

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6016216</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/17/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>BROOKDALE BURR RIDGE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>6801 HIGHGROVE BOULEVARD BURR RIDGE, IL 60521</b>
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S 000	Initial Comments  Change of Ownership Licensure Survey. (L/P1)  STATEMENT OF LICENSURE VIOLATIONS	S 000		
S 696	Section 300.696 Infection Control  This Regulation is not met as evidenced by: Section 300.696 Infection Control c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention. 2) Guideline for Hand Hygiene in Health Care Settings. 7) Guidelines for infection Control in Health Care Personnel  This requirement is not met as evidenced by:  Based on observation and record review the facility failed to follow current standards of infection control practices during and after incontinence care.  This applies to 1 of 1 resident (R4) observed during incontinence care in the sample of 5.  On 12/16/14 at 2:20 PM, E13 CNA ( Certified Nursing Assistant ) and E14 CNA put gloves on and transferred R4 to bed. E13 and E14 pulled down R4's pants and removed R4's wet incontinent pad. E13 took a disposable wipe and wiped R4's perineal area. E13 and E14 turned R4 to her right side using the same dirty gloves. E13 took another clean disposable wipe in the plastic container with the same dirty gloves and continue	S 696		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S 696	<p>Continued From page 1</p> <p>to wiped R4's buttocks area. E13 opened the jar with her same dirty gloves, took some cream using the same dirty gloves and applied the cream to R4's buttocks area with the same dirty gloves. E13 and E14 applied and fastened the clean incontinent pad to R4, covered R4 with a blanket with the same dirty gloves. E13 continued to use the same dirty gloves handling bed control/call light cord and furniture inside the room.</p> <p>Facility's policy and procedure with revision date of 03/18/12 showed: Policy: It is the policy of the facility that all staff will wash their hands before and after direct resident care and after contact with potentially contaminated substances to prevent the spread of infection. Procedure: Handwashing will be performed by staff as follows: 4. After contact with mucous membranes, blood and body fluids, secretions and or excretions. 7. Before and after giving personal care to residents. 8. If gloves are worn for a procedure, hands are to be washed before putting gloves on and after removal and deposit of gloves in appropriate container.</p> <p>(B)</p>	S 696		
S1620	Section 300.1620 Compliance with Licensed Prescriber's Orders	S1620		

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S1620	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Section 300.1620 Compliance with Licensed Prescriber's Orders</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>This requirement is not met as evidenced by the following: Based on observation, record review and interview the facility failed to ensure ordered medications are available and given at the prescribed time. This applies to 1 resident (R6) observed during medication pass in the supplemental sample. The findings include: R6's December 2014 Medication Administration Record shows R6 has an order to receive Heparin Sodium 5,000 units subqu every 12 hours (8:00 AM and 10:00 PM) related to atrial fibrillation. On 12/16/14 at 9:00 AM, during the medication pass with E4 (LPN), E4 was drawing up .5 milliter (ml) from the Heparin a 10,000 unit vial. E4 stated she did not have enough Heparin in the vial and was only able to draw up .3 ml of the Heparin solution. E4 stated she did not have any Heparin on the medication cart or in the convience box. At 9:15 AM, E4 called the pharmacy and was told the 10,000 unit Heparin vial was on back order and had to obtain a new physician's order for a 5 cc vial of the heparin. E2 (DON) stated on</p>	S1620		

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S1620	Continued From page 3  12/17/14 the an order for Heparin was faxed by staff on 12/14/14 to pharmacy. E2 stated the Heparin 5,000 unit vial was delivered on 12/16/14 at 12:49 PM. R6's MAR shows the Heparin 5,000 unit was given at 4:00 PM on 12/16/14.  (AW)	S1620		
S2030	Section 300.2030 Hygiene of Dietary Staff  This Regulation is not met as evidenced by: Section 300.2030 Hygiene of Dietary Staff 750.512 When to Wash Hands  Food employees shall clean their hands and exposed portions of their arms immediately before engaging in food preparation, including working with exposed food, clean equipment and utensils, and unwrapped single-service articles, and:  e) After handling soiled equipment or utensils;  f) During food preparation, as often as is necessary to remove soil and contamination and to prevent cross-contamination when changing tasks; h) Before donning gloves for working with food; and  i) After engaging in other activities that contaminate the hands.  Section 750.520 General - Clothing	S2030		

