

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145867	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  Alta Rehab at Fairmont		STREET ADDRESS, CITY, STATE, ZIP CODE  5061 North Pulaski Road Chicago, IL 60630	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>50728</p> <p>Based on observation, interview, and record review the facility failed to ensure indwelling catheter drainage bags were covered to maintain the resident's dignity. This failure has affected 2 residents (R27 and R109) reviewed for catheter care in a total sample of 65 residents.</p> <p>Findings include:</p> <p>1. Record review of R109's admission record documents in part that R109 has a diagnosis including, but not limited to, retention of urine and other specified disorders of bladder.</p> <p>Record review of R109's care plan (dated 2/23/24) identifies that R109 utilizes an indwelling urinary catheter due to a diagnosis of neurogenic bladder.</p> <p>On 8/5/2024 at 11:49 AM, R109 was observed lying supine in bed from the hallway. R109's urinary drainage bag was observed hanging on the left side of the resident's bed frame. A black bag was hanging next to the exposed urinary drainage bag on the frame of the bed.</p> <p>On 8/5/2024 at 11:52 AM, V9 (Licensed Practical Nurse) observed R109's exposed urinary drainage bag and affirmed that the drainage bag should be kept in the black privacy bag hanging next to the drainage bag. V9 stated that the purpose of the privacy bag is to maintain R109's privacy and dignity.</p> <p>On 8/7/2024 at 10:20 AM, V2 (Director of Nursing) stated that the facility expectation is that all urinary drainage bags are kept in privacy bags. V2 affirmed that residents of the facility that have drainage bags are provided privacy bags to maintain their dignity.</p> <p>43351</p> <p>2. On 08/05/2024 at 11:27 AM, R27's indwelling catheter bag was facing the door and was not in a privacy bag. This was pointed out to V15 (Licensed Practice Nurse). V15 stated the CNA (Certified Nurses Aide) must have emptied the bag and did not put it back in the privacy bag. V15 placed the indwelling catheter bag inside the privacy bag and stated the catheter bag should be covered for privacy and dignity of the resident.</p> <p>On 08/06/2024 at 3:20 PM, V2 (Director of Nursing) stated the indwelling catheter bag should be in privacy bag for dignity.</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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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R27's (Active Order As Of: 08/05/2024) Order Summary report documented, in part Diagnoses: (include but not limited to) female genital tract fistula, chronic kidney disease. Order Summary: Foley cath and bag changed as needed.</p> <p>R27's (07/01/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 07. Indicating R27's mental status as severely impaired. Section H.0100. Appliances. A. Indwelling catheter: Yes.</p> <p>R27's (04/17/2024) care plan documented, in part I have (indwelling) catheter r/t (related to) female genital tract fistula. Will be free from catheter related trauma. Monitor and document intake and output.</p> <p>The (undated) Residents' Rights for People in Long-Term Care Facilities documented, in part As a long-term care resident in Illinois, you are guaranteed certain rights, protections and privileges according to state and federal laws. Your rights to dignity and respect. Your facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.</p> <p>The (4/23/18) Dignity Policy and procedure documented, in part Guidelines. The facility shall promote care for residents in a manner and in an environment that maintains each resident's dignity and respect in full recognition of his or her individuality. The facility shall consider the resident's life style and personal choices identified through the assessment processes to obtain a picture of his or her individual needs and preferences. Staff shall carry out activities in a manner which assists the resident to maintain and enhance his/her self-esteem and self-worth. Maintaining a resident's dignity should include but is not limited to the following: Refraining from practices demeaning to residents such as leaving urinary catheter bags uncovered.</p>		

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<p>F 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>50728</p> <p>Based on observation, interview and record review, the facility failed to ensure electronic health records were kept in a private manner. This failure has the potential to affect 1 resident (R102) in a sample of 65.</p> <p>Findings include:</p> <p>On 8/5/2024 at 10:46 AM, surveyor observed the Team 5 nursing cart and noted R102's medication administration record (part of the electronic medical record) open on the attached laptop. Surveyor did not observe any staff present near the medication cart. Surveyor observed V9 (Licensed Practical Nurse) walking out of a resident room. Surveyor asked V9 why R102's electronic medical record was left open and unattended, and V9 stated that V9 forgot to close the laptop. V9 affirmed that V9 should have closed the screen prior to walking away from the medication cart.</p> <p>On 8/7/2024 at 10:20, V2 (Director of Nursing) affirmed that the facility expectation is that whenever a nurse walks away from the computer, is that the electronic medical record is not be left open; the screen should be closed or minimized. V2 stated that if the medical record is left open any person could access the medical record, which would be a violation of HIPAA (Health Insurance Portability and Accountability Act of 1996).</p> <p>Facility provided document titled, Illinois Long-Term Care Ombudsman Program Residents' Rights for People in Long-Term Care Facilities documents in part that, You have a right to privacy and confidentiality of your personal and medical records. Your medical and personal care are private.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50662</p> <p>Based on observation, interview, and record review, the facility failed to provide a homelike environment for 2 (R96 and R108) residents reviewed for homelike environment in the total sample of 65 residents.</p> <p>Findings include:</p> <p>R96 has diagnosis which include but are not limited to acquired absence of right foot, non-pressure ulcer of other part of right foot with necrosis of muscle, peripheral vascular disease, type 2 diabetes mellitus with diabetic neuropathy, severe protein calorie malnutrition.</p> <p>R96's Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 15, which indicates R96's cognition is intact.</p> <p>R108 has diagnosis which include but are not limited to Chronic obstructive pulmonary disease, necrotizing fasciitis, Type 2 diabetes mellitus, Chronic kidney disease, End stage renal disease, Bipolar disorder.</p> <p>R108 MDS dated [DATE] has a BIMS sore of 15, which indicates R108's cognition is intact.</p> <p>On 08/05/24 at 10:05 AM R96 stated, My bathroom door doesn't close. I would like to be able to close the bathroom door to have some privacy when I use the bathroom. Writer attempted to close bathroom door but was unsuccessful.</p> <p>On 08/05/24 at 10:09 AM observed large brown basketball size stain on ceiling above R108's bed and baseball size hole in the floor tile at the foot of R108's bed.</p> <p>On 08/05/24 at 10:38 AM V10 (Licensed Practical Nurse, LPN) stated, The stain on the ceiling above R108 is from the air conditioning. I (V10) wouldn't want to lay in the bed under the stain because it my (sic) drop on me (V10). The stain is a safety issue. There is a hole on the floor, the hole shouldn't be (sic)because patients and staff could have accidents.</p> <p>On 08/05/24 at 10:40 AM V10 (LPN) stated, R96's bathroom door won't close, the door should close for privacy.</p> <p>08/07/24 09:10 AM V20 (Maintenance Director) stated, Sometimes in R108's room when it rains some water comes through to the ceiling tiles. The water doesn't leak into the floor or drip onto the resident, it's just enough water to stain the ceiling. I wouldn't say it's okay, but we (staff) do our best to change the ceiling tiles every morning after it rains. The floor tiles looks like it has been peeling up. I (V20) wouldn't say it's unsafe, but the tiles do need to be replaced. R96's door to the bathroom, I (V20) am not able to close. The door looks as if the hinge on the bottom needs to be fixed. It is definitely a privacy issue. The residents deserve privacy when they use the restroom.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility's undated residents' rights booklet documents in part, Your rights to safety .Your facility must be safe, clean, comfortable and homelike.</p> <p>Facility's job description titled Maintenance Director dated 05/02/2017 documents in part, The primary purpose of the Maintenance Director is to plan, organize, develop, and direct the overall operation of the Maintenance Department in accordance with current, federal, state, and local standards, guidelines, and regulations governing our facility, and as may be directed by the Administrator, to assure that our facility is maintained in a safe and comfortable manner .Essential Duties and responsibilities .Repair facility/resident property as necessary.