STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments Complaint Investigation: 2197594/IL139198 2198255/IL140018	S 000		
S9999	Final Observations Statement of Licensure Violations: 300.610a) 300.1010h) 300.1210b) 300.1210d)2) 300.1210d)5) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1010 Medical Care Policies h) The facility shall notify the resident's physician of any accident, injury, or significant change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or	S9999	**Attachment A** **Statement of Licensure Violations**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 1 manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. The facility shall obtain and record the physician's plan of care for the care or treatment of such accident, injury or change in condition at the time of notification. 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. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 2 These requirements are not met as evidenced by: Based on observation, interview and record review the facility failed to obtain a physician order to treat a resident with new onset of skin breakdown and failed to maintain good infection control practices during wound care. The facility also failed to follow their Low Air Loss Mattress Use Policy by using multiple layers of linen. These failures include 4 of 4 (R1-R4) residents reviewed for pressure ulcer prevention and treatment. This failure resulted in R1 being admitted on 7/21/21 with redness on the sacral area that subsequently worsened to an open stage 3 pressure ulcer. Findings include: R1 was admitted on 7/21/21 with diagnosis listed to include Chronic Obstructive Pulmonary Disease, Hypertension, Osteoarthritis, Anxiety, Pressure ulcer of Sacral Region stage 3, Muscle weakness, Difficulty in walking, Cognitive communication deficit. R1's Physician order sheet (POS) for July 2021 indicated no wound treatment order for R1's sacrum from 7/21/21 to 7/27/21. R1 was started on wound care treatment of Medihoney wound gel and Calcium Alginate apply to sacral topically daily after cleansing with Sodium Chloride and cover with foam dressing daily on 7/28/21 when she was seen by V21 Wound Care Nurse Practitioner (WCNP.) R1's July 2021 Treatment Administration Record (TAR) indicates no treatment was done. On 11/17/21 at 10:31am, V11 Registered Nurse (RN) said that she has taken care of R1. V11 RN said that V9 Wound Care Nurse (WCN) does the wound care treatment to all residents. V11 RN, reviewing from R1's progress notes said that R1	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 3 was admitted on 7/21/21 with redness on the sacral area. V9 WCN does the weekly skin assessment. V9 WCN did a wound assessment indicating a Stage 3 pressure ulcer on sacral area measuring 0.4x0.4x0.3cm on 7/27/21. Both V11 RN and V10 Certified Nurse's Aide (CNA) said that R1 likes to stay in bed. R1 will be up for therapy and lunch but will request to be put back to bed after due to shakiness and dizziness. On 11/17/21 at 1:02pm, review R1's medical record with V4 Assistant Director of Nursing (ADON.) V4 ADON said that R1 came in with redness on sacral area as documented by V19 Registered Nurse (RN.) V19 RN is no longer working in the facility. V4 ADON said that upon admission, resident will be assessed by V9 WCN. If V9 WCN is not available, she (V4) will do the skin assessment in progress notes. V9 WCN also does the weekly skin assessment. V4 ADON said that they don't do daily skin assessment. V4 ADON said that on 7/22/21, she did a skin assessment on R1. V4 ADON documented " noted open sacral area appears like unstageable wound, wound bed 50% slough and 50% reddened, no active drainage. Optifoam dressing applied, R1 agreed for wound physician consult. Air mattress was ordered, heel foam boots and wheelchair cushion provided. Called and left message to V18 Family member". V4 said that she called V20 Nurse Practitioner (NP) for wound care orders. R1's Physician Order sheet (POS) and Treatment Administration Record (TAR) for month of July 2021 indicated no orders for Optifoam dressing, air mattress, heel foam boots and wheelchair cushion. V4 ADON said for some reason she forgot to carry it out in POS and TAR. V4 ADON said that they don't need to have order for low air	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 4 loss (LAL) mattress, heel foam boots and wheelchair cushion. V4 ADON said that R1 refused to get up and preferred to stay in bed. Review of R1's care plan with V4 ADON indicated no behavior documented that she refused to get out of bed nor documentation in progress notes. On 11/18/21 at 9:59am, V3 Director of Nursing (DON) said that V9 was on vacation between the 7/21 and 7/26/21. V4 ADON does the wound assessment, and the nurses do the wound dressing while V9 WCN was on vacation. On 11/18/21 at 10:42am, Reviewed Facility's policy on Pressure