

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6006795</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>05/01/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>OAK PARK OASIS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>625 NORTH HARLEM OAK PARK, IL 60302</b>
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S 000	Initial Comments  Annual Licensure Survey	S 000		
S9999	Final Observations  Licensure Violations  Licensure Finding 1 of 5 300.696a) 300.696c)2)7)  300.696 Infection Control  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.  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):  2) Guideline for Hand Hygiene in Health-Care Settings  7) Guidelines for Infection Control in Health Care Personnel  These requirements are not met as evidenced by:	S9999	<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  
Electronically Signed

TITLE

(X6) DATE

05/17/19

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S9999	<p>Continued From page 1</p> <p>Based on observation and record review the facility failed to maintain infection control practice for five of five residents (R4, R11, R12, R13 and R14) in the total sample of 19 reviewed for Infection Control. The facility also failed to protect the cleanliness of medical equipment prepared and stored for emergency use for two of two emergency carts reviewed for infection control.</p> <p>Findings include:</p> <p>On 4/29/19 at approximately 11:30 AM, during initial facility tour, observed an emergency cart stored outside the shower room near the Nursing Station on the second floor. Stored on top of the cart was a suctioning machine with the collection container and tubing attached. None of the equipment was covered or bagged for protection.</p> <p>On 4/30/19 at approximately 10:30 AM, observed an emergency cart stored near the Nursing Station on the first floor. Stored on top of the cart was a suctioning machine with the collection container and tubing attached. None of the equipment was covered or bagged for protection.</p> <p>On 5/1/19 at 10:30 AM, V8 RN (Registered Nurse/Director of Clinical Services) stated "The suction equipment is supposed to be bagged when it's ready to be used - it indicates it's clean and ready. Nursing needs to make sure equipment is clean and covered."</p> <p>Facility policy titled "Infection Control" (dated 9/2014) states "4. Written procedures on the facility's program is developed and implemented. 5. Each department has specific infection control measures, sanitation and aseptic techniques as they relate to the responsibilities and function of the particular department." Requested of V8</p>	S9999		
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S9999	<p>Continued From page 2</p> <p>additional infection control policies or procedures as it relates to medical equipment - V8 replied "This is all I have."</p> <p>On 4/29/19 at 11:00am during observation of the medication pass, V3 (Licensed Practical Nurse) performed a blood glucose monitoring for R4 and R11 after completing, V3 failed to clean/disinfect the blood glucose machine before returning the machine to the medication drawer.</p> <p>The facility's Policy "Maintaining the Blood Glucose Meter" (dated 9/16) states: The blood glucose monitor should be cleaned and disinfected between each resident test. 3.) To clean and disinfect the meter use pre-moistened wipe/towel of 1ml or 5-6% sodium hypochlorite solution (household bleach) and 9ml water to achieve a 1:10 dilution final concentration of 0.5-0.6% sodium</p> <p>The Manufacturer Label "microdot Bleach Wipe" documents in part, disinfects, cleans, deodorizes, and kills 99.99% of germs. Contact time: Allow surface to remain wet for 30 seconds to kill bacteria and viruses.</p> <p>On 4/30/19 at 9:01am during the medication pass with V5 (Licensed Practical Nurse) V5 failed to perform hand hygiene before and after administering medications to R12, R13 and R14.</p> <p>The facility's Policy "Hand Washing" (dated 9/14) documents in part, All facility staff will practice hand washing activities with an antimicrobial agent or water less antiseptic agent in accordance with this policy. 1.) Hand washing will be practiced as follows: b. Before and after resident contact. f. Before dispensing medications.</p>	S9999		
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S9999	<p>Continued From page 3</p> <p>(B)</p> <p>Licensure Finding 2 of 5 300.1810 c) 5) B)</p> <p>Section 300.1810 Resident Record Requirements</p> <p>c) Record entries shall meet the following requirements:</p> <p>5) Electronic Medical Records Policy. The facility shall have a written policy on electronic medical records. The policy shall address persons authorized to make entries, confidentiality, monitoring of record entries, and preservation of information.</p> <p>B) Confidentiality. The facility policy shall include adequate safeguards to ensure confidentiality of patient medical records, including procedures to limit access to authorized users. The authorized user must certify in writing that he or she is the only person with authorized user access to the identifier and that the identifier will not be shared or used by any other person. A surveyor or inspector in the performance of a State-required inspection may have access to electronic medical records, using the identifier and under the supervision of an authorized user from the facility. A surveyor or inspector may have access to the same electronic information normally found in written patient records. Additional summary reports, analyses, or cumulative statistics available through computerized records are the internal operational reports of the facility's Quality Assurance Committee.</p>	S9999		