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50728</p> <p>Based on interview and record review, the facility failed to ensure a new Pre-Admission Screen and Resident Review (PASARR) assessment was completed when a new diagnosis of schizoaffective disorder was identified. This failure affects 1 resident (R49) in a sample of 65.</p> <p>Findings include:</p> <p>Record review of R49's admission record documents in part that R49 was initially admitted to the facility on [DATE]. Additionally, R49's admission record documents in part a diagnosis of schizoaffective disorder, bipolar type (onset date 8/20/2022), Major Depressive Disorder (onset date 8/20/2022).</p> <p>Record review of R49's Minimum Data Set (dated 6/21/2024) documents in part in section S1200. Primary and Secondary SMI (Serious Mental Illness) Diagnosis (7-day look back period) that R49 has a secondary diagnosis of schizoaffective disorder and major depression, recurrent.</p> <p>Record review of R49's Notice of PASARR Level I Screen Outcome notice date 6/16/2022, documents in part, that no mental health diagnosis is known or suspected for R49 and there are no known recurrent or current mental health problems for R49.</p> <p>On 8/7/2024 at 10:04 AM, V32 (Social Services Director) affirmed that the admissions department ensures PASARR assessments are completed prior to admission and that the social services department is responsible for completing PASARR assessments if the resident is in the building and needs a new PASARR assessment completed. V32 stated that a new PASARR assessment is required whenever a resident is diagnosed with a new psychiatric diagnosis. V32 affirmed that the PASARR process is to ensure serious mental illness is identified and that the residents get services to meet their mental health needs. V32 observed R49's diagnosis list and confirmed that R49 had been diagnosed with schizoaffective disorder and major depression after admitted to the facility. Surveyor inquired to V32 why another PASARR was not completed when serious mental illnesses were identified and V32 stated that V32 did not know and that a new PASARR should have been completed. V32 logged into the Maximus system and confirmed that no other PASARR assessments have been completed for R49 since admission.</p> <p>Record review of facility policy titled Preadmission Screening and Annual Resident Review (dated 11/17/17) documents in part, .The objective of the PASARR policy is to ensure that individuals with mental illness and intellectual abilities receive the care and services that they need in the most appropriate setting. The PASARR will be evaluated annually and upon any significant change for those individuals identified .</p>

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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>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41611</b></p> <p>Based on observation, interview, and record review the facility failed to provide ADL (Activity of Daily Living) care for two residents (R45, R74) to maintain personal hygiene. This failure has the potential to affect the sample size of 65.</p> <p>Findings include:</p> <p>1. R45 has a diagnosis of but not limited to Hemiplegia and Hemiparesis following Cerebral Infarction, Dementia, Atrial Fibrillation and Hypertension.</p> <p>R45 has a Brief Interview of Mental Status score of 11, moderate cognitive impairment.</p> <p>R45's Minimum Data Set (MDS) dated [DATE] section GG documents Toileting hygiene: partial/moderate assistance, Functional Limitation in Range of Motion documents, no impairment of upper or lower extremities and Mobility Devices documents, R45 uses a wheelchair and Chair/bed-to-chair transfer requires substantial/maximal assistance.</p> <p>R45's care plan focus ADL dated 3/27/2024 documents, in part, assist resident with task after resident has attempted the task and is unable to complete.</p> <p>On 8/05/2024 at 11:06am surveyor observed R45's bed with a wet round ring under a folded bath sheet and a chuck (disposal bed pad) that was worn with the cotton separating on the inside of the chuck.</p> <p>On 8/05/2024 at 11:07am V18 (Certified Nursing Assistant-CNA) stated she had not gotten a chance to take R45 to the bathroom this morning. V18 stated that she started at 7:00am and rounds are done every two hours, but she had not gotten a chance to provide incontinence care to R45.</p> <p>On 8/07/2024 at 10:25am V2 (Director of Nursing-DON) stated rounds are done every 2-3 hours and as needed to provide incontinence care. V2 also stated no, it is unacceptable for a resident to be checked and changed for the first time, on the morning shift, after 10:00am and it is unacceptable for a resident to have a chuck, and a folded bath sheet underneath a resident.</p> <p>Policy titled Incontinence care with an effective date of 11/28/2012 documents, in part, to prevent excoriation and skin breakdown discomfort and maintain dignity and incontinent resident will be checked periodically in accordance with the assessed incontinent episodes or every two hours and provided perineal and genital care after each episode.</p> <p>2. R74 has a diagnosis of but not limited to Type 2 Diabetes Mellitus, Peripheral Vascular Disease Hyperlipidemia, Hypertension, Age-Related Nuclear Cataract, Right Eye and Post Traumatic Stress Disorder.</p> <p>R74 has a Brief Interview of Mental Status score of 14, cognitively intact.</p> <p>(continued on next page)</p>		

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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>R74's Minimum Data Set (MDS) dated [DATE] section GG documents, in part, Personal Hygiene: substantial/maximal assistance.</p> <p>On 8/06/2024 at 11:38am surveyor observed R74 fingernails to be medium length with food (reddish color) on the top of the nail bed. R74 said, he would like his nails to be cut.</p> <p>On 8/06/2024 at 11:40am V15 (Licensed Practical Nurse-LPN) stated that CNA's can cut resident's fingernails.</p> <p>On 8/07/2024 at 10:25am V2 stated the CNAs are responsible for keeping the resident fingernails clean and tidy (free from any debris and length maintained) for all residents including the diabetic residents.</p> <p>On 8/07/2024 at 11:10am surveyor observed R74 fingernails to have a reddish substance on the nail beds. R74 stated that he could not see the food and that no one had cleaned his hands.</p> <p>On 8/07/2024 at 11:11am V31 (CNA) stated that resident's hands are cleaned every time nail care is provided, after meals and as needed.</p> <p>Policy titled Nail Care with an effective date of 11/28/2012, documents, in part, observe condition of resident nails during each time of bathing, and 1. Note Cleanliness, length uneven edges, and 6. Licensed Nurse is to trim diabetic resident's nails.</p> <p>Job description titled Certified Nursing Assistant with a date of 5/02/2017 documents, in part, the Certified Nursing Assistant (CNA) is responsible for providing resident care and support in all activities of daily living, and provide assistance in personal hygiene, assisting with travel to the bathroom.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>45346</p> <p>Based on interview and record review the facility failed to ensure that resident's medications are administered as ordered by the physician. This failure affected two residents on Team 4 (R32 and R81) of 65 residents reviewed for quality of care and administration of prescribed medications.</p> <p>Findings include:</p> <p>On 08/06/2024 at 2:30pm V2 (DON/Director of Nursing) presented R32's August 2024 MAR (medication administration record) to the surveyor, which was reviewed. On 08/07/2024 at 11:30am V2 (DON/Director of Nursing) presented R81's August 2024 MAR (medication administration record) to the surveyor, which was reviewed. There were missing entries of nurses' signatures/initials or codes on the MAR for August 2024 (08/1/2024 to 08/31/2024) for R32 and R81.</p> <p>R32's diagnosis includes but are not limited to acute on chronic systolic (congestive) heart failure, type 2 diabetes mellitus with diabetic polyneuropathy, end stage renal disease, dependence on renal dialysis, chronic respiratory failure with hypoxia, bilateral primary osteoarthritis of knee, essential (primary) hypertension, hyperlipidemia, unspecified, extended spectrum beta lactamase resistance, hypokalemia, fluid overload, unspecified, thrombocytopenia, unspecified, obstructive sleep apnea, gastro-esophageal reflux disease without esophagitis, hyperkalemia, major depressive disorder, single episode, unspecified, urinary tract infection, site not specified, non-st elevation myocardial infarction, neuralgia and neuritis, unspecified, hypocalcemia, anxiety disorder, unspecified, atherosclerotic heart disease of native coronary artery without angina pectoris, and anemia in chronic kidney disease.</p> <p>R32's Brief Interview for Mental Status (BIMS) dated 06/12/2024 documents that R32 has a BIMS score of 15 with indicates that R32's cognition is intact.</p> <p>There were missing entries of nurses' signatures/initials or codes on R32's August 2024 medication administration record for the following medications, dates, and times:</p> <p>On 08/02/2024 at 2100 (9:00pm) Carvedilol Oral Tablet 12.5mg (milligrams)-Give 1 tablet by mouth two times a day.</p> <p>On 08/02/2024 at 2000 (8:00pm) Cephalexin Oral Capsule 500mg (milligrams)-Give 1 capsule by mouth two times a day.