

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

PRINTED: 09/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145536		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/11/2015	
NAME OF PROVIDER OR SUPPLIER PRESENCE OUR LADY OF VICTORY				STREET ADDRESS, CITY, STATE, ZIP CODE 20 BRIARCLIFF LANE BOURBONNAIS, IL 60914			
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F 000	INITIAL COMMENTS			F 000			
F 167 SS=C	<p>Annual Certification</p> <p>483.10(g)(1) RIGHT TO SURVEY RESULTS - READILY ACCESSIBLE</p> <p>A resident has the right to examine the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility.</p> <p>The facility must make the results available for examination and must post in a place readily accessible to residents and must post a notice of their availability.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the most recent survey results with signage allowing for easy identification of results. The facility also failed to ensure that residents were familiar with location of survey results.</p> <p>Findings include:</p> <p>On 9/8/15 at 9:00 am most recent survey results were observed in a plastic holder attached to the wall at the reception desk, with no visible identifying signage. The survey results binder did contain a paper on the cover identifying it as "IDPH Survey Results" (Illinois Department of Public Health). However, this could only be read when standing right at the reception desk. This could not be identified as containing the most recent survey results when in the center or</p>			F 167			

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 167	Continued From page 1 opposite end of the lobby. At 10:00 am on 9/9/15, residents in the group meeting (R13, R36, R39, R40, R41, R42) denied knowing where the survey results were posted. This information was presented to E1 (Administrator) and E2 (DON-Director of Nursing) during daily status meeting on 9/9/15. On 9/10/15 during meeting with E1 and E2 at 9:30 am , E1 stated that they had made a larger sign so the survey results could be more easily identified.	F 167			
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered. This REQUIREMENT is not met as evidenced by: Based on observations, interviews and record reviews the facility failed to provide foot rests to a wheel chair for leg elevation for one resident (R5) reviewed for accommodation of needs from a sample of 19. Findings include: During initial tour of facility accompanied by E9 (Restorative Nurse) on 9/8/15 at 10:10 am, R5 was seated in her room in a wheel chair with her legs in a dependent position, resting on wheel	F 246			

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F 246	<p>Continued From page 2</p> <p>chair foot rests. R5's left foot and ankle were observed to be markedly swollen with R5 observed to be wearing compression bandages on both feet and lower legs. R5 stated that she had had a problem with lower extremity swelling for a long time, with the left being worse than the right. When questioned about being able to elevate her legs, R5 stated that she was using her own wheel chair which had come with her when she was transferred from another facility about a month ago. She stated that she had previously had leg rests which allowed for elevation of her feet, but she did not believe those leg rests had been packed and sent with her wheel chair. Currently, the leg rests which she did have did not elevate. R5 also stated that she was currently in therapy. After hearing the comments by R5, E9 stated that she would check and see if the facility had any leg rests which the facility could accommodate her wheel chair with so that R5 could elevate her legs.</p> <p>On 9/9/15 at 9:30 am, R5 was observed sitting in her room in her wheel chair, with legs in a partially elevated position. She stated that the facility had supplied her with different leg rests yesterday.</p> <p>R5's BIMS (Brief Interview for Memory Status) score is a "15" per her 7/20/15 MDS (Minimum Data Set) indicating that R5 is alert and oriented with good memory and recall and is able to be interviewed.</p> <p>R5's current care plan identifies as one of R5's problems that R5 is overweight and also has pitting edema of her bilateral lower extremities. However, there are no interventions specifically related to the lower extremity edema documented</p>	F 246			

