	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		145424	B. WING	i		03/:	29/2013
	ROVIDER OR SUPPLIER IRE NURSING & REH	AB CTRE		2	REET ADDRESS, CITY, STATE, ZIP CODE 2660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 441	plan specific to R11 procedures related isolation/precaution	Committee met to address a l and review the policies and	F4	441			
F9999	FINAL OBSERVAT		F99	999			
	a) The facility shall procedures governifacility. The written be formulated by a Committee consisting administrator, the amedical advisory conforming and other policies shall composition of the written policies the facility and shall procedures the facility and shall procedures governing the written policies the facility and shall procedures governing the written policies the facility and shall procedures governing the written policies the facility and shall procedures governing the written policies the facility and shall procedures governing the written governing t	esident Care Policies have written policies and ing all services provided by the policies and procedures shall Resident Care Policy ing of at least the dvisory physician or the immittee, and representatives in services in the facility. The lay with the Act and this Part. I shall be followed in operating I be reviewed at least annually documented by written, signed					
	Section 300.696 Inf	fection Control					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		145424	B. WING	i		03/2	29/2013
	ROVIDER OR SUPPLIER	AB CTRE		2	REET ADDRESS, CITY, STATE, ZIP CODE 2660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F9999	a) Policies and procontrolling, and preshall be established and procedures shainclude the requirer Communicable Disc 690) and Control of Diseases Code (77 shall be monitored and procedures are Section 300.1010 M. h) The facility shall of any accident, injuresident's condition safety or welfare of limited to, the presedecubitus ulcers or percent or more wit facility shall obtain a of care for the care injury or change in notification. Section 300.1210 Consuming and Person b) The facility shall and services to attapracticable physical well-being of the releach resident's complan. Adequate and care and personal controlled the stable procedure in the care and personal controlled the stable procedure.	cedures for investigating, venting infections in the facility d and followed. The policies all be consistent with and ments of the Control of eases Code (77 III. Adm. Code Sexually Transmissible III. Adm. Code 693). Activities to ensure that these policies followed. Medical Care Policies Inotify the resident's physician ary, or significant change in a that threatens the health, a resident, including, but not ence of incipient or manifest a weight loss or gain of five hin a period of 30 days. The end record the physician's plan or treatment of such accident, condition at the time of General Requirements for hal Care provide the necessary care ain or maintain the highest I, mental, and psychological sident, in accordance with a prehensive resident care I properly supervised nursing care shall be provided to each et total nursing and personal	F9:	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	` '	E SURVEY PLETED
		145424	B. WING		03/2	29/2013
	ROVIDER OR SUPPLIER	AB CTRE	:	REET ADDRESS, CITY, STATE, ZIP CODE 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	Continued From pa		F9999			
		ee, administrator, employee or nall not abuse or neglect a				
	Based on observation review the facility facontrol policy and in and provide staff with equipment for a result (Methicillin resistant failed to contact the awound culture to also failed to follow policy and obtain a culture for a persist smelling drainage for reviewed for infection This failure resulted wound, with possib potential risk of devambulatory through	on, interview and record ailed to follow their infection nitiate isolation precautions, ith personal protective sident admitted with MRSA to staphylococcus aureus), and attending physician to obtain rule out MRSA. The facility their wound management physician order for a wound ent wound with purulent, foul or 1 of 5 residents (R11) on control, in the sample of 30. In R11 having a non-healing le infectious organism and reloping septicemia. R11 was all floors of the facility so this affect all 217 residents in the				
	"There is no one or	AM E33 (Nurse) stated, h this floor on isolation or h." There was no set-up for				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
		145424	B. WING			03/	29/2013
	ROVIDER OR SUPPLIER IRE NURSING & REH	AB CTRE		226	EET ADDRESS, CITY, STATE, ZIP CODE 660 SOUTH CICERO AVENUE CHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	On 3/12/13 at 6:55 was standing up in on the left leg. R11 room since last yea (Methicillin resistant my leg ulcer, I am of why there is no one no signs anywhere staff/visitors or resic contact precautions contact or infection mild foul odor was On 3/12/2013 at 11 around on the first find moderate amount the dressing. On 3/12/13 at 11:45 stating "I will have be leg on tomorrow(3/2) the pain in my leg up to eat in the dining induce to the MRSA in let me eat in the dining mell, so I eat in my odor was in the room on 3/13/13 at 9:00 with 9 residents prestated "R11 's leg where been stinking for abbothers us."	AM during the initial tour R11 the room with a large dressing stated "I have been in this r because of MRSA t staphylococcus aureus) in on isolation precautions that is else in the room." There was in or near R11's room alerting dents to any isolation or precautions. There was a in the room. 20 AM R11 was walking floor with a left leg bandage on unt of pinkish/ red drainage on any dressing changed on my 13/2013) not today because of lcer. This wound hurts." I used room but my leg is smelling it. The other residents will not ling room because of the yroom." Again a mild foul	F99	99			