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S2030	<p>Continued From page 4</p> <p>b) Employees shall use effective hair restraints (such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair) that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils and linens; and unwrapped single-service and single-use articles.</p> <p>Section 750.840 Drying</p> <p>All equipment, tableware and utensils shall be air-dried.</p> <p>Food service personnel shall be in good health, shall practice hygienic food handling techniques, and good personal grooming. These requirement are not met as evidenced by:</p> <p>Based on observation, interview and record review staff utilizing the kitchen areas failed to wash hands and handle food with proper hygienic practices and ensure clean glassware are stored in a manner to prevent cross contamination. This kitchen services the entire facility. This has the potential to effect all residents that reside in the facility.</p> <p>The findings include:</p> <p>On 12/15/2014 at 12:40 PM, kitchen staff E8 (wait staff) and E12 (wait staff) were observed removing stored cups and glasses that were stored in plastic trays on the floor, next to two dirty garbage containers in the assisted living serving area located in the assisted living dining room.</p> <p>On 12/16/14 at 9:30AM during tour of the kitchen with E3 (Dining Service Director) and E5 (Kitchen Supervisor), E7 (wait staff), E8 and E9 (wait staff)</p>	S2030		

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S2030	<p>Continued From page 5</p> <p>were observed using cups and water glasses stored next to two dirty garbage containers in the assisted living serving area located in the assisted living dining room.</p> <p>During the tour on 12/16/14 between 9:30 and 11:45 AM with E3 the following were observed:</p> <p>1) Staff from non dietary departments were observed entering the kitchen accessing food items without wearing hairnets and washing their hands.</p> <p>2) E10 (Dietary Aide) was observed preparing pureed green peas. E10 was wearing gloves as she put green peas in the blender, reached into the refrigerator and removed a small aluminum pan, then went thru the dirty dishes area carrying a clear plastic pitcher, left the kitchen and returned to the preparation table with the same gloves and begun to returned to her activity pureeing food. E3 told E11 to stop and remove gloves.</p> <p>3) On a metal storage rack, located in the clean dishes area of the kitchen, were stacks of baking pans. E11 (Dishwasher) was asked if he had just washed any pans. E11 pointed to the shelf to the rack. E11 lifted one of the baking pan and beads of water were running down. In the same area there was a dirty sheet pan that was placed on top of the clean dish counter.</p> <p>4) In the serving area in the assisted living area there was an uncovered metal spoon on top of a dirty lid that contained cereal, which was used to scoop 4 different dry cereals in the serving area</p>	S2030		

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S2030	Continued From page 6  5) Two cell phones were plugged into the wall via a charging unit. They were both laying in the food prep area. One on the shelf of the preparation area and the other on the counter of the preparation table next to the blender that was being used to puree foods. E3 promptly had his dietary staff remove their personal cell phones.  (B)	S2030		
S2220	Section 300.2220 Housekeeping  This Regulation is not met as evidenced by: Section 300.2220 Housekeeping a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: (B) 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. (B) d) All cleaning compounds, insecticides, and all other potentially hazardous compounds or agents shall be stored in locked cabinets or rooms. (B) This requirement has not been met as evidenced by the following: Based on observation, record review and interview, the facility failed to maintain a safe environment by ensuring electrical portable equipment is stored in a safe manner and hazardous chemicals are locked in cabinets or rooms while not in visual view. The findings include: 1. On 12/15/14 at 11:00 AM, in the common hallway between the skilled unit and assisted living parlor, the door to the beauty shop was unlocked. There was no staff present in the	S2220		

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S2220	<p>Continued From page 7</p> <p>beauty parlor. A tall metal cabinet was unlocked and contained numerous chemicals that included: disinfectant sprays, tubes of honey creme hair color, bottles of Clipper and Wahl cleaner, and boxes of barbicide cleaner. All the chemicals had warning labels that stated "Danger Harmful if swallowed, Keep out of reach of children, avoid contact with eye and skin. In a black portable storage bin, there were four rusted pairs of scissors in a drawer.</p> <p>E1 (Administrator) was informed of observation at 11:15 AM on 12/15/14. E1 stated that the beauty salon is contracted out to independent salon operator and that the salon operator is responsible for maintaining and ensuring salon is locked. On 12/17/14 at 1:30 PM, E1 presented an agreement dated August 2013, between facility and salon operator. E1 stated the contracted salon person has not been at the salon for over 2 weeks. E1 stated they have had other salon operators use the salon, and also allow families to utilize the salon. E1 stated there is no policy regarding the facility ensuring the salon is locked when not in use.</p> <p>2. During environmental tour of the skilled unit shower room with E 16 (maintenance director) on 12/17/14 at 10:35 AM, the shower room door was wide open and an electric portable hair dryer and curling iron that were plugged in, were placed on top of a cabinet close to a water source. E16 stated the appliances should not be in there.</p> <p>(AW)</p>	S2220		
S2230	<p>Section 300.2230 Laundry Services</p> <p>This Regulation is not met as evidenced by:</p>	S2230		



