STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 000	INITIAL COMMENTS	F 000		
F 157 SS=D	Investigation of complaint #1673802/IL86830 483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a). The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section. The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member. This REQUIREMENT is not met as evidenced	F 157		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 157	Continued From page 1	F 157		

by:
Based on interview and record review, the facility failed to notify the physician of delay of treament and failured to inform the physician of orders that were not implemented timely or at all.

This applies 1 of 3 residents (R1) reviewed for skin alteration and urinary tract infections (UTI).

The findings include:

R1's face sheet showed R1 was originally admitted to the facility October 15, 2015 and re-admitted February 19, 2016. R1 has diagnoses that included chronic kidney disease, urinary tract infection, hemiplegia and hemiparesis, muscle weakness and hypertension. R1's quarterly MDS (Minimum data set) dated April 15, 2016 showed R1 with BIMS (Brief interview for mental status of 15 (conginitively intact). The MDS showed R1 with total dependence with two persons physical assist for transfer and toilet use. The same MDS showed R1 with extensive assistance for personal hygiene, and dressing.

On July 11, 2016 at 12:50pm, R1 was observed in bed rubbing her right hands against the rails and stracting her body. R1 stated "I have had painful urination and have been scratching my entire body for weeks." R1 stated she has asked the nursing staff to see her doctor. R1 stated the staff did not respond until after she called 911 on July 10, 2016. R1 has skin alterations (scratches with tiny blisters) all over her body and she stated some of the skin alterations occurred because she repeatedly scratch her body. R1also stated that due to the itchy skin; she has had difficulty sleeping at night for several weeks. R1 stated,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 157	Continued From page 2	F 157		

"the cream ordered by the doctor is not working as she has not got any relief from the itching. On July 12, 2016 at around 9:30am, during the assessment of R1's skin, there were newly discovered abrasion on her right knee and also dry blood blister on her right fifth toe. R1 did not know how she got both skin alterations. On July 12, 2016 at 1:35pm, E7 (treatment nurse) stated the last time she treated the redness in R1's buttocks was June 6, 2016 while the wound doctor was making rounds on R1. E7 further stated she has not been able to revisit R1 since that time. As of the time of this interview, E7 stated she not aware of the new skin alterations on R1's right knee and right fifth toe. E7 stated when there are new findings either the CNA (Certified Nursing Assistant) or the nurse was supposed to notify her. E7 stated she failed to notify R1's primary physician that the wound doctor has decided not to see R1 since last visit on June 6, 2016.

Review of R1's POS (physician order sheet) dated June 2016 showed an order dated June 22, 2016, "to collect urinalysis and culture/sensitivity (U/A, C&S). Review of laboratory result dated June 28, 2016 showed urine sample was not collected until June 24, 2016 (two days after the order was written). There was no documentation in R1's electronic record as to why there was delay in the urine collection. However, R1's laboratory report dated June 28, 2016 showed, "these findings are suggestive of contamination, recollection of the specimen is highly recommended if still indicated".

This laboratory findings were reviewed by Z3 (Nurse practitioner) on June 30, 2016. R1's POS dated June 30, 2016 showed orders written by Z3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108

(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 157	Continued From page 3	F 157		

as follows:
1. Repeat UA, C&S,
2) Please straight cath and collect.
3). Apply nystatin-triamcinolone cream to itchy area every 8 hrs times 7 days.
4) Start intravenous fluid .9normal saline at 50millilitres per hour (only 1 litre) and repeat basic metabolic panel (BMP) on tomorrow and call Medical doctor with laboratory results. 5). Consult for dermatologist for generalized itching.

As of July 11, 2016, 4:30pm, R1's urine sample has not been collected; R1 is still very itchy with no relief from the cream ordered; and R1 has not gotten a dermatology appointment.
On July 12, 2016 at 12pm, E9 (Ward clerk) stated she does the appointment scheduling for the residents. E9 stated she was not aware of the consults for R1 until July 7, 2016. E9 stated she left R1's family a message for approval but that she was planning today (July 12, 2016) to call the family back.

Review of R1's progress note dated July 4 2016 showed R1's intravenous fluid was not given until July 4, 2016 at 6pm and completed July 5, 2016 at 3pm. The doctor was not aware of the delay in starting the intravenous fluid therapy.

Review of R1's progress notes dated June 15, 2016 showed "R1 reported to the nurse of bladder pressure". Also, June 22, 2016 nurses notes showed, "R1 complained of bladder pressure and lots of itching". Nurses notes dated June 28, 2016 showed that "itching cream (Ceptahil cream apply to trunk topically two times daily) ordered on June 22, 2016 by the doctor was not working". The nurses notes dated July

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108

(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 157	Continued From page 4	F 157		

10, 2016 also showed, "R1 complained of itching". Nurses notes failed to show if there was a follow up call to doctor's office by the nursing staff regarding the issue.

