

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Norridge Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 7001 West Cullom Norridge, IL 60634	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410</p> <p>Based on observation, interview, and record review, the facility failed to provide personal care to dependent residents.</p> <p>This applies to 2 of 4 residents (R2, R3) reviewed for activities of daily living care in a sample of 4.</p> <p>Findings Include:</p> <p>1. R2 is a [AGE] year-old female with moderate cognitive impairment as per the Minimum Data Set (MDS) dated [DATE] and dependent on staff for personal hygiene.</p> <p>On 5/30/24 at 10:10 AM, R2 was observed with V10 (LPN-Licensed Practical Nurse) in her room. R2 was noted with a strong urine odor. V10 (Licensed Practical Nurse/LPN) checked on R2, and R2 was observed to be dirty and soaked incontinent brief with urine and discoloration (blackish).</p> <p>On 5/30/24 at 10:10 AM, V10 stated, The CNAs are supposed to change residents every two hours. I don't think R2 was changed today, and I will check with my CNA (Certified Nursing Assistant) to change R2.</p> <p>A review of R2's care plan documents that R2's care is planned for the risk of impaired skin integrity, with interventions including Providing skin care per facility guidelines and as needed (PRN).</p> <p>2. R3 is a [AGE] year-old female with mild cognitive impairment as per the MDS dated [DATE]. The MDS also documents that R3 is dependent on staff for personal hygiene.</p> <p>On 5/30/24 at 10:30 AM, R3 was in her bed and stated, A lot of time, they don't change me on time. I don't remember anybody changed me today.</p> <p>On 5/30/24 at 10:30 AM, V11 (LPN) checked on R3. R3 was observed with incontinent brief, dirty, and heavily soiled urine that was discolored (blackish inside).</p> <p>A review of R3's care plan documents that R3 is care planned for the risk of impaired skin integrity, with interventions including Providing skin care per facility guidelines and as needed (PRN).</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/31/2024
NAME OF PROVIDER OR SUPPLIER Norridge Gardens		STREET ADDRESS, CITY, STATE, ZIP CODE 7001 West Cullom Norridge, IL 60634	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/30/24 at 11:00 AM, V2, Director of Nursing (DON) stated, Our residents are supposed to get incontinent care every two hours and as needed.</p> <p>The facility presented the Incontinent-Peri Care Policy (Revised March 2020) document: Incontinent or perineal care must be provided by the nursing staff at least every 2 hours and as needed (PRN) to all residents identified by the staff as incontinent or needing assistance.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34410</p> <p>Based on observation, interview, and record review, the facility failed to ensure urinary catheter insertion was completed to prevent potential cross contamination.</p> <p>This applies to 1 of 3 residents reviewed for urinary tract infection in a sample of 4.</p> <p>Findings include:</p> <p>R1 is a [AGE] year-old female admitted on [DATE] with cognition intact as per the Minimum Data Set (MDS) dated [DATE]. R1 was admitted with an admitting diagnosis, including spina bifida, chronic idiopathic constipation, bladder dysfunction, and a history of urinary tract infection (UTI).</p> <p>A review of R1's physician order sheet (POS) indicates that R1 has an order to perform a straight urinary catheterization every four hours.</p> <p>V4 (Nurse) was observed on 5/30/2024 at 2:35PM with V5 (CNA-Certified Nursing Assistant) performing a straight catheterization procedure on R1. V4 did not to clean the left and right labia area of R1. V4 was also observed holding the catheter and directing the urine into the collection chamber without using sterile gloves.</p> <p>On 5/30/24 at 2:40 PM, V4 stated, I didn't know I should have used those three cleansing swabs/sticks to cleanse her left and right labia and urethral meatus.</p> <p>On 5/30/24 at 2:50 PM, V2 (Director of Nursing/DON) stated, The staff should follow the straight cath guidelines while performing straight Cath to avoid UTI. The three cleansing swabs/sticks should have been utilized to cleanse R1's left labia, right labia, and urethral meatus. Straight Cath is a sterile procedure, and V5 shouldn't have held the sterile catheter without wearing sterile gloves.</p> <p>The facility provided a Urinary Straight Catheter policy (revised in March 2020) document:</p> <p>For the female: To cleanse the labia, use only one cotton ball for each downward cleansing stroke. Next, cleanse around the urethral meatus. Using a new cotton ball, cleanse directly over the meatus.</p>		