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S2230	<p>Continued From page 8</p> <p>Section 300.2230 Laundry Services</p> <p>a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either through an in-house laundry or a contract with an outside service.</p> <p>2) If an in-house laundry service is provided then the following conditions shall exist:</p> <p>A) The laundry area shall be maintained and operated in a clean, safe and sanitary manner. No part of the laundry shall be used as a smoking or dining area.</p> <p>D) Clean linen shall be protected from contamination during handling, transport and storage.</p> <p>This requirement has not been as evidenced by the following:</p> <p>Based on observation, interview and record review, the facility failed to ensure that clean laundry is stored properly and protected from contaminated clothing, linen equipment is disinfected and that the laundry area is clean and free from food products.</p> <p>The findings include:</p> <p>1. On 12/17/14 at 10:20 AM during the tour of the laundry with E16 (maintenance director) a broken box containing multiple hangers was lying on floor. A clear plastic bag containing clean and pressed table cloths were lying on the floor. A winter coat and a pair of winter overalls were hung over hangers with clean shower curtain and shower liners. E15 (housekeeping/laundry assistant) identified the coat and overalls as his. E15 was asked if he had a locker, E15 responded "my coat doesn't fit." At the same E15 was eating a bag of popcorn in front of a counter where clean towels were folded. E15 was informed food should not be in the laundry, E15 responded,</p>	S2230		
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S2230	<p>Continued From page 9</p> <p>"why not?" A yellow uncovered cart use for soiled lines was observed infront of the washing machines which were running. The cart had numerous fluids like stains inside the cart. E15 was asked how often the soiled linen carts are cleaned E15 stated "once a week on Sundays by housekeeping."</p> <p>Facility laundry policy under sanitation states "remove residues from laundry carts and/or baskets and clean daily wih an approved disinfectant cleaner.</p> <p>(AW)</p>	S2230		
S9999	<p>Final Observations</p> <p>Section 300.3220 Medical Care f) All medical treatment and procedures shall be administered as ordered by a physician. All new physician orders shall be reviewed by the facility's director of nursing or charge nurse nurse designee within 24 hours after such orders have been issued to assure facility compliance with such orders.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation, interview and record review the facility failed to follow the physician's order for medication administration.</p> <p>This applies to 1 of 8 residents observed in medication pass in the supplemental sample.</p> <p>During the medication pass the following observations were made:</p> <p>On 12/16/14 at 9:15 AM, E6 ( Nurse) prepared</p>	S9999		

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S9999	<p>Continued From page 10</p> <p>and administered medications to R104 which included Levothyroxine 50 mcg 1 tablet.</p> <p>Physician's Order Sheet for December 10, 2014 showed that R104 had an order for Levothyroxine 100 mcg 1 tablet daily.</p> <p>On 12/16/14 at 11:05 AM, E6 was informed regarding the wrong dosed medication for R104. E6 acknowledged that the Levothyroxine 100 mcg medication was the right order.</p> <p>R4 was readmitted on 12/10/14 with medication orders that included Levothyroxine 100 mcg 1 tablet daily. R104's medications were delivered to the facility prepacked by pharmacy contracted by the facility with the labels included on each pack. Staff nurses gave the medications to R104. Review of R104's label on his medication cartridge showed L-thyroxin 50 mcg and was being administered to R104 for each day instead of 100 mcg that was ordered. The cartridge showed staff had provided 6 doses of 50 mg daily but were signing the MAR ( Medication Administration Record) as 100 mcg from 12/11/14 to 12/16/14.</p> <p>This was shown to E6 ( Nurse). E6 acknowledged the discrepancy.</p> <p>Facility's medication policy and procedure with revision date of 08/08/14 under receiving medications reads: "The community staff will verify the receipt of the correct medications as ordered upon delivery from the pharmacy; any discrepancies in the order should be noted on the delivery manifest".</p> <p>(B)</p>	S9999		