	epartment of Public	Health (X1) PROVIDER/SUPPLIER/CLIA					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						С	
		IL6001689	B. WING				
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	TATE, ZIP CODE			
BONZE	VILLE PARK NSG &	I VG CTR	SOUTH INDIANA				
		CHIC	AGO, IL 60616				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE	(X5) COMPLETI DATE	
				DEFICIENC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
S9999	Final Observations	i	S9999				
	LICENSURE VIOL	ATIONS:					
	300.610a)						
	300.1010h) 300.1210b)						
	300.1210d)3)						
	300.3240a)						
	Section 300 610 B	esident Care Policies					
	Section 500.010 10	esident Gare i Olicles					
		have written policies and					
	procedures governing all services provided by the facility. The written policies and procedures shall						
		Resident Care Policy					
	Committee consist						
		advisory physician or the ommittee, and representativ	201				
		er services in the facility. The					
	policies shall comp	bly with the Act and this Part.					
		s shall be followed in operati					
		Il be reviewed at least annua documented by written, sigr					
	and dated minutes		leu				
		5					
	Section 300.1010	Medical Care Policies					
		notify the resident's physici					
		ury, or significant change in	а				
		n that threatens the health, f a resident, including, but no	ot				
		ence of incipient or manifest					
		r a weight loss or gain of five					
		thin a period of 30 days. Th					
	facility shall obtain	and record the physician's p	olan				
		or treatment of such accide	ent,				
		condition at the time of					
	notification.						

1PO011

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	IL6001689		B. WING		C 04/24/2014	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BRONZE	VILLE PARK NSG &		UTH INDIANA O, IL 60616			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
S9999	Continued From pa	age 1	S9999			
	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.					
	resident's condition emotional changes determining care re further medical eva	vations of changes in a n, including mental and , as a means for analyzing and equired and the need for fuluation and treatment shall be aff and recorded in the record.				
	Section 300.3240 A	Abuse and Neglect				
		ee, administrator, employee o hall not abuse or neglect a 2-107 of the Act)	r			
	These requirement	s are not met as evidenced by	r:			
	failed to promptly n lab results resulting	eview and interview, the facility otify the physician of abnorma g in a delay in obtaining new or one of three sampled				

Illinois D	epartment of Public	Health			FORM	APPROVE
STATEMENT OF DEFICIENCIES (X1) PROVIDER/S		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		IL6001689	B. WING			C 24/2014
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
BRONZE	VILLE PARK NSG &	VGCTR	UTH INDIANA			
	1	CHICAGO	D, IL 60616			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
S9999	Continued From pa	ige 2	S9999			
	of six. This failure r for R'1s infection, d	ewed for infection, in a sample esulted in a delay of treatment lecline in condition and R1's bital with diagnoses of acute and hypotension.				
	Findings Include:					
	3-26-14 with the dia	male admitted to the facility or agnoses which includes ion, diabetes mellitus and ccident.				
	Clostridium difficile and B. The lab rep (result) faxed and c	-18-14 notes positive for (C-Diff) GDH Ag and toxin A ort had documented: " C-Diff called to E5 (Nurse) on (6:52PM). Reported to: Living.				
	contacted about the 4-18-14 for R1 from E7 (Nurse Manage	PM, E5 explained she was e abnormal lab results on in the lab. E5 stated she told r) of the results but did not e for R1 because she was not particular day.				
	stated, "left messa to patient, 3 or mor odor. Patient also I yellow color. C-diff	ated 4-18-14 at 7:34AM ge for medical doctor related e loose watery stools with foul has productive sputum with culture in progress. Awaiting back, endorsed to next shift. "				
	stated, " certified nu nurse and supervis large watery stools isolations. Nurse in	dated 4-19-14 at 11:02PM urse's aide (CNA) reported to or that resident had times 5 tonight on clostridium difficile structed to notify medical up with nurse relieving him. "				

1PO011

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING:		C
	IL6001689		B. WING			24/2014
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
BRONZE	VILLE PARK NSG &	IVGCTR	UTH INDIANA O, IL 60616			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5) COMPLE
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	DATE
S9999	Continued From pa	age 3	S9999			
	R1's nursing notes dated 4-20-14 at 11:14PM stated, " received results resident positive for clostridium difficile. Medical doctor paged; no response, will endorse to 11-7 nurse."					
	stated, While patien was noted with red cream applied until Patient medical do aware, gave order	dated 4-21-14 at 6:06AM nt was receiving care, patient ness to the scrotum, barrier evaluations by wound care. ctor (Z1) called and made to refer to wound care. New ery 8 hours times two weeks.				
	tried to contact the nurse practitioner s abnormal lab result communicate with Director of Nursing	PM E6 (staff nurse) stated, he medical attending and the several times about R1 ts. E6 stated he did not Director of Nursing, Assistance nor did he call the Medical on or guidance about R1's ts for treatment.				
	stated , R1 was let non-verbal, assess	dated 4-21-14 at 8:35PM hargic, slow to response, ment was done and Z1 (R1's doctor) made aware and order emergency room.				
	stated the following aware that resident hospital emergency Pulse 60, respiration blood pressure (B/I	dated 4-21-14 at 8:47PM g: called facility made nurse t was diverted to closest y room due to hypotension. ons 22, temperature 99.1, P) 101/68. B/P then taken essure 72/40 (below normal).				
	denotes: accident,	dated 4-21-14 at 3:40PM injury or acute illness/chief ased blood pressure and				

1PO011

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IL6001689	B. WING		C 04/24/2014	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
BRONZE	VILLE PARK NSG &	IVGCIR	UTH INDIANA D, IL 60616			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
S9999	Continued From pa	age 4	S9999			
	decrease level of c	onsciousness.				
	R1's nursing notes dated 4-21-14 at 11:04PM stated, R1 was admitted to hospital with the diagnoses of sepsis, acute renal failure and hypotension.					
	explained, if he ware sults were called medical treatment. would have preven	I's medical attending doctor) s called on the day the lab in, he would have given the The treatment probable ted R1 hospitalizations and renal failure and sepsis.				
	Residents' Condition the following: 1). Should there be physical, mental or physician should be 2). If the attending within 30 minutes, 3). If the Medical D	ty's policy," Change in the on " dated July, 2008 stated e a change in the resident's emotional status the attending e notified. physician does not respond contact the Medical Director. irector does not call within 30 e Director of Nurses.				
	explained , A chang up immediately and	0AM, E1 (Director of Nursing) ge in condition must be follow d the Director of Nursing and of Nursing must be notified.				
		А				

1PO011

If continuation sheet 5 of 5