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S9999	<p>Continued From page 4</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and record review the facility failed to safeguard the confidentiality of the electronic medical record on the third floor. This failure has the potential to affect 22 residents residing on the third floor.</p> <p>Findings include:</p> <p>On 4/29/19 at 11:00am and 11:20am during observation of the medication pass, V3 (Licensed Practical Nurse) V3 walked away and left the electronic medical record open with resident information being visible to residents/staff/visitors.</p> <p>On 4/29/19 at 12:41pm during a random observation on the 3rd floor the electronic medical record was observed open/displaying resident information. V3 was not present during this time.</p> <p>The facility Policy "Electronic Medical Records Policy" (No date) documents in part,( ii) safeguards the confidentiality of patient records. 'Confidentiality" Users are required to maintain the confidentiality of electronic patient medical records.</p> <p>(AW)</p> <p>Licensure Finding 3 of 5</p> <p>300.1620a) 300.1640a) 300.1810g)</p> <p>Section 300.1620 Compliance with Licensed Prescriber's Orders</p>	S9999		
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S9999	<p>Continued From page 5</p> <p>a) All medications shall be given only upon the written, facsimile or electronic order of a licensed Prescriber. The facsimile or electronic order of a licensed Prescriber shall be authenticated by the licensed Prescriber within 10 calendar days, in accordance with Section 300.1810. All such orders shall have the handwritten signature (or unique identifier) of the licensed Prescriber. (Rubber stamp signatures are not acceptable.) These medications shall be administered as ordered-by the licensed Prescriber and at the designated time.</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>Section 300.1810 Resident Record Requirements</p> <p>g) A medication administration record shall be maintained, which contains the date and time each medication is given, name of drug, dosage, and by whom administered.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to obtain a Physician's Order for medication administration for one of one resident (R6) reviewed for Physician's Orders. Facility also failed to properly label and</p>	S9999		
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S9999	<p>Continued From page 6</p> <p>store the medications in a locked location for one of one resident (R6) reviewed for medication labeling and storage.</p> <p>R6 is a 59 year old resident with diagnoses that include but not limited to: Quadriplegia, Malignant Neoplasm of Unspecified Kidney, Essential Hypertension, Epilepsy, Hypothyroidism, Anemia, Autonomic Dysreflexia and Sacral Pressure Ulcer Stage 4. Per MDS (Minimum Data Set) assessment dated 1/23/19, Section C, R6's BIMS (Brief Interview for Mental Status) score is 15, indicating intact cognition.</p> <p>Findings include:</p> <p>On 4/30/19 at 11:30 AM, observed the following medications stored on top of R6's bedside nightstand: an Advair Diskus 500mcg/50mcg inhaler, a Combivent Respimat 20mcg/100mcg inhaler (both labeled with resident's name, dispensed on 3/14/19). The following vitamin and herbal supplement medications were also observed (no label with resident's name present on any of the containers): Vitamin D3 1000iu/per drop (10.3ml bottle), Vitamin D3 2000iu/per chewable gummie (150 gummies), Curcumin (60 capsule bottle), Gotu Kola 450mg capsule (100 capsule bottle), Ashwugandha (Withania Somnifera) 300mg capsule (120 capsule bottle), Vitamin B12 chewable gummies (60 gummies), Borage (cold pressed oil) 1300mg capsule (60 capsule bottle), Lions Mane (mycelium) Extract (60ml bottle). Asked R6 if he was able to take his own medications - R6 replied "No, I can't use my arms, the nurses give me my meds.</p> <p>On 4/30/19 at 12:10 PM, asked V2, DON (Director of Nursing) if R6 was able to administer</p>	S9999		
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S9999	<p>Continued From page 7</p> <p>his own medications - V2 replied "No, he does not self-administer his meds, no one does here."</p> <p>4/30/19 at 12:15 PM, entered R6's room with V2 and viewed R6's bedside medications. V2 stated "No, these shouldn't be left here", and removed the medications from R6's room. V2 stated she would need to contact R6's physician and discuss R6's herbal medications, and obtain an order for R6 if the physician wanted the additional inhalers, vitamin and herbal medications also administered.</p> <p>Review of R6's current POS (Physician Order Sheet) documents orders for "Calcium plus Vitamin D3 600mg/80iu - give 1 tablet by mouth one time a day for hypocalcemia" and for "Folic-K (B Complex-E-Folic Acid) 1mg capsule - give 1mg by mouth one time a day related to anemia, unspecified." No current orders for the Advair or Recombivent inhalers, or for the additional vitamin and herbal supplements were documented on R6's POS.</p> <p>Facility policy titled "Medication Storage" (dated 2/2014) states "When a resident is discharged all medications shall be stored in one designated area determined by the facility."</p> <p>No further instruction is indicated for storage of a resident's medications.</p> <p>Facility policy titled "Medication Administration" (dated 8/2015) states "Only a licensed nurse (RN, LPN) may: a) prepare, b) administer, and/or c) record the administration of medications ... Only a licensed nurse is permitted to administer medication to residents ...Medication Storage Areas (medication room, medication cart and treatment cart) must be locked when not in use</p>	S9999		