</p> <p>On 08/02/2024 at 2100 (9:00pm) Atorvastatin Calcium Oral Tablet 80mg (milligrams) -Give 1 tablet by mouth at bedtime.</p> <p>On 08/02/2024 at 2100 (9:00pm) Basaglar Kwik pen 100 unit/ml (milliliters) solution pen-injector-Give 9 units at bedtime.</p> <p>On 08/02/2024 at 2100 (9:00pm) hydralazine HCL (hydrochloride) oral tablet-give 1 tablet by mouth three times a day.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/7/2024 at 1:46pm V2(DON/Director of Nursing) stated the registered nurses and licensed practical nurses are responsible for administering the medications to the residents. V2 stated after the medications are administered to the resident, the nurse is responsible for documenting on the MAR (medication administration record) that the medication was administered to the resident. V2 stated the nurse should initial in the box for paper MARS. V2 stated the nurse can click the box on the electronic medication record, this would place the nurse's initials in the box on the electronic MAR. V2 stated if a resident refuses medication or the resident is out of the building and the resident is not available to receive the medication; there are codes the nurses can use on the medication administration record to document if a resident refuses the medication or the resident is out on pass. V2 stated in my professional opinion there should not be any blank spaces on the medication administration record for a scheduled medication to be administered to the resident on a specific date and time. V2 stated in my professional opinion a box left blank, with no documentation of a nurse's initials on the medication administration record would indicate the nurse did not administer the medication to the resident.</p> <p>Reviewed the facility's undated policy titled Medication Administration General Guidelines which documents in part, underneath Documentation (including electronic) 1. The individual who administers the medication dose records the administration on the resident's MAR (medication administration record) directly after the medication is given. At the end of each medication pass, the person administering the medications reviews the MAR to ensure necessary doses were administered and documented. 6. If a dose of regularly scheduled medication is withheld, refused, not available, or given at a time other than the scheduled time (e.g., the resident is not in the facility at the scheduled dose time) the space provided on the front of the MAR for that dosage administration is initialed and circled. 7. If an electronic MAR system is used, specific procedures required for resident identification, identifying medications due at specific times, and documentation of administration, refusal, holding of doses, and dosing parameters such as vital signs and lab values are described in the system's user manual. These procedures should be followed and may differ slightly from the procedures for using paper MARS.</p> <p>Reviewed the facility's Registered Nurse job description which documents in part, underneath essential duties, and responsibilities, perform routine charting duties as required and in accordance with established charting and documentation policies and procedures. Prepare and administer medications as ordered by the physician.</p> <p>Reviewed the facility's Licensed Practical Nurse job description which documents in part, underneath essential duties, and responsibilities, perform routine charting duties as required and in accordance with established charting and documentation policies and procedures. Prepare and administer medications as ordered by the physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145867	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/08/2024
NAME OF PROVIDER OR SUPPLIER  Alta Rehab at Fairmont		STREET ADDRESS, CITY, STATE, ZIP CODE  5061 North Pulaski Road Chicago, IL 60630	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>50728</p> <p>Based on observation, interview, and record review, the facility failed to ensure oxygen tanks were properly stored for one resident (R3) and failed to discard a lancet for one resident (R83). These failures affected 2 (R3 and R83) reviewed for hazards and have the potential to affect all 20 residents on the Team 2A unit and 14 residents on the Team 4 unit.</p> <p>Findings include:</p> <p>1. Record review of R3's admission record documents in part the following diagnoses: primary generalized osteoarthritis, unspecified dementia without behavioral disturbance, mood disturbance, and anxiety.</p> <p>Record review of R3's care plan (dated 4/25/24) identifies that R3 uses oxygen therapy related to respiratory illness and conversational dyspnea.</p> <p>On 8/5/2024 at 10:29 AM, surveyor observed R3 lying in bed. Additionally, surveyor observed an unsecured oxygen cylinder on the floor behind the head of the resident's bed.</p> <p>On 8/5/2024 at 10:34 AM, V4 (Licensed Practical Nurse) observed the unsecured oxygen cylinder behind R3's bed. V4 affirmed that the oxygen tank was not secured in a holder and proceeded to remove the oxygen tank from R3's room. V4 stated that the way the oxygen cylinder was stored in R3's room could have caused it to tip over, which could cause an explosion.</p> <p>On 8/7/2024 at 10:20 AM, V2 (Director of Nursing) stated that all oxygen cylinders must be stored safely in a holder. V2 affirmed that oxygen cylinders that are not stored in holders may tip which creates hazards for the resident.</p> <p>Review of facility policy titled Oxygen Safety (dated 6/28/18) documents in part, Oxygen is a non-flammable gas. However, it does vigorously accelerate burning of any flammable material. To prevent concentrations of oxygen from becoming too high: Keep the units in a well-ventilated area at all times - concentrators oxygen cylinders and liquid oxygen all need free air space around them. Keep units upright at all times. If the units are turned over, gaseous and liquid oxygen will escape.</p> <p>45196</p> <p>2. On 08/05/24 at 10:00 am, V1 (Administrator) presented a facility census of Team 2A with 20 residents.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/05/23 at 10:22 am, Surveyor observed R83 in bed resting, with a sharp-pointed two-edged surgical instrument used to make small incisions when checking a blood sugar level (lancet), on the top of R83's bed side drawer. This observation was brought to V15 (Licensed Practical Nurse, LPN). V15 stated that lancets should not be left in a residents room because a resident or someone can poke and hurt themselves. V15 explained that lancets should be kept on the nurses cart or disposed of in a sharps container for safety. V15 further explained that R83 receives blood sugar monitoring and that V15 does not know who left the lancet in R83's room.</p> <p>R83 has a diagnosis which includes but not limited to type 2 diabetes mellitus without complications.</p> <p>R83 Brief Interview for Mental Status (BIMS) dated 07/02/24 documents that R83 has a BIMS score of 07 which indicates that R83 has come cognitive impairments.</p> <p>R83 Physician Order Sheet (POS) dated 03/05/24 shows that R83 has orders for Blood sugar monitoring BID (two times a day) related to Type 2 Diabetes Mellitus without complications.</p> <p>The facility's job description dated 05/02/2017 and titled Licensed Practical Nurse (LPN) documents, in part: Summary: The Licensed Practical Nurse is responsible for providing direct nursing care to the residents, and to supervise the day-to-day nursing activities performed by nursing assistants. Such supervision must be in accordance with current federal, state, and local standards, guidelines, and regulations that govern our facility, and as may be required by the Director of Nursing to ensure that the highest degree of quality care is maintained at all times. Essential Duties and Responsibilities: . Monitor your assigned personnel to ensure that they are following established safety regulations in the use of equipment and supplies.</p> <p>The facility's document dated 11/17/17 and titled Medical Waste Disposal documents, in part: Purpose: To provide for the safe and sanitary disposal of solid waste, including dressings, needles, syringes, and similar items. Guidelines: Definition of Medical Waste: a. Contaminated sharps or contaminated objects that could potentially become contaminated sharps . Standards: 1. Type I (Medical) waste shall include: .c. Sharps . iii. Lancets.</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>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure equipment used for catheter care was discarded after use in an effort to prevent contamination. This failure affected 1 (R21) resident reviewed for indwelling catheter care in the total sample of 65 residents.</p> <p>Findings include:</p> <p>On 08/05/2024 at 11:59am, there was an unlabeled piston syringe inside R21's room. This was pointed out to V13 (Licensed Practice Nurse). V13 checked the piston syringe for label and stated the piston syringe was not labeled with a date. We (facility staff) use the piston syringe to irrigate her (R21) foley (indwelling) catheter. The piston syringe is reusable 3 times for 24 hours. Three times, once every shift to prevent infection.</p> <p>On 08/06/2024 at 3:22pm, V2 (Director of Nursing) stated a piston syringe used for irrigation of the catheter or bladder should be disposed of after use to prevent infection. Once used, the piston syringe could be contaminated already.