**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**ID** 145424

**DATE SURVEY COMPLETED** 03/29/2013

<table>
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<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<th>(X5) COMPLETION DATE</th>
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<tr>
<td>F 441</td>
<td>Continued From page 58 Infection Prevention Committee met to address a plan specific to R11 and review the policies and procedures related to surveillance and isolation/precautions on 3/15/2013. The immediacy was removed on 3/15/2013 at 7:00 pm.</td>
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**LICENSURE VIOLATIONS**

- 300.610a)
- 300.696a)
- 300.1010h)
- 300.1210b)
- 300.3240a)

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 300.696 Infection Control

**STREET ADDRESS, CITY, STATE, ZIP CODE** 22660 SOUTH CICERO AVENUE RICHTON PARK, IL 60471

**NAME OF PROVIDER OR SUPPLIER** GLENSHIRE NURSING & REHAB CTRE

**DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES**
**Summary Statement of Deficiencies**

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- **F9999**
  
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) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed.

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 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.
### Statement of Deficiencies and Plan of Correction

#### Name of Provider or Supplier
GLENSHIRE NURSING & REHAB CTRE

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| F9999 | Continued From page 60 | Section 300.3240 Abuse and Neglect | F9999 | |-

#### Description of Deficiency

- **Section 300.3240 Abuse and Neglect**
  - a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident.

These requirements are not met as evidenced by:

Based on observation, interview and record review the facility failed to follow their infection control policy and initiate isolation precautions, and provide staff with personal protective equipment for a resident admitted with MRSA (Methicillin resistant staphylococcus aureus), and failed to contact the attending physician to obtain a wound culture to rule out MRSA. The facility also failed to follow their wound management policy and obtain a physician order for a wound culture for a persistent wound with purulent, foul smelling drainage for 1 of 5 residents (R11) reviewed for infection control, in the sample of 30. This failure resulted in R11 having a non-healing wound, with possible infectious organism and potential risk of developing septicemia. R11 was ambulatory through all floors of the facility so this has the potential to affect all 217 residents in the facility.

**Findings Include:**

On 3/12/13 at 6:30 AM E33 (Nurse) stated, "There is no one on this floor on isolation or infection/ precaution." There was no set-up for...
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On 3/12/13 at 6:55 AM during the initial tour R11 was standing up in the room with a large dressing on the left leg. R11 stated "I have been in this room since last year because of MRSA (Methicillin resistant staphylococcus aureus) in my leg ulcer, I am on isolation precautions that is why there is no one else in the room." There was no signs anywhere in or near R11's room alerting staff/visitors or residents to any isolation or contact precautions. There was no set-up for contact or infection precautions. There was a mild foul odor was in the room.

On 3/12/2013 at 11:20 AM R11 was walking around on the first floor with a left leg bandage on and moderate amount of pinkish/red drainage on the dressing.

On 3/12/13 at 11:45 AM R11 was in the room stating "I will have my dressing changed on my leg on tomorrow(3/13/2013) not today because of the pain in my leg ulcer. This wound hurts." I used to eat in the dining room but my leg is smelling due to the MRSA in it. The other residents will not let me eat in the dining room because of the smell, so I eat in my room." Again a mild foul odor was in the room.

On 3/13/13 at 9:00 AM during the Group Meeting with 9 residents present(R40-R48) all residents stated "R11's leg wound stinks all the time it has been stinking for about a year and the smell bothers us."

Physician Order dated 9-21-2012 documents, "Transfer to Hospital for medical evaluation of left
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"resident complained of pain, not relieved by pain medication. Doctor informed of foul smell and pain from left lower extremity wound, orders to send to hospital for evaluation."

Admission record documents that R11 returned on 9-27-2012. Nursing Admission Assessment dated 9/27/2012 documents "On contact isolation for MRSA to left and explained to patient the need to move to a new room. Notified doctor upon admission."

Internal Medicine Notes dated 9/30/2012, 10/7/2012 and 11/12/2012 all document "Left leg wound with cellulitis, MRSA positive culture."

Infection Control Tracking was reviewed from 9/2012 until 3/2013, there is no tracking of R11's MRSA in the leg. Physician Order were reviewed and from 9/27/2012 until the current order 3/2013 "MRSA left leg wound" is documented.

On 3/14/2013 at 11:54 AM E41(Nurse/ Infectious Disease) stated, "R11's leg has had a purulent odor for a while more than a year I was aware of the odor, we referred R11 to the infectious disease doctor. I can not read all of the note that the infectious disease doctor wrote on 11-28-2012. R11 should have had a culture and the infectious disease doctor should have been contacted after 11/28/2012, sooner than yesterday(3/13/13). R11 was not tracked for infection. R11 should have been tracked for infection from 9/27/2012."