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S9999	<p>Continued From page 8</p> <p>...This includes medications delivered from Consulting Pharmacy, brought in by Resident and/or Family ...all medications must be properly labeled with resident's name, medication name, dosage and frequency ... Authorized personnel include licensed nurses and the facility's pharmacists. Any other individual needing access to a medications storage area must be supervised by an authorize person while in the medication storage area." Under "Administration of Medications: Medications must be administered in accordance with a physician's order at his/her discretion, e.g., the right resident, right medication, right dosage, right route, and right time."</p> <p>(B)</p> <p>Licensure Findings 4 of 5</p> <p>300.1210b) 300.1210d)6)</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>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>	S9999		
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S9999	<p>Continued From page 9</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>These regulations were not met as evidenced by:</p> <p>Based on observation interview and record review, the facility failed to ensure all facility residents have a call light device available for use that meets the resident's needs. This deficient practice affected 3 of 3 residents (R6,R8,R9) reviewed for availability/usability of call light in the total sample of 19.</p> <p>On 04/29/19 at 11:20 AM Observed call light in R8's room located behind residents bed against wall.</p> <p>On 04/29/19 at 11:25 AM Observed call light in R9's room located on floor away from residents bed.</p> <p>On 04/30/19 at 10:10 AM Observed call light in R8's room located behind residents bed against wall. When asked if R8s call light was accessible to R8 V6 (Certified Nursing Assistant - CNA) stated "naw it ain't hooked up on her pillow."</p> <p>On 04/30/19 at 10:10 AM Observed call light in R9's room located on floor away from residents bed. R8's fall care plan (revised 01/15/19) interventions include, be sure call light is within reach.</p> <p>R9's fall care plan revised 01/30/19 interventions</p>	S9999		
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S9999	<p>Continued From page 10</p> <p>include be sure call light is within reach.</p> <p>The facility's Call Light policy received 05/01/19 states: " "All residents shall have the nurse call light system available at all times and within easy accessibility to the resident at the bedside or other reasonable accessible location."</p> <p>On 04/29/19 at 11:15AM, Soiled Utility room on 3rd floor dementia unit not locked. Room contains hazardous equipment and materials.</p> <p>On 04/30/19 at 11:15 AM Soiled Utility room not locked on 3rd floor dementia unit. On 04/30/19 at 10:10 AM V3 (Licensed Practical Nurse - LPN) stated soil utility room door "should be locked by housekeeping." V13 (Housekeeping Staff) stated "We don't have a key to the soiled utility room."</p> <p>On 04/30/19 at 11:20 AM V2 stated "That could be a potential safety issue for anybody who might wonders. They might go in there."</p> <p>(B)</p> <p>Licensure Finding 5 of 5</p> <p>300.2030 300.2100</p> <p>Section 300.2030 Hygiene of Dietary Staff</p> <p>Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming.</p> <p>Section 300.2100 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's</p>	S9999		
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S9999	<p>Continued From page 11</p> <p>rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 750).</p> <p>These regulations were not been met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure kitchen staff wash their hands prior to preparing resident meals. The facility also failed to maintain kitchen sanitation standards related to food storage, pest control, and sanitation of food preparation surfaces. These failures have the potential to affect 58 residents receiving oral meals from the facility's kitchen</p> <p>On 04/30/19 at 12:01 PM observed V12 (Cook) putting on gloves to prepare sandwiches without performing hand hygiene.</p> <p>The facility's disposable gloves policy received 05/01/19 states:                      " Disposable gloves will be worn when manual contact with food that is ready-to-eat is unavoidable."                      " Food handlers will wash hands before putting on gloves."</p> <p>On 04/29/19 at 10:35 AM Observed gnats flying around garbage can near hand washing sink in kitchen. Garbage can lid was not completely covering the garbage can. Garbage overflowing out of can.</p> <p>Observed open packages of hot dog buns, hamburger buns, and bread not dated in kitchen dry storage room. Found five 6lbs (pound) dented cans of sliced apples, and one 6lbs pound dented can of sausage gravy in kitchen dry storage</p>	S9999		
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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
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S9999	<p>Continued From page 12</p> <p>room. Found a spatula knife sitting inside of 18 pound tub of butter cream style icing with lid partially covering container in kitchen dry storage room. No sanitizer buckets were prepared in kitchen.</p> <p>The facility's food storage - dietary policy received 05/01/19 states: " All food being stored shall be protected against contamination from dust, rodents, other vermin; unclean utensils and wood surfaces; unnecessary handling, human excretions, flooding, drainage, overhead leakage, and other sources of contamination." " All stored food products will be covered, identified and dated.</p> <p>The facility's Sanitizing Solution policy received 05/01/19 states: " Sanitizing solution will be made and strategically located throughout the kitchen." " The sanitizing solution will be made available at the beginning of each shift and changed as needed.</p> <p>(AW)</p>	S9999		
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