STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146052	A. BUILDING _____ B. WING _____	10/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALHAMBRA CARE CENTER	417 EAST MAIN STREET, BOX 310 ALHAMBRA, IL 62001

(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 Annual Licensure and Certification Survey An extended survey was conducted.	F 000		
F 225 SS=E	483.13(c)(1)(ii)-(iii), (c)(2) - (4) INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities. The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress. The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and	F 225		

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

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F 225	Continued From page 1	F 225		

certification agency) within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the Facility failed to investigate allegations of abuse and injuries of unknown origin; and failed to report abuse allegations to the Administrator for 2 of 6 residents (R12 and R13) reviewed for abuse in the sample of 13 and 3 residents (R14, R15 and R17) in the supplemental sample.

Findings include:

1. R13's Nursing Notes dated 7/8/15 at 11:17 AM documents, "(R13) in TV area on C-hall getting in close proximity with female residents faces and yelling/cursing at them."

R13's Nursing Notes dated 8/5/15 at 1:17 PM documents, "(R13) aggressive after lunch. Very verbal with staff and other residents. Walked up to a female res (resident) in a w/c(wheelchair) and attempted to hit her with a closed fist in the back of her head." R13's Nurse's Note did not identify the female R13 hit.

On 10/21/15 at 11:40 AM, E2, Director of Nursing stated there were no abuse investigations for R13's 7/8/15 and 8/5/15 incidents.

On 10/21/15 at 11:40 AM, E1, Administrator, stated she was not informed of any resident-to-resident altercations on these dates. E1 stated

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F 225	Continued From page 2	F 225		

there were no allegations of abuse so no investigations were completed. E1 further stated she did not need a 5 page report to know if abuse occurred. She stated she knew her residents and this was not abuse.

2. The Facility's Incident Log dated January 2015 documents on 1/10/15 at 7:15 PM in the hallway "Resident Abuse Behavior Prop (?)-no injury. (R14) grabbed hair of another resident."

R14's Nursing Note dated 1/10/15 at 7:15 PM documents, "Administrator notified of incident of (R14) wandering on B and A hall. Walked past another resident sitting in hallway in a stationary chair and suddenly grabbed a hand full of other female's hair." The Nurse's Note did not identify the female in the incident.

On 10/21/15 at 11:40 AM, E1 stated she didn't remember any incidents with R14. E1 stated "It's possible it was not reported to me." E1 further stated there was no investigation for an incident with R14 and E1 could not identify the other resident involved.

3. R15's Nursing Notes dated 3/10/15 at 8:31 PM documents, "(R15) has bruising on bilateral arms and wrist noticed when shower. (R15) states, 'I don't know what happened--I must have bumped my bed.'"

R15's Occurrence Report dated 3/10/15 documents "Place of occurrence: unknown; Activity at time of occurrence: other-unknown, noticed during shower; Injury type: bruise; Injury location R/L (right and left) circled, upper arm, forearm and wrist; the Nurse statement of other contributing factors: "resident on low dose 81 mg

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F 225	Continued From page 3	F 225		

Aspirin therapy" The Report documents "Resident statement: 'I don't' know what happened, must have bumped on my bed.'" Signature and Date: Medical Director- blank; Administrator- blank."

R15's Occurrence Investigation Report dated 3/10/15 documents, "Root cause-no fault; Quality Assurance Review- Passed on staff interview for E14, Certified Nurse Assistant-clocked out before I gave paper. Conclusion: mx (monitor) bruising on bilateral arms and wrist until healed. Abuse was suspected- left blank. Notifications: Director of Nursing- blank, Facility Administrator- blank, Risk Manager- blank, Medical Director-blank, State Agency-blank, Report closed-blank."

On 10/21/15 at 11:40 AM, E2, Director of Nursing (DON) stated she was not employed as the DON at the time of R15's injury of unknown origin, however; an investigation should have been done to find the cause of the bruising to both arms and wrist. E2 further stated the bruising could have been caused by anything and abuse couldn't be ruled out.

On 10/21/15 at 11:40 AM, E1 stated she was unaware and was not notified of the bruising to R15's bilateral arms. E1 further stated there was no investigation since she was unaware. E1 stated there is a system problem with reporting to her allegations of abuse since she didn't know anything about E12's, E13's, E14's, and E15's incidents.

