and consistent plan of care</p> <p>Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S</p> <p>b) Psychiatric Rehabilitation Services Director</p> <p>3) Each facility shall have a PRSD for the psychiatric rehabilitation program who is assigned responsibility for:</p> <p>C) Ensuring the coordination and monitoring of the residents' participation in the psychiatric rehabilitation program ITP</p>	S9999		

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S9999	<p>Continued From page 21</p> <p>4) The PRSD shall ensure that each resident's ITP is developed by an Interdisciplinary Team and is individualized, states the progressive goals of treatment, includes measurable objectives, is written in behavioral terms, is understandable and acknowledged by resident and staff, and is implemented.</p> <p>5) The PRSD shall ensure that residents' needs are met through appropriate staff interventions and community resources and, whenever possible, that residents and their families or significant others are involved in the preparation of their plan of care</p> <p>These requirements were not met as evidenced by:</p> <p>Based upon observation, interview and record review, the facility failed to complete a comprehensive assessment to address significant decline of condition for one resident (R7) in the sample of 18 residents. This failure resulted in R7 negative psychosocial outcome, increased isolation and decline in activities of daily living (ADL) related to ambulation, incontinence, dressing, bathing and transfers.</p> <p>On 12/4/13, R7 was admitted to the facility with diagnoses of Spine Injury, Paranoid Schizophrenia, Herniated cervical disk, C3-C4 Decompression. R7 's PAS/MH (Pre-admission Screening/Mental Health) dated 12/6/13 documents in part: Special Services- Professional Observation by MD/RN (Medical Doctor/Registered Nurse) for medication monitoring, adjustment and stabilization, community re-integration activities, Instrumental Activities of Daily Living training/reinforcement and Mental Health Rehabilitation activities. The</p>	S9999		
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S9999	<p>Continued From page 22</p> <p>acute acre psychiatric hospital discharge instruction dated 12/4/13 documents in part: " Notify physician if experiencing any of the following: Recurrence of psychiatric symptoms that led to hospitalization; Inability to care for yourself. "</p> <p>On 11/17/14, at 2:00PM, R7 was in his room and did not attend in-house activities. On 11/17/14, at 3:07PM, E12 Activity Director stated R7 prefers to stay in the room because of complain of pain to his legs.</p> <p>On 11/17/14, at 3:45PM, R7 was on his bed, in a bent (fetal) position. R7 stated that he cannot go to activities and the morning meetings because he is stiff and sore. R7 stated that he told the nurse about his complaint of pain.</p> <p>On 11/17/14, at 4:00PM, R7 was on his bed, in a bent (fetal) position. R7 had difficulty changing his position from the bed to standing position. R7 moved slowly, with facial grimacing, while changing his position to grab his walker. R7 was able to get out of bed and stabilize himself in a stooping position. R7 walked approximately three feet distance (from his bed to his dresser) with a slow and wobbly gait.</p> <p>On 11/17/14, at 4:30PM, R7 stated that he uses the urinal because it is very difficult for him to go to the washroom which is at approximately five feet away from his bed. R7 stated that he is afraid he might fall if he walks to the washroom.</p> <p>On 11/18/14 at 10:00Am, R7 was in his room and stated that he cannot participate in the house activities because of his aches and pain to his legs, arms, neck and upper back. R7 stated that it is difficult for him to go the patio to smoke because of his pain. R7 stated, " I probably need a power chair to be comfortable. " R7 stated that his inability to do the things he enjoys makes him sad and angry.</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S9999	<p>Continued From page 23</p> <p>On 11/18/14, at 10:05AM, E9 RN (Registered Nurse) stated that the doctor should have been notified to obtain order when R7 complained of pain. E9 stated, " I am going to assess (R7) right now and will call the doctor. "</p> <p>On 11/18/14, at 10:20AM, R7 was in his room. R7 did not attend on-going activities. R7 stated that the pain to his neck and upper back is worse and R7 has already reported his complaint of pain to the nursing staff.