Nursing notes dated July 10, 2016 showed "R1 called 911 and paramedics came to take R1 to the emergency room around 8:45/8:50am". The nursing notes also showed R1 was returned to the facility 1:45pm. Also that "R1 still has small patch of red/irritated skin below stomach/near pubic area, shoulders, arms, upper back, and chest".

Review of R1's emergency room doctors reports dated July 10 showed, "complaints of lower abdominal discomfort and pain in the lower abdomen after urinating and difficulty urinating for 2 days", the notes also showed R1 "with complaints of two months of pruritic rash, starting in her right arm and going to her left arm, back and neck. She says can't sleep at night because of itching". The ER diagnosis has Acute urinary tract infection (UTI) and Rash. The hospital final laboratory report dated July 12, 2016 showed R1 with "urinary tract infection". R1 was treated with IV fluids hydration and was given medicine for itching. According to the reports, R1 was also given prescription for antibiotics and asked to follow up with a dermatologist. R1 was later sent back to the nursing home.

On July 12, 2016 at 10:25am, E3 ADON (Assistant director of nursing) stated nursing staff should have notified her or the doctor when R1's orders were carried out late or not carried out at all.

On July 13, 2016 at 11:01am, Z3 (Nurse

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 157	Continued From page 5 practitioner) stated she was never informed by nursing staff at any point that the orders she wrote on June 30, 2016 for R1 were late and that most of the orders were not carried out. Z3 stated R1 has been complaining on and off for several weeks of itchy and few weeks back for the painful urinating. Z3 stated she was never notified that medication were not working to relief R1's itch. Z3 also stated she was not aware R1 has not been seen by a dermatologist. Z3 concluded she expected nursing staff to follow through with her orders and also call her if orders are not carried out within 24-48 hours. On July 13, 2016 at 10:36am, Z2 (Doctor) stated she was informed of R1's UTI when she got a call from the hospital ER. Z2 stated it is the nursing staff's responsibility to call the doctor if any order were not carried out within 24 hours. Z2 stated she is available to nursing staff 24/7 and that someone should have informed her with orders not been followed. Z2 further stated R1 could have gotten sepsis with prolonged untreated UTI.	F 157		
F 309 SS=D	483.25 PROVIDE CARE/SERVICES FOR HIGHEST WELL BEING Each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record	F 309		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 309	Continued From page 6	F 309		

review, the facility failed to assess, provide appropriate services and manage resident experiencing prolonged painful urination and altered skin conditions.

This applies to 1 of 3 residents (R1) reviewed for skin alteration and urine infections.

The findings include:

R1's face sheet showed R1 was originally admitted to the facility October 15, 2015 and re-admitted February 19, 2016. R1 has diagnoses that included chronic kidney disease, urinary tract infection, hemiplegia and hemiparesis, muscle weakness and hypertension. R1's quarterly MDS (Minimum data set) dated April 15, 2016 showed R1 with BIMS (Brief interview for mental status of 15 (conginitively intact). The MDS showed R1 with total dependence with two persons physical assist for transfer and toilet use. The same MDS showed R1 with extensive assistance for personal hygiene, and dressing.

On July 11, 2016 at 12:50pm, R1 was observed in bed rubbing her right hands against the rails and stracting her body. R1 stated "I have had painful urination and have been scratching my entire body for weeks." R1 stated she has asked the nursing staff to see her doctor. R1 stated the staff did not respond until after she called 911 on July 10, 2016. R1 has skin alterations (scratches with tiny blisters) all over her body and she stated some of the skin alterations occurred because she repeatedly scratch her body. R1also stated that due to the itchy skin; she has had difficulty sleeping at night for several weeks. R1 stated, "the cream ordered by the doctor is not working

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 309	Continued From page 7	F 309		

as she has not got any relief from the itching. On July 12, 2016 at around 9:30am, during the assessment of R1's skin, there were newly discovered abrasion on her right knee and also dry blood blister on her right fifth toe. R1 did not know how she got both skin alterations. On July 12, 2016 at 1:35pm, E7 (treatment nurse) stated the last time she treated the redness in R1's buttocks was June 6, 2016 while the wound doctor was making rounds on R1. E7 further stated she has not been able to revisit R1 since that time. As of the time of this interview, E7 stated she not aware of the new skin alterations on R1's right knee and right fifth toe. E7 stated when there are new findings either the CNA (Certified Nursing Assistant) or the nurse was supposed to notify her. E7 stated she failed to notify R1's primary physician that the wound doctor has decided not to see R1 since last visit on June 6, 2016.

