

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>ILL6001346</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/09/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLAYTON RESIDENTIAL HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2026 NORTH CLARK STREET CHICAGO, IL 60614</b>
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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
Z 000	COMMENTS  Annual Licensure Survey  Complaint Investigation: 1582924/ IL 77638--No deficiencies cited.	Z 000		
Z9999	FINDINGS  Statement of Licensure Violations 300.1210d)1) 300.696a)c)7)  Section 300.1210 General Requirements for Nursing and Personal Care Section 300.1210d)1)  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: 1) Medications, including oral, rectal, hypodermic, intravenous and intramuscular, shall be properly administered.  This requirement is NOT MET as evidenced by:  Based on observation, interview and record review, the facility failed to properly administer medications according to facility policy. There were 25 opportunities with 3 errors resulting in a 12 percent error rate. This applies to two residents (R10, R11) of nine residents observed during the medication pass. Findings include: On 7/7/15, during the Medication Pass task, E4 (LPN-Licensed Practical Nurse) administered eye drops to R10 and R11.	Z9999	<p><b>Attachment A</b> <b>Statement of Licensure Violations</b></p>	

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Z9999	<p>Continued From page 1</p> <p>R10 ' s Physician Order Sheet (POS) dated 7/1/15 through 7/31/15 documents: Betaxolol HCL 0.5% instill one drop in each eye twice daily. R10 ' s Face sheet indicates a diagnosis of Glaucoma. On 7/7/15 at 10:25am, E4 placed one eye drop of Betaxolol medication in both of R10 ' s eyes. E4 did not instruct R10 to keep eyes closed. R10 immediately walked away after the eye drops were administered.</p> <p>R11 ' s (POS) dated 7/1/15 through 7/31/15 documents: Brimonidine 0.15% instill one drop to both eyes twice daily and Timolol 0.5% Ocumeter instill one drop in each eye twice daily. R11 ' s Face sheet indicates a diagnosis of Glaucoma. On 7/7/15 at 11:30am, E4 placed one drop of Brimonidine in both of R11 ' s eyes. E4 did not instruct R11 to keep eyes closed. R11 sat up immediately and the liquid began to roll down both cheeks. E4 handed R11 a tissue to dab at the liquid. At 11:35am, E4 placed one drop of Timolol in both of R11 ' s eyes. E4 did not instruct R11 to keep eyes closed. R11 immediately dabbed at her eyes with the tissue then walked away.</p> <p>On 7/8/15 at 1:50pm, Z1 (Pharmacist) stated, " For administration of eye drops, pull the lower lid down. Massage lid gently to increase absorption. Wait five minutes in between two eye drop medications. Close eyes for 30 - 60 seconds for proper absorption. The harm if these steps are not followed is the medication will not be absorbed completely, properly and medication is not effective. "</p> <p>On 7/8/15 at 2:30pm, E1 (Administrator) submitted an undated facility policy titled, " Policy and Procedures " which documents: E. Administration of Ophthalmic Products: 6. Apply pressure to the inner canthus for at least one minute after administration unless otherwise specified in facility policy. 7. Instruct resident to</p>	Z9999		
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Z9999	<p>Continued From page 2</p> <p>close eyes for 1-2 minutes.</p> <p>300.696 Infection Control 300.696a)c)7)</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>c) Each facility shall adhere to the following guidelines of the center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 7) Guidelines for Infection Control in Health Care Personnel</p> <p>This requirement was NOT MET as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow current standards of infection control, the facility policy and manufacturer specifications by failing to properly disinfect blood glucose machines. This deficient practice affected three residents (R11, R12, R13) in the supplemental sample reviewed for infection control.</p> <p>Findings include:</p> <p>On 7/7/15 at 11:15am, E4 (LPN-Licensed</p>	Z9999		

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Z9999	<p>Continued From page 3</p> <p>Practical Nurse) performed a blood glucose test on R12. E4 did not disinfect the blood glucose machine prior to use. After performing the test, E4 wiped the test strip port area with one alcohol pad. E4 did not disinfect the front and back surfaces of the blood glucose machine.</p> <p>On 7/7/15 at 11:25am, E4 used a second blood glucose machine to test R11 ' s blood glucose. E4 did not disinfect the blood glucose machine prior to use. After performing the test, E4 wiped the test strip port area with one alcohol pad. E4 did not disinfect the front and back surfaces of the blood glucose machine.</p> <p>On 7/7/15 at 11:42am, E4 used the same blood glucose machine that was used on R11 and performed R13 ' s blood glucose test. After performing the test, E4 wiped the test strip port area with one alcohol pad. E4 did not disinfect the front and back surfaces of the blood glucose machine.</p> <p>On 7/7/15 at 11:21am, E4 stated, " I use alcohol pads to clean the (blood glucose) machine. I clean the machines before and after, just where the strip goes. "</p> <p>On 7/7/15 at 2:20pm, E2 (DON-Director of Nursing) stated, " (Nurse) should use (disinfectant wipe) to clean glucose meter. All the staff knows that this is the process. " E1 (Administrator) was present and confirmed the statement.</p> <p>The manufacturer specification for the blood glucose machine documents: Cleaning and disinfecting your meter and lancing device is very important in the prevention of infectious disease. Cleaning is the removal of dust and dirt from the</p>	Z9999		

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Z9999	<p>Continued From page 4</p> <p>meter and lancing device surface so no dust or dirt gets inside. Cleaning also allows for subsequent disinfection to ensure germs and disease causing agents are destroyed on the meter and lancing device surface. Cleaning and Disinfecting Your Meter and Lancing Device: 4. To disinfect your meter, clean the meter surface with one of the following disinfectant wipes. Wipe all external areas of the meter or lancing device including both front and back surfaces until viably clean. Avoid wetting the meter test strip port. Allow the surface of the meter or lancing device to remain wet at room temperature for: at least 30 seconds with (disinfectant wipe).</p> <p>An undated facility policy titled, "Infection Control - Glucometers" documents: Cleaning and disinfecting the (blood glucose machine) is important in the prevention of infectious disease. (Blood glucose machine) for all consumers must be wiped down thoroughly using the (disinfectant wipe) and let air dry between use. It is the responsibility of the nurse in the treatment room to alternate (blood glucose machines) between consumers.</p> <p>(B)</p>	Z9999		