</p> <p>On 11/18/14, at 11:30Am, Z1 (Attending Physician) stated that R7 has chronic pain because of Osteoarthritis. He stated that the facility does not allow PRN pain medications for more than two weeks. Z1 stated that he was not aware that R7 was still complaining of pain. Z1 also stated that he would have ordered pain medication for R7 if he was notified earlier. Z1 also stated that he was not aware of R7 ' s overall decline of condition.</p> <p>On 11/19/14, at 11:00AM, E3 ADON (Assistant Director of Nursing) stated that when a resident shows decline of abilities ADLs (Activities of Daily Living), the staff should determine the " kind of decline " , notify the doctor, and discuss appropriate placement.</p> <p>On 11/19/14, at 10:50AM, E14 C.N.A. (Certified Nursing Assistant) stated that R7 cannot pull his pants and R7 cannot tie his shoes. When asked about grooming, personal hygiene and bathing, E14 stated, " I do everything for him. " E14 stated that " the only thing (R7) can do is brush his teeth " when it comes to personal hygiene. E14 stated that he takes care of R7 ten (10) days out of 14 days. E14 also stated that R7 complains of pain six (6) or more days of the ten (10) days he takes care of him. E14 stated that R7 ' s complains of pain was reported to the Nurse but E14 ' does not know what the nurses did after informing them of R7 ' s pain.</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 24</p> <p>On 11/19/14, at 1:056Pm, E15 PRSC (Psychiatric Rehabilitation Services Coordinator) stated that R7 is not attending psychosocial groups; E15 did not notify the psychiatrist about it.</p> <p>On 11/19/14, at 3:35PM, E16 PRSC (Psychiatric Rehabilitation Services Director) stated she is not aware that R7 stopped going to psychosocial groups activities. E16 stated that the psychiatrist should have been called when R7 stopped attending psychosocial group activities.</p> <p>On 11/19/14, at 3:46PM, Z2 (Psychiatrist) stated that R7 is being treated biologically through medications, but the facility services should provide psychosocial programs and in-house activities to R7 as a part of his (R7) psychosocial treatment. Z2 stated that she is not aware of R7 ' s isolative behavior, decline in ADL (Activities of Daily Living) capabilities and decline in mood and behavior. Z2 also stated that she was not made aware by the facility staff that R7 stopped going to psychosocial groups and is not participating in-house activities. Z2 stated that the isolative behavior should have been investigated, monitored because of R7 ' s psychiatric diagnoses which include SAD (Schizo-Affective Disorder). Z2 stated that the nursing staff should monitor residents ' behavior using the behavior monitoring tracking so an appropriate plan of care can be created. Z2 stated that if she should have known about the change in R7 ' s behavior and ADLs, she would have ordered R7 for hospitalization and further evaluation.</p> <p>R7 ' s Care Plan initiated on 9/18/14 documents in part: (R7) has severe mental illness; Intervention: Refer to MD (Medical Doctor) for worsening conditions; Intervene when any inappropriate behavior is observed.</p> <p>Psychotropic Medication Record on the following dates documents in part: " 9/30/14 Behavior</p>	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2014
NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 25</p> <p>exhibited- isolative, withdrawn; 10/31/14 Behavior exhibited - remains isolative and withdrawn. " There was no intervention documented. Admission/Initial MDS (Minimum Data Set) dated 12/17/2013 and Quarterly MDS dated 3/17/14 were reviewed. The Quarterly MDs dated 3/17/14 documents in part the following areas of decline in condition in the specific MDS sections: Section G - Functional Status: decline in Dressing and Bathing functions (R7) - needs assistance from staff with Dressing and Bathing; Per Initial MDS (12/17/13), R7 was independent with all areas of ADL (Activities of Daily Living) and only needed supervision with Dressing and Bathing; Section J - Pain Assessment Review: (R7) complained of pain; 6/10; Frequency: occasionally; Per Initial MDS (12/17/13) documented " No Pain " ; Section E - Behavior/Potential indicator of Psychosis: - hallucination & delusion; Per Initial MDS (12/17/13) documents no potential indicator of psychosis; Section D - Mood: Emergence of sad or anxious mood: feeling down, sad, depressed and helpless; feeling tired and having less energy, feeling bad about himself; trouble concentrating on things; total severity score from zero to 11; Per Initial MDS (12/17/13), R7 did not have any symptom of Mood