

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2010
NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521		
(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) COMPLETION DATE	
F 469	Continued From page 44 today. Interview with E21 RN on 8/12/10 indicated that about a week or 2 ago, he was working the day shift and the night shift endorsed to him that a bug was found in a resident room. E21 said that E22 the environmental director had the room cleaned. E22 wrote a statement on 8/12/10 that about a week ago, I was informed that a bug was found in a resident room. After the beds were stripped and linen was sent down to laundry, the housekeeper on 2A that day disinfected the room including the beds. The bug was not saved or identified. E22 was interviewed on 8/12/10 at 2:00pm. She said that on 8/11/10 she came in at 5:45am and the night shift must have found the bugs. E22 said a recliner chair was found to have bed bugs and the chair was removed from the building. The room was cleaned and prepared according to instructions from the pest control company. These instructions include information about removing all personal items, linens, curtains, electrical plates from walls closets must be empty. Interview with Z5 from the pest control company in a telephone conversation on 8/17/10 at 1:30pm indicates that if a bug is found, it should be saved and given to the technician for identification. Then they will know how to treat it.	F 469			
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.696a) 300.696b)	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2010
NAME OF PROVIDER OR SUPPLIER CHATEAU NRSNG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521		
(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) COMPLETION DATE	
F9999	<p>Continued From page 45 300.1210a)</p> <p>Section 300.696 Infection Control</p> <p>a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code (77 Ill. Adm. Code 690). Activities shall be monitored to ensure that these policies and procedures are followed.</p> <p>b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>a) The facility must 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 assessment and plan of care. 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.</p> <p>These requirements are not met as evidenced by:</p> <p>Based on observation, record review and interview the facility failed to:</p> <p>(1) Ensure staff follow standard precautions during blood sugar testing. The Nurses did not</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2010
NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521		
(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) COMPLETION DATE	
F9999	<p>Continued From page 46</p> <p>clean or disinfect the glucometers, before or after using and re-using them, as recommended in manufacturer directions.</p> <p>(2) Have a Policy and Procedure for cleaning and disinfecting the glucometer before and after its use.</p> <p>(3) Analyze data from infection control logs to determine the origin of nosocomial infections, and review the use of antibiotics in the facility.</p> <p>For seven of seven residents who had blood glucose tested the Nurses did not follow safe, effective standard precautions for cleaning and disinfecting glucometers. One resident (R18) in the sample and six residents (R28 through R33) from supplemental sample.</p> <p>Findings include:</p> <p>On 8/10/10 evening two surveyors observed four different Nurses measuring blood glucose for the residents on the second floor using glucometer. The following are the details of the blood glucose testing.</p> <p>(1) At 3:35 pm E12 measured blood glucose for R30. E12 wiped the strip port on the glucometer after its use with an alcohol wipe once and returned the glucometer to the cart.</p> <p>(2) At 3:40 pm E12 measured blood glucose for R31. E12 wiped the strip port on the glucometer machine after its use with an alcohol wipe once and returned the machine to the medication cart.</p> <p>(3) At 4:55 pm E11 measured blood glucose for R18. E11, after using the glucometer, wiped it with a germicidal disposable wipe for 12 seconds and placed the machine in the medication cart drawer.</p> <p>(4) At 5:20 pm E10 measured blood glucose for R28. E1,0 after using the glucometer, wiped the</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2010
NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521		
(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) COMPLETION DATE	
F9999	<p>Continued From page 47</p> <p>machine for 8 seconds with a germicidal disposable wipe and placed the machine in her lab coat pocket.</p> <p>(5) At 5:35 pm E10 measured blood glucose for R29. To measure the blood glucose E10 took the glucometer out of her pocket and used the same machine that was used for R28. After the test for R29, E10 wiped the glucometer for 14 seconds with a germicidal wipe and placed the machine back in her lab coat pocket.</p> <p>(6) At 3:55 pm E13 measured blood glucose for R32. E13 wiped the glucometer after its use with a germicidal wipe for five seconds and returned the glucometer to the medication drawer.</p> <p>(7) At 4:05 pm E13 measured blood glucose for R33. E13 wiped the glucometer for 8 seconds after its use and returned the blood glucometer the medication cart drawer.</p> <p>This unsafe staff practice of handling, storing, cleaning and disinfecting the glucometer before and after its using and reusing has the potential to cause bloodborne infections.</p> <p>The germicidal disposable wipe that was used to clean the blood glucometer is a bacteriocidal, Tuberculocidal and virucidal agent. In order for the germicidal disposal wipe to be effective the manufacturers directions noted to disinfect the surface by: "Thoroughly wet surface, must remain visibly wet for a full two minutes, use additional wipe(s) if needed to assure continuous two minute wet contact time." The Nurses did not follow these cleaning directions after or before use of the blood glucometers.</p> <p>Centers for Disease Control guidelines for RECOMMENDED INFECTION-CONTROL AND SAFE INJECTIONS PRACTICES TO PREVENT</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2010
NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521		
(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) COMPLETION DATE	
F9999	<p>Continued From page 48</p> <p>PATIENT-TO-PATIENT TRANSMISSION OF BLOODBORNE PATHOGENS, include:</p> <ul style="list-style-type: none"> * Environmental surfaces such as glucometers should be decontaminated regularly and anytime contamination with blood or body fluids occurs or is suspected. * Glucometers should be assigned to individual patients. If a glucometer that has been used for one patient must be reused for another patient, the device must be cleaned and disinfected. * Maintain supplies and equipment such as fingerstick devices and glucometers within individual patient rooms if possible. * Do not carry supplies and medications in pockets. * Because of possible inadvertent contamination, unused supplies and medications taken to a patient's bedside during fingerstick monitoring or insulin administration should not be used for another patient. <p>E10, on 8/10/10 at 6:30 pm, stated she was not aware that she has to use the germicidal wipe so that the surface to be cleaned is visibly wet for full two minutes contact time.</p> <p>On 8/12/10 surveyor reviewed the facility policy and procedure for measuring blood glucose for the residents. This policy and procedure did not include any guidelines for cleaning and disinfecting the glucometer before and after its use.</p> <p>On 8/10/10 there were a total of 11 residents (six</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2010
NAME OF PROVIDER OR SUPPLIER CHATEAU NRSG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521		
(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) COMPLETION DATE	
F9999	<p>Continued From page 49</p> <p>residents on second floor; and five residents on first floor) in contact isolation for various infections including Methicillin Resistant Staph Aureus (MRSA), Clostridium Dif. (C-Dif), Vancomycin Resistant Enterococcal (VRE), Extended Spectrum of Beta Lactimace (ESBL) infections in the urine, stool and wound. Five of 11 residents in contact isolation have acquired infections in the facility.</p> <p>Two of six residents from the second floor; and one of five residents from the first floor in contact isolation have a diagnosis of Diabetes and receive daily blood glucose testing. The facility has a glucometer for each medication cart and the staff use and re-use the same glucometer on multiple residents. There is no dedicated glucometer for the residents in isolation.</p> <p>On 8/13/10 the survey team reviewed facility infection control program. The facility infection control log documented (between 2/1/10 and 8/10/10) a total of 287 infections; of which 146 infections were acquired (nosocomial) in the facility; 98 infections were present upon admission to the facility; and 43 cases of prophylactic antibiotic therapy use. These statistics indicate 51% of the infections were acquired in the facility. These infections include: Urinary Tract, Respiratory Tract, Skin, Gastrointestinal Tract, Eye, Ear and Nose. The infectious organisms included were: MRSA, C-Dif., VRE and ESBL.</p> <p>The original CMS form 672 resident census and conditions of residents given to surveyor on 8/11/10 stated there were 10 residents on antibiotics. Review of the infection control log given to surveyor on 8/11/10 indicated more than</p>	F9999			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/06/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145614	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 08/20/2010
NAME OF PROVIDER OR SUPPLIER CHATEAU NRSNG & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7050 MADISON STREET WILLOWBROOK, IL 60521		
(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) COMPLETION DATE	
F9999	<p>Continued From page 50</p> <p>10 residents received antibiotics. The 672 was revised to include 26 residents on antibiotics. The infection control log from 7/1/10 to 7/31/10 had 25 incidents of nosocomial infections. The data from this time frame had not been evaluated as of 8/11/10. Surveyor asked for data from 8/1/10 to 8/11/10. This report indicated that 4 new nosocomial infections developed on skin.</p> <p>During the initial tour on 8/10/10, a family member of R15 expressed concern about how his mother has developed MRSA, and recently has to be in isolation with another resident with MRSA. R15's record indicates she was admitted 6/28/10, and tested positive for MRSA in the right great toe on 8/6/10. R15's roommate R63 developed MRSA of a wound on 6/8/10 according to the infection control log. E2 director of nursing said that this is why R15 and R63 are now roommates.</p> <p>(A)</p>	F9999			