ulcer/injury risk assessment with V3 DON indicates " c. if a new skin alteration is noted, initiate a (pressure or non-pressure) form related to the type of alteration in skin". V3 DON said that V4 did not initiate wound assessment form because this is not new identified wound. V3 DON said that V19 RN who admitted R1 documented it incorrectly. V19 RN is no longer working in the facility and cannot be interviewed. V3 DON said that they don't need to have physician order for R1 to be placed on LAL mattress. Review Facility's LAL mattress policy with V3 DON indicates " 1. Verify the physician order and name of the resident". V3 DON did not respond. On 11/18/21 at 12:08pm, V3 DON said that physician orders should be carried out in POS and implementation of treatment orders documented in the TAR. V3 DON said that R1 has not been seen by her Primary Care Physician (PCP) during her stay in the facility. R1 was only seen by V20 NP. V3 DON said that the resident should be seen by PCP within 72 hours upon	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 5 admission then every 90 days. On 11/18/21 at 12:17pm, V9 WCN said that she was on vacation when R1 was admitted. V9 WCN said that she saw R1 on 7/27/21. V9 WCN observed R1 with Stage 3 pressure ulcer, she cannot recall what treatment R1 was on. V9 WCN said that she does the wound treatment for all residents in the facility. V9 WCN said that she reviews treatment orders before performing wound care. Review of R1's POS with V9 WCN showed no treatment order was placed on R1 since admission. Not until she was seen by V21 WCNP on 7/28/21. On 11/18/21 at 12:29pm, V20 NP said that he saw R1 on 7/22/21 and documented that R1 had a stage 3 pressure ulcer per nursing report on his assessment. V20 NP said that he did not see R1's sacral pressure ulcer. V20 NP said that he did not document plan treatment nor plan of care because he expects the nursing and the wound care to document. V20 NP was not aware that R1 did not receive treatment until seen by V21 WCNP on 7/28/21. V20 NP said that he is only aware of what is stated in the record. On 11/18/21 at 12:50pm, V21 WCNP said that she saw R1 initially on 7/28/21 with stage 3 pressure ulcer on sacrum with slough formation and necrotic tissues. Per nursing staff, R1 likes to stay in bed. R1 was seen on a weekly basis from 7/28/21 to 9/29/21. Debridement was also done on sacrum. V21 WCNP said that wound could get worse from redness to stage 3 if no treatment was being done, no off loading, and lying supine for a long period of time. Also, if there is damage to the underlying skin that is not visible or has not come to the surface; the wound can develop fast if the resident has a compromise condition- such	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 6 as elderly, light weight, paper skin and other underlying conditions. The wound could get worse overnight depending on how compromised the resident is. On 11/18/21 at 2:45pm, V3 DON said that treatment for stage 1, non-blanchable redness is: keep open to air and use a skin protectant such as zinc oxide. R2 was admitted on 3/18/21 with diagnosis to include Dementia with Lewy bodies, Peripheral vascular disease, Type 2 Diabetes Mellitus, Protein calorie malnutrition. R2's skin report indicated that she has a reopened stage 3 wound to the sacrum on 10/21/21. On 11/17/21 at 10:03am, Observed R2 in lying in bed on a Low Air Loss (LAL) mattress. R2 is alert and oriented x3 and able to verbalize needs to staff. V9 WCN prepares wound supplies for R2 (wet the gauze with NSS, place zinc oxide ointment on plastic med cup and removed the foam gauze from individual wrap) and placed them on top of the treatment cart without using liner or tray. Then V9 WCN donned gloves and took the wound supplies inside the room and placed them on top of the bedside tray table without liner or disposable tray next to R2's personal items. V9 performed wound care to the sacrum. V9 used the same pair of gloves in cleansing the wound and applying treatment and dressing. R2 has a flat sheet linen, quilted cloth pad and is wearing a disposable adult brief. V9 said that it is okay to use a flat sheet and cloth pad on R2 while on LAL mattress. R3 was re-admitted on 10/13/21 with diagnosis to include Stage 4 chromic kidney disease, Congestive heart failure, Type 2 Diabetes	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 7 Mellitus, Generalized muscle weakness. R3's skin report dated 10/13/21 indicated that they have a Stage 4 on left heel, Stage 3 on left gluteal and Stage 2 on right gluteal. On 10/17/21 at 10:15am, Observed R3 lying in bed on a Low Air Loss (LAL) mattress. R3 is alert and oriented x3, able to verbalize needs to staff. V9 WCN prepares wound supplies for R3 (wet the gauze with NSS, place zinc oxide ointment on plastic med cup, took small amount of hydrogel placed on top of non-adhesive