

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003610</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/05/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>GLENVIEW TERRACE NURSING CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1511 GREENWOOD ROAD GLENVIEW, IL 60025</b>
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S9999	<p>Final Observations</p> <p>Statement of licensure violations :</p> <p>300.610a) 300.1010h) 300.1210b) 300.1210d)2)3) 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 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest</p>	S9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	
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Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
		03/03/15

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S9999	<p>Continued From page 1</p> <p>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>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>3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.</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 resident. (Section 2-107 of the Act)</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to notify the physician and the responsible family member regarding a change in medical condition for one resident (R28) of 18 residents reviewed for notification of changes in a sample of 30. This deficient practice resulted in R28's medical treatment for pneumonia.</p> <p>Findings include:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>R28's Face Sheet indicates that she was admitted to the facility on 12/17/14. R28's Admitting Diagnosis was listed as CVA (Cerebrovascular Accident) with right sided weakness. R28's Clinical Notes Report documents that she was admitted into room 270 bed 2 at 2:45pm.</p> <p>R28's Clinical Notes Report dated 12/17/14 at approximately 5:00pm documents that her lungs were CTA (clear to auscultation) bilaterally. Z1 (Nurse Practitioner) performed R28's initial History and Physical Assessment on 12/18/14. Z1 documents: Respiratory normal, No dyspnea. CTA anteriorly and posteriorly.</p> <p>On 12/21/14, E16 (LPN-Licensed Practical Nurse) documented that R28 had a temperature of 102 degrees Fahrenheit on 12/20/14 at 5:00pm. There is no documentation that the physician or family member was notified. On 2/4/15 at 1:16pm, E16 stated, "I did not notify the family or doctor regarding the fever. I gave her two Tylenol and a sponge bath and the temperature came down." E16 continued, "I don't know the facility protocol. I was inserviced and she told me that above 100.5 degrees, call the doctor. I did not look at the physician's orders when caring for the resident."</p> <p>A Physician Order Sheet dated 12/18/14 documents: Notify MD for fever over 101.5 degrees. The order was written by Z2 (Physician). R28's Clinical Notes dated 12/21/14 through 12/22/14 indicate that she continued to spike temperatures on and off. Her temperatures ranged from 99.6 to 101.1. There is no documentation that her family or physician were notified.</p> <p>On 2/5/15 at 8:07am, Z4 (Family Member) stated, "I was at the facility every day from 8:00am to</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>1:00pm and then a caregiver would come in and take care of her. I kept telling the nurses that she had a cough and runny nose. They would just give her Tylenol. She started the cough on 12/20/14, Saturday, during the day. The first day I told (E18) (LPN). The second day I told (E17)RN-Registered Nurse)." R28's Medication Administration Record (MAR) dated 12/19/14 through 12/22/14 documents that Acetaminophen was given seven times.</p> <p>R28's Clinical Notes dated 12/21/14 at 8:39pm indicates that R28 had a fever of 101.1. On 2/4/15 at 3:00pm, E17 (RN-Registered Nurse) stated, "The doctor was not notified of the temperature of 101.1. The doctor was not notified until 12/22. But, we only talked about her elevated blood pressures. Don't think we talked about her temperatures."</p> <p>On 2/5/15 at 10:12am, E18 (LPN) indicated that he did not call the doctor regarding temperatures. E18 indicated that he cared for (R28) two-three times.</p> <p>On 2/4/15 at 12:40pm, E20 (Nurse Manager) stated, "I've been the nurse manager for two years. She was in room 270 bed 2. I reviewed (R28's) record. The patient had a temperature. Any change in status, we call family and let them know. The physician not notified regarding the 102 degree fever.</p> <p>On 2/4/15 at 12:40pm, E20 (Nurse Manager) stated, "I've been the nurse manager for two years. She was in room 270 bed 2. I reviewed (R28's) record. The patient had a temperature. Any change in status, we call family and let them know. The physician not notified regarding the 102 degree fever. I inserviced (the nurse) to notify the physician with changes. The family was not notified regarding the 102 degree temperature. I</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>caught that when I reviewed the chart. All nurses are instructed to call the physician if temperature is higher than 100.5 degrees. I inserviced (the nurse) to notify the physician with changes. The family was not notified regarding the temperature. I caught that when I reviewed the chart." Our doctors are very good at ordering diagnostic tests. But the temperature of 102, the doctor wasn't notified. He definitely should've been notified."</p> <p>R28's Resident Master Information Sheet documented Z4 as the Emergency Contact. R28's Face Sheet documented Z4 as the Responsible Party.</p> <p>On 12/22/14, R28 was admitted to a local hospital after an abnormal CT (Computerized Tomography) scan of the head. In the emergency room, Z4 (Family Member) gave the physician an account of R28's temperatures and cough/runny nose. A sputum culture was performed. RESULT: positive for Moraxella. A single view chest x-ray was performed. IMPRESSION: Mild vascular congestion. R28 was diagnosed with Moraxella pneumonia. R28 was started on Azithromycin and Tamiflu. R28's Ct of the head showed persistent paranasal sinus inflammatory changes, mainly ethmoid air cells visualized on this exam.</p> <p>On 2/4/15 at 1:30pm, Z3 (Nurse Practitioner) indicated that she was not notified regarding R28's temperature. Z3 stated, "If I was notified regarding the temps, I would have seen her and medically assessed her. Just the whole clinical picture of temps for three days, cough and her increased risk, I would've started to check oxygen saturations and vital signs more frequently. Get a better clinical picture."</p> <p>On 2/4/15 at 2:22pm, Z2 (Physician) stated, "With a temperature of 102, I would expect to be notified. I was not notified at this time. Pneumonia-won't spike temperature right away.</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>The patient would be more lethargic. Fever when infection spreads to the blood. If I was notified, I would have done basic labs, order vital signs more frequently and do x-rays. Do more diagnostics. If cough, a chest x-ray for sure. Or I would have the NP (nurse practitioner) see the patient for assessment. I don't remember being notified. If not documented, than I wasn't. If breakdown in communication happens repeatedly, it can definitely be potential for harm to the resident. If the temps goes undiagnosed, can end up with pneumonia. If notified, we could have started treatment to prevent worsening condition. Moraxella pneumonia is a bacterial pneumonia. It is community acquired and a nursing home can be considered a community. I'm sure the pneumonia happened before 12/22. If she already had fever, then she had the infection in blood."</p> <p>An undated facility policy titled, "Vital Signs Assessment Policy" documents: PURPOSE: Inform Physician any significant change.</p> <p>An undated facility policy titled, "Change in Resident Status Notification (Non-Emergent) documents: PURPOSE: To notify appropriate persons when there is a significant change in a resident's condition. POLICY: Physician, family and/or guardian are notified when there is a significant change in a resident's condition. PROCEDURE: 1. When a significant change in a resident's condition has been observed, care will be rendered immediately and the physician, family member and/or guardian will be notified.</p> <p>(B)</p>	S9999		
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