4.) R12's Minimum Data Set, dated 3/23/15, documents that R12 is cognitively impaired. R12's Plan of Care, updated 3/23/15, documents that R12 has a history of aggressive behaviors

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F 225	Continued From page 4 and refuses care. R17's Plan of Care, updated on 8/27/15, documents R17 has diagnoses which include Alzheimer's, major depressive disorder, Dementia with behavior disturbances. Per the same care plan R17 has behaviors which include wandering, anxiety and aggressive behavior towards others. On 10/20/15 at 1:00 PM, R17 wandered into R12's room. R17 attempted to take a bag of snacks from R12. R12 then grabbed R17's arm and both residents were slapping each other on the arms. R12 was yelling out "Stop, get out of here." E5, Registered Nurse (RN) was informed of the altercation, came down and separated R17 and R12. A full description of what had occurred was provided to E5. On 10/20/15 at 1:15 PM, E5 stated this was a behavior for R17 and happens sometimes. R12's Nursing Notes dated 10/20/15 at 1:02 PM document "Staff witnessed a female resident (R17) from C-Hall roamed into this resident's (R12) room and began swinging her arms at (R12) and grabbing (R12's) wrist while he (R12) was sitting in his w/c. (R12) began swinging his arms back toward (R17) to get her away from (R12)." On 10/21/15 at 9:30 AM, E1, Administrator stated there was no investigation for the altercation between R12 and R17. E1 stated she was told that no physical contact was made between the residents and she doesn't need a 5 page document to say that no abuse happened.	F 225		
F 226	483.13(c) DEVELOP/IMPLMENT	F 226		

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F 226 SS=F	Continued From page 5	F 226		

ABUSE/NEGLECT, ETC POLICIES

The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the Facility failed to operationalize its abuse policy by not reporting allegations of abuse and thoroughly investigating allegations of abuse and injuries of unknown origin. This has the potential to affect all of the 51 residents living in the facility.

Findings include:

1. The Facility's Abuse, Prevention and Prohibition dated 12/12/112 document, "Each resident has the right to be free from abuse, corporal punishment and involuntary seclusion. Residents neither must not be subjected to abuse by anyone, including, but not limited to facility staff, other residents, Consultants or volunteers, staff of other agencies serving the resident, family members or legal guardian friends or other individuals." The policy documents, "VII. Reporting/Response: The facility employee or agent, who becomes aware of abuse or neglect, including injuries of unknown source or alleged misappropriation of resident property shall immediately report the matter to the facility Administrator. The facility Administrator, employee or agent who has reasonable cause to believe any resident with whom they have direct

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contact has been subjected to abuse or neglect, shall immediately report or cause a report to be made to the mandated state agency per reporting criteria or in person. The facility will notify all employees upon hire that they are required by law to report any suspected abuse or neglect. V. Investigation: Witness or alleged resident abuse but be reported to the Director of Nursing and the Administrator. This facility will thoroughly investigate alleged violations of individual right and document appropriate action."

2. On 10/19/15 at 10:30AM, E1, Administrator, stated there has been no abuse or abuse investigations since last annual survey.

3. R13's Nursing Notes dated 7/8/15 at 11:17 AM documents, "(R13) in TV area on C-hall getting in close proximity with female residents faces and yelling/cursing at them."

R13's Nursing Notes dated 8/5/15 at 1:17 PM documents, "(R13) aggressive after lunch. Very verbal with staff and other residents. Walked up to a female res (resident) in a w/c and attempted to hit her with a closed fist in the back of her head." The female resident was not identified in the nurse's note.

On 10/20/15 at 9:22AM, E2, stated she didn't feel that E13 was targeting residents so she didn't feel it was abuse. On 10/21/15 at 11:40AM, E2, Director of Nursing (DON) stated there were no investigations for R13's 7/8/15 and 8/5/15 incidents.

On 10/21/15 at 11:40 AM, E1, Administrator stated she was not informed of any resident to resident altercations on these dates.

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F 226	Continued From page 7	F 226		

4. The Facility's Incident Log dated January 2015 documents on 1/10/15 at 7:15 PM in the hallway "Resident Abuse Behavior Prop (?)-no injury, (R14) grabbed hair of another resident."

R14's Nursing Note dated 1/10/15 at 7:15 PM documents, "Administrator notified of incident R14 wandering on B and A hall. Walked past another resident sitting in hallways in a stationary chair and suddenly grabbed a hand full of other females hair."

On 10/21/15 at 11:40 AM, E1 stated she doesn't remember any incidents with R14 and its possible it was not reported to me. E1 further stated there is no investigation for incident with R14 and E1 could not identify the other resident involved.

5. R15's Nursing Notes dated 3/10/15 at 8:31PM documents: "R15 has bruising on bilateral arms and wrist noticed when shower."

R15's Minimum Data Set, dated 9/14/15 document cognitive status as "99-unable to complete."

