

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

PRINTED: 08/01/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>14E238</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/24/2014</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ABBOTT HOUSE</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>405 CENTRAL AVENUE HIGHLAND PARK, IL 60035</b>			
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F 000	INITIAL COMMENTS			F 000			
F 323 SS=E	<p>Annual Certification Survey</p> <p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure that hazards in the residents' environment were identified and measures taken to minimize those hazards to prevent injury.</p> <p>This applies to 3 of 21 residents (R8, R10, R16) in the sample of 21 and 1 resident (R23) in the supplemental sample reviewed for safety issues.</p> <p>The Findings include:</p> <p>On 7/21/14 at approximately 10:20 AM during the initial tour of the facility, several potentially hazardous items were observed to be unsecured in resident rooms on the second floor. The facility's Social Services Director (E11) was present during the tour.</p> <p>Items found during the tour included two disposable lighters found at the bedside of R29, and R30, a full bottle of adhesive remover</p>			F 323			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 323	Continued From page 1 observed on a shelf in R10's room with the labeling indicating harmful if ingested, and in R32's room there were three disposable razors on top of a dresser.  According to the facility's Consent Form For Treatment Safety and Supervision (rev. 8/31/06), razors blades, knives, or other sharps, including scissors will be removed from the residents room if discovered during safety checks. Cleaning supplies that would include poisonous solutions and any other objects that could cause harm to the resident or others will also be removed.  R8, R10, R16, and R23 were noted to be on the list of residents with history of depression and suicidal ideation which was provided by E 11.	F 323			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY  The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions  This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to store, prepare, distribute and serve food under safe and sanitary conditions; failed to ensure dietary sanitation was maintained; failed to follow its policy on labeling	F 371			

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F 371	<p>Continued From page 2 and dating foods stored;</p> <p>This affects all 104 residents receiving food from the facility's kitchen.</p> <p>The Findings Include:</p> <p>On 7/21/14 at approximately 10:30am the following was observed during the initial tour of the kitchen with E3 (Food Service Manager):</p> <p>Hot dog and hamburger buns, pasta, brown sugar, potato chips, toasted oats, elbow macaroni, pasta shells, brown rice and powder sugar opened and stored undated. Tray of assorted white and wheat bread ends with additional assorted roll stored in an aluminum pan and covered with a clear wrap was unlabeled and undated. 2 opened packages of unidentified substances stored in aluminum packaging without labeling or dates. E3 stated all items should include 2 dates to indicate the date received and date opened. Per policy titled labeling and dating foods states "prepared and packaged foods will be labeled; bagged or boxed food once removed from the original package will be placed in an ingredient bin that is labeled with the common name of the food and the date the item is placed in the bin."</p> <p>Staff personal items of plastic water bottles, water bottles and purse stored in dry food storage area.</p> <p>Observation of contents stored in the walk in refrigerator showed the following: 3 bags of unopened carrots with a use date of 7/15/14 the carrots appeared slimy; 6-8 green peppers with nickel and quarter size black spots; and an undated bag of cilantro with varying colors of</p>	F 371			

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F 371	<p>Continued From page 3</p> <p>cilantro leaves from dark green, light green to yellow. These above named items contained no received dating.</p> <p>At around 11:00 am E5 (Dietary Aide) washed a silver colored large bowl and rinsed it at the 3 compartment sink, then directly proceed to make tapioca pudding without sanitizing the bowl. Policy titled Manual Sanitizing states utensils and equipment will be exposed to the final chemical sanitizing rinse.</p> <p>On 7/21/14 at 10:40 am E4 was observed using oven mitts to move chicken pans in the oven from one shelf to another. While doing so, E4 thumb portion of the oven mitts were touching the inner aspect of the pans including the juices; she then closed the oven door with the mitts, then proceeded to hold pot handle on stove with mitt and tossed mitts in wire basket when done. E4 retrieved same mitts to hold pan on stove to stir and then tossed into wire basket. On 7/22/14, E4 was observed using mitts from the wire basket that was visibly soiled with a brown substance to retrieve trays of meatloaf from the oven. In doing so, she placed the thumbs of the mitts inside the baking tray touching the juices.</p> <p>While wearing disposable gloves, E7 (Dietary Aide) was observed dipping a plastic water pitcher into a deep stock pot of prepared ice tea. E7 then placed plastic lids obtained from an open basket on the cups and rotate cart for placement on food trays. He ran out of lids, and moved food cart out of his way and obtained more lids. Without changing his gloves between tasks, E7 continued his task of filling and placing lids on ice tea cups. Policy titled Food Handling use of Gloves states "disposable gloves worn to handle</p>	F 371			