problem. Similar functional decline were noted in the MDS ' completed on 6/17/14 and 9/17/14. IDT C/P (Interdisciplinary Team Care Plan) Meeting Signature sheet dated 3/20/14 documents eight facility staff ' s signature which includes E16 PRSD (Psychiatric Rehabilitation Services Director) and a E14, C.N.A. (Certified Nursing Assistant) who takes care of R7 signed signifying attendance to the Care Plan meeting. This information was validated by E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator on 11/18/14 at 10:25AM. On 11/19/14 at 11:06AM, E8 MDS/CP (Minimum</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 26</p> <p>Data Set/Care Plan) Coordinator stated, " We hardly have those kind of things here. " When asked about (SCSA) Significant Change in Status Assessment. E8 stated that Significant Change in Status Assessment should be done when there is a decline in behavior, cognition and ADLs. E8 further stated that an SCSA comprehensive MDS should have been done for R7 done instead of the Quarterly, and the Care Plans should have been modified. E8 validated that the Care Plans were not modified according to the areas of decline.</p> <p>Long Term Care Facility Resident Assessment Instrument User ' s Manual, (October, 2014 update) documents in part: " Guidelines for determining a significant change in residents ' status: If the condition has not resolved within two (2) weeks, staff should begin a SCSA (Significant Change in Status Assessment). "</p> <p>On 11/20/14, at 5:30PM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator stated that a significant change comprehensive assessment will be completed with an ARD (Assessment Reference Date) of 11/20/14.</p> <p>On 11/24/14, at 9:30AM, E3 ADON (Assistant Director of Nursing) stated that R7 was admitted to an acute care hospital for evaluation of behavioral symptoms and pain.</p> <p>Findings include:Based upon observation, interview and record review, the facility failed to adapt and implement interventions consistent with psychosocial programming needs and current level of capabilities for one resident (R7) in the sample of 18 residents. This failure resulted in decreased psychosocial stimulation On 11/18/14 at 10:00 Am, R7 was in his room and stated that he does not join the house activities because of his aches and pain to his legs, arms, neck and upper back. R7 stated, " I</p>	S9999		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2014
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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 27</p> <p>probably need a power chair to be comfortable. " R7 stated that he likes walking and he used to walk around the facility when he " was not in so much pain. " R7 stated that it is also difficult for him to go the patio to smoke because of his pain. R7 stated that his inability to do the things he enjoys makes him sad and angry. R7 stated, " I just want to move out of here and go to another nursing home. "</p> <p>On 11/18/14, at 10:20 AM, R7 was in his room. R7 did not attend on-going activities. R7 stated that the pain to his neck and upper back is worse and R7 has already reported his complaint of pain to the nursing staff.</p> <p>On 11/19/14, at 1:05 PM, E7 PRSC (Psychiatric Rehabilitation Services Coordinator) stated that R7 is not attending psychosocial groups anymore. When asked what was done to address it, E7 stated that she charted it but did not notify the psychiatrist about it. E7 stated that R7 is supposed to attend in-house activities. E7 stated that she is not aware of R7 ' s ADL decline of function, but Nursing is the one who makes the determination if R7 needs intervention. E7 also stated that she was not aware if R7 was attending in-house activities.</p> <p>On 11/19/14, at 1:36 PM, E3 (ADON) stated that R7 " can be isolative. " When asked if the isolative behavior is being monitored, E3 stated, " Not really. " The Behavior monitoring Record for the month of November, 2014 was blank. This finding was confirmed by E3.</p> <p>On 11/19/14, at 3:35 PM, E16 PRSD (Psychiatric Rehabilitation Services Director) stated she is not aware that R7 stopped going to psychosocial groups activities. E16 stated that the psychiatrist should have been about it. E16 also stated, " (R7 ' s) isolative Behavior should have been monitored. E16 stated that R7 should be in</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 28</p> <p>engaged with in-house activities if R7 is not going to psychosocial programs. E16 was not aware that R7 was not attending in-house activities. Psychiatric progress notes dated 8/25/14, 9/26/14 and 10/24/14 did not identify R7 ' s isolative and withdrawn behavior. There is no documentation that Z2 was notified of the isolative and withdrawn behavior of R7.