</p> <p>On 08/06/2024 at 3:42pm, V3 (Infection Preventionist/RN) stated a piston syringe used for irrigation of the bladder or catheter should be disposed of after use because reusing the piston syringe breaks the principle of aseptic technique. If used more than once, there will be a chance of bacterial growth, like catheter associated UTI (Urinary Tract Infection).</p> <p>R21's (Active Order As Of: 08/05/2024) Order summary Report documented, in part Diagnoses: (include but not limited to) neuromuscular dysfunction of bladder. Order Summary: Enhanced Barrier Precaution (Foley catheter) Active 04/17/2024. Foley catheter care every shift as needed. Active 06/06/2024.</p> <p>R21's (06/12/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 01. Indicating R21's mental status as severely impaired. Section H. 0100. Appliances: A. indwelling catheter.</p> <p>R21's (08/2024) MAR (Medication Administration Record) documented that Foley catheter care was scheduled every 0000 (12:00am), 0800 (8:00am), and at 1600 (4:00pm).</p> <p>R21's (03/21/2024) care plan documented, in part I have an indwelling catheter due to Neuromuscular dysfunction of bladder. I am at risk for complications due to presence of indwelling Foley catheter. I will be free of pain/discomfort related to presence of indwelling catheter. Catheter will remain patent and resident will be free from s/s of urinary tract infection. Foley catheter care daily and as needed. Maintain closed drainage system and tubing bag below bladder. May flush Foley.</p> <p>The (1/16/18) Equipment Replacement - Disposable- Nursing documented, in part Purpose: Equipment will be changed following established schedules to prevent contamination. Guidelines: 3. Foley. C. Foley catheter irrigation sets are one time use only.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>45346</p> <p>Based on observation, interview, and record review the facility failed to ensure the nebulizer tubing was changed weekly per facility policy, the nasal cannula was contained when not in use by the resident, and the nasal cannula and humidifier canister were labeled/dated. These failures affected two residents from Team A (R123 and R98), one resident from Team 3 (R79), and one resident from Team 4 (R32); out of a sample of 65 residents.</p> <p>Findings include:</p> <p>R79's diagnosis includes but are not limited to, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, acquired absence of left leg above knee, chronic obstructive pulmonary disease, unspecified, peripheral vascular disease, unspecified, hyperlipidemia, unspecified, combined forms of age-related cataract, bilateral, essential (primary) hypertension, gastro-esophageal reflux disease without esophagitis.</p> <p>R79's Brief Interview for Mental Status (BIMS) dated 7/4/2024 documents R79 has a BIMS score of 13, which indicates R79 is cognitively intact.</p> <p>R79's Physician Order Sheet (POS) with active orders as of 8/06/2024 documents in part, Ipratropium-Albuterol Solution 0.5-2.5 (3) MG (milligrams)/3ML (milliliters) 1 vial inhale orally via nebulizer every 12 hours for dyspnea/shortness of breath.</p> <p>On 08/05/24 at 10:29am R79's nebulizer tubing was observed labeled, and the label was dated 07/22/2024. R79 stated I use the nebulizer machine daily.</p> <p>On 8/6/2024 at 12:10pm R79's nebulizer tubing was observed labeled, and the label was dated 07/22/2024.</p> <p>On 8/6/2024 at 12:11pm V16 (LPN/Licensed Practical Nurse) stated R79's nebulizer tubing has a label that is dated 7/22/2024. V16 stated I don't know how often the tubing is changed.</p> <p>R32's diagnosis includes but are not limited to, acute on chronic systolic (congestive) heart failure, type 2 diabetes mellitus with diabetic polyneuropathy, end stage renal disease, dependence on renal dialysis, chronic respiratory failure with hypoxia, essential (primary) hypertension, hyperlipidemia, fluid overload, unspecified, obstructive sleep apnea, gastro-esophageal reflux disease without esophagitis.</p> <p>R32's Brief Interview for Mental Status (BIMS) dated 6/12/2024 documents R32 has a BIMS score of 15, which indicates R32 is cognitively intact.</p> <p>R32's Physician Order Sheet (POS) with active orders as of 08/06/2024 documents in part, Oxygen at 2 LPM (liters per minute) via nasal cannula continuous every shift.</p> <p>On 08/05/2024 at 10:40am observed R32's oxygen tubing hanging on the concentrator machine, with the nasal cannula on the floor, not contained in a bag.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/05/2024 at 10:44am V4 (LPN/Licensed Practical Nurse) stated the nasal cannula should not be on the floor, the nasal cannula should be in a plastic bag when not in use by the resident.</p> <p>On 08/07/2024 at 1:47pm V2 (DON/Director of Nursing) stated the nasal cannula and oxygen tubing are to be contained in a plastic bag when not in use by the resident. V2 stated the nebulizer tubing should be changed weekly. V2 stated I could not find this information regarding the nasal cannula and oxygen tubing being contained in a bag when not in use by the resident listed in a facility policy; I just know this is what we are to do as nurses to prevent contamination.</p> <p>43351</p> <p>On 08/05/2024 at 11:25am, R123's nasal canula was on the floor. This observation was pointed out to V15 (Licensed Practice Nurse). V15 stated that's (R123) nasal canula is on the floor. The canula should be in the bag and not touching the floor for infection control because the resident puts it on her (R123) nostril.</p> <p>On 08/06/2024 at 3:25pm, V2 (Director of Nursing) stated if the resident is not using the nasal canula, the nasal canula should be in a plastic bag to keep it from contamination. It should not be on the floor because the floor is contaminated.</p> <p>On 08/06/2024 at 3:45pm, V3 (Infection Preventionist/RN) stated the nasal cannula should be contained in plastic bag or Ziploc bag when not in use so it will not touch a surface contaminated with bacteria. The floor in the resident's room is contaminated.</p> <p>R123's (Active Order As Of: 08/05/2024) Order Summary Report documented, in part Diagnoses: (include but not limited to) chronic obstructive pulmonary disease. Order Summary: Oxygen at 2/LPM (2LPM- 2liters per minute) continuous via nasal cannula every shift. Active: 05/22/2024.</p> <p>R123's (07/22/2024) Minimum Data Set documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 11. Indicating R123's mental status as moderately impaired. Section O. Special Treatments, Procedures, and Programs. Respiratory Treatments. C1. Oxygen Therapy. While a resident.</p> <p>R123's (04/18/2024) care plan documented, in part I have oxygen therapy. Will have no signs or symptoms of poor oxygenation. Oxygen 2LPM via NC (nasal cannula) continuously.</p> <p>41611</p> <p>R98 has a diagnosis of but not limited to Hemiplegia and Hemiparesis, Asthma, Hypertension, Immune Thrombocytopenic Purpura and Gastro-Esophageal Reflux Disease.</p> <p>R98 has a Brief Interview of Mental Status score of 15, indicating R98 is cognitively intact.</p> <p>R98's Order Summary Report with active orders as of 8/07/2024 documents, in part, Oxygen at 2LPM (liters per minute) via nasal canula PRN (as needed).</p> <p>On 8/05/2024 at 10:30am surveyor observed R98's NC (nasal canula) tubing undated and uncovered and wrapped around handle of concentrator and R98's humidifier bottle with no date.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Reviewed facility's policy dated 11/28/12 and titled Equipment Replacement-Disposable-Nursing which documents in part, Guidelines: 1. Oxygen/Nebulizer a. Oxygen tubing, nasal cannula and masks are changed every seven (7) days and PRN (as needed). B. check water levels in humidifier jar every shift and change humidifier jar every 7 days and prn. F. nebulizer tubing and set ups are changed every 7 days and prn.</p> <p>The (1/7/19) Oxygen &amp; Respiratory Equipment - Changing/Cleaning documented, in part Guidelines: Purpose: 3. To minimize the risk of infection transmission. Procedure: 2. Nasal Cannula. C. A clean plastic bag with a Ziploc or draw string will be provided to store the cannula when it is not in use. It will be dated with the date the tubing was changed.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Post nurse staffing information every day.</p> <p>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure the Daily Nursing Staffing was posted daily and failed to ensure previous Daily Nursing Staffing were maintained. These failures have the potential to affect all 160 residents residing at the facility.</p> <p>Findings include:</p> <p>On 08/05/24 at 10:19 AM, there was no daily nursing staffing sheet posted by the reception area. V28 (Lead Receptionist) stated I (V28) don't have the staffing sheet that has the nursing hours. We used to have the daily nursing staffing posted on the wall, but we are having issues with the wall so I (V28) don't know where they posted the daily staffing.</p> <p>On 08/05/24 at 10:31 AM, V21 (Staffing Coordinator) stated I (V21) am the one who does the schedule. The master schedule is in the supervisor's office.