

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  IL6000020	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  10/26/2022
NAME OF PROVIDER OR SUPPLIER  ABBINGTON VLGE NRSG & RHB CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 31 WEST CENTRAL ROSELLE, IL 60172		
(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	S 000		
	Initial Licensure Survey			
S9999	Final Observations	S9999		
	Statement of Licensure Violations: 300.696b) 300.696d)6)7)  1/2 Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code.  Section 300.696 Infection Prevention and Control d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340):  6)Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings			
			Attachment A Statement of Licensure Violations	

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>7)Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to follow current standards of infection control by not wearing appropriate PPE (Personal Protective Equipment) and failing to correctly sanitize glucometers. This applies to 3 out 8 residents (R2, R6, R7) reviewed for infection control in a sample of 8.</p> <p>Findings include:</p> <p>1. R7's face sheet documents a diagnosis of "Type 2 Diabetes Mellitus with unspecified complications."</p> <p>R7's POS (Physician Order Sheet) documents an order: "Accucheck TID (Three Times a Day) at 6am, 12pm, and 5pm."</p> <p>On 10/25/22 at 11:47am, V10 (RN-Registered Nurse) went to R7's room and checked R7's blood sugar with a glucometer by pricking her middle finger on her right hand. V10 came back to her medication cart and placed the glucometer on top of it. V10 took one wipe from the Microdot Bleach Wipe Canister and proceeded to wipe down the glucometer only for 3 seconds. V10 did not wrap the wipe around the glucometer. Instead, she just left the glucometer to air dry.</p> <p>2. R6's face sheet documents a diagnosis of "Type 2 Diabetes Mellitus with hyperglycemia."</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>R6 POS documents an order: "Accucheck before meals and at bedtime: 6am, 12pm, 5pm, and 9pm."</p> <p>On 10/25/22 at 12:18pm, V5 (RN) went to R6's room and checked R6's blood sugar with a glucometer by pricking his middle finger on his right hand. V5 came back to her medication cart and placed the glucometer on top of it. V5 stated, "This glucometer is (R6)'s personal glucometer. In fact, all the residents here have a separate glucometer." V5 then placed the glucometer in a plastic sleeve without performing any kind of sanitation.</p> <p>3. R2's face sheet documents a diagnosis of "Contact with and (suspected) exposure to other viral communicable diseases."</p> <p>R2's POS documents: "(R2) is on contact isolation for ESBL (Extended Spectrum Beta Lactamase) in urine."</p> <p>R2's care plan documents the following: "Problem: (R2) is on isolation-Contact Precautions for ESBL in urine since 10/5/22. (R2) has indwelling catheter since admission. Approach: Apply isolation equipment upon entry to the room. Maintain isolation-contact precautions due to ESBL in urine."</p> <p>On 10/25/22 at 12:39pm, V5 who was wearing a face masked donned gloves in front of R2's room. V5 did not put a gown on and went into R2's room. V5 was leaning over R2's bed and administered her Sodium Chloride tablet. When V5 came out of R2's room, surveyor asked her what type of PPE should be worn when someone goes into resident's room who's on isolation for</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>contact precautions. V5 stated, "Gloves and gown should be worn. Also, we need to wear face masks regardless." When asked why she did not wear a gown, V5 replied, "I don't have to wear a gown because the ESBL is in (R2's) urine. I was not touching or standing over her catheter bag."</p> <p>On 10/25/22 at 1:32pm, V2 (Director of Nursing) stated, "The nurse should wipe the glucometer after doing the accu-check with the Microdot bleach wipes for the required time, or they can wipe the entire surface of the glucometer first and then wrap it in the bleach wipe for 5 minutes and then let it air dry. Our policy is they should leave the glucometer wet for 5 minutes. (R2) is on contact precautions for ESBL. That means gown and gloves are to be worn before entering her room. It's a must. (V5) should have worn both gowns and gloves, regard less if (R2)'s ESBL is in the urine and she has a catheter bag."</p> <p>Facility's policy titled Glucometer Policy (2022) documents the following: "It is the policy of this facility to maintain infection control practices when using glucometer machines. Glucometer machines will be cleaned and disinfected after each use with disinfectant towels with bleach. The towels contain 6500 ppm (parts per million) Sodium Hydrochloride. The towels are pre-moistened 1:10 dilution of bleach and detergent. The following procedure will be followed: "Apply pre-moistened towel to glucometer before and after resident use and let stand 5 minutes. Repeat process after accucheck done. 4. Clean the glucometer by applying the towelette and wipe the surface to be disinfected. 5. After wiping surface, leave the towelette on top of surface for 5 minutes wet contact time. 6. After 5 minutes, place the</p>	S9999		

