STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

(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) COMPLETION DATE
F 490	Continued From page 117 elbow. Interview with E1 (administrator) on 2/22/11 in the basement classroom at 6:15pm E1 stated, " His fracture was not reported because it wasn't treated (by the physician) as a fracture. That was the way it was communicated from nursing. Nurses felt it was not treated an s fracture. There was not a sense or need to report it to the State. We did not report it. Nurse does not exactly know how it happened. " Review of incident repots on 2/5/10 R21 had a un witnessed fall. Review of R21's medical record and incident report R21 was found sitting on the chair rest. The wheelchair flipped over and R21 hit her nose on the table in front of her and sustained bleeding from her nose. Per the incident report, R21 is confused and unable to verbalize what happened. Review of the incident report generated on 2/5/10 this also was not reported to the Illinois Department of Public Health. Review of facility abuse prevention program policy reads in part, " If there is reasonable cause to suspect mistreatment has occurred the Illinois Department of Public Health (IDPH) will be notified. (Follow IDPH reporting guidelines). "	F 490		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1210a) 300.1210b)3) 300.1210b)6) 300.1220b)2) 300.3240a)	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 118	F9999		

Continued From page 118

300.610 Resident Care Policies

a) The facility shall have written policies and procedures, governing all services provided by the facility. These policies shall be followed in operating the facility.

300.1210 General Requirements for Nursing and Personal Care

a) The facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of the resident, in accordance with each resident's comprehensive assessment and plan of care. 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.

b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:
3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determing care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record.
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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 119	F9999		

300.1220 Supervision of Nursing Services

b) The DON shall supervise and oversee the nursing services of the facility, including:
2) Overseeing the comprehensive assessment of the residents' needs, which include medically defined conditions and medical functional status, sensory and physical impairments, nutritional status and requirements, psychosocial status, discharge potential, dental condtition, activites potential, rehabilitation potential, cognitive status and drug therapy.

300.3240 Abuse and Neglect
a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)

These requirements are not met as evidenced by:

Based on observations, interviews and record reviews, the facility failed to:
-Identify and analyze all the risk factors and causes of residents' falls, and ensure interventions used were effective.
-Ensure timely implementation of an effective and comprehensive plan of care.
-Monitor for the effectiveness of the interventions and change/modify the interventions as necessary to prevent recurrence of falls.
-Provide adequate supervision and monitoring for five residents (R4, R17, R19 and R1) identified as high risk for falls in a sample of 24. These five residents experienced multiple falls with serious injuries, requiring hospitalizations.

These failures resulted in:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F9999	Continued From page 120	F9999		

1. R19 sustained an avoidable fall resulting in Cervical One Fracture of the vertebral on 1/29/2011. R19 sustained 9 falls in the facility in the period from 4/10/2010 through 1/28/2011. R19 is at risk for possible paralysis from not receiving adequate supervision to ensure R19 wears the prescribed neck collar.
2. R17 sustained avoidable falls resulting in a nasal bone fracture, two lacerations to her head and a large hematoma on her left hip. R17 sustained 10 falls in the facility from 1/30/2010 thru 2/20/2011.
3. R4 sustained an avoidable fall on 1/5/2011 resulting in a laceration to the head and a fracture.

Findings include:

1) Review of R19's Minimum Data Set (MDS) dated 2/22/2011 documented that R19's cognitive skills for daily decision making are "moderately impaired." R19's ability to understand others is "usually understands, may miss some part/intent of message." R19 needs direct supervision of one assist for transfers and ambulation. R19 needs partial physical assistance for balance while standing and sitting, and is dependent on her wheelchair for mobility.