</p> <p>On 08/05/24 at 10:37 AM by the supervisor's office, this surveyor requested V21 to provide the current daily nursing staffing. V21 pulled a blank sheet of the daily nursing staffing and handed it to the surveyor. This surveyor inquired if V21 already filled out the daily nursing staffing sheet for the day (08/05/24). V21 stated I (V21) have not done it yet. I am in charge of posting the daily nursing staffing sheet. This surveyor requested to see the Daily Staffing posting from the previous days. V21 stated I (V21) don't keep record of that. I (V21) usually throw them (daily nursing staffing sheet) away after the day. V21 took a sheet from a binder and provided this surveyor the (02/06/24) Daily Nursing Staffing and stated that's the last daily nursing staffing sheet that I (V21) kept. Nobody told me (V21) that I (V21) am supposed to keep them.</p> <p>On 08/06/2024 at 3:26pm, V2 (Director of Nursing) stated staffing should be posted daily and kept in a binder after the day.</p> <p>The (02/06/2024) Daily Nursing Staffing documented, in part To be posted daily at the beginning of each shift.</p> <p>The (08/07/2024) email correspondence with V1 (Administrator) documented, in part Staffing posting expectations: Posting contains current nurse staffing numbers (FTEs) for each shift. Total FTE (full time employee) count of nursing staff who were present and providing direct care to residents. Posting contain the daily facility census. Posting is displayed in a prominent place readily accessible to residents and visitors. Copies should remain in file for 3 years after posting is removed from visible area.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>41611</p> <p>Ensure medication error rates are not 5 percent or greater.</p> <p>Based on observation, interview and record review, the facility failed to be free of medication error rate of 5% or more. There were a total of 3 medication errors out of 25 opportunities. The medication error rate is 12% and affects one resident R99.</p> <p>Findings include:</p> <p>R99 has a diagnosis of but not limited to Type 2 Diabetes Mellitus, Spinal Stenosis, Lumbosacral Region, Diabetes Mellitus with Diabetic Neuropathy, Chronic Obstructive Pulmonary Disease and Asthma.</p> <p>R99 has a Brief Interview of Mental Status score of 15, indicating R99 is cognitively intact.</p> <p>R99's Order Summary Report with active orders as of 8/06/2024 that documents, in part, Insulin Lispro Kwikpen 100U/ML (milliliters), Lantus SoloStar Subcutaneous Solution and Pregabalin.</p> <p>R99's Medication Administration Audit Report documents, in part, Insulin Lispro (sliding scale: 3 units) is scheduled at 7:30am and was administered at 9:13am, Insulin Lispro 12 units, Lantus 17 units and Pregabalin 50 mg capsule is scheduled for 8:00am and was administered at 9:13am.</p> <p>On 08/06/2024 at 9:01am surveyor observed R99's EMAR (Electronic Medication Administration Record) was pink for R99's 7:30am scheduled medications (Insulin Lispro, Lantus, Pregabalin).</p> <p>On 8/06/2024 at 9:03am V4 (Licensed Practical Nurse) stated that the medicine is overdue, and medications are to be passed one hour before and after the scheduled time.</p> <p>On 8/07/2024 at 10:25am V2 (Director of Nursing) stated medications should be administered one hour before and one hour after the scheduled time.</p> <p>Undated policy titled Medication Administration General Guidelines documents, in part, medications are administered as prescribed in accordance with good nursing principles and practices, medications are administered in accordance with written orders of the prescriber and medications are administered within 1 hour before or after scheduled time.</p> <p>Job description titled Licensed Practical/Registered Nurse with a date of 5/02/2017 documents, in part, prepare and administer medications as ordered by the physician.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50662</p> <p>Based on observation, interview, and record review, the facility failed to discard expired medication from the medication cart, failed to discard expired medication from the medication supply room and failed to ensure medication carts were free of loose pills. These failures affected one resident (R54) for medication and storage labeling and have the potential to affect all sixty-eight residents assigned to carts Team 2A, Team 3, and Team 5. This failure also has the potential to affect all ninety-six-residents assigned to the medication storage room on Team 1.</p> <p>Findings include:</p> <p>On 08/06/24 at 9:59 AM V8 (Registered Nurse, RN) observed in Team 1 medication room removing Sodium chloride irrigation water bottle with expiration date 7/19/23 from drawer. V8 The water bottle should not be here because it is expired already. The water bottle should be disposed of. If expired medication is given to a resident, then it is a medical error.</p> <p>On 08/06/24 at 10:20 AM V8 (RN) removed R54's medication bottle (Rosuvastatin 10 milligram (mg) tablets from Team 5 medication cart. R54's medication bottle has a discard date of 03/21/24. V8 stated This medication should be discarded before the expiration date. We (staff) should call the pharmacy so that the medication can be delivered stat.</p> <p>On 08/06/24 at 10:40 AM V16 (Licensed Practical Nurse, LPN) removed 30 loose tablets from the drawers of Team 3 medication cart. V16 stated I (V16) am not able to name all of the tablets. Some nurses are familiar with the medications and know what the medication is outside the packaging. The medication should be labeled and in the right packaging to make sure that the right medication is given to the right resident.</p> <p>On 08/06/24 at 11:04 AM V15 (LPN) removed 7 loose tablets from Team 2A medication cart. V15 stated, By just looking at the pills I (V15) can't tell what the pills are, I (V15) could only guess. The pills should be in the right container so that we (nurses) don't mix pills and give the residents the wrong pills or the wrong strength.</p> <p>On 08/07/24 at 09:00 AM V2 (Director of Nursing, DON) stated, The medication rooms are divided with the schedule. The 1st medication room is for Team 1, Team 2A, Team 2B and Team 3. The second medication room is for Team 4, Team 5A, and Team 6.</p> <p>R54 diagnoses include but are not limited to Type 2 Diabetes Mellitus, Adult Failure to Thrive, Chronic Kidney Disease, Retention of Urine, Hyperlipidemia, Major Depressive Disorder.</p> <p>R54's Physician Order Set (POS) has an active order for Rosuvastatin 10mg tablet at bedtime.</p> <p>R54 Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 9, which indicates R54 has moderately impaired cognition.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Alta Rehab at Fairmont		STREET ADDRESS, CITY, STATE, ZIP CODE  5061 North Pulaski Road Chicago, IL 60630	
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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility's undated policy titled Storage of Medications documents in part, Policy: 3. Medications and biologicals are stored safely, securely, and properly, following manufacture's recommendations or those of the supplier .All medications dispensed by the pharmacy are stored in the container with the pharmacy label . 7. Outdated, contaminated, or deteriorated medications and those in containers that are cracked, soiled, or without secure closures are immediately removed from inventory, disposed of according to procedures for medication disposal and reordered from the pharmacy, if a current order exists .Expiration Dating (Beyond-use dating) 8. All expired medications will be removed from the active supply and destroyed in the facility, regardless of amount remaining.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49572</p> <p>Based on observation, interview, and record review the facility failed to ensure that residents' food items in the facility kitchen are dated when received and when opened; and failed to discard expired food items. These failures have the potential to affect all 157 residents receiving an oral diet in the facility.</p> <p>Findings include:</p> <p>On [DATE] at 9:30am, with V6 (Dietary Cook), during observation of the facility's walk-in freezer the following was observed:</p> <p>A bag of corn opened with no open date.</p> <p>A bag of peas opened, exposed to air (not closed), with freezer burn.</p> <p>A bag of chocolate chips opened with no open date.</p> <p>Peach cobbler with an expiration date of [DATE].</p> <p>When asked the policy on opened food, V6 (Dietary Cook) replied, When bags or boxes are opened they should be labeled with an open date and expiration date. When asked the reason for labeling opened food with an open date and expiration date, V6 replied, So we (staff) know when the food is expired. When asked what can happen if residents eat expired food, V6 replied, They can get sick.</p> <p>On [DATE] at 9:37am, with V7 (Dietary Supervisor), during observation of the facility's walk-in refrigerator, a plastic container of cucumbers was opened with no open date or expiration date. When asked the purpose of an open date and expiration date, V7 replied, So the staff know when the food is expired. When asked what can happen if residents eat expired food, V7 replied, They get sick.</p> <p>The facility's document, titled NPO (nothing by mouth) shows that the facility has 3 residents that do not have an oral diet.