

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER

IL6010136

(X2) MULTIPLE CONSTRUCTION

A BUILDING _____
B WING _____

(X3) DATE SURVEY
COMPLETED

C
04/21/2016

NAME OF PROVIDER OR SUPPLIER

ROSSROADS CARE CTR WOODSTOCK

STREET ADDRESS, CITY, STATE, ZIP CODE

309 MCHENRY AVENUE
WOODSTOCK, IL 60098

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETE
DATE

S9999 Final Observations

S9999

Statement of Licensure Violations

300.1230b)

300.1230d)

300.1230e)

300.1230i)

Section 300.1230 Direct Care Staffing

b) The number of staff who provide direct care who are needed at any time in the facility shall be based on the needs of the residents, and shall be determined by figuring the number of hours of direct care each resident needs on each shift of the day.

d) Each facility shall provide minimum direct care staff by:

1) Determining the amount of direct care staffing needed to meet the needs of its residents; and

2) Meeting the minimum direct care staffing ratios set forth in this Section.

e) The direct care staffing requirements in this Section apply to the number of persons actually on duty and not to the number of persons scheduled to be on duty.

i) The facility shall schedule nursing personnel so that the nursing needs of all residents are met.

This REQUIREMENT was not met as evidenced by:

Based on interview and record review the facility failed to ensure staffing levels were sufficient to respond to resident call lights and provide incontinence care in a timely manner.

This applies to 5 of 5 residents (R1, R2, R3, R4, & R5) reviewed for care assistance in the sample of 6.

The findings include:

The facility provided a form dated April 19, 2016 that listed R1-R5 as cognitively intact and

Attachment A
Statement of Licensure Violations

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999 Continued From page 1

S9999

incontinent of bowel and/or bladder.
On April 20, 2016 at 10:15 AM, E1 (Administrator) said the facility has experienced aides (CNAs-Certified Nurse Aides) not calling in and not showing up for scheduled shifts, especially in the last week. E1 said staff numbers are calculated based on patient needs and the level of care needed. E1 said the facility should be staying above minimum staffing requirements per state guidelines.
On April 20, 2016 at 12:50 PM, R1 stated, "I have to wait an hour to an hour and a half for the aides to respond to my call light. They don't check my brief at night and I just sleep with my wet brief on. I've gotten use to it. The weekends are the worse and aides call in a lot, especially with the nicer weather lately."
On April 20, 2016 at 1:35 PM, R2 stated, "I've had to sit in a wet brief all night long. It aggravates me when that happens."
On April 20, 2015 at 1:15 PM, R3 stated, "I have to wait forever after pushing my call light. The night shift never checks on me and I've had to wait in a wet brief 45 minutes to one hour, sometimes even longer. It just happened again two nights ago. I've had to lie in bowel a long time and I don't like it. I'm embarrassed and I lose my dignity."
On April 20, 2016 at 4:45 PM, R4 said, "The CNA numbers are not so good right now. I prefer a female aide to help me change my brief. I feel uncomfortable with a male aide providing incontinence care but that is all the facility has right now." R4 began to cry and said, "I've had to wait over fifteen hours to be changed when it happens during the night shift."
On April 20, 2016 at 4:55 PM, R5 said, "I have laid in a wet brief and a urine soaked bed all night long and cannot be changed due to lack of night staffing. I was told by the night staff there is not

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enough aides available and I will have to wait until the day shift arrives. That is not nice. I smell all 'peed up' when the morning shift arrives."
On April 20, 2016 at 2:30 PM, E6 (Licensed Practical Nurse) said, "In the past week, aide numbers have been low. E7 (CNA) said, "Yes, the last week has been bad."
On April 20, 2016 at 2:35 PM, E8 (CNA) said the low staffing numbers are affecting resident care, "I can't check my incontinent residents on time when it's just me (on the unit)."
On April 20, 2016 at 2:50 PM, E2 (Assistant Director of Nurses) stated, "The aide numbers aren't where they should be lately."
The facility's Incontinent Care Policy revision dated 10/03 states, "Incontinent residents are changed every two hours and more frequently if needed." The facility's Staffing Policy revision dated 4/04 states, "GENERAL: To have numbers of staff available to meet the needs of the resident" and, "Staffing is based on the IDPH (Illinois Department of Public Health) formula for determining numbers and levels of staff." The state staffing tool showed the facility was below the minimum hours required of nursing staff for April 17, 2016 through April 19, 2016. The state minimum was 2.76 hours of nursing and personal care necessary per day and the facility provided 2.4 hours per day.

(B)