Review of R1's POS (physician order sheet) dated June 2016 showed an order dated June 22, 2016, "to collect urinalysis and culture/sensitivity (U/A, C&S). Review of laboratory result dated June 28, 2016 showed urine sample was not collected until June 24, 2016 (two days after the order was written). There was no documentation in R1's electronic record as to why there was delay in the urine collection. However, R1's laboratory report dated June 28, 2016 showed, "these findings are suggestive of contamination, recollection of the specimen is highly recommended if still indicated".

This laboratory findings were reviewed by Z3 (Nurse practitioner) on June 30, 2016. R1's POS dated June 30, 2016 showed orders written by Z3 as follows:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 309	Continued From page 8	F 309		

1. Repeat UA, C&S,
2) Please straight cath and collect.
3). Apply nystatin-triamcinolone cream to itchy area every 8 hrs times 7 days.
4) Start intravenous fluid .9normal saline at 50millilitres per hour (only 1 litre) and repeat basic metabolic panel (BMP) on tomorrow and call Medical doctor with laboratory results. 5). Consult for dermatologist for generalized itching.

As of July 11, 2016, 4:30pm, R1's urine sample has not been collected; R1 is still very itchy with no relief from the cream ordered; and R1 has not gotten a dermatology appointment.
On July 12, 2016 at 12pm, E9 (Ward clerk) stated she does the appointment scheduling for the residents. E9 stated she was not aware of the consults for R1 until July 7, 2016. E9 stated she left R1's family a message for approval but that she was planning today (July 12, 2016) to call the family back.

Review of R1's progress note dated July 4 2016 showed R1's intravenous fluid was not given until July 4, 2016 at 6pm and completed July 5, 2016 at 3pm. The doctor was not aware of the delay in starting the intravenous fluid therapy.

Review of R1's progress notes dated June 15, 2016 showed "R1 reported to the nurse of bladder pressure". Also, June 22, 2016 nurses notes showed, "R1 complained of bladder pressure and lots of itching". Nurses notes dated June 28, 2016 showed that "itching cream (Ceptahil cream apply to trunk topically two times daily) ordered on June 22, 2016 by the doctor was not working". The nurses notes dated July 10, 2016 also showed, "R1 complained of itching". Nurses notes failed to show if there was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 309	Continued From page 9	F 309		

a follow up call to doctor's office by the nursing staff regarding the issue.

On July 13, 2016 at 11:20am, R8 (Roommate) who is also alert and oriented stated she heard R1 on July 10, 2016 telling several nursing staff that she needed to see her doctor because she was itching so bad and that she had pain when she urinates". R8 stated this happened in the morning of July 10, 2016 and that about two hours later she saw the paramedics entering their room.

Nursing notes dated July 10, 2016 showed "R1 called 911 and paramedics came to take R1 to the emergency room around 8:45/8:50am". The nursing notes also showed R1 was returned to the facility 1:45pm. Also that "R1 still has small patch of red/irritated skin below stomach/near pubic area, shoulders, arms, upper back, and chest".

Review of R1's emergency room doctors reports dated July 10 showed, "complaints of lower abdominal discomfort and pain in the lower abdomen after urinating and difficulty urinating for 2 days", the notes also showed R1 "with complaints of two months of pruritic rash, starting in her right arm and going to her left arm, back and neck. She says can't sleep at night because of itching". The ER diagnosis has Acute urinary tract infection (UTI) and Rash. The hospital final laboratory report dated July 12, 2016 showed R1 with "urinary tract infection". R1 was treated with IV fluids hydration and was given medicine for itching. According to the reports, R1 was also given prescription for antibiotics and asked to follow up with a dermatologist. R1 was later sent back to the nursing home.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108

(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 309	Continued From page 10 On July 12, 2016 at 10:25am, E3 ADON (Assistant director of nursing) stated nursing staff should have notified her or the doctor when R1's orders were carried out late or not carried out at all. On July 13, 2016 at 11:01am, Z3 (Nurse practitioner) stated she was never informed by nursing staff at any point that the orders she wrote on June 30, 2016 for R1 were late and that most of the orders were not carried out. Z3 stated R1 has been complaining on and off for several weeks of itchy and few weeks back for the painful urinating. Z3 stated she was never notified that medication were not working to relief R1's itch. Z3 also stated she was not aware R1 has not been seen by a dermatologist. Z3 concluded she expected nursing staff to follow through with her orders and also call her if orders are not carried out within 24-48 hours. On July 13, 2016 at 10:36am, Z2 (Doctor) stated she was informed of R1's UTI when she got a call from the hospital ER. Z2 stated it is the nursing staff's responsibility to call the doctor if any order were not carried out within 24 hours. Z2 stated she is available to nursing staff 24/7 and that someone should have informed her with orders not been followed. Z2 further stated R1 could have gotten sepsis with prolonged untreated UTI.	F 309		
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.	F 312		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 312	Continued From page 11	F 312		

This REQUIREMENT is not met as evidenced by:
Based on observation interview and record review, the facility failed to provide ADLs (activities of daily living) including trimming of fingernails, grooming facial hair, clean clothes, and personal hygiene for residents requiring extensive assistance for ADLs.