	Physician Order da						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION		E SURVEY PLETED
		145424	B. WING			03/2	29/2013
	ROVIDER OR SUPPLIER	AB CTRE		22	EET ADDRESS, CITY, STATE, ZIP CODE 2660 SOUTH CICERO AVENUE ICHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F9999	leg." Nursing Notes "resident complaine medication. Doctor pain from left lower send to hospital for Admission record don 9-27-2012. Nurs dated 9/27/2012 do for MRSA to left an need to move to a rupon admission." Internal Medicine N 10/7/2012 and 11/1 wound with cellulitis Infection Control Tr. 9/2012 until 3/2013. MRSA in the leg. Pl and from 9/27/2012 3/2013" MRSA left I On 3/14/2013 at 11 Disease) stated, "R odor for a while morthe odor, we referred disease doctor, I cathe infectious disea 11-28-2012. R11 sh the infectious disea contacted after 11/yesterday(3/13/13). infection R11 shou infection Prevention documents Purpose	dated 9-21-2012 document and of pain, not relieved by pain informed of foul smell and extremity wound, orders to evaluation." ocuments that R11 returned ing Admission Assessment cuments "On contact isolation and explained to patient the new room. Notified doctor otes dated 9/30/2012, 2/2012 all document "Left leg and the management of the properties o	F99	99			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING			X3) DATE SURVEY COMPLETED	
		145424	B. WING			03/2	29/2013
	ROVIDER OR SUPPLIER	AB CTRE		2	REET ADDRESS, CITY, STATE, ZIP CODE 2660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	prevention activities does surveillance of and employees. Surpose associated infection A. Review of culture lab data. B). Review morning meeting/ reconsultation and Ph Surveillance data is ongoing basis and of the culture yesterday. It is should have been to the dressing. On 3/12/2013 at 10 Nursing hired 3/11 culture yesterday. It is precautions until the should have been to the dressing. Physician Order Sh documents a teleph contact isolation for Infectious Disease 11/28/2012 documents a teleph contact isolation for Infectious Disease 11/28/2012 documents and moderate amount of the dressing. On 3/14/2013 at 11 Disease) stated, "Wisolation status, I go discontinue R11 from the dressing of the culture reveals at the culture	s. The Infection Preventionist f infections among residents arveillance of healthcare is accomplished through. The reports and other pertinent wof the 24 hour report and for bunds C. Chart review, Nurse invision consultation. The collected and analyzed on an interported monthly." 136 AM, E37(Director of factor of	F99	999			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING		` '	DATE SURVEY COMPLETED	
		145424	B. WING			03/	29/2013
	ROVIDER OR SUPPLIER	IAB CTRE		22	EET ADDRESS, CITY, STATE, ZIP CODE 2660 SOUTH CICERO AVENUE CICHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)		D BE COMPLÉTION	
F9999	"I have not taken of months. R11 had Me discontinue con 1 negative culture of stopped being R11 not know who wrote for R11 on 11/21/20 no longer R11's physology of R11 on 11/21/20 no longer R11's physology of R11 on R11/20 at 10 Nursing) stated "we telephone order to received from the dorder." On 3/15/2013 at 10 Nursing) stated that Z4. On 3/15/2013 at 2:9 become R11's Physology of R11 would have a strom her leg wound I was not made away leg. We need a cultisolation" On 3/21/2013 Hosp through 9/27/2012 The hospital record admitted to the hosy wound to her left leg R11 was hospitalized left leg ulcer. The drainage soaked the greenish phlegm hipseudomonas, has	are of R11 for the last six MRSA in the leg wound. Before tact isolation we need at least or a totally healed wound. It's physician on 9/9/2012 I do a telephone order from me 012, It was not my order, I was ysician." 2:36 AM E37(Director of acknowledge that the discontinue R11 from isolation loctor was not an authentic 2:36 AM E2(Director of a 2:13 took over for R11 after 3:4 PM Z13 stated, " I did not sician until December 4, 2012. Smell that would come and go I, R11 would refuse treatment. Find are that R11 had MRSA in the ture to clear R11 from 3:36 AM E2(Director of a 2:14 mould refuse treatment. The sician until December 4, 2012. Smell that would come and go I, R11 would refuse treatment. The sician until December 4 is a large foul smelling go with necrotic tissue present. The several times with infected a several times with	F99	999			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		` '	E SURVEY PLETED
		145424	B. WING			03/2	29/2013
	ROVIDER OR SUPPLIER	AB CTRE		STREET ADDRESS, CITY, STATE, ZIP (22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