</p> <p>Facilities policy titled, Labeling and Dating Foods (Date Marking), dated 2020, documents, in part, Once a case is opened, the individual, refrigerated food items are dated with the date the item was received into the facility and placed in/on the proper storage location utilizing the first in - first out method of rotation. Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufacturer's expiration date Frozen packages removed from the case will be dated with the date the item was received into the facility and will be stored using the first in - first out method of rotation. Once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines or by the manufacturer's expiration date. Prepared food or opened food items should be discarded when: .The food item is older than the expiration date.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Facility's job description titled, Dietary Manager, dated [DATE], documents, in part, The Dietary Manager is responsible to assure that quality nutritional services are provided on a daily basis and that the Dietary Department is maintained in a clean, safe, and sanitary manner Inspect food storage rooms, utility/janitorial closets, etc., for upkeep and supply control.</p> <p>Facility's job description titled, Cook, dated [DATE], documents, in part, The [NAME] is responsible for food preparation in accordance with current applicable federal, state, and local standards, guidelines, and regulations, with our established policies and procedures, .to assure that quality food service is provided at all times Ensure that all food service procedures are followed in accordance with established policies.</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a policy regarding use and storage of foods brought to residents by family and other visitors.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49572</p> <p>Based on observation, interview, and record review, the facility failed to properly log refrigerator temperatures for resident's personal refrigerators for 10 residents (R29, R46, R55, R62, R79, R107, R120, R141, R401, &amp; R402) and failed to adequately maintain the freezer for resident's personal refrigerators for 2 residents (R24 &amp; R99). These failures have the potential to affect all 12 residents reviewed for safety of personal food items, in a total sample of 65 residents.</p> <p>Findings include:</p> <p>On 8/05/2024 at 10:29AM, during observation of R401's personal refrigerator the following was observed:</p> <p>R401's REFRIGERATOR TEMPERATAURES &amp; CLEANING LOG Month: Aug. Year: 2024 had missing initials on 8/4/2024.</p> <p>On 8/05/2024 at 10:29AM, R401 stated, I (R401) haven't been here that long, but I (R401) have not seen any staff check anything in my fridge. I (R401) ask the nurses to get something out of it, but that's it.</p> <p>R401's diagnosis includes, but are not limited to: cardiac arrest, bacteremia, and type 2 diabetes mellitus. R401's Brief Interview of Mental Status (BIMS) score, dated 7/25/24, documents, in part, a BIMS score of 14 which indicates R401 is cognitively intact.</p> <p>On 8/5/24 at 10:50am, during observation of R141's personal refrigerator the following was observed:</p> <p>R141's REFRIGERATOR TEMPERATAURES &amp; CLEANING LOG Month: Aug. Year: 2024 had missing initials on 8/4/2024.</p> <p>On 8/5/24 at 10:50am, R141 stated, I (R141) don't know if the staff are supposed to check my refrigerator's temp. I (R141) haven't noticed staff checking the temperature of my fridge.</p> <p>R141's diagnosis includes, but are not limited to: osteomyelitis, emphysema, and type 2 diabetes mellitus. R141's Brief Interview of Mental Status (BIMS) score, dated 7/01/24, documents, in part, a BIMS score of 12 which indicates R141's cognition is moderately impaired.</p> <p>On 8/5/24 at 10:57am, during observation of R402's personal refrigerator the following was observed:</p> <p>R402's REFRIGERATOR TEMPERATAURES &amp; CLEANING LOG Month: Aug. Year: 2024 had missing initials on 8/4/2024.</p> <p>R402 is unable to be interviewed.</p> <p>(continued on next page)</p>

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R402's diagnosis includes, but are not limited to: acquired absence of right leg above knee, acquired absence of left leg above knee, and type 2 diabetes mellitus. R402's Brief Interview of Mental Status (BIMS) score, dated 7/15/24, documents, in part, a BIMS score of 15 which indicates R402 is cognitively intact.</p> <p>On 8/06/24 at 10:12am, V20 (Housekeeping Director) said that housekeeping maintains the refrigerator temperatures, temperature logs and cleanliness. V20 stated that the temperatures are checked and recorded every day to ensure the refrigerator is working. V20 said that if the refrigerator is not working properly the food can be become rotten and spoiled. When asked what can happen if the residents eat spoiled food, V20 stated, I (V20) assume they would get (residents) sick.</p> <p>Facility policy titled, Refrigerators in Resident Rooms, dated 2020, documents, in part, Each refrigerator shall have a temperature log with daily entry. The housekeeper will enter the temperature once daily.</p> <p>Facility's job description titled, Housekeeper Supervisor, dated 3/23/27, documents, in part, The primary purpose of the Housekeeping/Laundry Supervisor is to assure that our facility is maintained in a clean, safe, and comfortable manner. Housekeeping Supervisor will conduct at least monthly quality assurance audit of refrigerators to monitor adherence to procedure.</p> <p>Facility's job description titled, Housekeeper, dated 3/23/27, documents, in part, The primary purpose of the Housekeeper is to assure that our facility is maintained in a clean, safe and comfortable manner.</p> <p>41611</p> <p>R24 has a diagnosis of but not limited to Type 2 Diabetes Mellitus, Alzheimer's Disease, Hypertension, Major Depressive Disorder and Left Artificial hip and knee joint.</p> <p>R99 has a diagnosis of but not limited to Type 2 Diabetes Mellitus, Spinal Stenosis, Lumbosacral Region, Diabetes Mellitus with Diabetic Neuropathy, Chronic Obstructive Pulmonary Disease and Asthma.</p> <p>R99 has a Brief Interview of Mental Status score of 15, indicating that R99 is cognitively intact.</p> <p>On 8/05/2024 at 10:50am surveyor observed R24 and R99's personal refrigerator freezers with ice buildup and R24's freezer door was frozen shut and could not be opened.</p> <p>On 8/05/2024 at 1:00pm V17 (Housekeeper) stated she defrosts resident's personal refrigerators when she notices the ice buildup or if the resident asks her too. Stated we (housekeeping staff) clean the refrigerators every day and defrost them every 1.5-2 months or as needed.</p> <p>On 8/05/2024 V17 stated that she unplugged R24 and R99 refrigerators.</p> <p>On 8/06/2024 at 10:12am V20 (Housekeeping Supervisor) stated housekeeping is responsible for maintaining the cleanliness as well as defrosting the resident's personal refrigerators whenever there is an accumulation of ice in the freezer and as needed. We empty the refrigerator and place a drop cloth on the floor and unplug the refrigerator overnight, then we clean it the next day and plug it back in.</p> <p>(continued on next page)</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>45196</p> <p>R46 has a diagnosis which includes but not limited to arthritis, heart failure, iron deficiency anemia, essential primary hypertension, hyperlipidemia, vitamin D deficiency, and anemia.</p> <p>R46 Brief Interview for Mental Status (BIMS) dated 06/09/24 documents that R46 has a BIMS score of 14 which indicates that R46 is cognitively intact.</p> <p>R55 has a diagnosis which includes but not limited to Chronic combined systolic (congestive) and diastolic (congestive) heart failure, paroxysmal atrial fibrillation, hypothyroidism, chronic obstructive pulmonary disease, type 2 diabetes mellitus with diabetic polyneuropathy, anxiety, and Leiomyoma of uterus.</p> <p>R55 Brief Interview for Mental Status (BIMS) dated 05/06/24 documents that R55 has a BIMS score of 15 which indicates that R55 is cognitively intact.</p> <p>On 08/05//24 at 10:04 am, Surveyor observed R46 in bed alert and awake with R46's personal room refrigerator with an incomplete refrigerator temperature log sheet for August 2024 (missing temperature log for 08/02/2024) and R46's personal refrigerator with a block of ice to the freezer area in need of defrosting. R46 stated, I (R46) don't know when they are supposed to check it (referring to R46 personal refrigerator).</p> <p>On 08/05/24 at 10:32 am, Surveyor observed R55 in bed alert and awake with R55's personal room refrigerator with an incomplete refrigerator temperature log sheet for August 2024 (missing temperatures for 08/03/24 and 08/04/24). R55's refrigerator log sheet documented room [ROOM NUMBER] month 8 year 24. R55 stated, I (R55 think they are supposed to check it (referring to the personal refrigerator in R55's room) every day, but I (R55) don't know.</p> <p>On 08/05/24 at 10:40 am, V5 (Housekeeper) stated that the housekeepers are supposed to check the residents personal refrigerators every day. V5 stated that housekeepers check the residents personal refrigerators for cleanliness and the temperatures every day. V5 also stated that V5 was unsure of when the residents personal refrigerators should be defrosted. V5 stated that the importance of checking the residents personal refrigerators is to make sure the refrigerators are working properly, and the residents food don't spoil.</p> <p>The facility's document dated Aug (August) year 2024 and titled Refrigerator Temperature and Cleaning log shows R46's personal refrigerator log with missing temperatures for August 2, 2024.</p> <p>The facility's document dated Aug (August) year 2024 and titled Refrigerator Temperature and Cleaning log shows R55's personal refrigerator log with missing temperatures for August 3, 2024, and August 4, 2024.</p> <p>45346</p> <p>(continued on next page)</p>		

