STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY IPLETED
		IL6006191	B. WING			
NAME OF	PROVIDER OR SUPPLIER				01/	08/2015
			DDRESS, CITY, S			
GLEN B	RIDGE N & REHAB CE		ST GOLF RO	AD		
(X4) ID	SUMMARY STA	NILES, II	L 60/14			
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
S9999	Final Observations		S9999			
	statement of licensu	re Violations	*** The state of t			A THE PARTY OF THE
*** Antonio montro (Albaria - Albaria)	Section 300.1210 G Nursing and Person	eneral Requirements for al Care				
All the management and the community for the community of	practicable physical, well-being of the resident's complan. Adequate and pare and personal care and personal caresident to meet the					
o de fives 94 s n A a h	encourage residents in activities of daily live circumstances of the demonstrate that dim This includes the residences, and groom; trageat; and use speech, functional communication is unable to carry shall receive the service of nutrition, groomical Personal care shall seven-day-a-week base to be limited to, the form that is the total tention, including skiygiene, in addition to	so that a resident's abilities ing do not diminish unless individual's clinical condition inution was unavoidable. dent's abilities to bathe, nsfer and ambulate; toilet; language, or other ition systems. A resident out activities of daily living ces necessary to maintain ng, and personal hygiene. be provided on a 24-hour, sis. This shall include but				
p B ba	nysician. i) Each resident shall ath and hair wash we	have at least one complete	man and a management of the second of the se		THE CONTRACTOR OF THE CONTRACTOR	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ş.	E CONSTRUCTION		E SURVEY IPLETED
		IL6006191	B. WING			04/09/2045
NAME OF	PROVIDER OR SUPPLIER					08/2015
		OTTELLA	ST GOLF RO	STATE, ZIP CODE		
GLEN B	RIDGE N & REHAB C	ENTRE 0535 WE NILES, II		AD		
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S9999	Continued From pa	ige 1	S9999		,	
***************************************	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:					
PH	residents (R2, R5, Fincreased need for A	and record review, the facility owers/personal care for four R6, R26) of 16 reviewed for ADL (Activities of daily living) ple of 30 and one resident nental sample.			į	
THE STATE OF THE PARTY OF THE P	Findings include:					
Name of the state	stated, "She (R6) d week."	m, Z4 (Family Member) oesn 't get bathed every lity's Roster, R6 resides in				
- - -	The third floor Show R6's shower days are evening shift.	er Schedule indicates that e Tuesday and Friday on the November, 2014 and	TO THE PARTY OF TH			
11111	December, 2014 doc 11/12/14 through 11/2	cuments the following: From 21/14 and 12/31/14 through ceive a shower or sponge				
T	R2 resides in room 30 he third floor Showe	r Schedule indicates that				
th R	(2's shower days are ne morning shift. !2 ' s Bathing Log do	Monday and Thursday on	ritures and an accordance complex polymer		TORNY - TERMINANA	
11	0/2/14 (rirougn 10/3(0/14 and from 11/1/14 did not receive a shower or	nan mandina siyayiyi		dina anna Aria	
Denartme	ent of Public Health	and not receive a snower or	No.		***************************************	

STATE FORM

STATEME AND PLAI	ENT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY IPLETED
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		IL6006191	B. WING		01/	08/2015
	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GLEN B	RIDGE N & REHAB C	ENTRE 8333 WE: NILES, IL	ST GOLF RO	AD		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	
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	sponge bath.					de contraction de con
	on the evening shift R26's Bathing Log	nower Schedule indicates that are Wednesday and Thursday documents the following:				
	morning shift. R36 's Bathing Log From 9/13/14 throug through 1/4/15, R36 did not receive a On 1/6/15, R36 told a not have a shower fo	er Schedule indicates that e Tuesday and Friday on the documents the following: h 9/26/14 and 12/18/14 a shower or sponge bath. a surveyor, " I recently did ir about 2 weeks. And my 302 bed 2 (R2)) has gone 6				
t c c c c c c c c c c c c c c c c c c c	TOV2 1714 Indicates the CNA's (Certified Nurs he shower schedules October, 2014 Reside document indicates the aken was CNA's and aware and educated thower times. Nursing CNA's indicates.	Referral Form dated at a concern regarding the se Assistants) not following s was brought up in the ent Council Meeting. This nat the corrective action nursing staff was made to please follow scheduled g supervisors were told to he keeping to schedule and t refuses.				
31	ialeu, The protocoli	E9 (3rd floor Supervisor) s residents are showered 2 sidents. If they refuse a	t her men and de la company			