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F 246	Continued From page 3 on this care plan. R5 is also identified on this care plan as having impaired mobility, with multiple interventions, including to evaluate the use of assistive devices for positioning, transfer and ambulation. R5's admission date per facility face sheet was July 13, 2015. R5's Initial Treatment Plan for Rehabilitation which provides a start of care date of 8/17/15 documents that R5 has a history of Multiple Sclerosis, and that R5 reported that her left leg was not functional which caused her to be unable to stand and pivot. R5 was noted to require assistance with transfers (mechanical lift). Goal of treatment for R5 was muscle strengthening, improvement of balance and increasing standing tolerance. There was no documented assessment of R5's wheel chair. R5's treatment plan was for physical therapy 4 times a week for 4 weeks to include therapeutic exercises, therapeutic activities, Neuro re-education and gait training. There is no mention of R5's swelling nor any reference to the fact that R5 is unable to elevate her legs in her wheel chair. On 9/10/15 during meeting with E1 (Administrator) and E2 (DON-Director of Nursing) at 9:30 am, E1 stated that R5 had previously been offered a different wheel chair to her so she would be able to elevate her legs. R5 stated "no, I don't think they knew about it". R5 denied being offered a different wheel chair. No assessment of R5's wheel chair was ever provided by E1 or E2.	F 246			
F 312 SS=E	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of	F 312			

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F 312	<p>Continued From page 4</p> <p>daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide grooming for residents who need assistance and/or are dependent for hygiene and grooming. This applies to 1(R13) of 4 residents reviewed for ADL (activities of daily living) care in the sample of 19 and 4 residents (R23, R24, R26, R27) in the supplemental sample.</p> <p>Findings include:</p> <p>On 9/9/15 at 12:25 PM R13, R23, R24, R26, R27 were all eating lunch in the dining room, their fingernails were long, dirty (black/brown unidentified debris underneath the fingernails) and jagged.</p> <p>On 9/10/15 starting at 3:45 PM E2 (DON/Director of Nursing) stated the CNAs (Certified Nursing Assistants) are supposed to do the nail clippings for the residents as part of hygiene and grooming tasks and nurses are supposed to do the the nail clipping for diabetic residents. E2 also stated residents have the right to refuse nail clippings and CNA's are supposed to document their refusal on the shower sheets (grooming/hygiene sheet).</p> <p>R13's, R23's, R24's, R26's, R27's shower sheets for the month of September showed that they all cooperated with hygiene and grooming.</p>	F 312			

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F 312	Continued From page 5	F 312			
F 364 SS=C	<p>Facility's Policy for Care of Fingernails/Toenails undated states,</p> <p>Purpose: The purposes of this procedure is to clean the nail bed, to keep nails trimmed, and to prevent infections.</p> <p>483.35(d)(1)-(2) NUTRITIVE VALUE/APPEAR, PALATABLE/PREFER TEMP</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to serve hot food at palatable temperatures and failed to follow the recipe for puree diets. This deficient practice has the potential to affect 92 out of 94 residents who eat by mouth according to the Census and Condition of Residents Form dated 9/8/2015.</p> <p>The findings include:</p> <p>1. On 9/9/2015 at 10:00 AM during a group interview, R13, R36, R37 and R40- R42 all said hot food is not hot enough.</p> <p>On 9/9/2015 at 11:49 AM, E4(Dietary Manager/ Cook) began to place the food for lunch onto the steam table in the kitchen. The following is a list of final temperatures recorded for the food: Regular corn- 160 degrees Fahrenheit(F)</p>	F 364			

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F 364	<p>Continued From page 6</p> <p>Broccoli- 160F Baked potato- 192F Barbecue chicken- 170F Pureed stuffed cabbage- 162F Mechanical barbecue chicken- 165.9F Pureed baked potato- 175F Pureed corn bread- 160F Pureed corn- 193F</p> <p>On 9/9/2015 at 12:15PM, E4(Dietary Manager/ Cook) pushed the steam table from the kitchen to the unit and began to serve the food. The last tray was served at 12:35 PM. E4 prepared the test tray at 12:37 PM and said he forgot a thermometer, E3(Dietician/ Dietary Manager) went to get the thermometer. The test tray temperatures were taken on 9/9/2015 at 12:39 PM as follow: Baked Potato- 158.5 Broccoli- 113.5F Barbecue chicken- 119F Stuffed pureed cabbage-120.9F Pureed baked potato- 120F Pureed corn- 114F Pureed corn bread- 121F Mechanical soft barbecue chicken- 110F</p> <p>On 9/9/2015 at 12:45 PM, E4(Dietary Manager/ Cook) said the temperatures should at least be 140 degrees Fahrenheit and he was aware that residents were complaining of the hot food not being hot enough. E4 said " I think the steam table is broken" it is not keeping the food hot enough.</p> <p>2) On 9/9/2015 at 11:27 AM, E4(Dietary Manager/Cook) prepared pureed corn. E4(Dietary Manager/ Cook) blended thickener and corn in a blending machine. E4 took the lid off the blender</p>	F 364			

