STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	**432 POPLAR DRIVE** **WILMETTE, IL 60091**

(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 Certification Survey. First Probationary Licensure survey due to change of ownership.	F 000		
F 315 SS=D	483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to clean a resident's genital area after incontinence in a manner that would prevent the potential development of infection, and maintain hygiene. This applies to 1 of 5 residents (R7) reviewed for incontinence care in the sample of 15. The findings include: The Minimum Data Set dated January 15, 2016 showed that R7 has diagnoses including generalized muscle weakness and left hemiplegia due to cerebrovascular accident.	F 315		

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
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	432 POPLAR DRIVE WILMETTE, IL 60091

(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 315	Continued From page 1 The BIMS (Brief Interview for Mental Status) dated January 15, 2016 shows R7's cognition was severely impaired. The facility's MDS dated January 15, 2016 shows R7 is frequently incontinence of bladder and always incontinent of bowel, and requires extensive assistance with hygiene, bathing, toileting and transferring. On April 12, 2016 at 10:15 AM, E4 (Certified Nursing Assistant, CNA) and E5, CNA took R7 to the toilet. E4 and E5 put gloves on and helped R7 stand up. E4 and E5 unfastened R7's incontinent pad and R7 had large soft mushy brown stool extending to R7's front area. E5 wiped R7's buttocks area with the use of the disposable incontinent pad while R7 was standing then took disposable wipes and cleansed R7's buttocks and not separating the buttocks. E5 dried R7 buttocks with the use of brown paper towel. E5 removed her dirty gloves and put clean gloves on without washing her hands. E4 and E5 then help R7 sit in the toilet. E4 cleansed R7's front area. with the use of disposable wipe then removed her dirty gloves. E4 put clean gloves on and dried R7's front area using brown paper towels. E4 and E5 then helped R7 stand up. E5 was starting to put cream on R7 buttocks and was asked to get a disposable wipe and clean in between R7's buttocks. E5 wiped R7 buttocks and there was still smear of stool in the area. E5 said, "yes there is more stool in R7's buttocks." On April 13, 2016 at 4:20 PM E1 (Administrator) said that the facility staff are not suppose to use the brown paper towel in the bathroom to dry the residents for incontinence care.	F 315		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	**432 POPLAR DRIVE** **WILMETTE, IL 60091**

(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 315	Continued From page 2 Facility's perineal care policy and procedure with revised date of 12/15 (December 2015) showed: Wash and rinse the rectal area thoroughly, including the area under the scrotum, the anus and the buttocks.	F 315		
F 363 SS=E	483.35(c) MENUS MEET RES NEEDS/PREP IN ADVANCE/FOLLOWED Menus must meet the nutritional needs of residents in accordance with the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences; be prepared in advance; and be followed. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow the menu to provide the correct portion size of ground entree to residents receiving mechanical soft diets. This applies to 1 of 1 residents (R7) reviewed for mechanically altered diets in a sample of 15, and 7 residents (R17-R23) in the supplemental sample. The findings include: On April 12, 2016 at 11:58 AM in the kitchen during lunch meal service, Z3 (Cook) showed the serving utensil he intended to serve the three ounce (weight) portion of the ground turkey was a three ounce volume ladle. When questioned, Z1 (Food Service Manager) verified the cook had the correct serving utensil (three ounce volume ladle) to serve the three ounce (weight) portion of	F 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	432 POPLAR DRIVE WILMETTE, IL 60091

(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 363	Continued From page 3 ground turkey as listed on the production sheet for lunch. Z1 also verified one serving of ground turkey should contain three ounces weight of ground turkey. When asked to weigh the contents of ground turkey in the three ounce volume ladle, Z1 weighed one portion of the ground turkey served by the three ounce ladle. The ground turkey portion weighed less than two ounces. Z1 confirmed the portioning of the ground turkey as served with the three ounce ladle was inadequate to meet the three ounce weight portion as required by the production sheet and planned menu. On April 13, 2016 at 12:50 PM at the second floor nursing station, Z4 (Dietitian) verified three ounces weight of ground turkey should have been portioned for Mechanical Soft diets. Z4 verified the three ounces on the production sheet of ground turkey referred to a weight and not a volume measurement. On April 14, 2016 at 9:00 AM, Z2 (District Manager) verified that the three ounce portion size of ground turkey listed on the production sheet referred to three ounces weight and not volume. Z2 stated the cook should have initially weighed out three ounces of ground turkey and then determined what serving utensil would hold three ounces weight of the ground turkey. Facility document "Production Counts (Day 24: Week 4-Tuesday-4/12/16), shows both Regular and Mechanical Soft portion sizes of Roast Turkey as "3 Oz." Production count document does not specify if the ounces listed on the document are weight or volume ounces. The production does not show a serving utensil to be utilized for ground turkey.	F 363		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	**432 POPLAR DRIVE** **WILMETTE, IL 60091**

