STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146077	A. BUILDING _____ B. WING _____	C 08/05/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK POINTE HEALTHCARE & REHAB	**1223 EDGEWATER MORRIS, IL 60450**

(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 Complaint Investigation: 1574059/IL78941	F 000		
F 441 SS=D	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 - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (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. (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. (c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of	F 441		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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F 441	Continued From page 1 infection. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure soiled linens were kept off of the floors for one of five residents (R27) reviewed for incontinence in a sample of 31. Findings include: On 8/5/2015 at 10:40AM, soiled sheets with a urine odor and yellow/brown stain were on the floor in front of R27's clothing cabinet. On 8/5/2015 at 10:30AM, R28/roommate of R27 stated " (R27) always throws dirty clothes and sheets on the floor. Sometimes staff do also. There were dirty clothes on the floor on that side of the room for two days just last week. The clothes stink with a urine smell." On 8/5/2015 at 10:45AM, E11 (Registered Nurse) stated " I did not know there were soiled sheets on the floor near (R27's) closet. There is never to be any soiled linen on the floor in any resident's room. The soiled linen is to be placed in the soiled linen container in the hallway." On 8/5/2015 at 10:40AM, E12 (Certified Nurses Assistant) stated " I did not know there was any linen on the floor next to (R27's) closet. We are never to put linen on the floor. Sometimes (R27) puts the linen on the floor when the sheets are soiled and doesn't tell us. (R27) does this frequently."	F 441		

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F 441	Continued From page 2 The Minimum Data Set dated 7/29/2015 documents R27 is frequently incontinent of urine. The facility "Incontinence Care Policy" dated 7/14/2015 documents " #8) ... gather up all soiled linen and deposit soiled linen in the appropriate soiled linen containers."	F 441		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure residents' clinical records contained information regarding residents' food allergies. This applies to one of three residents (R1) reviewed for food allergies in the sample of 31. The findings include: R1's Face Sheet states R1 was admitted to the	F 514		

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F 514	Continued From page 3 facility on 5/19/2011. On 8/4/15 at 9:45 AM, R1 stated she is allergic to strawberries. R1 stated she has been served strawberries at the facility, but she won't eat them. The facility's Food Allergies and Latex Allergy Policy states food allergies will be listed on the physician order sheet at admission or if a new allergy develops. The food allergy will be listed on the tray ticket to remind staff of the allergy. An Incident Report dated 7/6/15, states on 7/3/15 R1 was served strawberries for dessert. R1's family member caught the error before R1 ate the strawberries and a different dessert was given to R1. R1's care plan, reviewed on 7/13/15 states R1 has a strawberry allergy. Care plan approaches include to offer replacement food to R1. R1's Physician's Order Sheet for 8/1/15-8/31/15 does not state R1 is allergic to strawberries. There is no allergy alert on R1's clinical record regarding her allergy to strawberries. On 8/5/15 at 2:00 PM, E2 (Director of Nurses) stated residents' diet allergies are listed on the diet slips and the residents' Physician Order Sheets. E2 confirmed that R1's strawberry allergy was not on R1's Physician Order Sheet, but should be. On 8/5/15 at 2:55 PM, E5 (Dietician) stated residents' allergies should be listed on the allergy section of the Physician Order Sheet. E5 stated sometimes allergies are mentioned by the	F 514		

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F 514	Continued From page 4 resident at the initial interview. E5 stated residents' food allergies are listed on the residents' tray tickets. E5 stated there was no physician's order indicating R1 had an allergy to strawberries. On 8/6/15 at 9:15 AM, E5 stated R1's food allergy was noted in April 2014 during an interview with R1.	F 514		