Infection Prevention Program dated 07/05/11 documents Purpose: to conduct surveillance of resident and employee infections to guide
**NAME OF PROVIDER OR SUPPLIER**

GLENSHIRE NURSING & REHAB CTRE

**STREET ADDRESS, CITY, STATE, ZIP CODE**

22660 SOUTH CICERO AVENUE
RICHTON PARK, IL 60471

**SUMMARY STATEMENT OF DEFICIENCIES**

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prevention activities. The Infection Preventionist does surveillance of infections among residents and employees. Surveillance of healthcare associated infections is accomplished through.

A. Review of culture reports and other pertinent lab data. B). Review of the 24 hour report and /or morning meeting/ rounds C. Chart review, Nurse consultation and Physician consultation. Surveillance data is collected and analyzed on an ongoing basis and reported monthly."

On 3/15/2013 at 10:36 AM, E37(Director of Nursing hired 3/11/13) stated, "we obtained a culture yesterday. R11 was placed on contact precautions until the culture results are in R11 should have been tracked for infection."

On 3/12/2013 at 11:20 AM R11 was walking around on the first floor with a left leg bandage on and moderate amount of pinkish/ red drainage on the dressing.

Physician Order Sheet dated 11/21/2012 documents a telephone order to "Discontinue contact isolation for MRSA left leg wound."

Infectious Disease Physician Notes dated 11/28/2012 documents, "refusing wound care from outside clinic, refusing me to examine. will evaluate next week with wound care ... left leg check MRSA reevaluate in 1 week."

On 3/14/2013 at 11:54 AM E41(Nurse/ Infectious Disease) stated, "We use culture results for isolation status. I got an order from the doctor to discontinue R11 from isolation on 11/21/2012.

On 3/14/2013 at 2:30 PM via telephone Z4 stated...
A. BUILDING ___________________________
B. WING _____________________________

NAME OF PROVIDER OR SUPPLIER

GLENSHIRE NURSING & REHAB CTRE

STREET ADDRESS, CITY, STATE, ZIP CODE

22660 SOUTH CICERO AVENUE
RICHTON PARK, IL  60471

SUMMARY STATEMENT OF DEFICIENCIES
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"I have not taken care of R11 for the last six months. R11 had MRSA in the leg wound. Before we discontinue contact isolation we need at least 1 negative culture or a totally healed wound. I stopped being R11’s physician on 9/9/2012 I do not know who wrote a telephone order from me for R11 on 11/21/2012, It was not my order, I was no longer R11’s physician."

On 3/15/2013 at 10:36 AM E37(Director of Nursing) stated "we acknowledge that the telephone order to discontinue R11 from isolation received from the doctor was not an authentic order."

On 3/15/2013 at 10:36 AM E2(Director of Nursing) stated that Z13 took over for R11 after Z4.

On 3/15/2013 at 2:54 PM Z13 stated, "I did not become R11’s Physician until December 4, 2012. R11 would have a smell that would come and go from her leg wound, R11 would refuse treatment. I was not made aware that R11 had MRSA in the leg. We need a culture to clear R11 from isolation...."

On 3/21/2013 Hospital Record dated 9/21/2012 through 9/27/2012 was obtained and reviewed. The hospital record documents, "R11 was admitted to the hospital with a large foul smelling wound to her left leg with necrotic tissue present. R11 was hospitalized several times with infected left leg ulcer. There is a large amount of copious drainage soaked through the dressing with greenish phlegm highly suspicious of pseudomonas, has history of pseudomonas and MRSA in the leg wound. R11 was placed on
Continued From page 65
contact isolation and treated with three different antibiotics intravenously (tigecycline, vancomycin and cefepime.) R11 was placed on oral flagyl. Discharge Summary states, currently with streptococcus pseudomonas in left leg discharge to nursing home on antibiotics for 10 days."

Infection Prevention Policy dated 07/05/11 states, " residents who are colonized with MDRO's that are not considered epidemiologically significant and whose secretions or drainage are contained may be discontinued from isolation. Isolation Precautions are used for residents with known or suspected MDRO infection. New resistant and significant pathogens continue to emerge. Other organisms not as well known are capable of causing severe infection and death in infected individuals, especially immunocompromised host. These include gram negative rods, extended beta-lactamase or carbapenemase producing organisms pseudomonas and Acinetobacter."