Review of R19's nursing notes documented that R19 was admitted to the facility on 4/9/2010 at 5:00 PM. The nursing notes dated 4/10/2010 at 12:05 AM documented "noted room call light on, attended immediately found resident (R19) sitting on the floor attempting to get up holding wheelchair. When asked what happened, (R19 said) I sat on the floor..."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 121 Review of R19's IDT (Interdisciplinary Team) Fall Review Sheet documented that R19 went on to have multiple unwitnessed falls in her room on the following dates: 6/2/2010 at 07:50 AM, 6/21/2010 at 03:30 AM, 8/3/2010 at 06:15 AM, 08/21/2010 at 2:50 AM, 10/9/2010 at 6:30 AM, 11/15/2010 at 07:10 PM, 12/29/2010 at 05:30 PM and 1/28/2011 at 11:45 AM. All of the above falls had no injury, except for the fall occurring on 12/29/2010 and 1/28/2011. R19 sustained a bruise on the right buttocks on 12/29/2010. The resident sustained a laceration on top of the forehead, abrasion on the left knee, fracture to the right anterior and posterior arch of cervical 1 on 1/28/2011. Most of the IDT Reviews were documented as done over 24 hours after a fall occurrence. Review of R19's care plan documented use of low bed, winged mattress, floor pads, bed and chair alarm. However, R19 continued to fall with the use of these safety devices. Staff did not document any other alternatives or additional safety device being tried. Staff identified toilet her early, and placed her in the day room for close observation. However, R19 continued to experience unwitnessed falls in her room. No clear and consistent toileting program was developed for R19. R19 was receiving psychotropic medication, such as Zoloft and Xanax. This was another area in R19's care that was not addressed in the evaluation of R19's falls. On the consent for for Zoloft and Xanax, the following side effects, which made R19 prone for falls, were documented: "... sedation, drowsiness,	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 122	F9999		

hangover effect, increased falls, depression, dizziness and memory impairment..."

During several days of the survey on 2/16/2011, 2/17/2011 and 2/18/2011, R19 was observed sitting in the day room, with her cervical collar not around her neck. R19 was observed wearing the cervical collar at her forehead, on her shoulder, or off her body. At times direct care staff was observed placing R19's collar on and at other times just allowed her to keep the cervical collar off. On 2/18/2011, R19 was observed from 10:00 AM until 12:00 PM. At times, the activity aide would put the cervical collar on and at other times no one would put it back on. Also, no one got the the nurse to put the collar back on R19.

The nursing staff caring for R19 were aware she was noncompliant with wearing her cervical collar. However, the following interviews of the nursing staff did not provide a consistent or effective plan of care to monitor and supervise R19 to ensure she kept the cervical collar on:
-The nurse responsible for R19's care was interviewed on 2/21/2011. E4 told surveyor, "I call (R19's) neuro surgeon last weekend. I asked could we put a different collar on her. The doctor told me: 'I'm not going to be liable and you are not going to be liable. It has to be kept on at all times.'" When surveyor asked why, E4 replied, "(R19) has to have it on at all times because if she hyperextends her neck backward she can get a paralysis." Then surveyor asked E4, who is responsible for ensuring R19's cervical collar stays on. E4 said, "Nurses, nurses should be applying the cervical collar."
-The nurse (E26) that worked with R19, during the night shift, was interviewed on 2/18/2011 at

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

(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) COMPLETION DATE
F9999	Continued From page 123	F9999		

2:00 PM. When asked, E26 said that R19 required 1:1 monitoring at times to ensure she wears the cervical collar. E26 said R19 needed to wear the collar to stabilize her neck and prevent disabilities.
-The nurse caring for R19 on 2/18/2011, during the day shift, was interviewed. E28 reported that R19 did not like wearing her cervical collar. She (E28) reported that R19 should be checked on every hour to ensure she was wearing the cervical collar.
-The certified nurses aide (CNA/E10) observed caring for R19 on 2/18/2011 was interviewed. E10 also reported that she checked on R19 every hour to ensure she was wearing the cervical collar. However, R19 was observed frequently having the collar off before E10 came back to check on her within the hour.
-The nurse (E26) working the night R19 fell (on 1/28/2011) was interviewed by phone on 2/18/2011 at 2:00 PM. E26 said that the CNA (certified nurses aide) taking care of R19 was in another room taking care of a resident and heard the bed alarm. E26 stated: "That happened approximately 11:45 PM. We just finished report. When they heard the bed alarm and went to the resident's room. They (certified nurses aide) found her on the floor. ...She had a cut on the top of her forehead." When asked, E26 said R19 may have fallen forward from the bed because she had a habit of sitting at the edge of the mattress. E26 stated: "(R19) is stubborn. She is always trying to get out of bed by herself. She (R19) says, I don't need help leave me alone."