</p> <p>Monthly Nursing Summary records from July to October, 2014 were reviewed: For both months of July and August, 2014, the records documents behavior as quiet and pleasant. Monthly Nursing Summary dated 9/12/14 documents Behavior: delusional and paranoid. Monthly Nursing Summary dated 10/24/14 documents: Behavior: Delusional and Paranoid. There is no evidence that the changes in behavior were addressed by the facility.</p> <p>Psychotropic Medication Record on the following dated documents in part: 9/30/14 documents in part: Behavior exhibited- isolative, withdrawn. 10/31/14 documents in part: Behavior exhibited - remains isolative and withdrawn. There is no evidence that the onset and persistence of isolative and withdrawn behaviors were addressed by the facility.</p> <p>Initial Activity History and Assessment dated 12/12/13 documents that R7 is alert and oriented to time, place and person and R7 ' s activity interests include music, reading, writing, walking and being outdoors, talking or conversing, movies, social events/parties, organization like resident ' s council, intellectual games and trivia. Activity Progress Notes dated 9/24/14 documents in part: Resident had been spending a lot of time in bed. There is no evidence of a care plan being created to address R7 ' s " spending a lot of time in bed. "</p> <p>R7 ' s Care Plan dated 9/18/14 documents in part: R7 ' s Care Plan initiated on 9/18/14</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 29</p> <p>documents in part: (R7) has severe mental illness; Intervention: Assign (R7) to group or activities to go to. Intervene when any inappropriate behavior is observed. Focus - (R7) has demonstrated some difficulty adjusting to Long Term Placement; Intervention: Get resident involved in programs and activities. Assign the resident group or activities to go to. Care Plan Activity dated 9/24/14 documents in part: (R7 ' s) Needs- demonstrate poor functioning with peers. There is no intervention/approach documented. There is no plan to adapt activities and psychosocial groups to adapt to R7 ' s current level of function/condition. On 11/19/14 @ 2:05 PM, E12 (Activity Director) validated the absence of plan of care to address R7 ' s activity needs. E12 stated, " I missed it. "</p> <p>Facility ' s undated policy, titled " Activities " documents in part: The facility shall provide an on-going program of activities to meet the interests and preferences and the physical, mental and psychosocial well-being of each resident. (e) Activities shall be adapted, as needed, to provide for maximum participation by individual residents. If a particular resident does not participate in at least an average of four (4) activities per day over one week period, the unit director shall evaluate the resident ' s participation and have the available activities modified and/or consult with the interdisciplinary team.</p> <p>House Rules & Behavioral Expectations documents in part: Residents are expected to be out of bed in the morning unless evaluated as physically ill by medical personnel. There is no evidence of any type of evaluation performed in relation to R7 ' s being not being out of bed in the morning and not attending residents ' morning meetings.</p> <p>Quarterly MDS (Minimum Data Set) dated</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 30</p> <p>3/17/14 documents the following areas of decline (in comparison with Admission/Initial MDS dated 12/17/2013): Change in behavior which was documented as new onset of potential indicators of psychosis - hallucination & delusion; Emergence of sad or anxious mood which included the following documentation: feeling down, sad, depressed and helpless; feeling tired and having less energy, feeling bad about himself; trouble concentrating on things. On 11/19/14, at 11:06 AM, E8 MDS/CP (Minimum Data Set/Care Plan) Coordinator validated that a comprehensive assessment should have been done to address the decline.</p> <p>1) Based upon observation, interview and record review, the facility failed to identify and treat underlying factors of behavioral changes and failed to identify need for additional behavioral attention for one resident (R7) in a sample of 18 residents. This failure resulted in decreased psychosocial stimulation and continued isolation, sadness and feeling angry.