(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 363	Continued From page 4	F 363		

Facility corporate recipe "Turkey, Roast [3 oz protein]" Number 4300, undated, lists the portion size of roast turkey as "3 Ounces". The recipe does not clarify a serving utensil for ground turkey.

According to the facility's document titled "Resident Consistency Report" R7 and R17-R23 receive mechanical soft diet.

F 364 SS=D — 483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP — F 364

Each resident receives and the facility provides food prepared by methods that conserve nutritive value, flavor, and appearance; and food that is palatable, attractive, and at the proper temperature.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to serve food at a palatable temperature.

This applies to 1 of 13 residents (R11) observed during dining in the sample of 15.

The findings include:

On April 12, 2016 at 9:15 AM, R11 was laying in bed in her room, sleeping. Fifteen residents from the same floor were sitting in the dining room eating breakfast. At 9:40 AM, E4 (CNA-Certified Nursing Assistant) said, "I don't know why R11 is still in bed. I think her daughter likes her to sleep late. A CNA will feed her when she wakes up."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	432 POPLAR DRIVE WILMETTE, IL 60091

(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 364	Continued From page 5 At 9:50 AM, E4 reheated R11's breakfast entree in a microwave on the unit and went to R11's room to feed her breakfast. At 9:58 AM, E4 was feeding R11 yogurt and milk from the breakfast tray. E4 said she had not replaced the milk or yogurt on the tray before feeding R11. R11 was eating the yogurt and drinking the milk from the tray. R11 was unable to respond when prompted regarding the palatability of the foods she was being fed. Z1 (Food Service Manager) and Z2 (District Manager) came to R11's room to measure the temperature of the milk and yogurt at 10:00 AM. The milk measured 68 degrees Fahrenheit and the yogurt measured 71 degrees Fahrenheit. Z1 said the breakfast trays were delivered to the floor between 7:15 and 7:30 AM that morning. "No one ever told me they feed a resident three hours after the tray is sent to the floor." Z2 said "They should have sent the tray back to the kitchen to be reheated to the proper temperature and to replace the milk and yogurt." The facility's EMR (electronic medical record) shows R11's diagnoses includes difficulty swallowing and dementia with behaviors. R11's MDS (Minimum Data Set) dated January 12, 2016 shows R11 is severely cognitively impaired, is sometimes understood by others, is visually impaired, and requires extensive assistance with ambulation, dressing, hygiene, bathing, toileting and eating.	F 364		
F 365 SS=E	483.35(d)(3) FOOD IN FORM TO MEET INDIVIDUAL NEEDS Each resident receives and the facility provides	F 365		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	432 POPLAR DRIVE WILMETTE, IL 60091

(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 365	Continued From page 6	F 365		

food prepared in a form designed to meet individual needs.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to serve pureed foods in a consistency per facility standards.

This affects 7 of 15 residents (R2-R4, R6, and R10-R12) reviewed for pureed diets in a sample of 15, and 8 residents (R24-R26, and R28-R32) in the supplemental sample.

The findings include:

On April 11, 2016 at 12:45 PM in the first floor dining room during lunch, R26 sat in the dining room with a plate of pureed food in front of her. The plated pureed food consistency was very runny and had no form. Each of the pureed food items ran into each other and were untouched by R26. R26 stated she did not like the lunch and would not eat any of the pureed foods from the plate.

On April 12, 2016 at 12:40 PM in the second floor dining room during lunch, R28, R11, R31 had runny pureed food on their plates resembling puddles. The pureed foods were not formed and were not able to hold their shapes.