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PRINTED: 02/11/2015 FORM APPROVED

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6006191		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY IPLETED			
		B. WING		01/08/2015				
			FADDRESS, CITY, STATE, ZIP CODE VEST GOLF ROAD					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (FACH CORRECTIVE ACTION SHOULD DEFIX)		LD BE	(X5) COMPLETE DATE		
S9999	shower day, they wi resident. Everyone week. If refused, it's included in the two to offer a shower." On 1/8/15 at 10:55a a schedule that CN/that schedule. Show a week. If refusal, no CNA should offer alt of bathing if the resident has no shower were a facility policy dated of Daily Living" doculiving are important that and resident moral. Include bathing, oral shaving of the resider appropriate. Resider perform these activity when that is not possassist the resident and resident and possassist the r	Il be switched with another is offered a shower 2 times a charted. A refusal is not times a week. We will still try Im, E2 (DON) stated, "There's A's follow for showers. Follow wers should be done two times eeds to be documented. The ternate date, time or method dent refuses. If it says, "No" means they didn't get it. It as given. If 10/00 and titled, "Activities ments: Activities of daily for maintaining good health Activities of daily living hygiene, shampoo, and ent's facial hair, as its are encouraged to ies independently, however sible, the nursing staff will ind/or perform those activities. shower, tub or bed bath	S9999					
	was 3/22/14 and read physician order shee diagnoses: failure to brain damage, stage gastrostomy, dysphages's quarterly minimudenotes under Sectio Personal Hygiene 4/2	nale. R5's original admission dmission was 12/19/14. R5's t lists in part the following thrive, tracheostomy, anoxic IV pressure sore, gia, and vegetative state. um data set dated 9/18/14 in G Functional Status J. (Total staff dependence/assist) and bathing 4/2. R5						

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IL6006191	B. WING				
	NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE	01/	08/2015	
	GLEN BRIDGE N & REHAB C		ST GOLF RO				
_		NILES, IL					
	PREFIX (EACH DEFICIENCY	Y MUST BE PRECEDED BY FILL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
	S9999 Continued From pa	ge 4	S9999				
	S9999 Continued From page 4 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 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		\$9999				
	them cut."	rm the podiatrist to have	WAS INVOICE			1	

-	STATEME	NT OF DEFICIENCIES						
	AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION		(X3) DATE SURVEY	
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			IL6006191	B. WING_		01	/08/2015	
-	NAME OF PROVIDER OR SUPPLIER STREET ADDR			ODDECC CIT	Y, STATE, ZIP CODE		70072013	_
Name and Address of the Owner, where								
	GLEN BI	RIDGE N & REHAB CE	ENTRE 0333 VVE. NILES, IL	ST GOLF	ROAD			
ŀ	(X4) ID	SUMMARY STA		. 00/14				
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L					DEFICIENCY			
	S9999	9 Continued From page 5		S9999				٦
	Obs.	During all three days	s of the annual survey					
		investigation R5 was	s of the annual survey s observed to have a foul					
	i	odor, hair uncomber	d and oily, and face area very	on experience	over the second			1
		crusty. R5's shower	r log sheets were reviewed	and a part of the			11000000	-
		with the following co	ncerns:	lini rolladdadan	15. Addition			ı
		7/6/14-7/12/14: R5	had no showers				de-independent	
		10/12/14-10/18/14:	R5 had no showers		70.00 makee		The special section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the sect	I
		10/18/14-10/25/14: R5 had no showers			Pilderarene			ı
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		-	**************************************			ı		
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			dare supplied to the supplied		AND THE PROPERTY OF THE PROPER	ı		
	the resident's facial hair as appropriate. 1.			GERLA ANALASA		ALCOHOL: A CONTRACT OF THE CON	ı	
		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)			And the state of t			l
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