

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6014195	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/06/2023
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NAME OF PROVIDER OR SUPPLIER WARREN BARR BUFFALO GROVE	STREET ADDRESS, CITY, STATE, ZIP CODE 150 NORTH WEILAND ROAD BUFFALO GROVE, IL 60089
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S 000 Initial Comments

First Probationary Licensure Survey

S9999 Final Observations

Statement of Licensure Violations

1 of 4

300.696b)

Section 300.696 Infection Prevention and Control

b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.

This REQUIREMENT was not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure PPE (personal protective equipment) was worn, failed to change gloves, and failed to drain an indwelling catheter in a manner to prevent cross contamination for 1 of 1 resident (R4) reviewed for infection control in the sample of 10.

S 000

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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	<p>Continued From page 1</p> <p>The findings include:</p> <p>R4's face sheet printed on 9/6/23 showed diagnosis including but not limited to dementia, chronic obstructive pulmonary disease, spinal stenosis, and chronic kidney disease. R4's facility assessment dated 7/24/23 showed severe cognitive impairment and staff assistance needed for transfers, bed mobility, locomotion, and personal hygiene. The same assessment showed the use of an indwelling catheter for urine and always incontinent of bowel.</p> <p>On 9/5/23 at 12:25 PM, a sign was posted on the door of R4's room that said, "STOP Enhanced Barrier Precautions". The signage had illustrations to show gloves and gowns must be worn when inside the room. The sign clearly stated gowns to be worn when high-contact resident care activities were performed. The care activities included but were not limited to: transferring, providing hygiene, changing briefs, and the use of a urinary catheter. At 1:05 PM, V7 and V8 (CNAs-Certified Nurse Aides) donned gloves and used a mechanical lift to transfer R4 from the wheelchair to the bed. Neither CNA wore a gown. V8 exited the room and V7 continued with incontinence hygiene care. V7 cleansed R4's groin area, catheter tubing, and buttocks. V7 continued wearing the same contaminated gloves to apply buttock ointment and a fresh brief. V4 donned new gloves and emptied the catheter drainage bag into a urinal. V7 rested and tapped the catheter tubing on the edge of the urinal, then reinserted it into the drainage bag. The tubing was not sanitized prior to reinsertion. V7 did not don a gown at anytime during cares for R4.</p> <p>On 9/6/23 at 9:40 AM, V6 (Infection Control</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Preventionist) stated staff need to wear gloves and a gown inside the EBP rooms (enhanced barrier precaution rooms). It helps to decrease the risk of multi-drug resistant organisms. They should be donned prior to any care and definitely need to be worn with any catheter care. V6 said gloves need to be changed between dirty and clean surfaces to prevent cross contamination. Fresh gloves should be worn when applying any ointments or new briefs. Catheter tubing should be sanitized before reinserting into the bag to prevent infection. Urinary tract infections are common in residents with indwelling catheters. Proper gown and glove use decreases the potential for infections.</p> <p>The facility's Enhanced Barrier Precaution policy revision dated 7/26/23 states under the policy section: "The facility will use Enhanced Barrier Precautions (EBP) to reduce transmission of infectious organisms." The procedure section lists examples of high-contact activities requiring the use of gown and gloves. Included in the section are transferring, providing hygiene, changing briefs, and the use of a urinary catheter.</p> <p>The facility's Glove Use policy revision dated 3/23/23 states under the miscellaneous section: "4. Use non-sterile gloves primarily to prevent the contamination of the employee's hands when providing treatment or services to the patient and when cleaning contaminated surfaces."</p> <p>The facility's Urinary Catheter Care policy revision dated 7/28/23 states: "The purpose of this procedure is to prevent catheter-associated urinary tract infections." The infection control sections states: "Maintain clean technique when handling or manipulating the catheter, tubing, or drainage bag."</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>- C -</p> <p>2 of 4</p> <p>300.1210d)2)</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure orders for dialysis care and treatment were on a resident's physician order report for 1 of 1 resident (R5) reviewed for dialysis in the sample of 10.</p> <p>The findings include:</p> <p>R5's face sheet printed on 9/6/23 showed an admission date of 8/9/23 and diagnoses including but not limited to end stage renal disease and dependence of renal dialysis. R5's facility assessment dated 8/11/23 showed cognitive impairment and required dialysis treatment. R5's care plan showed a focus area start dated 8/10/23 for dialysis related to renal failure.</p> <p>On 9/5/23 at 12:35 PM, R5 was lying in bed. R5 was alert and talkative. R5 had a clean dressing</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>on his right forearm. R5 stated that is where his dialysis site is, and he goes to dialysis three days each week on Tuesday, Thursday, and Saturdays. R5 was unsure how or when staff monitor the site or if there were any special care instructions related to the dialysis treatments.</p> <p>R5's September 2023 physician orders were reviewed by this surveyor. There were no orders for the type of dialysis, days of the week it occurs, site on the body for dialysis treatment, or how to monitor R5 when he returns. There were no physician orders of any kind related to R5 receiving dialysis.</p> <p>On 9/6/23 at 10:30 AM, V2 (Director of Nurses) reviewed R5's electronic record and stated there were no physician orders related to his dialysis. V2 said there should be physician orders showing R5's scheduled days and special care considerations. V2 said all dialysis residents need a physician order stating the type, number of days per week, how the site should be cared for, and how to monitor the resident before and after treatment. V2 stated the orders are important to ensure proper care is received. There is the potential for new staff not to know how to schedule R5 or how to care for him when the orders are not in the medical record.</p> <p>The facility's Hemodialysis Policy revision dated 7/28/23 states: "It is the policy of the facility to ensure that appropriate care for resident on hemodialysis is provided by facility staff." The dialysis policies provided by the facility did not address ensuring there were physician orders for dialysis treatment and how to care for a dialysis resident.</p> <p>- C -</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>3 of 4</p> <p>300.1640a)2)</p> <p>Section 300.1640 Labeling and Storage of Medications</p> <p>a) All medications for all residents shall be properly labeled and stored at, or near, the nurses' station, in a locked cabinet, a locked medication room, or one or more locked mobile medication carts of satisfactory design for such storage.</p> <p>2) All mobile medication carts shall be under the visual control of the responsible nurse at all times when not stored safely and securely.</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to ensure medications remained under direct supervision of a licensed nurse for 2 of 3 residents (R6, R10) observed for medication administration in the sample of 10.</p> <p>The findings include:</p> <p>On 9/5/23 at 9:20 AM, V5 (Registered Nurse) prepared R10's medications while standing in the hallway at the medication cart. V5 dispensed seven different oral medications into a plastic cup. V5 laid the multi-dose cards and bottles on top of the medication cart. V5 walked into R10's room and stood at the bedside while R10 swallowed the pills. The medications were not visible to V5 from inside R10's room and remained unsecured on top of the medication</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>cart.</p> <p>On 9/5/23 at 9:30 AM, V5 prepared R6's medications while standing in the hallway at the medication cart. V5 dispensed 16 different oral medications into a plastic cup. V5 laid all the multi-dose cards and bottles on top of the medication cart. V5 entered R6's room and stood behind the room curtain while R6 swallowed the pills. The medications were not visible to V5 from inside R6's room. A staff member carrying an incontinence brief walked by the cart and a staff member pushing a resident in a wheelchair went past the medication cart. A staff housekeeper was cleaning in the room directly across the hall the entire time the medications were unsecured. R6 expressed pain and V5 went back to the cart to dispense a pain pill. V5 returned to R6's side and gave the pill. Again, all 16 medications were left unsecured on top of the cart.</p> <p>On 9/5/23 at 9:51 AM, V5 said she does not usually leave medications on top of the cart, V5 said it is not good to leave medication unattended. Anyone could walk away with them. It is easy to just take them if they are just laying out.</p> <p>On 9/6/23 at 9:52 AM, V6 (Registered Nurse/Infection Control Preventionist) stated all medications need to be secure before the nurse walks away from the medication cart. It is important to prevent them from being lost or stolen. Residents have the risk of missing a dose if the medication is not available. Nurses should ensure medications are always secure.</p> <p>The facility's Medication Storage, Labeling, and Disposal policy revision dated 10/24/22 states under the procedures section: "3. Medications will be stored safely under appropriate environmental</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>controls. 4. Medications will be secured in locked storage area."</p> <p>- C -</p> <p>4 of 4</p> <p>300.2210b)1)</p> <p>Section 300.2210 Maintenance</p> <p>b) Each facility shall: (B)</p> <p>1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken window panes; and any other similar hazards. (B)</p> <p>This REQUIREMENT was not met as evidenced by:</p> <p>Based on observation, interview, and record review the facility failed to maintain the ceiling in the kitchen in good repair. This has the potential to impact all resident residing in the facility.</p> <p>The findings include:</p> <p>The Facility Data Sheet dated 9/5/2023 shows a facility total census of 140 residents.</p> <p>On 9/5/2023 at 9:30AM and 11:02AM observations were made of the facility's kitchen and dishwasher area. In the room with the dishwasher four or more drop ceiling tiles had brown and yellow color stains on them. One tile</p>	S9999		