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F 371	Continued From page 4 ready to eat food shall be single use gloves used only for one task."  On 7/22/14 at approximately 11:28am, with gloved hands E4 was observed testing temperature of mashed potatoes; removed the thermometer and rinsed it under running water; placed the thermometer in the green beans and redistributed some of the green beans with her right gloved hand; obtained some serving utensils from a closed drawer and returned to stir gravy on the stove with the same gloves. Policy titled Food Handling use of Gloves states "disposable gloves worn to handle ready to eat food shall be single use gloves used only for one task."  Quaternary sanitizing solution in the 3 compartment sink was tested by E3 and was less than 100 ppm. Per policy titled Manual Sanitizing the concentration should measure between 150 -200 ppm.  The CMS Form titled "Resident Census and Condition of Residents" dated 7/21/14 documents that facility has 104 residents residing at the facility.	F 371			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS  The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.  (a) Infection Control Program The facility must establish an Infection Control Program under which it -	F 441			

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F 441	<p>Continued From page 5</p> <p>(1) Investigates, controls, and prevents infections in the facility;</p> <p>(2) Decides what procedures, such as isolation, should be applied to an individual resident; and</p> <p>(3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and record review, the facility failed to ensure nursing staff followed current standards of practice by failing to wash hands before and after administering medication.</p> <p>This applies to 5 residents (R24 - R28) in the supplemental sample.</p> <p>The Findings Include:</p>	F 441			

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F 441	Continued From page 6  On 7/22/14 beginning at 11:00 AM, one of the facility's staff nurses (E9) was observed during medication administration. Prior to beginning the medication pass and administering medication to R24, E9 did not wash or sanitize her hands.  On the same day at 3:39 PM, another facility nurse (E10) was observed while administering medication. E10 washed her hands prior to beginning the medication pass, but failed to wash her hands prior to and after giving medications to R25-R28.  According to the facility's Administration of Medication policy (undated), authorized personnel will wash/clean hands before administering medications.	F 441			
F 458 SS=B	483.70(d)(1)(ii) BEDROOMS MEASURE AT LEAST 80 SQ FT/RESIDENT  Bedrooms must measure at least 80 square feet per resident in multiple resident bedrooms, and at least 100 square feet in single resident rooms.  This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to provide at least 80 feet per resident bed.  This applies to 13 of 21 residents (R1, R3, R5, R6, R7, R8, R9, R10, R12, R13, R14, R15, R16) in the sample of 21 reviewed for room sizes and 51 residents (R33 through R87 except R53, R73, R74, R84) in the supplemental sample.  The Findings Include	F 458			

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F 458	Continued From page 7  The following multi resident rooms were found to be less than 80 square feet per resident bed after being measured in E1's (Administrator) presence:  Rooms 101, 102, 103, 105, 106, 107, 108, 109, 110, 111, 115, 118, 121 123, 202, 204, 205, 206, 207, 209, 210, 217, 218, and 219 provide 131 square feet offering 66 square feet per bed.  Rooms 112, 113, 114, 117, 120, 208, 211, 212, 213, 216, 217, and 224 provide 139 square feet or 69 square feet per bed. R1, R3, R5, R6, R7, R8, R9 and R16 stated that they did not have any problems with respect to having enough space in their rooms.	F 458			