During interviews on 2/18/2011 and 2/22/2011 with administrative staff (E1/administrator, E3/acting director of nursing), E3 identify that by

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	**165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108**

(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) COMPLETION DATE
F9999	Continued From page 124 the time staff responded to the chair and bed alarms, R19 had already fallen to the floor. E3 could not identify or provide any other safety interventions being used. E1 and E3 provided an updated plan of care for R19 which placed R19 on 1:1 monitoring. E1 and E3 provided an additional evaluation form from other disciplines, such as pharmacy and psychiatrist looking at R19's medications. This analysis, revision of care interventions and identification of causes of R19's falls was not presented until 2/22/11. 2) Review of the most recent Minimum Data Set (MDS) dated 12/20/10 shows that R17 is 84 years old and admitted to facility on 4/15/09 with diagnoses including gastroesophageal reflux disease (GERD), hypertension, dementia, and depression. This MDS shows R17 has short-term and long- term memory problems and is moderately impaired with decision making and supervision is required. R17 requires extensive assistance of one person with transfers and the use of the toilet. MDS also notes R17 utilizes a wheelchair for ambulation. The Resident Assessment Protocol (RAP) dated 9/21/10 shows R17's risk complications and risk factors include the use of antipsychotic and antianxiety medications and no safety awareness. R17's RAP also documents increased fall risk. The following is a list of falls R17 sustained between 1/30/10 through 2/20/11 and are obtained from facility's event reports and nursing notes: 1. 1/30/10- 9:25pm- R17 was being wheeled to room by - she suddenly leaned forward, falling forward and fell to floor. Observed bruise on her left eyebrow. No new interventions to care plan. 2. 2/12/10-10:50pm- found on floor- laceration on forehead and bridge of nose-sent to the	F9999		

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	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	**165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108**

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F9999	Continued From page 125 hospital-x-ray- fracture to nose-sent to the hospital-remained in the hospital until 2/14/10. Increased monitoring was the intervention added to the care plan. 3. 2/18/10-9:55am-found on floor-fresh redness above the bump from the previous incident (2/12/10) Increased monitoring-labs-medication. 4. 6/5/10- 8:20am-unknown red/purple (6.5cm X 4 cm) observed on left hip. No new interventions. 5. 6/13/10- 7:00pm-observed lying on floor- no injury-no new interventions. 6. 6/18/10- 2:30pm-R17 sitting up at table in wheelchair, turned the wheelchair around attempted to get up, fell to her knees. Nurse saw her go to her knees on the floor in front of the wheelchair. No injury- no new interventions. 7. 7/17/10- 12:45pm- observed R17 sitting on the floor in dining room-complained of left arm pain. No new interventions developed. 8. 7/17/10- 1:00pm- observed R17 to attempt to stand up and tried to walk and fell on buttocks. -no injury-no new interventions. 9. 9/17/10- 8:00am-In dining room sitting in wheelchair, agitated, tried to get up and slid off onto the floor. R17 landed on her knees and left ear hit chair. No injury- no new interventions. 10. 10/5/10- 10:45am- In dining room-observed on floor laying on her left side in dining room. R17 sustained approximately 2cm. x 0.2cm laceration on her left eyebrow. New intervention - increased monitoring. 11. 11/20/10- 2:45pm-observed on floor- laceration on left eyebrow approximately 2.2 cm. -steri-strips applied. New intervention- increased monitoring. 12. 11/24/10- 7:00am-found on floor-no injury-no new interventions. 13. 2/6/11- 3:15am-observed on floor-no injury-	F9999		

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	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 126 New intervention-limited 1:1 monitoring. 14. 2/20/11- 6:15am-observed on floor- no injury-New intervention- Hospice to evaluate. Observations were done throughout the survey from 2/14/11 through 2/23/11. R17 was observed at various times in the dining room and her room attempting to stand up while in an adult reclining chair. R17 appeared to be restless, anxious, was grimacing, and yelling. Direct care staff was observed to attempt to sit her down in the adult reclining chair, stroke her arm, and/or give a doll. No other interventions were observed to assess R17's attempts to stand, anxiety or grimacing. Review of R17's fall care plan dated 12/20/10 documents in the area of falls that R17 is at high risk for falling due to unsteady gait, use of psychotropics, impaired safety awareness, impaired cognition, forgetful, confused, episodes of agitation, and repeated fall incidents in the last 6 months. The goal for R17 is to remain free of injury through 3/20/11. There are multiple approaches listed on the care plan such as observe frequently, place in supervised area when out of bed, call light within reach, equip with device that monitors rising, low bed, winged bed, and bed/chair alarm but these approaches had not been updated or evaluated. These approaches have been ineffective as evidenced by R17 continuing to fall. There is no indication in the record that shows these approaches were monitored for their effectiveness. In an interview with E3 on 2/18/11 at 3:35pm, E3 said R17 is high risk for falls and has had multiple falls. 3) On 2/15/2011 at 10:47 AM, R1 was observed	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