On April 13, 2016 at 12:30 PM in the second floor dining room during lunch service, the plated pureed foods were scooped and mounded on the plate, formed, and holding their shapes. The pureed foods were not runny or watery. On April 13, 2016 at 12:30 PM in the second floor lunch

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	432 POPLAR DRIVE WILMETTE, IL 60091

(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 365	Continued From page 7 room, Z5 (Speech and Language Pathologist) observed the pureed foods served to residents in the dining room and stated the formed pureed foods served that day were more appropriate than runny pureed foods. Z5 stated she liked the way the pureed foods were presented during the April 13, 2016 lunch meal. Z5 stated the pureed consistency should be consistent from meal to meal. After reviewing the pureed instructions for thickening and/or thinning pureed items listed on the Roasted Turkey recipe, Z5 stated, "That gives them a lot of leeway." On April 14, 2016 at 9:00 AM in the conference room, Z2 (District Manager) stated the expectation is pureed food items should achieve a "mashed potato" consistency and the final product should be formed and keep a shape. Z2 provided a training in-service log for kitchen staff, dated April 4, 2016, which shows "Consistency of pureed scoop should be like mashed potato. It should hold its place on the plate when it is scooped." Z2 verified the pureed foods should not be served in a runny consistency. Facility recipe "Turkey, Roast [3 ounces protein]," Number 4300 and undated, shows "For Pureed: Measure desired number of servings into food processor. Blend until smooth. Add broth or gravy if product needs thinning. Add commercial thickener if product needs thickening." Facility document "Lyons Ready Care Thickening Guide for Meats," undated, shows, "If needed, gradually add more liquid to achieve a moist mashed potato consistency." Facility document "in-Service Training for Pureed Diet Preparation," dated April 8, 2016, in the	F 365		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	432 POPLAR DRIVE WILMETTE, IL 60091

(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 365	Continued From page 8 "Defining Pureed Texture" section shows "All foods must be presented in a form that is homogenous and cohesive in nature, e.g. foods should have a pudding or mousse-like consistency." The "Descriptions of Pureed Texture" section shows pureed texture "Holds its shape on a plate or when scooped." The Preparation Tips section shows, "Food should be of pudding or mousse consistency, not too runny or liquid." According to the facility's document titled "Resident Consistency Report" R2-R4, R6, R10-R12, R24-R26, and R28-R32 receive pureed diet.	F 365		
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	F 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	432 POPLAR DRIVE WILMETTE, IL 60091

(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 441	Continued From page 9 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. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the facility failed to follow their policy and procedure for performing hand hygiene during provision of care (incontinence care and wound care) to residents. This applies to 2 of 4 residents (R3 and R7) observed for incontinent and wound care in the sample of 15. The findings include: 1. Minimum Data Set dated January 15, 2016 showed that R7 has diagnoses including generalized muscle weakness and left hemiplegia due to cerebrovascular accident. The BIMS (Brief Interview for Mental Status) dated January 15, 2016 shows R7's cognition was severely impaired.	F 441		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	**432 POPLAR DRIVE WILMETTE, IL 60091**

(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 441	Continued From page 10	F 441		

The facility's MDS dated January 15, 2016 shows R7 is frequently incontinence of bladder and always incontinent of bowel, and requires extensive assistance with hygiene, bathing, toileting and transferring.

On April 12, 2016 at 10:15 AM, E4 CNA and E5 CNA (Certified Nursing Assistant) took R7 to the toilet. E4 and E5 provided incontinence care. During incontinence care, E4 and E5 changed their gloves multiple times. Each time, they washed their hands with soap and water for 7 to 10 seconds.

On April 13, 2016 at 4:30 PM Z6 (nurse consultant) said that the staff are supposed to wash their hands for 15 seconds in between changing gloves.

2.) On April 12, 2016 at 11:25 AM, E6 (LPN-Licensed Practical Nurse) provided wound care to R3's right and left ischium pressure sores. E6 washed her hands and donned clean gloves. E6 changed the dressing on R3's left ischium using the prescribed treatments. E6 removed her gloves and regloved with new gloves. E6 did not wash her hands between glove changes. E6 proceeded to change the dressing on R3's right ischium using the prescribed treatments with the same gloved hands.

The facility's policy entitled "Hand Hygiene" revised on January 1, 2016 shows: "When to wash hands or use and alcohol-based hand rub: before applying and after removing gloves. ...Procedure: Handwashing: ...4. Rub hands vigorously for at least 15 seconds, covering all

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145932	A. BUILDING ______ B. WING ______	04/14/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CITADEL CARE CENTER-WILMETTE	**432 POPLAR DRIVE WILMETTE, IL 60091**

(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 441	Continued From page 11 surfaces of the hands and fingers. ...6. Turn off water with paper towel used to dry hands; the water is left running during drying." .	F 441		