Illinois Department of Public Health STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ IL6007876 B. WING 11/02/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3450 SARATOGA AVENUE **DOWNERS GROVE REHAB & NURSING DOWNERS GROVE, IL 60515** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) S 000 **Initial Comments** S 000 Licensure Survey for Change of Ownership S9999! **Final Observations** S9999 Statement of Licensure Violations: 1 of 2 300.1210a) 300.1210b)3) 300.1210d)1) 300.1210d)2) 300.1210d)4)A) Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's quardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's quardian or representative, as applicable. (Section 3-202.2a of the Act) Attachment A b) The facility shall provide the necessary care Statement of Licensure Violations and services to attain or maintain the highest practicable physical, mental, and psychological

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

TITLE

(X6) DATE

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hygiene, in addition to treatment ordered by the

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she will follow-up with pharmacy for these said

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	3. On 11/1/22 at 3:	34 PM, V27 (CNA) rendered					
6	incontinence care to R14 who was wet with urine and had a bowel movement. V27 cleaned R14's buttocks, applied incontinence brief, straightened		٠				
	R14's gown, bed sh	neet and blanket, and placed					
	the O2 tubing back	to R14 while wearing same					
	soiled gloves all thre	oughout the care.		1 .	. 4		
	Director of Nursing/ hygiene is a must, we residents. Perform I and in between glov	PM, V8 (Former Interim DON) stated that hand when providing care to the hand hygiene in between task we change to prevent spread cross contamination, and					
	protect the staff, oth	er residents, and visitors.	·				
	Facility Hand Hygier shows:	ne Policy and Procedure				2002	
	simple and effective spread of infections for the hand hygiene	romotes hand hygiene as a method for preventing the Glove use is not a substitute a. All staff are to perform the pall care activities and while ons within the facility.	× 	8 .+			
	Procedures/Guidano	ce:					
	All staff are respo hygiene procedures:	nsible for following hand					
	c. After contact with excretions, mucous or wound dressings.	membranes, non-intact skin.					
	e. When hands move site to a clean body s	e from a contaminated-body site during resident care.					
•	f. Before and after w	earing gloves.					

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