F9999	antibiotics intravended and cefepime.) R11 Discharge Summar streptococcus pseudo nursing home on Infection Prevention "residents who are are not considered and whose secretion may be discontinue Precautions are use suspected MDRO is significant pathoger organisms not as we causing severe infection individuals, especial These include grambeta-lactamase or corganisms pseudor On 3/13/2013 at 1:3 E28(Treatment Nur Assistant) prepared R11. E27, E28 and took the dressing or "I have MRSA in more more more more more more more more	ge 65 d treated with three different ously(tigecycline, vancomycin was placed on oral flagyl. y states, currently with domonas in left leg discharge antibiotics for 10 days." Policy dated 07/05/11 states, colonized with MDRO's that epidemiologically significant ns or drainage are contained d from isolation. Isolation ed for residents with known or effection. New resistant and as continue to emerge. Other rell known are capable of ction and death in infected arbapenemase producing nonas ande Acinetobacter." 30 PM E27(Treatment Nurse), ses), E31(Certified Nursing to do the dressing change for E31 put on gloves only. E27 ff of R11's left leg, R11 stated, by leg that is why I am in the continued treatment and at is a history of MRSA in the coved the heavily soiled as left leg, there was an pervasive and foul smelling R11's leg. R11 had a large left in loss ulcer with copious discressioned and saturating the not squeeze normal saline	F999	99			

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		145424	B. WING			03/2	29/2013
	ROVIDER OR SUPPLIER	AB CTRE		2	REET ADDRESS, CITY, STATE, ZIP CODE 2660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	from small bottles of saline with serosan floor and R11 and E foul smelling odor lin hallway. Surveyor e Nursing Station and stated, "I have woryear and I do not kn MRSA, I will have to nurses." On 3/13/1 E27(Treatment Nur and E31(Certified Noroom treatment was E28 got on the elevand other residents PM, "The treatment infection control nur the wound." According to the Farecautions dated equipment is provided equipment is provided protective barries the procedure being exposure anticipate worn during procedure generate droplets/s Gowns/aprons show potential for soiling fluids." Infectious Disease dated 1/2/2013 from documents, "Left loog of the procedure of th	ge 66 onto the leg splashing normal guineous drainage onto the E27's clothes. The extremely ngered down the entire exited the room and went to the dat 1:45 PM E29(Nurse) ked with R11 for at least a now if R11 has been cleared of go and ask the treatment 3 at 1:49 PM all 3 staff, se), E28(Treatment Nurse) dursing Assistant) exited the scomplete for R11 . E27and extor with the treatment cart . E29(Nurse) stated at 1:49 the right nurse said to ask the right from the did on the did o	F99	999			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION		E SURVEY PLETED
		145424	B. WING			03/2	29/2013
	ROVIDER OR SUPPLIER	AB CTRE		226	EET ADDRESS, CITY, STATE, ZIP CODE 660 SOUTH CICERO AVENUE CHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	Continued From page	ge 67	F99	99			
		lotes dated 1/3/13 states, " full kin around necrotic with odor.					
	stating " I will have r leg on tomorrow(3/1	5 AM R11 was still in the room my dressing changed on my 13/2013) not today because of llcer. This wound hurts."					
	E28(Treatment Nurs Assistant) prepared R11. R11 was noted	30 PM E27(Treatment Nurse), rses), E31(Certified Nursing I to do the dressing change for d with large amounts of yellow us drainage and an extremely left leg wound.					
	Assistant) stated, "R11 since 2011 as	26 PM E31(Certified Nursing I have been taking care of the treatment nurses' has been smelling since , it still smells."					
	stated, "R11 's leg s R11 refuses to have will smell bad, I noti	26 PM E27 (Treatment Nurse) smells bad especially when e the treatment done, the leg ify the doctor when the wound 11 refuses and I documented					
	Nursing hired 3/11/ culture yesterday. R precautions until the	:36 AM, E37(Director of /13) stated, " we obtained a R11 was placed on contact e culture results are in R11 racked for infection."					
		54 PM Z13 stated, " We ed R11's leg wound on Nurse Practitioner					

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		145424	B. WING			03/2	29/2013
	ROVIDER OR SUPPLIER IRE NURSING & REH	AB CTRE		220	EET ADDRESS, CITY, STATE, ZIP CODE 660 SOUTH CICERO AVENUE CHTON PARK, IL 60471		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F9999	documented that the R11 should have reprecautions until a clear R11. R11was residents at risk for Wound Manageme documents, " It is the obtain wound cultur whenever clinical sinoted. Assess the symptoms of infection in the wound sphysician for the wowhen infection is successful to the work of	e wound was smelling foul. Emained on isolation wound culture was negative to at risk and put other developing infection." Int Program dated 07/2011 the policy of this facility to resper physician's order or gns of acute infection are wound for signs and on including: A). Erythema, curation, D). Increased purulent, rige, E). fever, F). Increases site. Obtain an order from the bound culture and sensitivity ispected." It's Condition or Status Policy The nurse will notify the physician and appropriate in as soon as possible when the change in the resident's resychosocial status. MS 672 resident census and d 3/14/2013 there were 217	F99	99			