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<p>F 0813</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/05/2024 at 10:20am a black colored personal refrigerator is observed in R79's room. Refrigerator temperatures and cleaning log is observed affixed to the side of R79's refrigerator, the temperature log was missing documentation of a daily temperature for the following date: 8/3/2024. Observed the inside of R79's personal refrigerator, the thermometer reading was 40 degrees Fahrenheit, the refrigerator contained 2 half pints of milk and 2 fruit cups.</p> <p>On 08/05/2024 at 10:25am a black colored personal refrigerator is observed in R120's room. Refrigerator temperatures and cleaning log is observed affixed to the side of R120's refrigerator, the temperature log was missing documentation of a daily temperature for the following date: 8/3/2024.</p> <p>On 08/05/2024 at 10:26am a black colored personal refrigerator is observed in R29's room. Refrigerator temperatures and cleaning log is observed affixed to the side of R29's refrigerator, the temperature log was missing documentation of a daily temperature for the following date: 8/3/2024. Observed the inside of R29's personal refrigerator, the thermometer reading was 40 degrees Fahrenheit, the refrigerator contained 1 half pint of white milk, 1 16-ounce bottle of water, and 2 8-ounce cans of cola.</p> <p>On 08/05/2024 at 12: 40pm a black colored personal refrigerator is observed in R107's room. Refrigerator temperatures and cleaning log observed affixed to the side of R107's refrigerator, the temperature log was missing documentation of a daily temperature for the following date: 8/3/2024. Observed the inside of R107's personal refrigerator, the thermometer reading was 40 degrees Fahrenheit.</p> <p>On 08/05/2024 at 12:42pm a silver-colored personal refrigerator is observed in R62's room. Refrigerator temperatures and cleaning log observed affixed to the side of R62's refrigerator, the temperature log was missing documentation of a daily temperature for the following date: 8/3/2024. Observed the inside of R62's personal refrigerator, the thermometer reading was 40 degrees Fahrenheit.</p> <p>On 08/06/2024 at 10:12am V20 (Housekeeping Supervisor/Maintenance Director/Laundry Director) stated housekeeping is responsible for maintaining the resident's personal refrigerator temperature log. V20 stated the personal refrigerator temperatures are checked daily. V20 stated the purpose of the log is to make sure the refrigerator is working properly. V20 stated if the temperatures are not checked daily in the personal refrigerators there is a potential hazard for rotten or spoiled foods being in the refrigerator. V2 stated if the resident eats spoiled foods, the resident could get sick.</p>		

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Dispose of garbage and refuse properly.</p> <p>49572</p> <p>Based on observation, interview, and record review, the facility failed to ensure that the dumpster was closed. These failures have the potential to affect all 160 residents residing at the facility.</p> <p>Findings include:</p> <p>On 8/05/24, V1 (Administrator) stated that the resident census was 160 residents at the facility.</p> <p>On 8/05/2024 at 9:42am, the outside facility dumpster area was observed with V7 (Dietary Supervisory). Two dumpster lids were observed open at the outside facility dumpster area. When asked about the opened dumpsters, V7 replied, Housekeeping comes out here too and throws stuff out. I (V7) do not know who left it open. They (dumpster lids) should be closed. When asked why the dumpsters should be closed, V7 replied, Mice scatter around. Little mice's go inside.</p> <p>On 8/06/24 at 10:12am, V20 (Housekeeping Director) said, We (housekeeping staff) use the outside dumpsters. When asked if the outside dumpsters should be closed with a lid to ensure the dumpster is covered, V20 replied, Yes. Definitely closed at all times when not in use. When asked why the dumpsters should be closed, V20 replied, I (V20) believe rodents, so rodents don't get inside, infection control.</p> <p>Facility policy titled, Garbage and Rubbish Disposal, dated 2020, documents, in part, Garbage and rubbish will be disposed of to ensure a clean and sanitary kitchen that does not encourage insects or rodents. All outside dumpsters will be maintained in clean and sanitary condition. All garbage and rubbish containing food waste are covered when not in immediate use so as to be inaccessible to vermin. Outdoor trash receptacles will be kept covered and the surrounding area kept free of litter.</p> <p>Facility's job description titled, Dietary Manager, dated 3/23/17, documents, in part, The Dietary Manager is responsible to assure that quality nutritional services are provided on a daily basis and that the Dietary Department is maintained in a clean, safe and sanitary manner.</p> <p>Facility's job description titled, Housekeeper Supervisor, dated 3/23/27, documents, in part, The primary purpose of the Housekeeping/Laundry Supervisor is to assure that our facility is maintained in a clean, safe, and comfortable manner.</p> <p>Facility's job description titled, Housekeeper, dated 3/23/27, documents, in part, The primary purpose of the Housekeeper is to assure that our facility is maintained in a clean, safe and comfortable manner.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45196</p> <p>Based on observation, interview, and record review, the facility failed to update a resident's (R89) isolation status; failed to ensure staff did not bring the clean linen cart inside the resident's (R21) room; failed to wear Personal Protective Equipment (PPE) for a resident (R12) with Enhanced Barrier Precautions (EBP); and failed to maintain infection control practices in effort to prevent the spread of microorganisms for a resident (R79). These failures affected four residents (R12, R21, R79, and R89) and has the potential to affect all 20 residents on Team 2A unit and all 17 residents on Team 3 unit.</p> <p>Findings include:</p> <p>R89 has a diagnosis which includes but not limited to methicillin resistant staphylococcus aureus infection as and enterocolitis due to clostridium difficile.</p> <p>R89's Brief Interview for Mental Status (BIMS) dated 07/12/24 documents that R89 has a BIMS score of 15 which indicates that R89 is cognitively intact.</p> <p>On 08/05/24 V1 (Administrator) presented the facility census of 160 residents with 20 residents on Team 2A unit.</p> <p>On 08/05/24 at 11:50 am, Surveyor observed R89's room with a sign that read Stop Enhanced Barrier Precautions (EBP) on R89's room door.</p> <p>On 08/05/24 at 11:51 am, R89 stated that R89 did not know if R89 was on any isolation precautions. R89 also stated that R89 was taking antibiotic's for 14 days for a virus. R89 denied knowledge of staff wearing personal protective equipment (PPE) when caring for R89.</p> <p>Upon record review of R89's medical record, R89 was observed with orders that documented, in part: Contact isolation for C. diff (Clostridioides difficile) . On contact isolation and MRSA (Methicillin resistant Staphylococcus aureus) sacrum.</p> <p>On 08/07/24 at 1:15 pm, V3 (Infection Preventionist) stated that R89 completed R89's antibiotics and that R89 does not have an active infection. V3 stated that R89's contact isolation orders for C. diff and MRSA of wound should have been discontinued. V3 stated that it is important for the residents isolation orders to be correct in the residents medical record to prevent spreading infection from resident to resident and from staff to staff. V3 also explained that residents are isolated differently for contact and EBP isolations at the facility.</p> <p>The facility's undated document titled Enhanced Barrier Precautions documents, in part: Stop Enhanced Barrier Precautions.</p> <p>R89's Physician Order Sheet (POS) dated 02/27/24 shows that R89 has active orders for Contact isolation for c.diff.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Alta Rehab at Fairmont		STREET ADDRESS, CITY, STATE, ZIP CODE  5061 North Pulaski Road Chicago, IL 60630	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R89's Physician Order Sheet (POS) dated 07/04/24 shows that R89 has active orders for On Contact isolation and MRSA sacrum.</p> <p>The facility's policy dated 05/15/23 and titled Infection Precautions Guidelines documents, in part: Guidelines: It is the policy of this facility to, when necessary, prevent the transmission of infections within the facility through the use of Isolation Precautions . Transmission Based Precautions will be employed for known or suspected infections for which the route of transmission/prevention is known . 3. Contact Precautions: In addition to Standard Precautions for residents known or suspected to be infected with microorganisms that can be easily transmitted by direct or indirect contact, such as handling environmental surfaces or resident-care item.