(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) COMPLETION DATE
F9999	Continued From page 127	F9999		

sitting on the toilet in her bathroom calling for help. Chair alarm sounding, but no one was responding. A housekeeper was cleaning a room across the hallway and was not observed to get nursing staff. A facility staff nurse, E28, was observed walking toward R1's room. E28 assisted the resident off the toilet. E28 described R1 as confused and at risk for falls. E28 also said that R1 is on fall precautions and recently had a fall. E28 said to monitor R1, staff took R1 to the toilet every hour to half hour. But E28 could not explain how R1 got to the toilet unassisted and no one readily responded to her chair alarm.

Review of R1's MDS Assessment, date 11/24/2010, documented that R1 is a 77 year old female with the following active diagnoses documented in section I: "Osteoporosis and Dementia."

Review of R1's IDT Review Form and Incident Reports documented that R1 fell on the following days: 3/2/2011, 2/3/11, 2/6/2011 and 2/12/2011. On 2/3/11, R1 sustained a left eye brow hematoma.

Review of R1's care plan identified that R1 required supervision and monitoring because she was at risk for falls. One of the approaches identified was to "Assist with toileting." Other approaches listed were not appropriate for R1 because she had Dementia and was confused at times, such as: "Remind resident to call for help and wait..."

Review of the Fall Management Policy documented the following:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	**165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108**

(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) COMPLETION DATE
F9999	Continued From page 128 "(facility)... assesses each resident to identify factors that place them at risk for falling." A care plan is developed defining those risks and ensuring interventions are implemented. "The care plan is developed on a multi-disciplinary level to address acute and recurrent falls. Procedure: ...4. Regardless of the score, the assessment is reviewed to identify the specific areas which may require intervention. 5. The facility will assess for the intervention of safety devices as indicated, always selecting the least restrictive device to meet the individualized needs of the resident. 6. The care plan is developed to address the areas identified on the assessment and in the observations of the resident. 7. If a fall occurs:... Interventions reassessed and revised as indicated. Follow-up recommendations and monitoring as indicated." Staff failed to follow and implement this policy. E8 (nurse) was interviewed on 2/18/2011 at 11:00 AM. She reported that the floor nurses start the investigation into a resident's falls when they occur by completing an incident report. E3 said the nurse will also identify some interventions. But, E8 reported that the IDT completes the comprehensive assessment and implement additional nursing interventions. Surveyor asked how often the IDT meets, and E8 reported that the IDT meets weekly. Surveyor asked who the team members are. E8 did not give a clear answer. However, important members of the care team reported they did not participate in the IDT meetings. E16 the restorative nurse was interviewed on 2/17/2011.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	**165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108**

(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) COMPLETION DATE
F9999	Continued From page 129 E16 said she did not participate in any of the IDT Meetings, or give input into a resident's care after a fall occurrence. 4) Based on review of R4's medical record, R4's hospital record dated 12/9/10 reads R4 has fallen at least twice within the last week and has fallen at least 4 or more times over the past 2 months. Review of R4's medical record/fall assessment dated 12/14/10 indicates not all components of the assessment are filled out resulting in a score of 14 which is not considered high risk for falls. Areas under gait, balance, cardiovascular, orthopedic and cognition are blank. Answering the blank areas would increase R4's score above 14 making R4 at high risk for falls. Review of rehab note for R4 dated 12/30/10 by E25 (physical therapy) reads, "Pt. demonstrates poor standing balance from today secondary to swelling in bilateral feet." Note dated 1/5/11 reads "according to the nurse pt. fell this morning." Review of incident report dated 1/5/11 indicates R4 found lying on the floor at 11:10 am. R4 was bleeding from a 2.5-centimeter laceration on the right parietal side of the head. Steri strips applied. A followup to this incident dated 1/12/11 reads on 1/5/11 at 11:10 am R4 was in his wheelchair at the entrance to his room and tried to stand and fell in the doorway hitting his head on the entrance to his room. R4 tried to stand and fell into the doorway hitting his head on the bottom of the doorframe. Staff placed a clip alarm on the wheelchair after the fall.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	**165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108**

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F9999		F9999		

Continued From page 130

Review of nurse note dated 1/7/11, R4 was noted to have bruising and swelling of the right arm. Staff notified Physician and an x ray was completed. This x ray dated 1/7/11 noted R4 had a fractured right elbow.

