

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6001168</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/22/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BRIDGEVIEW HEALTH CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>8100 SOUTH HARLEM AVENUE BRIDGEVIEW, IL 60455</b>
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S 000	Initial Comments  Statement of Licensure Violations  Complaint Investigation 1895100/IL104738 1991695/IL#110211 1991583/IL#110085	S 000		
S9999	Final Observations  Statement of Licensure Violations  1 of 2 Findings  300.610a 300.1210b) 300.3240a)b) 300.3240d)  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.	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE  04/15/19
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S9999	<p>Continued From page 1</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</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>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.</p> <p>b) A facility employee or agent who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>d) A facility administrator, employee, or agent who becomes aware of abuse or neglect of a resident shall also report the matter to the Department.</p> <p>These Regulations were not met as evidenced by:</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>Based on interview and record review the facility failed to supervise and maintain a resident's safety and failed to follow their abuse policy by not reporting or investigating an injury of unknown origin for 1 of 3 residents (R10) reviewed for accidents and incidents in a total sample of 11. This failure resulted in R1 being hospitalized with a diagnosis of 2 right rib fractures.</p> <p>Findings include:</p> <p>The Face Sheet documents that R10 was admitted to the facility with a diagnosis of Dementia with behavioral disturbance, anxiety and muscle weakness. The Minimal Data Set (MDS) dated 9/5/17 documents that R10 had a brief interview for mental status (BIMS) score of 6, indicating severe cognitive impairment and requiring extensive assistance with all activities of daily living (ADLs). The plan of care dated 4/2017 documents that the resident has cognitive impairment and impulsive behaviors related to Dementia.</p> <p>The Nurse's Notes dated 9/6/17 documents that the Physician was paged and made aware of R10 having complaints of severe abdominal pain to the right upper quadrant and right lateral back. R10 was transferred to the local hospital and admitted with a right rib fracture and urinary tract infection (UTI). R10 was readmitted to the facility on 9/22/17.</p> <p>The Hospital records dated 9/16/17 documents that R10 was admitted with a diagnosis of a UTI, contusion, right sided back and abdominal pain and dehydration. Resident noted with 2 linear bruises to the right lower ribs and the right flank, each bruise measures approximately 3 cm.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>Resident also noted with small bruises to the mid back around (T5 and T6). Resident's abdomen tender over bruised flank. CT of the chest done and documents that resident had a non-displaced rib fracture to the 8th and 9th rib that correlates with the location of the bruise.</p> <p>On 3/20/19 at 12:00pm V2 (DON) stated "There's no reportable or investigation regarding an injury of unknown origin for this resident (R10). This happened before I came and I can't find anything."</p> <p>On 3/21/19 at 3:15pm V16 (Restorative Nurse) stated "R10 was a high fall risk. The resident required extensive assist with all ADLs. The resident was non-ambulatory, incontinent and sometimes combative and resistive to care. The resident was also taking high risk medications. I'm not sure what interventions were in place at the time of the incident."</p> <p>On 3/22/19 at 1:00pm V21 (Physician) stated "The resident may have had a history of Osteoporosis that could lead to fractures. I'm not sure why the resident would have had bruising to the ribs and back. I don't have any other diagnosis that would explain that."</p> <p>The facility's Abuse Policy documents that injuries of unknown source are to be investigated and reported when the source of the injury was not observed by any person or the source of the injury could not be explained by the resident, and the injury is suspicious because of the extent of the injury or the location of the injury.</p> <p>(B)</p>	S9999		

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S9999	Continued From page 4  Statement of Licensure Violations 300.1020a)b)c)  2 of 2 Findings  Section 300.1020 Communicable Disease Policies  a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).  b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.  c) All illnesses required to be reported under the Control of Communicable Diseases Code and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693) shall be reported immediately to the local health department and to the Department. The facility shall furnish all pertinent information relating to such occurrences. In addition, the facility shall inform the Department of all incidents of scabies and other skin infestations.	S9999		