R15's Occurrence Report dated 3/10/15 documents: "Place of occurrence: unknown; Activity at time of occurrence: other-unknown, noticed during shower; Injury type: bruise; Injury location R/L (right and left) circled, upper arm, forearm and wrist. Nurse statement of other contributing factors: 'resident on low dose 81 mg Aspirin therapy' Resident statement: 'I don't' know what happened, must have bumped on my bed.' Signature and Date: Medical Director- blank; Administrator- blank."

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F 226	Continued From page 8	F 226		

R15's Occurrence Investigation Report dated 3/10/15 documents: "Root cause-no fault; Quality Assurance Review- Passed on staff interview for E14, Licensed Practical Nurse-clocked out before I gave paper. Conclusion: "mx (monitor) bruising on bilateral arms and wrist until healed. Abuse was suspected- left blank. Notifications: Director of Nursing- blank, Facility Administrator- blank, Risk Manager- blank, Medical Director-blank, State Agency-blank, Report closed-blank."

On 10/21/15 at 11:40 AM, E2, Director of Nursing (DON) stated an investigation should have been done to find the cause of the bruising to R15's arms and wrist. E2 further stated the bruising could have been caused by anything and abuse couldn't be ruled out.

On 10/21/15 at 11:40 AM, E1 stated she was unaware and was not notified of the bruising to R1's bilateral arms. E1 further stated there was no investigation since she was unaware.

6.) On 10/20/15 at 1:00 PM, R17 wandered into R12's room. R17 attempted to take a bag of snacks from R12. R12 then grabbed R17's arm and both residents were slapping each other on the arms. R12 was yelling out "Stop, get out of here." At this point E5, Registered Nurse was informed of the altercation, came down and separated R17 and R12.

R12's Nursing Notes dated 10/20/15 at 1:02 PM document: "Staff witnessed a female resident (R17) from C-Hall roamed into this residents (R12) room and began swinging her arms at (R12) and grabbing R12's wrist while he (R12) was sitting in his w/c. (R12) began swinging his arms back toward (R17) to get her away from

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F 226	Continued From page 9 (R12)." On 10/21/15 at 11:40 AM, E1 stated there is a system problem with reporting to her allegations of abuse and investigations the allegations. E1 stated multiple times " I know these residents and I don't need a 5 page document telling me if abuse occurred. Residents have behaviors sometimes." E1 stated "I didn't know anything about E12, E13, E14, and E15 incidents so how was I going to investigate them?" 7. The Residents Census and Condition dated 10/19/15 document a census of 51 residents.	F 226		
F 253 SS=C	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to maintain 4 bird cages, located in a resident use area, in a clean and sanitary condition. This has the potential to affect all of the 51 residents living in the facility. Findings include: 1. On 10/19/2015 at 1:00 PM, the four bird cages in the Lounge Area across from the front office had bird seed, bird excrement, bird feathers and other debris in large amounts on the bottom areas of the cages. The corner areas had piles that were up to 3 inches in depth. Also, the areas	F 253		

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F 253	Continued From page 10 where the birds perched frequently had 2 inch high excrement/bird seed piles. 2. On 10/21/2015 at 2:30 PM, E15, Office Manager, stated that he was responsible for the maintenance of the bird cages and he could not remember exactly the last time he cleaned the cages. He stated that the birds are very active in moving piles into the corners of the cages. He also stated that he has no set schedule to do the cleaning. 3. The Resident Census and Condition of Residents,CMS 672, dated 10/19/2015, documents the facility has 51 residents living in the facility.	F 253		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment	F 279		

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F 279	Continued From page 11 under §483.10(b)(4).	F 279		

This REQUIREMENT is not met as evidenced by:
Based on record review and interview the facility failed to develop comprehensive care plans in a timely manner for 3 of 13 residents (R4,R6 and R8) reviewed for care plans in a sample of 13.

Findings include:

1. On 10/19/15 at 2:00 PM E3, Minimum Data Set /Care Plan Coordinator, stated that some of the care plans have not been updated. She stated that the facility was short of nurses and she (E3) has been working the floor. E3 stated "I haven't had time to update them."

2. R4's Admission Face Sheet, undated, documents she was admitted to the facility on 4/1/15. R4 has an Interim care plan dated 4/1/15. R4 does not have a comprehensive care plan at this time.

3. R6's Admission Face Sheet, undated, documents R6 was admitted to the facility on 7/2/15. R6 has an Interim Care Plan dated 7/2/15. R6 does not have a comprehensive care plan at this time.

4. R8's Admission Face Sheet, undated, documents R8 was admitted to the facility on 5/23/15. R8 only has an Interim Care Plan dated 5/23/15. R8 does not have a comprehensive care plan at this time.