In an interview with E1 (administrator) on 2/22/11 at 6:15pm in the facility basement class room regarding R4's fracture E1stated: "It was not reported or treated as a fracture. That was the way it was communicated. The nurses felt it wasn't treated as a fracture. Nurse does not know exactly what happened."

(A)

300.696a)
300.696b)
300.1025
300.1210a)
300.1210b)6)

Section 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.

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	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F9999	Continued From page 131	F9999		

b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.

300.1025 Tuberculin Skin Test Procedures

Tuberculin skin tests for employees and residents shall be conducted in accordance with the Control of Tuberculosis Code (77 Ill. Adm Code 696).

Section 300.1210 General Requirements for Nursing and Personal Care

a) The facility must 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 assessment and plan of care. 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.

b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:
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.

These requirements are not met as evidenced by:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F9999	Continued From page 132 Based on observation, interview and record review the facility failed to monitor, maintain and update their infection control program which led to systemic failures. Infection control applies to all residents at risk for potential spread of infections. E2 identified on 02-16-11 that almost all residents in the facility are immunocompromised, 34 residents were identified with diabetes, 32 residents on blood sugar monitoring, 10 on hospice care, 2 receiving intravenous therapy, 8 on respiratory therapy and 20 residents with healthcare associated infections (acquired), 5 with Clostridium difficile, 8 with urine infection. The facility failed to: (1) implement and maintain infection control measures to prevent a 2nd norovirus outbreak. The facility had 2 norovirus outbreaks: (a) on 01-12-11, 58 residents were affected and (b) on 02-09-11, 9 residents were affected with the virus. (2) Show that the data from the facility precaution/infection report log was analyzed and the origin of the infection was determined. (3) Develop, implement and maintain an infection program in order to recognize, prevent and control the onset and spread of infection. (4) Prevent and control outbreaks using transmission based precautions in addition to standard precautions. (5) Establish and compare trends and patterns of health care associated infections. (6) Analyze the justification for the use of antibiotic therapy. (7) Wash hands before and after performing finger stick blood sampling for R11 and R1 who was in isolation precaution for ESBL (Extended	F9999		

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LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 133 Spectrum Beta Lactimase). (8) Implement hand hygiene practices consistent with the standard of practice for R11, R1 and R66. (9) Properly dispose biohazard materials such as lancets, blood glucose strips, bloody alcohol wipes and contaminated PPE (personal protective equipment) for R11, R1 and R66. (10) Have a policy and procedure for effective cleaning and disinfecting the glucometer machine before and after use. (11) Provide a dedicated medical equipment (glucometer machine) to be used for residents on isolation precautions for 5 of 24 sampled residents (R1, R3, R12, R11, R25) and three supplemental residents (R66, R104 and R156). (12) ensure new employees receive the Mantoux test within ten days of employment and repeated 21 days following the first test. If positive, the employee must follow up with a chest x ray for 5 of 11 newly hired staff E32, E33, E34, E35 and E36. Findings include: 1) Review of the influenza binder and interview with the Administrator on 02-14-11 showed that the facility has had 2 outbreaks of norovirus. The report sent to the Department reads: during the period of 01-02-11 to 01-10-11, the facility experienced 58 cases of residents with gastrointestinal symptoms- most often diarrhea & vomiting. On 02-16-11 at 11:00 AM the Director of Nursing/Infection Preventionist (E2) stated "I remember there was a visitor, can't remember who, the nurses said she (visitor) has a stomach flu and when she comes in the facility she always uses the bathroom, you know norovirus is	F9999		