</p> <p>The facility ' s undated policy titled Behavior Management and Behavior Health policy documents in part: " Overview: It ' s purpose is to identify residents who demonstrate unstable, chaotic, and disorganized behavior who may demonstrate greater potential for de-compensation including aggression towards oneself and/or other persons. These residents may need additional psychiatric consultation, medication management and/or modifications in their behavioral treatment plan. Problem-solve what the behavior symptoms are communicating. Evaluate resident involvement in on-going psychiatric, psychological. Structure and Function: The staff cooperatively works to identify</p>	S9999		
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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER II	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 31</p> <p>potential behavioral management challenges and implements plans of action to promote a safe and safety living environment, stressing educational services/training, monitoring the effect of implemented changes and making needed revisions to the action care plans. The IDT, primarily through the social services staff and clinical social work consultant are responsible for identifying residents in need of additional behavioral attention. " There is no evidence that the staff addressed R7 ' s need for additional behavioral attention.</p> <p>Psychiatric Rehabilitation Services policy date 5/11/12 documents in part: " Program goal: engagement of each resident in his/her recovery and rehabilitation. Poor Participation: Staff response shall include appropriate education and counseling about the value of interventions and personal consequences the resident faces for poor engagement. " There is no evidence that appropriate education and counseling was done when R7 stopped participating in psychosocial programming.</p> <p>2) Based on observation, interview, and record review, the facility failed to ensure that 3 residents (R2, R10, R15), in a sample of 18, reviewed for psychosocial rehabilitative services, received specified interventions to address their individualized mental health needs.</p> <p>Findings Include: R15 is a 58 year old male admitted to the facility with diagnoses that include: Bipolar Affective Disorder, Hepatitis C, spinal stenosis, history of alcohol abuse, and history of prostate cancer On 11/19/14 at 12:59 PM, R15 stated in part that he currently has psychosocial groups scheduled at the facility. R15 goes to anger management,</p>	S9999		

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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER II	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 32</p> <p>men ' s health, and stress reduction psychosocial groups at the facility. Anger management and stress reduction groups are helpful. Men ' s health topics are interesting. R15 doesn ' t ' attend psychosocial programming in the community anymore. R15 has had scheduled psychosocial programming at the facility for about 6 months.</p> <p>On 11/24/14 at 9:42 AM, R15 also stated in part that he had radiation treatments for 26 weeks that started at the beginning of the year, 2014. R15 was scheduled for psychosocial groups in the community, but he did not attend the groups because of his radiation treatments. R15 was not assigned to psychosocial groups at the facility when he was scheduled for the community psychosocial groups. Since R15 completed the radiation treatments, he has days when he doesn ' t ' feel good. On the days when R15 doesn ' t ' feel good, he doesn ' t ' go the scheduled psychosocial groups in the facility and on the days when R15 feels good, he attends the scheduled psychosocial groups.</p> <p>On 11/20/14 at 12:19 PM, E7 (Psychosocial Rehabilitation Services Coordinator) stated in part that R15 was dropped from the psychosocial groups in the community because he didn ' t ' attend the groups when he started his radiation treatments (5X (5 times) /week). R15 has not been attending his scheduled psychosocial groups at the facility. E7 has spoken to R15 about going to the scheduled facility psychosocial groups.</p> <p>On 11/24/14 at 11:21 AM, E7 also stated in part that she has encouraged R15 to attend his scheduled psychosocial groups. E7 has had 1:1 visits with R15 and discussed attending the psychosocial groups but did not review the topics discussed in the groups that R15 missed, during the 1:1 visits. The informal 1:1 visits are to</p>	S9999		
