STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6006191	A. BUILDING: _____ B. WING _____	01/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLEN BRIDGE N & REHAB CENTRE	8333 WEST GOLF ROAD NILES, IL 60714

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S9999	Final Observations statement of licensure Violations Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 4) All nursing personnel shall assist and encourage residents so that a resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrate that diminution was unavoidable. This includes the resident's abilities to bathe, dress, and groom; transfer and ambulate; toilet; eat; and use speech, language, or other functional communication systems. A resident who is unable to carry out activities of daily living shall receive the services necessary to maintain good nutrition, grooming, and personal hygiene. 4) Personal care shall be provided on a 24-hour, seven-day-a-week basis. This shall include, but not be limited to, the following: A) Each resident shall have proper daily personal attention, including skin, nails, hair, and oral hygiene, in addition to treatment ordered by the physician. B) Each resident shall have at least one complete bath and hair wash weekly and as many additional baths and hair washes as necessary	S9999		

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for satisfactory personal hygiene.
C) Each resident shall have clean, suitable clothing in order to be comfortable, sanitary, free of odors, and decent in appearance. Unless otherwise indicated by his/her physician, this should be street clothes and shoes.
This requirement has not been meet as evidenced by:

Based on interview and record review, the facility failed to provide showers/personal care for four residents (R2, R5, R6, R26) of 16 reviewed for increased need for ADL (Activities of daily living) assistance in a sample of 30 and one resident (R36) in the supplemental sample.

Findings include:

On 1/7/15 at 11:38am, Z4 (Family Member) stated, " She (R6) doesn 't get bathed every week. "
According to the facility's Roster, R6 resides in room 312 bed 2.
The third floor Shower Schedule indicates that R6's shower days are Tuesday and Friday on the evening shift.
R6's Bathing log for November, 2014 and December, 2014 documents the following: From 11/12/14 through 11/21/14 and 12/31/14 through 1/6/15, R6 did not receive a shower or sponge bath.

R2 resides in room 302 bed 2.
The third floor Shower Schedule indicates that R2's shower days are Monday and Thursday on the morning shift.
R2 ' s Bathing Log documents the following: From 10/2/14 through 10/30/14 and from 11/1/14 through 11/27/14, R2 did not receive a shower or

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S9999	Continued From page 2 sponge bath. R26 resides in room 206 bed 3. The second floor Shower Schedule indicates that R26's shower days are Wednesday and Thursday on the evening shift. R26 ' s Bathing Log documents the following: From 10/23/14 through 11/5/14, R26 did not receive a shower or sponge bath. R36 resides in room 302 bed 1. The third floor Shower Schedule indicates that R2's shower days are Tuesday and Friday on the morning shift. R36 ' s Bathing Log documents the following: From 9/13/14 through 9/26/14 and 12/18/14 through 1/4/15, R36 did not receive a shower or sponge bath. On 1/6/15, R36 told a surveyor, " I recently did not have a shower for about 2 weeks. And my wife (pointing to bed 302 bed 2 (R2)) has gone 6 or 7 weeks without a shower. " The facility's Concern Referral Form dated 10/21/14 indicates that a concern regarding the CNA's (Certified Nurse Assistants) not following the shower schedules was brought up in the October, 2014 Resident Council Meeting. This document indicates that the corrective action taken was CNA's and nursing staff was made aware and educated to please follow scheduled shower times. Nursing supervisors were told to be aware and assist in keeping to schedule and document if a resident refuses. On 1/6/15 at 1:30pm, E9 (3rd floor Supervisor) stated, "The protocol is residents are showered 2 times a week for all residents. If they refuse a	S9999		

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shower day, they will be switched with another resident. Everyone is offered a shower 2 times a week. If refused, it's charted. A refusal is not included in the two times a week. We will still try to offer a shower."

On 1/8/15 at 10:55am, E2 (DON) stated, "There's a schedule that CNA's follow for showers. Follow that schedule. Showers should be done two times a week. If refusal, needs to be documented. The CNA should offer alternate date, time or method of bathing if the resident refuses. If it says, "No" on the shower log, it means they didn't get it. It means no shower was given.

A facility policy dated 10/00 and titled, "Activities of Daily Living" documents: Activities of daily living are important for maintaining good health and resident moral. Activities of daily living include bathing, oral hygiene, shampoo, and shaving of the resident's facial hair, as appropriate. Residents are encouraged to perform these activities independently, however when that is not possible, the nursing staff will assist the resident and/or perform those activities. 1. Bathing may be a shower, tub or bed bath performed minimally once a week.

R5 is a 60 year old male. R5's original admission was 3/22/14 and readmission was 12/19/14. R5's physician order sheet lists in part the following diagnoses: failure to thrive, tracheostomy, anoxic brain damage, stage IV pressure sore, gastrostomy, dysphagia, and vegetative state. R5's quarterly minimum data set dated 9/18/14 denotes under Section G Functional Status J. Personal Hygiene 4/2 (Total staff dependence/ one person physical assist) and bathing 4/2. R5

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is unable to talk or communicate.
On 1/7/15 at 1:43pm, R5's pressure ulcer dressing change was observed with E22 (RN, Registered Nurse/ Wound Nurse) and E23 (LPN, Licensed Practical Nurse). R5's ten finger nails were extremely long and yellowish in color. R5's ten toenails were also extremely long and yellowish in color. E22 was asked why R5's finger nails and toe nails were dirty and not cut. E22 stated, "It is the podiatrist's job to cut (R5's) nails." E22 was asked when R5 had his nails last cut and where the podiatrist's assessment was located. E22 could not locate the podiatrist's assessment and did not know when R5's nails were last cut. E22 stated that she would have to look at the thinned medical chart.
At 3:45pm, E2 (Director of Nursing) stated, "(R5) has not been seen by a podiatrist since he's been admitted. I cannot find any podiatrist's assessments. I have called the podiatrist to see him today." E2 submitted facility's policy titled Nail Care Policy which denotes in part the following: 1.) Residents' nails are to be kept short, smooth, and clean. 2.) Finger nails are to be clipped by the CNA (certified nursing assistants) on prn (as needed) basis. 3.) Toes nails are to be clipped on a regular basis by the Podiatrist as appropriate. Podiatrist visits facility regularly and sees all residents except those who refuse care or family refuses to have them seen. 4. If podiatry care is refused, the nursing staff (RN or LPN) will render foot care if the attending physician orders it."
R5's ADL (Activities of Daily Living) care plan denotes an intervention of staff assisting with ADL's. On 1/8/15, during facility representation, E2 stated that "the cna's are to cut the fingernails of residents. And if the toe nails are too long, it is the nurse's job to inform the podiatrist to have them cut."

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S9999	Continued From page 5 During all three days of the annual survey investigation R5 was observed to have a foul odor, hair uncombed and oily, and face area very crusty. R5's shower log sheets were reviewed with the following concerns: 7/6/14-7/12/14: R5 had no showers 10/12/14-10/18/14: R5 had no showers 10/18/14-10/25/14: R5 had no showers 11/2/14-11/8/14: R5 had no showers 11/9/15-11/15/14: R5 had no showers Facility's policy titled Activities of Daily Living denotes in part "Activities of daily living are important for maintaining good health and resident oral. Activities of daily living include bathing, oral hygiene, shampoo, and shaving of the resident's facial hair as appropriate. 1. Bathing may be a shower, tub or bed bath performed minimally once a week. 2. Daily the resident or staff member will provide morning care which consists of washing the face, axially and perennial areas needed. This process may be repeated in the evening." (B)	S9999		