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LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 134 airborne. We asked her to be careful and wash her hands after bathroom use." Review of the facility surveillance log for the 1st outbreak showed that the first resident (R152) showed symptoms of (abdominal) cramping, stomach pain, chills and diarrhea on 12-31-10 followed by R18 on 01-01-11 with fatigue, dizziness, vomiting, headache, muscle pain, light diarrhea then the number of residents with same symptoms increased on a daily basis until 01-10-11 with 58 documented cases. On 02-09-11 a second norovirus outbreak was identified involving 9 residents, 2 (R104 and R3) of which were sent to the emergency room for evaluation and treatment. From 01-06-11 thru 01-09-11 there were 17 facility staff identified with symptoms of diarrhea, nausea, vomiting and stomach pain. There was no documentation provided about which department they were from and how long the symptoms lasted and if they continued to work with the symptoms or when they returned back to work. On 02-16-11 at 11:00 AM, E2 stated "I'm not sure about the staff." Review of the facility investigation report/log failed to show evidence that the facility evaluated where in the facility the illness was occurring. The final report submitted to the Department showed that the Medical Director ordered 2 residents for blood work and stool for virus testing which came positive. During interview with the Medical Director (E40) on 02-17-11 at 12:15 PM, E40 stated, "We could not identify the cause, it could be a lot of reasons, we don't know. I wish I could give you an answer."	F9999		

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	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F9999	Continued From page 135	F9999		

2) On 02-14-11 at 7:25 AM, during the medication pass observation with the Nurse (E26), E26 was observed to wipe the glucometer machine with alcohol pad then insert the strip, wore a pair of gloves, went to R11's room and proceeded with the procedure. E26 was not observed washing hands prior to procedure. E26 was observed pricking R11's finger with a lancet, dab a small amount of blood on the strips, and wipe off R11's bloody finger with an alcohol pad. After this procedure E26 was observed to throw all of the biohazard material in R11's waste basket. This included the lancet, alcohol pad, strip, and gloves. E26 went to R11's bathroom and washed her hands for 9 seconds. E26 then went back to her med cart and wiped the top of the glucometer machine with one alcohol pad.

3) At 7:45 AM, E26 prepared R1's 2 tablets (Levothyroxine & Prilosec) for 6:00 AM dose and was going to obtain a finger stick blood sample. R1 was identified with cognitive impairment, incontinent of urine and was on isolation for ESBL of urine. No indwelling catheter was noted and this was confirmed by E26. E26 wore gloves and a gown and entered R1's room. E26 was not observed washing hands before entering the room or prior to performing the procedure on R1. After E26 obtained the blood sample E26 disposed the lancet, the glucometer blood strip, and alcohol pad with blood in R1's bedside wastebasket, removed her gown and gloves and threw it in the regular garbage can in R1's bathroom. E26 then left the room to the medication cart and wiped the glucometer machine with an alcohol pad.

4) At 7:55AM, E26 was noted to put a drop of

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	145638	A. BUILDING ____ B. WING ____	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 136 hand sanitizer in her hand, E26 put her hands together and rubbed the top of her left and right hand once, a 3 second procedure. E26 applied gloves then entered R66's room. This room is an isolation room with R1 (active infection). E26 applied R66's pain patches on his left and right hip and flushed the gastrostomy tube. E26 removed her gloves then disposed them in R66's bedside waste basket and no hand washing was observed. E26 went back to her medication cart and wiped the glucometer machine with alcohol pad. 5) On 2/15/11 at 11:30am, E31(RN) placed a glucometer machine and a bottle of glucometer strips on a thin paper tissue. E31 carried the thin paper tissue, glucometer machine and bottle of glucometer strips to R25's room and sat the items on top of an isolation cart inside of R25's room. Surveyor asked E31 whether R25 was in isolation and E31 responded "yes-for C-diff." E31 performed the blood glucose test, put the glucometer machine and the bottle of glucometer strips back onto the same thin paper tissue, and threw the used lancet and gloves into the isolation garbage container. E31 then picked up the thin paper tissue by the corners and carried the items to her medication cart, setting them on top. E31 then wiped the glucometer machine with an a germicidal wipe for 30 seconds and sat the glucometer machine back onto the thin paper tissue. E31 said she was hazy about how long to wipe the glucometer machine. Interview with E28 (LPN) on 2/15/11 at 12:15pm, E28 said she takes the glucometer machine and one glucometer strip on a paper towel, takes it to the resident and obtains the blood glucose level.	F9999		

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LEXINGTON HLTH CR CTR-BLMNGDL	**165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108**