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S9999	<p>Continued From page 33</p> <p>encourage residents to attend the scheduled psychosocial groups and are not documented. On 11/24/14 at 11:21 AM, E16 (Psychosocial Rehabilitation Services Director) stated in part that R15 has not attended his psychosocial groups for several months. R15 was encouraged to attend his scheduled psychosocial groups via 1:1 visits. The topics discussed in the psychosocial groups, that R15 missed, were not discussed with R15 during the 1:1 visits. The facility has no documentation regarding R15 ' s 1:1 visits.</p> <p>Psychosocial annual update dated 8/21/14 indicates that R15 has poor judgment, delusional thoughts, ineffective coping skills, poor verbal skills, poor activities of daily living, difficulty showering, and appears disheveled. R15 has also expressed some paranoid and irrational perceptions about the facility environment. R15 has a history of aggressive, inappropriate behavior due to paranoia and poor social skills. R15 ' s history includes self-harmful ideation and verbal/physical aggression as well as threats towards others.</p> <p>Social service note dated 9/29/14 indicates that R15 is very isolative and doesn ' t come out of his room except for meals and medications and has poor hygiene practices.</p> <p>Social service note dated 10/21/14 indicates that E7 spoke to R15 about attending the psychosocial groups and will encourage R15 to attend activities during the day.</p> <p>On 11/24/14, R15 ' s psychosocial group attendance sheets were requested for June to November, 2014. On 11/24/14, E7 presented the following group attendance sheets for R15: Anger and Impulse Control - one/time week - November, 2014, R15 attended one of three available sessions on 11/19/14 Men ' s Health - one time/week - October, 2014 -</p>	S9999		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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S9999	<p>Continued From page 34</p> <p>R15 attended zero of five available sessions and November, 2014, R15 attended zero of three available sessions</p> <p>Stress Reduction - one time/week - September and October, 2014 - R15 attended zero of five available sessions and November, 2014, R15 attended zero of three available sessions</p> <p>Monthly mental health progress notes from July to November, 2014 indicate that R15 did not attend any psychosocial groups from July to October, 2014. The progress notes also indicate that R15 attended one stress and one men ' s health group in November, 2014. R15 was encouraged to attend the scheduled groups.</p> <p>Care plan initiated on 8/21/14 indicates that R15 expresses debilitating, paranoid thoughts and irrational perceptions and interpretations of his environment and has impaired social skills and difficulty forming interpersonal relationships with others. R15 was scheduled for therapy groups to address his issues (including Anger and Impulse Control, Men ' s Group). R15 makes excuses to avoid group. Implemented interventions include: Psychosocial Rehabilitation Services Coordinator (PRSC) will communicate with group leader regular to discuss resident ' s treatment attendance and participation; Staff will give the resident an activity calendar and encourage resident to participate in activities; Try to motivate the resident to get up and out of his room during rounds/spontaneous visits.</p> <p>R15 ' a care plan review dated 11/20/14, did not contain updated/revised, interventions to address R15 ' s lack of psychosocial group attendance and identified, individualized psychosocial needs. On 12/3/14 at 2:50 PM, E7 stated in part that she is responsible for updating R15 ' s care plan interventions that address R15 ' s psychosocial needs. E7 updates and revises R15 ' s care plan interventions on a quarterly basis.</p>	S9999		
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Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2014