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S9999	Continued From page 4  glucometer on a clean paper towel to dry."  Manufacturer's guidelines for Microdot Bleach Wipes documents the following: "Contact time: Allow surface to remain visibly wet for 30 seconds to kill bacteria and viruses." Facility's policy titled Extended-Spectrum Beta Lactamases (ESBL) Isolation Precaution (2022) documents: "Procedure: Intake-2. Should a resident be placed on contact isolation, implement the following: a. Place a box of gloves on the isolation cart. b. Have a supply of gowns readily available."  Facility's policy titled Chapter 7 Precautions Used in Long Term Care (Unknown Date) documents the following: "What Personal Protective Equipment is necessary to wear when a resident is on Contact Precautions: Staff entering the room of any resident on contact precautions, at minimum, shall done gloves and gown."  (C)  2/2 Section 300.1610 Medication Policies and Procedures  a)Development of Medication Policies  1) Every facility shall adopt written policies and procedures for properly and promptly obtaining, dispensing, administering, returning, and disposing of drugs and medications. These policies and procedures shall be consistent with the Act and this Part and shall be followed by the facility. These policies and procedures shall be in compliance with all applicable federal, State and local laws.	S9999		

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S9999	<p>Continued From page 5</p> <p>This requirement was NOT met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to handle and discard a resident's medication appropriately. The facility also failed to secure a resident's medication in a locked compartment. This applies to 1 out of 8 residents (R8) reviewed for medications in a sample of 8.</p> <p>Findings include:</p> <p>R8's face sheet documents the following diagnosis: "Schizophrenia, Unspecified Psychosis not due to a substance or known physiological condition, Panic disorder and other specified depressive episodes."</p> <p>R8's POS (Physician Order Sheet) documents the following orders: "Haldol 5mg (milligrams)-1 tablet twice a day at 9am and 5pm." "Haldol 2mg at bedtime at 9pm."</p> <p>On 10/26/22 at 8:22am, V12 (Agency LPN-Licensed Practical Nurse) started preparing R8's medications. V12 took R8's Haldol 2mg from her medication card and put it in her medication cup. V12 continued to put more medication tablets in the medication cup. V12 accidentally tipped over the medication cup. Some of the pills went on the floor which V12 then picked up and discarded into the waste receptacle attached to her medication cart. The Haldol 2mg tablet fell out of the medication cup and landed on top of the medication cart. V12 realized that R8 was supposed to get Haldol 5mg (9am) instead of Haldol 2mg which she gets at bedtime (9pm). V12 told surveyor that she will save this. With her bare hands, V12 picked up the Haldol 2mg tablet and put it inside the</p>	S9999		

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S9999	<p>Continued From page 6</p> <p>medication card which laid on top of the medication cart. V12 told surveyor that she would tape the medication back into the medication card later when she tries to locate where the tape was. Instead of storing R8's Haldol 2mg medication card inside the medication cart, V12 placed it on top of her medication cart. After preparing all of R8's medications at 8:30am, V12 went and administered R8's medication leaving the Haldol 2mg medication card unattended on top of her medication cart. From 9am to 9:08am, V12 also left R8's Haldol 2mg medication card unattended on top of her medication cart while administering medications to another resident. At 9:30am, surveyor went back to V12. Surveyor asked V12 where R8's Haldol 2mg medication card was. V12 had stated that she taped the tablet back into the medication card and put it back inside her cart.</p> <p>On 10/26/22 at 11:47am, V2 (DON-Director of Nursing) stated, "Medications cannot be touched with bared hands. It's an infection control issue. It cannot be put back into the medication card and taped back. It has to be thrown out in the appropriate waste receptable depending on what type of medication it is. It also should not be left on the medication cart when the nurse is away. It should be kept inside the medication cart and locked."</p> <p>Facility's policy titled Medication Preparation and Administration (7/2022) documents: "5. If a medication which is not in a protective container is dropped, staff should discard it according to facility policy. 9. Staff should not leave medications or chemicals unattended."</p> <p>Facility's policy titled Medication Storage Policy (7/2022) documents: "1.Internal and external</p>	S9999		

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S9999	Continued From page 7  medications are to kept separately in the medication administration and/or extra medication of resident's can be stored in the med room."  (AW)	S9999		