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F9999	Continued From page 137 The glucometer machine is then wiped with an alcohol wipe for 30-45 seconds and then let dry for 5 minutes. Observation on 2/17/11 at 1:45pm, E32 (CNA) was observed performing incontinence care for R25. After performing incontinence care for R25, E32 did not remove the soiled gloves. E32 continued wearing the soiled gloves, replaced the adult diaper and clothing, covered R25 and then rubbed R25's left arm. R25 is in isolation for C-diff and during incontinence care expelled a large amount of watery, foul smelling feces. On 2/15/11 at 10:00am, E9 (CNA) and E10 (CNA) were observed providing personal care (pericare) to R12. When the incontinence care was completed on R12, E10 did not remove her soiled gloves before pulling the privacy curtain closed. Interview with E10, E10 said she should have removed her gloves and washed her hands after the continence care before touching the privacy curtain. Review of the facility's policy and procedure for hand hygiene shows to use soap and water after removing gloves and /or handling contaminated objects or linen. On 02-15-11 at 9:10 AM, E26 stated: "I clean the machine before and after with disinfecting wipes or alcohol swab at the edges of the machine and the back. The alcohol swab is the only one available yesterday so that's what I used. Most often I throw the lancets in the patient's garbage can, I think I should throw it in the red (biohazard container) container in my cart with my used gown and gloves for isolation residents should be in the big red isolation bin." When E26 was told that she was not observed washing her hands	F9999		

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LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 138 before and after performing procedures for residents in isolation rooms E26 stated, "You guys makes me nervous!" E26 verbalized that the facility administrative staff supply each medication cart with disinfecting wipes for the glucometer machines. On 02-15-11 at 11:00 AM, when the Assistant Director of Nursing (E3) was asked about the procedure of cleaning and disinfecting the glucometer machines, E3 stated: "After I used the machine I will use a Clorox wipe to clean the machine. I will wipe the entire machine with the Clorox (wipe) then leave it open to air for 5 minutes." On 02-16-11 at 11:00 AM, the Director of Nursing (E2) stated "The CDC guidelines recommends washing hands for at least 20 seconds, the facility policy is to wash hands for 30 seconds." On several days of the survey starting on 02-14-11 the facility policy and procedure for cleaning and disinfecting the glucometer machine was requested from the Administrative staff (Administrator (E1), Director of Nursing (E2) and facility Consultants). The facility was unable to present such policy and procedure, instead a glucose meter guideline was presented on 02-16-11. E2 claimed the facility has no hard copy of the policies and procedures in the facility. E2 stated, "Our policy and procedures are all in the computer, the staff don't have access to it, and they need to inform the supervisors." E1 said, "There's access issues that we don't want the nurses to get confused with because there's still old P/P (policy/procedures) in there." When the surveyors accessed the computer for the	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 139	F9999		

policy, the facility had none developed.

6. After observing the treatment nurse (E18) changing a resident's dressing on 2/15/2011, surveyor accompanied her to the dirty utility room. E18 had a red bag, containing dirty wound dressings to be put in the large waste bin. Because there were so many red bags on top of the bins for the infectious waste, E18 could not place her red bag into the container. Surveyor observed E18 place her red bag on top of the garbage can with several other red bags. Surveyors prompted E18 to ensure that red bags are appropriately contained in garbage bins.

Later on the environmental tour on 2/17/2011 at 2:30 PM with E21 (director of housekeeping) and E22 (director of maintenance), surveyors observed two red bags on top of the garbage containers for the infectious waste. Surveyor asked E21 if red bags should be just left on the top of the garbage containers. E21 told surveyor that all red bags should be placed in the container. When asked why, E21 said that the infectious waste should be contained in the red bag. E21 also said it's possible that the outside of the bag could be contaminated, and the bag should be put in the garbage bin.