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S9999	Continued From page 8 was heavily stained with brown coloring was sagging next to one of the dishwasher vents going into the ceiling. The open ceiling was visible where the drop ceiling tile was sagging down partially out of the framework that was holding it in place. On 9/5/2023 at 11:02AM, V4 Food Service Director said he is unsure what the black colored substance on the ceiling tiles is. V4 said the ceiling tiles should be white with no residue or cracks on them. V4 said it should not look like this. V4 said it could be from moisture and there may be a ventilation issue. V4 said we need a new dishwasher. On 9/5/2023 at 2:30PM, V4 said the discoloration on the ceiling did not appear overnight. V4 said he noticed the discoloration on the ceiling tiles prior to today but did not report it to maintenance staff. V4 said he recommended a new dishwasher be put in because the current dishwasher is very old. On 9/5/2023 at 11:30AM, V1 Administrator said she was not made aware of any mold issues in the kitchen. On 9/5/2023 at 12:57PM, V3 Maintenance Director said the quality of the ceiling tiles was poor and they retained moisture. V3 said he was able to scrub some of the black substance off of the ceiling tiles and framework. V3 said there was no plan in place prior to today to fix this issue. V3 said there was no maintenance request made and he was unaware of the issue. V3 said the dishwasher may need to be replaced. V3 said the ceiling tiles should be free of moisture and look spotless.	S9999			

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S9999	<p>Continued From page 9</p> <p>On 9/5/2023 at 1:15PM, V3 said he did not have a maintenance log. V3 said maintenance requests are done through text message.</p> <p>On 9/5/2023 at 1:15PM, V1 said the facility did not have a maintenance log.</p> <p>The facility provided Maintenance policy, revised 7/28/2023 states any staff who is made aware of a malfunctioning equipment or any part of the building that is in disrepair will report the issue to the maintenance department.</p> <p>The facility provided Cleaning and Sanitizing and Proper Hair Restraints policy, revised 9/1/2021, states non-food contact surfaces are washed with soapy water per frequency identified on the facility clean schedule - or as visually necessary. These are then wiped down with sanitizer salutation.</p> <p style="text-align: center;">- C -</p>	S9999		
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