dressing and gauze) and placed it on top of the treatment cart without using liner or tray. Then donned gloves and took the wound supplies inside the room and placed them on top of the bedside tray table without liner or disposable tray next to R3's personal items. V9 WCN used the same pair of gloves in cleansing sacral area with wet wash cloth and applying treatment and dressing. R3 has flat sheet linen, quilted cloth pad and is wearing a disposable adult brief. V9 said that for LAL mattress, it is okay to use a flat sheet and cloth pad. On 11/17/21 at 1:02pm, Informed V4 ADON of wound care observation with V9 WCN to R2 and R3. Concerns identified in infection control and use of multilayers linen over LAL mattress. V4 said that disposable tray is used to put the wound supplies in a resident room to avoid contamination and ensure infection control. Gloves should be changed after cleansing wound and before handling clean dressing. They only use 1 flat sheet over the LAL mattress. V4 said she already in-service the staff but will re-enforce it. R4 was admitted on 11/5/21 with diagnosis listed to include Congestive heart failure, Chronic	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 8 respiratory failure, Type 2 Diabetes Mellitus. R2's skin report upon admission indicated that she has Stage 3 on coccyx and right ischial. On 11/17/21 at 2:12pm, Observed V9 WCN perform wound care to R4. R4 has flat sheet linen, cloth pad and is wearing a disposable adult brief. V9 WCN said that she is not sure of how many layers they can put on top of the LAL mattress. V9 WCN said she will check with V4 ADON because she usually orders the LAL mattress. On 11/17/21 at 2:30pm, V11 RN said that she is not sure how many linens are allowed on top of LAL mattress. Surveyor is referred to V9 WCN or V4 ADON. Facility's policy on Prevention of Pressure Ulcer/Injuries indicates: Purpose of this procedure is to provide information regarding identification of pressure ulcer/injury risk factors and interventions for specific risk factors. Risk Assessment: 4. Inspect the skin on a daily basis when performing or assisting with personal care or ADLs. Monitoring: 1. Evaluate, report and document potential changes in the skin 2. Review the interventions and strategies for effectiveness on an ongoing basis. Facility's policy on Pressure Ulcer/Injury risk assessment indicates: Purpose of this procedure is to provide guidelines for the structured assessment and identification of residents at risk of developing pressure ulcers/injuries.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 9 General guidelines: 3. Once the assessment is conducted and risk factors are identified and characterized, a resident centered care plan can be created to address the modifiable risks for pressure ulcers/injuries. Steps in the procedure: 4. C. If a new skin alteration is noted, initiate a (pressure or non-pressure) form related to the type of alteration in skin. 5. Develop the resident centered care plan and interventions based on the risk factors identified in the assessment, the condition of the skin, the resident's overall clinical condition and the resident's stated wishes and goals. Documentation: 4. The condition of resident's skin Facility's policy on Low Air Loss Mattress indicates: Purposes: a. be able to maintain or promote adequate circulation for resident that are high risk for skin breakdown to those residents that spends most of the time on bed due to medical condition. c. aid in healing of stage 3 or 4 pressure ulcers d. and to prevent the development of pressure ulcer. Procedure: 1. Verify the physician order and the name of the resident. 11. As much as possible, use only 1 linen sheet covering the air mattress. Facility's policy on Hand Hygiene indicates: General: cleansing your hands by using either handwashing, antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis. Cleansing your hands reduces: the spread of potentially deadly germs to patients. 5 moments for hand hygiene:	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	C 11/23/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S9999	Continued From page 10 1. Before touching a patient 2. Before clean/aseptic procedure 3. After body fluid exposure risk 4. After touching a patient 5. After touching patient surroundings Facility's policy on Medication Orders indicates: Purpose of this procedure is to establish uniform guidelines in the receiving and recording of medication orders. Supervision by a Physician: 1. Each resident must be under the care of licensed Physician authorized to practice medicine in this state and must be seen by the physician at least every 60 days. 3. Orders must be written and maintained in the medical record. Recording orders: 6. Treatment orders- when recording treatment orders, specify the treatment, frequency and duration of the treatment. (B)	S9999		