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F 364	Continued From page 7 and sprinkled salt, pepper and poured a milk creamer product into the blended corn. E4 then tasted the corn. When asked about the recipe for the pureed corn, E4 went over to the other side of the kitchen to get the recipe. The recipe book was very clean. Pureed Corn Recipe dated 6/16/2015 did not contain salt, pepper or milk creamer. On 9/9/2015 at 11:30 AM, E4 said the recipe does contain salt, pepper or milk creamer, "but I added it anyway." On 9/9/2015 starting at 12:17 PM, E4(Dietary Manager/ Cook) served the pureed corn to 10 residents, R16, R21 and R28- R35. On 9/11/2015 at 9:00 AM, E6(District Manager) had no response for E4's failure to follow the recipe for pureed corn.	F 364			
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	F 371			

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F 371	<p>Continued From page 8</p> <p>review the facility failed to store and prepare foods in a sanitary manner. This deficient practice has the potential to affect 92 out of 94 residents in the facility who eat by mouth according to the Census and Condition of Residents Form dated 9/8/2015.</p> <p>The findings Include:</p> <p>On 9/8/2015 starting at 10:00 AM during the initial tour, the temperature of the cooler was 48 degrees Fahrenheit. The door to the cooler was not completely closed; 4 carts were inside the cooler. Each cart had multiple trays with deserts inside of bowls uncovered and milk on the trays. E3(Dietician/ Dietary Manager) moved the carts out of the cooler. There was water dripping from the ceiling onto the carts. The floor had a large amount of water on it. The cooler had meat, fruit and vegetables on the shelves. E3(Dietician/ Dietary Manager) said we store the carts in the cooler with desert and milk on the trays to make it easy to prepare for lunch. E3 also said it is warm in here because the door is not completely closed. E3 said that the carts with trays will be covered to prevent the water from leaking onto the food and then E3 pushed all of the carts back into the cooler without covering it.</p> <p>The freezer had a heavy accumulation of frost/ice on the shelves. 2 (5 gallon) containers of ice- cream were completely covered in ice/frost. There was ice droplets accumulated on the ceiling. The floor was slippery with ice accumulation. E3(Dietician/ Dietary Manager) said, we will fix the freezer and throw away the ice cream. E7(Dietary Aide) was making a red colored drinking substance in a pitcher inside the middle compartment of the three compartment</p>	F 371			

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F 371	<p>Continued From page 9</p> <p>sink. The compartment to the right of where E7 was making the drink contained a sanitizing bucket, E7 said it had Quaternary solution in it. E7 said the 3 compartment sink is not used for cleaning and again said she was making Kool-aid for the residents. E7 did not respond as to why Kool-aid was being made next to a sanitizing bucket. The initial kitchen tour ended on 9/8/2015 at 10:45AM.</p> <p>On 9/8/2015 at 9:27 AM, E6(District Manager) said Kool-aid is not normally prepared next to cleaning buckets, "we will put a stop to it."</p> <p>On 9/8/2015 at 9:33 AM, E4(Dietary Manager/Cook) and E5(District Manager) were in the kitchen cooking and preparing food for lunch service. Both were male staff with clean shaved beards. Neither knew what the policy states regarding male staff cooking and preparing foods with beards.</p> <p>Safety and Sanitation Policy undated states, "Beards are not recommended for any team member who handles food however if a team member has one, beard must be kept trimmed close to the face and a beard guard must be worn at all times while in the kitchen and or handling food."</p> <p>On 9/9/2015 at 11:49 AM, E4(Dietary Manager/Cook) began to place the prepared lunch menu onto the steam table in the kitchen. multiple flies were in the kitchen flying around the steam table. The flies would periodically land on top of the steam table. E3(Dietician/Dietary Manager) confirmed flies on top of the steam table and flying around the food. Food preparation continued without intervention.</p>	F 371			