This applies to 5 of 8 residents (R1, R3, R5, R6, R7) reviewed for ADL assistance.

The findings include:

1). R1's face sheet showed R1 was originally admitted to the facility October 15, 2015 and re-admitted February 19, 2016. R1 has diagnoses that included chronic kidney disease, urinary tract infection, hemiplegia and hemiparesis, muscle weakness and hypertension. On July 13, 2016 at 12:50 PM during initial facility tour with E4 (Nurse), R1 was in bed. R1's fingernails were long, jagged and rough. R1's hair looked unkept and her teeth had some brownish substance around it. R1 stated, "It is hard to find someone to give me a good shower here". R1 stated on her shower days, the CNAs (Certified Nursing Assistants) offer excuses such as, "we are very short staffed", and, "wait for the next shift". R1 also stated the shower rooms are always very dirty. During the initial tour, the first shower room had lots of used/dirty gloves thrown around the floor. The bathroom floor and tiles were soiled with hairs and debris. Soiled towels were on the floor. The second shower room floor had brown substances smeared on the floor. On July 11,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 312	Continued From page 12	F 312		

2016 at 1:45pm, E5 (staff supervisor) stated R1's shower days are Wednesdays and Saturdays. E5 stated the CNAs are supposed to report to nursing staff if, for any reason, the shower/bath did not occur. Review of R1's skin check/shower sheets June 1-31, 2016 and July 1-13, 2016 showed R1 only received three showers in June (June 8, 11, and 25) and recieved 2 showers in July (July 6 and 9). R1's quarterly MDS (Minimum data set) dated April 15, 2016 showed that R1 needed extensive assistance with dressing and hygiene/bathing.

2). On July 11, 2016 at 1:35pm during initial tour with E4 (Nurse), R3 was in her wheelchair in the hallway propelling herself to her room. R3 had no shoes on her feet. R3's hair looked wet with whitish substances in it. R3 was unshaven with heavy facial hair growth. R3's had a foul body odor. R3's clothing appeared stained and soiled. R3 stated she cannot remember the last time she showered and that she has not changed her clothes in days. R3 further stated the CNAs always have something to say on her shower days. R3 stated the facility staff offer excuses such as: 1. The facility ran out of wash clothes; or, 2. The facility ran out of soap; or, 3. The staff are too busy. R3 stated she would like to have her facial hair removed. On July 11, 2016 at 1:45 PM, E5 stated R3's shower days are Wednesdays and Saturdays. and that she should have received her showers. Review of R3's skin/shower sheets showed R3 had two showers in June 2016 (June 11 and 24) and two showers in July 2016 (July 1 and 5). R3's annual MDS dated May 9, 2016, showed R3 needed extensive assist with dressings and hygiene/bathing.

3). On July 11, 2016 at 1:42pm during initial tour,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 312	Continued From page 13	F 312		

R5 was observed in bed with brownish substance covering the fingers on his right hand. R5 is unshaven and had some foul odor to him. R5's initial MDS showed R5 requird extensive assistance with dressing, hygiene/bathing and toileting.

4). On July 11, 2016 at 1:45pm during initial tour, R6 was in the hallway sitting in his chair. R6's clothings were stained and his nails were long. On July 13, 2016 at 8:55am, R6 was observed leaning towards the right side in bed. The head of the bed was partially up and R6 was attempting to feed himself his breakfast. When asked whether someone should have stayed with R6 to assist him with his meals, E10 CNA stated R6 requires only assistance with meal set up to eat. R6's quarterly MDS dated May 4, 2016 showed R6 needed extensive assistance with one person physical assist for dressing, eating and personal hygiene. R6's face sheet showed R6's diagnoses included hemiplegia and hemiparesis of left side.

5). On July 13, 2016 at 9am, R7 was lying in bed. R7 smelled of a foul odor. R7 appeared unshaven with long facial hair. R7's MDS dated July 1, 2016 showed R7 required extensive assistance with dressing, personal hygiene and toileting. On July 13, 2016 at 12:00 PM, E2 (Director of Nursing) stated R7 just needed to be reminded to do things for himself.

Review of Skin Shower Sheets for R1 and R3 lack documentation that R1/R3 were offered additional showers or that R1/R3 refused any showers.

Review of facility's policy and procedure titled

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145333	A. BUILDING _____ B. WING _____	C 07/13/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEST SUBURBAN NURSING & REHAB CENTER	**311 EDGEWATER DRIVE BLOOMINGDALE, IL 60108**

(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 312	Continued From page 14 Showers/Skin Assessment, dated May 20, 2010 showed, "showers/baths will be offered to residents at a minimum of two times a week and as needed to promote good general hygiene".	F 312		