On 10/21/15 at 9:45 AM E2, Director of Nursing (DON), stated that they don't have a policy for

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F 279	Continued From page 12 care plans.	F 279		
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 - (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 infection.	F 441		

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(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
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This REQUIREMENT is not met as evidenced by:
Based on interview observation and record review the facility failed to follow infection control and isolation policy and procedures, failed to disinfect potentially contaminated environmental surfaces and glucometers and failed to wash hands to prevent the potential spread of infection for three of 13 residents (R4, R5 and R8) reviewed for infection control in the sample of 13.

Findings include:

1. The Admitting Face Sheet, undated, documents R4 has diagnoses which include Neurogenic Bladder, recurrent urinary tract infections positive for extended spectrum beta-lactamase (ESBL), and Diabetes Type 2.

R4's laboratory results document R4 had a positive urine culture completed on 9/8/15, which reported ESBL producing e-coli. R4's Physician's Order documented a repeat urine culture should be completed on 10/16/15.

On 10/20/15 at 10:30 AM E5, Registered Nurse (RN) stated, "We just got results back today and (R4's) urine is ESBL positive again so we put her back on contact isolation."

On 10/20/15 at 12:50 PM E6 and E7, both Certified Nurse's Aides (CNA'S), provided catheter care for R4. A sign was posted on the door for contact isolation. No isolation cart was stationed outside of R4's door. Neither E6 nor E7 put on a protective gown during catheter care. E6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146052	A. BUILDING _____ B. WING _____	10/22/2015

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emptied R4's catheter before starting catheter care. E6 emptied the catheter into a plastic container, which she then splashed around the sink area and rinsed in R4's sink. The sink was not disinfected in any way after rinsing the contaminated container. E7 was asked if R4s' clothing was wet due to R4 had stated she frequently has bladder spasms and leaks around her catheter. R7 then picked up R4's underwear and rubbed the urine saturated underwear area up her forearm and stated, "Yes.They are wet." When E7 went into the bathroom to wash her hands after glove removal, she did not wash her forearm area. During care, R4 was attempting to show E6 and E7 where her coccyx area hurt. R4 touched her buttocks/coccyx area with her fingers. E6 and E7 did not washed R4's hands after catheter care was completed.

On 10/20/15 at 2:00 PM, E6 and E7 both stated they forgot to put on gowns which are necessary for contact isolation when giving direct care.

On 10/20/15 at 1:50 PM, E12, CNA, also working on the hallway R4 resides stated, "If it was me, I would always put a gown on for direct care, especially catheter care since that is where her (R4) infection is."

The Facility's Infection Control policy, dated 11/1/12, documents the purpose as, "To establish guidelines to follow to prevent the transmission of infectious or communicable diseases and to control nosocomial infection." Under the sub-category of Gowns/...Other Protective Body Clothing which is undated documents, "Personnel must wear appropriate protective clothing when performing a task that will likely soil the employees clothing with infective matter (i.e.

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blood, feces, body fluid or other potentially infectious materials are likely to occur)." The sub-category titled Cleaning and Decontaminating Spills or Splashes of Blood or Body Fluids documents "It is the policy of this facility that all spills or splashes of blood or other body fluids be cleaned up and the spill or splash area be decontaminated as soon as practical."

On 10/22/15 at 1:45 PM, E13, Housekeeping Supervisor stated, "No one told us about that spill, the CNA's don't always tell us about that when it happens."

2. On 10/21/15 at 10:55 AM, E9 and E8, CNAs, were providing perineal care for R5. After providing care, E9 opened the drawer of R5's bedside cabinet with her soiled gloves on, reached into the drawer with her soiled gloves, took out the barrier cream and applied the cream to R5's buttocks. At no time did E9 wash her hands.

The facility Policy and Procedure for Perineal Care, not dated, documented under General Infection Control Guidelines "#2. Wash your hands before and after all procedures. Wear gloves when appropriate. Procedure #14. Remove protective pad under buttocks, remove gloves."

4. On 10/21/15 at 11:32 AM, E11, Licensed Practical Nurse (LPN), while passing medication, checked a blood sugar for R8. After checking R8's blood sugar, E11 put the glucose monitoring device in a container labeled with R8's name on it and placed it back into the medication cart. E11 did not clean the glucometer before or after checking R8's blood sugar.

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F 441	Continued From page 16 On 10/21/15 at 11:45 AM, E11 checked R5's blood sugar. After checking R5's blood sugar, E11 put the glucose monitoring device in a container labeled with R5's name on it and placed it back into the medication cart. E11 did not clean the device before or after checking the blood sugar. On 10/21/15 at 11:50 AM, E11 stated, "I will clean them when I am done passing all my medications." The facility Policy and Procedure for Blood Sugar Monitoring, not dated, under General Infection Control Guidelines documents "#5. Thoroughly clean all equipment used and return to appropriate storage area."	F 441		