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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 35</p> <p>On 12/3/14 at 2:50 PM, E16 stated in part that E4 (Psychosocial Rehabilitation Services Coordinator), E7, and E16 conduct all of the psychosocial groups in the facility. E4, E7, and E16 have care plan meetings on Tuesdays and Thursdays and verbally discuss issues/incidents that occur with residents and concerns with any residents that do not attend the groups. The issues discussed verbally are not documented. R15 ' s care plan interventions should have been revised during the 11/20/14 care plan review. The facility ' s undated Comprehensive/Quarterly Care Plan policy documents in part: Resident ' s care plan will be assessed and evaluated quarterly depending on change of level of care. The policy does not indicate when care plan interventions should be revised/updated.</p> <p>On 11/18/14, at 9:51 am, E16 (Psycho-social Rehab Services Director) stated the following: "(R10) is supposed to go to Stress Reduction, Anger & Impulse, Interpersonal 2, Self-Esteem, and Relapse Prevention groups. He is very resistant to groups and has poor impulse control. He does not attend groups. I don't have a care plan on what groups he s supposed to attend. Neither do I have a care plan that states he is refusing groups and 1:1's." R10's physician order sheet denotes in part the following diagnoses: Bipolar Disorder and Depression. Record review of R10's medical chart indicates lack of interventions to encourage R10 to try alternative strategies in place of psychosocial groups. E16 stated, "I don't have 1:1's documented anywhere for (R10). I do see (R10) in my office and I talk to him occasionally." Facility's policy titled One to One Intervention Protocol: Structured Professional Counseling</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2014
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NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I	STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076
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S9999	<p>Continued From page 36</p> <p>Format denotes in part: "The purpose is to provide a personalized forum for residents with specific psychosocial needs who are not appropriate for group intervention due to medical, behavioral, and/or extreme psychosocial withdrawal, mood state-related problems. Recommended scheduled therapeutic sessions are 1-3x (3 times) /week." On 11/9/14 at 10:30 am, E1 (Administrator) stated, "The PRSC's (Psycho-social Rehab Services Counselor) and PRSD should be documenting their 1:1's in a timely manner. The residents are required to go to groups, but they are not required to go to activities. If they refuse groups, the PRSC's and PRSD should be doing 1:1's." At 10:52 am, E2 (Director of Nursing) stated, "The PRSC and PRSD should be encouraging the residents to get out of bed and go to groups. They are required to do 1:1 documentation which is kept in the chart if the residents refuse."</p> <p>Physician Order Sheet (POS) denotes R2 ' s diagnoses to include but not limited to Paranoid Schizoaffective Chronic Type, History Alcohol Abuse, Hepatitis B and Prostate Cancer. On 11/17/14 at 12:55pm R2 stated in part that he has formal programming three times a week, " no Monday groups. " On 11/18/14 at 10:30 am asked R2 about groups and he stated " don ' t know. " R2 was in attendance for stress reduction. R2 ' s Mental Health progress Note for the months of September and October 2014 denotes that R2 has six formal programs listed: Smoking Cessation, Stress reduction, Interpersonal Skills II, Self Esteem, Men ' s health and Anger and Impulse Management. E16 stated in part that each program generally meets four times a month. Attendance and Participation denote that</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6008643	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2014
NAME OF PROVIDER OR SUPPLIER SKOKIE MEADOWS NURSING CENTER I I		STREET ADDRESS, CITY, STATE, ZIP CODE 4600 WEST GOLF ROAD SKOKIE, IL 60076		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	<p>Continued From page 37</p> <p>R2 did not attend any formal programs at any time in the month of September and October. On 12/3/14 at 11:50 am E16 (Psychological Rehabilitation Services Director) stated in part that if residents refuse to attend their formal rehabilitative programming, they receive basic encouragement through a one to one where each resident is encouraged get up, possibly out of bed, be active and socialize, attend leisure activities which are listed on the monthly and daily calendar.</p> <p>E16 indicated that the content of the formal programming was not reviewed in the one to one, only encouragement to be engaged and active in some meaningful activity.</p> <p>R2 ' s Social services care plan initiated 11/13/14 to 2/12/15 states that R2 would benefit from in house psychological social rehabilitative groups. Care plan interventions do not denote how R2 will receive those beneficial services if he does not attend formal programming and one to ones don ' t cover any of the formal program content.</p> <p style="text-align: center;">(B)</p>	S9999		