</p> <p>The facility's policy dated 05/07/24 and titled Enhanced Barrier Precautions documents, in part: Purpose: To reduce risk of transmitting multidrug-resistant organisms (MDRO) and targeted MDRO when contact precautions do not apply for residents identified as higher risk.</p> <p>43351</p> <p>On 08/05/24 at 11:49 am, there was an EBP (enhanced barrier precautions) sign posted by R21's door. This surveyor knocked on the door. Staff inside, who was later identified as V14 (Certified Nursing Assistant/CNA), stated 'patient care'. This surveyor informed V14 that this surveyor needed to observe the ADL (activities of daily living) care. This surveyor attempted to open R21's door; however, a clean linen cart was preventing this surveyor from opening R21's door fully.</p> <p>On 08/05/2024 at 11:52 am outside of R21's room, this surveyor requested V13 (Licensed Practice Nurse) to do a visual observation of R21's room and pointed out the clean linen cart inside. V13 stated she (V14) brought the clean linen cart inside her (R21's) room. She (V14) should have not brought the clean linen cart inside the resident's room for infection control.</p> <p>On 08/05/2024 at 11:54 am, V14 wheeled the clean linen cart out of R21's room and placed it on the hallway close to R21's room. V14 stated I (V14) still have other residents on my list that I (V14) need to assist.</p> <p>On 08/05/2024 from 11:54 am through 12:08 pm, this surveyor was by the nurses station in view of the clean linen cart. Nobody moved the clean linen cart out of the unit.</p> <p>On 08/05/2024 at 12:08 pm, V14 stated I (V14) was the one who brought the clean linen cart inside (R21's) room. I (V14) should have not brought the clean linen cart inside the room because the linens could get contaminated.</p> <p>On 08/05/2024 from 12:08 pm through 12:37 pm, this surveyor sat by the nurse station in view of the clean linen cart. Nobody moved the clean linen cart out of the unit.</p> <p>On 08/06/2024 at 3:28 pm, V2 (Director of Nursing) stated clean linen carts should be in the hallway covered, and not inside the resident's room to prevent contamination.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 08/06/2024 at 3:47 pm, V3 (infection Preventionist/RN) stated clean linen cart should not be inside the resident's room because it is already considered contaminated. I (V3) expect the staff to remove the clean linens out of the cart, disinfect the cart and grab new sets of clean linens. We don't want our staff to bring the cart inside the resident's room, we don't want the risk of cross contamination.</p> <p>R21's (Active Order As Of: 08/05/2024) Order summary Report documented, in part Diagnoses: (include but not limited to) neuromuscular dysfunction of bladder. Order Summary: Enhanced Barrier Precaution (Foley catheter) Active 04/17/2024. Foley catheter care every shift as needed. Active 06/06/2024.</p> <p>R21's (06/12/2024) Minimum Data Set (MDS) documented, in part Section C0500. BIMS (Brief Interview for mental status) Summary Score: 01. Indicating R21's mental status as severely impaired. Section H. 0100. Appliances: A. indwelling catheter.</p> <p>The (1/11/18) Linen Handling Principles - Nursing documented, in part Purpose: To ensure handling of soiled and clean linen and personal laundry to prevent the spread of microorganisms. Guidelines: 1. Clean linen shall be stored in such a manner to prevent contamination. 3. Nursing personnel may dispense clean linen from linen storage carts then to the resident's room, in an amount to be used at one time. Linen that is not used in the resident room is not to be returned to the clean linen storage area or taken to another resident's room.</p> <p>50662</p> <p>On 08/05/2024 at 11:59 am V12 (Activity Aide) observed entering dining hall and donning gloves without sanitizing hands. V12 then started to assist with tray set up for cart labeled 59-63.</p> <p>On 08/05/2024 at 12:10 pm V12 stated, I should have sanitized my hands before putting gloves on.</p> <p>On 08/05/2024 at 12:21 pm V12 observed picking up two resident menus from the floor and placing the two menus inside cart tray 59-63.</p> <p>On 08/05/2024 at 12:25 pm V12 stated, Those menus are from residents who are no longer here. I shouldn't have placed the menus in the cart. The floor is dirty.</p> <p>On 08/06/24 at 10:49 am V14 (CNA) observed removing linen from linen cart without removing used gloves or sanitizing hands.</p> <p>On 08/06/2024 at 10:53 am, V14 stated hand hygiene is very important so that we (staff) are not spreading germs. I (V14) was working with R79 when I (V14) had those gloves on. When I (V14) touched the cart with the used gloves, I (V14) could have caused a spread of germs.</p> <p>On 08/06/2024 at 11:50 am, V30 (CNA) observed doing perineum care to R12 with no PPE gown on. R12 observed with foley catheter.</p> <p>On 08/06/2024 at 12:05pm, V30 stated EBP is no isolation. EBP should not be used for R12, EBP should be used for the other resident in the room. R12 has a foley catheter but we don't have to use EBP for her.</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R12 has diagnosis' which include but are not limited to Multiple Sclerosis, Major Depressive Disorder, Neuromuscular Dysfunction of Bladder, Essential Hypertension, Anxiety Disorder.</p> <p>R12's Minimum Data Set (MDS) dated [DATE] has a Brief Interview for Mental Status (BIMS) score of 15 which indicates that R12's cognition is intact.</p> <p>R12's care plan dated 06/07/2024, documents in part, Enhanced barrier Precautions r/t (related to) indwelling urinary catheter .gown and glove during high contact resident care activities such as dressing bathing, showering, transferring, providing hygiene, changing linens.</p> <p>R79 has diagnosis' which include but are not limited to Hemiplegia and Hemiparesis following cerebral Infarction, Acquired Absence of Left Leg Above Knee, Chronic Obstructive Pulmonary Disease, Peripheral Vascular Disease, Major Depressive Disorder.</p> <p>R79's MDS dated [DATE] has a BIMS score of 13 which indicates that R79's cognition is intact.</p> <p>Facility's policy titled Hand Hygiene/Handwashing dated 11/28/12 and revised 07/30/24 documents in part, Examples of when to perform hand hygiene .at room entry .Before eating .Before and after having direct contact with a patient' intact skin .After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings.</p> <p>Facility's policy titled Enhanced Barrier Precautions dated 04/03/24 documents in part, Purpose: To reduce risk of transmitting multidrug-resistant organisms (MDRO) and targeted MDRO when contact precautions do not apply for residents identified as higher risk Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities .EBP are indicated for residents with any of the following: .Urinary catheters .EBP should be used for any residents who meet the above criteria, wherever they reside in the facility .EBP is employed when performing the following high contact resident care activities .dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting.</p> <p>Facility's policy titled Infection Prevention and Control Program dated 11/28/12 and revised 11/28/17 documents in part, Guidelines: 14. All facility personnel are required to routinely wash hands and use appropriate barrier precautions to prevent transmission of infections .15. All facility personnel shall adhere to the Infection Control Program in the performance of their daily assignments.</p>		

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<p>F 0924</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Put firmly secured handrails on each side of hallways.</p> <p>43351</p> <p>Based on observation, interview, and record review, the facility failed to ensure a handrail was firmly secured to the wall in an effort to prevent falls. This failure has the potential to affect all residents in Unit 2B.</p> <p>Findings include:</p> <p>On 08/05/24 at 10:45 am, the handrail in Unit 2B was not fixed to the wall. This observation was pointed out to V34 (Certified Nursing Assistant). V34 stated the handrail has been like that for a long time.</p> <p>On 08/05/24 at 10:55 am, V20 (Housekeeping Supervisor/Maintenance Director/Laundry Director) checked the handrail located in unit 2B and stated the handrail is not fixed to the wall.</p> <p>On 08/05/2024 at 11:23 am, V20 stated I (V20) was not aware the handrail in unit 2B was not fixed to the wall. It is pretty dangerous if the handrail is not fixed to the wall.</p> <p>On 08/06/2024 at 3:30 pm, V2 (Director of Nursing) stated handrails should be fixed on the wall to prevent accidents. Residents use handrails for support when they are ambulating. If not fixed to the wall and the resident grabs the handrail, they will lose their balance and they may fall.</p> <p>The (08/07/2024) email correspondence with V1 (Administrator) documented, in part Hand Rails: To ensure, secure and protect resident/visitors' safety. Ensure all handrails are properly fixed and ensure they are properly secured to the wall.</p> <p>The (undated) Residents' Rights for People in Long-Term Care Facilities documented, in part As a long-term care resident in Illinois, you are guaranteed certain rights, protections and privileges according to state and federal laws. Your rights to safety. Your facility must be safe.</p>		