On 3/13/2013 at 1:30 PM E27 (Treatment Nurse), E28 (Treatment Nurses), E31 (Certified Nursing Assistant) prepared to do the dressing change for R11. E27, E28 and E31 put on gloves only. E27 took the dressing off of R11's left leg, R11 stated, "I have MRSA in my leg that is why I am in the room by myself." E27 continued treatment and stated " I believe that is a history of MRSA in the leg." E27 then removed the heavily soiled dressing from R11's left leg, there was an extremely purulent, pervasive and foul smelling odor coming from R11's leg. R11 had a large left leg full thickness skin loss ulcer with copious amounts yellow and serosanguineous drainage coming from the leg wound and saturating the dressing. E27 began to squeeze normal saline
### Statement of Deficiencies and Plan of Correction

**Name of Provider or Supplier:** GLENSHIRE NURSING & REHAB CTRE  
**Address:** 22660 SOUTH CICERO AVENUE, RICHTON PARK, IL 60471  
**Provider's Identification Number:** 145424  
**Date Survey Completed:** 03/29/2013

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| F9999         | Continued From page 66 from small bottles onto the leg splashing normal saline with serosanguineous drainage onto the floor and R11 and E27’s clothes. The extremely foul smelling odor lingered down the entire hallway. Surveyor exited the room and went to the Nursing Station and at 1:45 PM E29(Nurse) stated, "I have worked with R11 for at least a year and I do not know if R11 has been cleared of MRSA, I will have to go and ask the treatment nurses." On 3/13/13 at 1:49 PM all 3 staff, E27(Treatment Nurse), E28(Treatment Nurse) and E31(Certified Nursing Assistant) exited the room treatment was complete for R11. E27 and E28 got on the elevator with the treatment cart and other residents. E29(Nurse) stated at 1:49 PM, "The treatment nurse said to ask the infection control nurse if R11 still has MRSA in the wound."  
According to the Facility's policy on Standard Precautions dated 07/05/11, "Personal Protective equipment is provided to all employees. The type of protective barrier(s) should be appropriate for the procedure being performed and he type of exposure anticipated. Masks/ eyewear should be worn during procedures that are likely to generate droplets/splashing of blood/body fluids. Gowns/aprons should be worn when there is potential for soiling clothing with blood/body fluids."  
Infectious Disease Physician Progress Notes dated 11/28/2012 documents to “check MRSA and re-evaluate in 1 week.” Progress Notes dated 1/2/2013 from the advanced practice nurse documents, "Left lower extremity dressing in place moderate strike through drainage foul smelling." | F9999 |
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Nursing Progress Notes dated 1/3/13 states, "full thickness wound, skin around necrotic with odor.

On 3/12/13 at 11:45 AM R11 was still in the room stating "I will have my dressing changed on my leg on tomorrow (3/13/2013) not today because of the pain in my leg ulcer. This wound hurts."

On 3/13/2013 at 1:30 PM E27 (Treatment Nurse), E28 (Treatment Nurses), E31 (Certified Nursing Assistant) prepared to do the dressing change for R11. R11 was noted with large amounts of yellow and serosanguineous drainage and an extremely foul smell from the left leg wound.

On 3/14/2013 at 1:26 PM E31 (Certified Nursing Assistant) stated, "I have been taking care of R11 since 2011 as the treatment nurses’ assistant. R11’s leg has been smelling since September of 2011, it still smells."

On 3/14/2013 at 1:26 PM E27 (Treatment Nurse) stated, "R11’s leg smells bad especially when R11 refuses to have the treatment done, the leg will smell bad, I notify the doctor when the wound smells and when R11 refuses and I documented it."

On 3/15/2013 at 10:36 AM, E37 (Director of Nursing hired 3/11/13) stated, "we obtained a culture yesterday. R11 was placed on contact precautions until the culture results are in R11 should have been tracked for infection."

On 3/15/2013 at 2:54 PM Z13 stated, "We should have cultured R11’s leg wound on 1/2/2013 when my Nurse Practitioner
**Summary Statement of Deficiencies**

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| F9999               | F9999        | Continued From page 68 documented that the wound was smelling foul. R11 should have remained on isolation precautions until a wound culture was negative to clear R11. R11 was at risk and put other residents at risk for developing infection."

Wound Management Program dated 07/2011 documents, "It is the policy of this facility to obtain wound cultures per physician's order or whenever clinical signs of acute infection are noted. Assess the wound for signs and symptoms of infection including: A). Erythema, B). Edema, C). Induration, D). Increased purulent, foul smelling drainage, E). fever, F). Increases Pain at the wound site. Obtain an order from the physician for the wound culture and sensitivity when infection is suspected."  

Change in Resident's Condition or Status Policy dated 6/07 states, The nurse will notify the residents attending physician and appropriate consulting physician as soon as possible when there is a significant change in the resident's physical, mental, or psychosocial status.

According to the CMS 672 resident census and condition form dated 3/14/2013 there were 217 residents in the facility.