On 2/17/2011 at 2:00 PM, surveyor accompanied a housekeeper (E29) to an isolation room. The resident in this room was on contact isolation for MRSA (Methicillin Resistant Staphylococcus Aureus). Surveyor observed E29 clean a shower chair seat and clean down the sides of the shower chair legs. Then, surveyor observed E29 take the same cloth and clean the door knob to the bathroom door. Surveyor asked E29 if she

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145638	A. BUILDING ______ B. WING ______	03/14/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

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F9999	Continued From page 140 should have cleaned the door knob last. E29 indicated that she should not have cleaned the bathroom door knob after cleaning the shower chair. The surveyor did not observe E29 clean the side rails to the bed in the room. In the janitor's closet with E21 and E29, surveyor discussed observations with them (E21 and E29). When informed of the above observations, E21 told E29 she (29) should clean from a clean to a dirty area, from the the bathroom door knob to the shower chair seat. E21 also told her that the bed rails are always done as part of the daily cleaning in isolation rooms. The Center for Disease Control and Prevention (CDC) website has guidelines for cleaning isolation rooms, which were developed by CDC and Healthcare Infection Control Practice Advisory Committee (HICPAC). These Guidelines for Environmental Infection Control in Health-Care gave the following recommendation: "...Housekeeping surfaces can be divided into two groups those with minimal hand-contact and those with frequent hand-contact (high touch surfaces)... High touch housekeeping surfaces in patient-care areas (e.g., doorknobs, bedrails, light switches, wall areas around the toilet in patient's room and the edges of privacy curtains) should be cleaned and/or disinfected more frequently than surfaces with minimal hand contact." E29 did not follow these CDC guidelines. She failed to clean a "high touch" area such as the bedrails. E29 also failed to appropriately clean other "high touch" areas such as the bathroom door knob appropriately. In an interview on 2/17/2011 with E1	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F9999	Continued From page 141 (administrator) and E2 (acting director of nursing), E1 provided insevices done for staff. But, he did not present any evidence to indicate that staff cleaned the isolation rooms according to CDC guidelines. 7. E32 Certified Nursing Aide (CNA) was hired 9/22/2010. Review of the employee files included no documentation of Mantoux testing. E33 Medical Secretary was hired 11/19/10. Initial Mantoux was conducted 11/19/2010. A positive result of greater than 10 mm in diameters is recorded on 11/22/10. No results of a chest x-ray were included in the health file. E34 CNA was hired 10 /13/ 2010. No information of Mantoux testing is available in health file. E35 Housekeeping was hired 1/30/11. No information of Mantoux testing in health record. The Tuberculin screening sheet is not complete. E36 Dietary Aide was hired 1/11/2011. Initial Mantoux test conducted 1/14/2011 has a negative reading recorded 1/17/2011. No second step conducted as per policy. In an interview with E3 (Acting Director of Nursing) on 2/20/2011, E3 stated she was in charge of monitoring the Mantoux testing and she thought she had 90 days to start the testing. The facility submitted a statement that, "The facility changed its procedure for maintaining Mantoux records, transferring the responsibility from HR to nursing. During the transition, the processes of monitoring completion had not been completely implemented, causing a few gaps.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LEXINGTON HLTH CR CTR-BLMNGDL	165 SOUTH BLOOMINGDALE ROAD BLOOMINGDALE, IL 60108

(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) COMPLETION DATE
F9999	Continued From page 142 The responsibility has been transferred back to HR department and they will suspend any employee not completing their health exam requirements." On 02-16-11 the Director of Nursing/Infection Preventionist (E2) presented all of infection control documentation and surveillance which includes (a) 6 months of facility monthly report that identifies the types of infection (urinary tract infection, Upper/Lower respiratory tract infection, Gastro-Intestinal Tract Infection-without diarrhea, Pressure ulcer/wounds, Blood stream infection and others), number of patients on contact precaution, number of admitted or acquired per unit, total for the month. (b) Precaution report-this includes the room number, name of residents, Doctor's name, Type (of isolation), admit/acquired, culture organism, location, start date, treatment (antibiotic), follow up culture. (c)Infection Report -room number, name, Medical Doctor, Admit/acquired, infection, organism, start date, treatment, follow up. In an interview with E2 on 02-16-11 at 11:00 AM, E2 showed and explained the facility system of investigating health care associated infection (acquired in the facility). E2 stated "Basically the Assistant Director of Nursing, me, and the Supervisors collect the data from the staff on who's on antibiotic therapy, they write info on the precaution report (b)." E2 claimed the log is completed monthly by the Assistant Director of Nursing and the Supervisors, and is then presented to her. Interview with the Nurses on the floor (E28, E30 and E13) disclosed that they are not familiar on how the facility tracks infections. E28 claimed "Sometimes they just	F9999		