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F 371	Continued From page 10 E4(Dietary Manager/ Cook) placed ladles(scooping utensils) on top of the steam table. Flies continued to come in contact with the steam table service.	F 371			
F 441 SS=E	On 9/11/2015 at 9:00 AM, E6(District Manager) said the facility has ordered zappers and will move forward to correct the flies in the kitchen. 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	F 441			

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F 441	<p>Continued From page 11 hand washing is indicated by accepted professional practice.</p> <p>(c) Linens 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 observations, interviews and record review, the facility failed to follow standard infection control practices with regards to hand washing/hygiene, glove changing and sanitization of glucometer machine, during provisions of care. This applies to 7 residents (R20, R21, R41 to R45) in the supplemental samples.</p> <p>Findings include:</p> <p>1) On 9/9/15 around 11:15 AM, E10 (Nurse) checked R21's blood sugar level. E10 used 2 glucometer machines for R21. R21 resides in the D-hall. When the first glucometer machine didn't work well, E10 took another glucometer machine to check R21's blood sugar level. After getting R21's sugar level, E10 then sanitized the glucometer machines one at a time in her right hand by rolling the body of the glucometer in her right hand with sanitizing wipes. However, E10 did not sanitize the test strip insertion sites of both glucometer.</p> <p>During the process of checking R21's blood sugar level, E10 changed her gloves twice but did not do any hand hygiene or hand washing in between gloving.</p>	F 441			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145536	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/11/2015
NAME OF PROVIDER OR SUPPLIER PRESENCE OUR LADY OF VICTORY			STREET ADDRESS, CITY, STATE, ZIP CODE 20 BRIARCLIFF LANE BOURBONNAIS, IL 60914		
(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	<p>Continued From page 12</p> <p>On 9/11/15 at 11:45 AM, E2 (DON/ Director of Nursing) stated, each medication cart has two glucometer machines and staff can use any of the glucometer machines for all the diabetic residents residing in that hallway or unit.</p> <p>E2 then gave a list of diabetic residents who resides in D-hall and uses the glucometer machines. These residents (R41, R42, R43, R44, R45) can be potentially affected by not following the manufacturer's guideline for glucometer sanitization which E2 also presented as facility's policy for the machine.</p> <p>Manufacturer's guideline of glucometer sanitization indicates:</p> <p>* Wipe all external or lancing device including both front and back surfaces until visibly clean.</p> <p>2) On 9/9/15 at 11:40 AM, E11 (Nurse) administered medications to R20 via gastrostomy tube (g-tube). Prior to auscultation of R20's abdomen for patency of g-tube and medication administration, E11 went in and out of R20's bedroom wearing gloves. E11 touched the door knob, privacy curtains and moved the garbage can with her gloved hands. While wearing the same gloves, E11 proceeded to auscultate R20's abdomen and administered the medications. E11 then removed gloves, left the room without hand hygiene/washing to get R20's nebulizing medication, returned to R20's room donned new set of gloves without hand washing/hygiene then proceeded to administer nebulizing treatment.</p> <p>On 9/10/15 at around 3:30 PM to 3:45 PM E2</p>	F 441			

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

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F 441	Continued From page 13 (DON) stated, staff must use hand sanitizer or wash hands prior to any resident care, and after removal or donning of gloves and in between changing task with the same resident or a different resident. Staff must change gloves prior to changing task. Facility's policy for Handwashing(undated) indicates: - Handwashing is the single most important means of preventing the spread of infection.	F 441			