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S9999	<p>Continued From page 5</p> <p>This regulation was not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to follow their isolation policy to ensure that contact isolation was utilized for residents being treated for a scabies. The facility also failed to deep clean the rooms where residents being treated for scabies reside. This deficient practice affected four residents (R1, R2, R3, and R4) of six residents reviewed for infection control in a total sample of 11 residents.</p> <p>Findings include:</p> <p>R1-R6 were treated with an antiparasitic cream used to treat scabies on 03/04/19 and 03/11/19 after review of all the resident's Medication Administration Records (MAR) from 03/2019.</p> <p>On 3/14/19 at 10:06AM, V4 (CNA) stated, "The room on the second floor was never on isolation. I worked almost every day since then and never saw that room on any isolation. I don't think they wanted those residents to find out what was going on."</p> <p>On 3/14/19 at 11:38AM, no isolation cart or isolation signage noted on the room where R1-R4 reside.</p> <p>On 3/14/19 at 11:40AM, R1 and R3 observed sitting at the dining room with approximately 10 other resident sitting at the same table. R2 observed sitting at a smaller table in the dining room with 2 other residents at the table. V10 (CNA) stated, "We only have one room on isolation right now for CDIFF (clostridium difficile colitis)."</p> <p>On 3/14/19 at 12:25PM, R2 stated, "There's like</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>fleas or something going on here. I had to put a cream on then take a shower a couple days ago. The nurse told me it was for my rash and the itching I had. I was never told I had to stay in my room. I always eat in the dining room. No one ever wore a special gown when they came in my room either. No, my room hasn't been deep cleaned ever. No one told me I had to bag up my clothes and sheets. I can't remember the last time my sheets were changed." Small red bumps observed on R2's right chest under the nipple, both arms from the shoulder to the forearm, and the upper back.</p> <p>On 3/14/19 at 1:19PM, R1 stated, "I got this rash I can't get rid of. I didn't have to stay in my room. I can go all over. I never saw anyone wearing any special gowns or gloves when they were taking care of me. When they were putting the cream on me, they were wearing just regular clothes."</p> <p>On 3/14/19 at 1:41PM, V3 (ADON) stated, "The rashes were noticed at the beginning of the month. I had the nurse practitioner (NP) come take a look at them. The NP said I'm not sure what it is but let's treat it prophylactically. These residents were in the same room we ordered the antiparasitic cream and applied it. The rash wasn't clearing up so I had the ID take a look at them. The NP told me they needed to be treated one more time and they can be treated up to 3 times. If it's not better after 3 times then they need to see dermatology. So we treated everyone 3 times. R2, R3, and R4 all were treated prophylactically because they were in the same room as R2 and we had no where to move R2. R2 did stay in the room, the other residents we did have a hard time keeping them in the room. The other residents had no rash and had no itching so we allowed them to leave the room.</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>R6 saw a dermatologist I think on Monday. They think it is a fungus on R6 and ordered a steroid cream to be put on."</p> <p>On 3/14/19 at 3:28PM, V5 (Infectious Disease Nurse Practitioner) stated, "R1 had a rash on the left abdomen which wrapped around to the back. R1 complained of itching especially at night. It did look like scabies to me. No one else in that room had a rash when I saw them. The only definitive test for see if scabies is positive is a skin scraping. We didn't do that because by the time we get the sample, send it to the lab, and wait for the results its faster to just treat them. You can diagnosis it by looking at it too though. This requires contact isolation. I also ask that the linens and rooms are deep cleaned to make sure we don't have anything anywhere else. I'm not sure if their linen was cleaned. I ordered a deep thorough clean."</p> <p>On 3/15/19 at 11:08AM, V6 (CNA) stated, "I never saw any isolation on that room. They let all the residents in room 223 walk all around the unit the entire time. They were out in the dining room and sitting in the hall with all the other residents. I don't know why they weren't put on isolation."</p> <p>On 3/15/19 at 11:30AM, V3 stated, "The scabies was not reported because it was not a confirmed diagnosis. We had one case that was thought to be scabies. It was treated but never cleared up and was later thought to be a fungal infection. Although other residents have been treated prophylactically for scabies, it was not reported. I didn't look at R6's paperwork from the dermatology appointment. I never saw that R6 was sent back with a scabies handout."</p> <p>On 3/15/19 at 11:51AM, V7 (LPN) stated, "The</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>doctor said it was possible scabies and to start the antiparasitic cream and ordered a dermatology consult for both. He saw both R6 and R5 that day. Infectious disease came to see them and ordered another cream treatment then a shower. R6 went to the dermatology appointment the beginning of this week accompanied by a family member. When R6 came back from the appointment, R6's family member told us they ordered R6 more antiparasitic cream. We told the family member that R6 already had 2 of these treatments done so I called the dermatology office and spoke with the assistant. The assistant said to discontinue the antiparasiti cream, and R6 was still itching because the cream dries you up. The assistant said that's why R6 probably keeps itching and now has irritation on the skin. The dermatologist office confirmed that R6 was treated for scabies, and R6 was now irritated because of dry skin so it was causing a fungal infection."</p> <p>On 3/15/19 at 12:45PM, V8 (Housekeeping Director) stated, "I don't have any deep cleans on my sheets. I just got rid of them. I can't tell you what rooms have been deep cleaned lately."</p> <p>On 3/15/19 at 1:05PM, V9 (Housekeeper) stated, "There's only been one room on isolation this month but those residents aren't on isolation anymore. No, I haven't seen the room where R1-R4 resides on isolation this month. I have not deep cleaned room R1-R4's room and I have not heard of the residents' room being deep cleaned either."</p> <p>On 3/19/19 at 1:50PM, V12 (Dermatology Physician Assistant) stated, "R6 ended up being diagnosed with post scabetic reaction. It's self-explanatory in the name. It's a skin reaction</p>	S9999		
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S9999	<p>Continued From page 9</p> <p>that happens after you are treated for scabies. The skin becomes like hypersensitive- very red and itchy. The body goes into overdrive as an inflammatory response to try to expel the mites under the skin. R6's family member told us R6 was only treated once so we prescribed the antiparasitic cream again. The nurse from the nursing home called us and told us R6 had already been treated for scabies twice with the antiparasitic cream. Yes, the nurse told me R6 was treated for scabies. That is why I prescribed a second treatment in the first place because you need use the cream twice to really treat scabies. The nurse told us R6 was treated twice so I then ordered another cream as a steroid to help stop the itching."</p> <p>The Physician Order Sheet (POS) for R1 has an order for contact isolation due to possible scabies ordered on 3/13/19.</p> <p>The facility policy titled, "Isolation- Categories of Transmission-Based Precautions," dated 01/2014 documents "transmission-based precautions shall be used when caring for residents who are documented or suspected to have communicable diseases or infections that can be transmitted to others. In addition to Standard Precautions, implement Contact Precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the residents or indirect contact with environmental surfaces or resident-care items in the resident's environment. Examples of infection requiring Contact Precautions include, but are not limited to: scabies."</p> <p>The facility policy titled, "Reporting Communicable Diseases," dated 01/2014 documents "should any resident(s) or or staff be</p>	S9999		

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S9999	Continued From page 10  suspected or diagnosed as having a reportable communicable/infectious disease according to State-specific criteria, such information shall be promptly reported to appropriate local and/or state health department officials."  (C)	S9999		
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