

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

PRINTED: 01/27/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145850</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/26/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>CITY VIEW MULTICARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5825 WEST CERMAK ROAD</b> <b>CICERO, IL 60804</b>		
(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 441 SS=D	<p>Complaint Investigation</p> <p>1690319/IL82815-F441, F514 1690152/IL82629-no deficiencies 1596978/IL82328-no deficiencies</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>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.</p> <p>(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.</p> <p>(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.</p>	F 441			

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 441	<p>Continued From page 1</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 interview and record review facility failed to follow their lice and isolation procedures for one resident (R4) out of five residents reviewed for lice. This failure resulted in R4 not being put on contact isolation.</p> <p>Findings Include:</p> <p>Z1 stated on 1-22-15 at 1:30pm when staff notifies him a resident has lice that resident should be put on contact isolation immediately for at least 24 hours to make sure no spread of lice. Z1 stated and the roommates should have been treated has well. The purpose of putting resident on isolation is to prevent the spread in the nursing home.</p> <p>E4 (Licensed Practical Nurse) stated on 1-22-16 at 1:00pm R4 came to her last week that he had bugs. E4 stated went and looked at R4 and noted small bugs on his shirt that looked like lice. E4 stated notified the doctor and director of nursing. E4 stated removed R4 ' s clothing and his linen were removed. E4 stated assessed his roommates and took their clothes and linen put them in the red bags and called housekeeping. E4 stated housekeeping came and cleaned every ones bed. E4 stated R4 was not put on contact isolation and was not told to put R4 on isolation</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>by the doctor. E4 stated was not told to put R4 on isolation and did not post any sign outside his room that he was on isolation.</p> <p>R4 ' s nurse dated 1/19/16 denotes R4 observed with lice on his clothes. R4 showered and lice treatment done on resident. Clothes in red bag and sent to laundry. Housekeeper came and treated room. Director of Nursing made aware.</p> <p>R4 stated he had bugs, told the nurse and they gave him shampoo to use. R4 stated he was moved to another room but was not told he was isolation of to remain in his room.</p> <p>R4's physician order sheet and medication sheet for the month of January 2016 denotes no order for isolation or lice shampoo.</p> <p>Facility ' s policy for lice denotes Notification of attending physician and obtain orders for treatment and contact precautions. Contact precautions should be maintained throughout the course of the treatment. Contact precautions will be maintained until resident ' s is lice free. Facility ' s isolation precaution policy denotes initiating of isolation precautions residents known or suspected with infectious or communicable disease; the staff nurse shall notify the attending physician to obtain appropriated instructions and treatment. The staff nurse of each unit shall be responsible for carrying out all functions of the isolation procedures as directed. The nurse is responsible to notify appropriate department that isolation had been implemented, post isolation sign on the door so that all personnel will be</p>	F 441			

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F 441	Continued From page 3 aware and explain to the residents and visitors the reasons for the isolation precautions and procedures to be followed.  R6 stated on 1-26-15 at 9:30 am was R4 ' s roommate was told to take shampoo to prevent lice. R6 stated the staff told him they had to clean the room they were in and they had to be moved to another room also. R6 stated does not remember being told that he or R4 were on isolation at that time or to stay in their room for a certain amount of time.  R5 stated on 1-26-15 at 9:40 am was R4 ' s roommate and told about a week ago to take a shower with this special shampoo and had to be moved to another room. R5 stated was not told what the shampoo was for or that R4 had lice.  E3 (Director of Nursing) stated on 1-22-16 at 2:00pm when they find out a resident has lice their clothing; linen is removed and sent to laundry. E3 stated the resident who has the lice is put on contact isolation it depends on the doctor has to how long usually 72 hours. E3 stated that if a resident has lice the doctor will typically order to treat the resident and his roommates too.	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	F 514			

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F 514	<p>Continued From page 4</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review facility failed to follow their policy and procedure and document physician orders to administer lice shampoo for 3 of 3 (R4, R5, R6) residents reviewed for physician orders documented.</p> <p>Findings Include:</p> <p>R4 ' s nurse dated 1/19/16 denotes R4 observed with lice on his clothes. R4 showered and lice treatment done on resident. Clothes in red bag and sent to laundry. DON made aware.</p> <p>E4 (Licensed Practical Nurse) stated on 1-22-16 at 1:00pm R4 came to her last week that he had bugs. E4 stated went and looked at R4 and noted small bugs on his shirt that looked like lice. E4 stated notified the doctor and director of nursing. E4 stated removed R4 ' s clothing and his linen and assessed his roommates and took their clothes and linen put them in the red bags and called housekeeping. E4 stated housekeeping came and cleaned every ones bed. E4 stated R4, R5 and R6 were provided with lice shampoo and made sure they used it when they showered. E4 stated did not write the order lice shampoo in R4, R5 and R6s medical records and only charted in R4 ' s nurses note that the lice treatment was given not on the other residents. E4 stated should have been charted on R4, R5 and R6 ' s</p>	F 514			

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F 514	<p>Continued From page 5</p> <p>medication sheets as well. E4 stated when they get an order from the doctor should it should be charted on the doctors ' order sheet then it automatically comes up on the medication sheet so they can sign off</p> <p>R4s ' physician order sheet and medication for January 2016 denotes no lice shampoo given/documented.</p> <p>R6 stated on 1-26-15 at 9:30 am he is was R4 ' s roommate and had no bugs but was told to take shampoo to prevent lice.</p> <p>R5 stated on 1-26-15 at 9:40 am was R4 ' s roommate and told about a week ago to take a shower with this special shampoo and had to be moved to another room. R5 stated was not told what the shampoo was for.</p> <p>R5 and R6 nurses note, physician order sheet and medication denotes for January 2016 denote no lice shampoo given/documented.</p> <p>E3 (Director of Nursing) stated on 1-26-16 that all orders from the doctor should be charted on the physician order sheet and then on the medication sheet.</p> <p>Z1 (Doctor) stated was informed R4 had lice and ordered staff to give treatment. Z1 stated doctor ' s order is needed to give any type of medication.</p> <p>Facility ' s policy and procedure for documentation denote documentation can be physician, nurse therapist, Certified Nursing Assistant documentation, social service or any</p>	F 514			

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F 514	Continued From page 6 member of the interdisciplinary team that is deemed by the facility as appropriate to document Documentation is completed under the following circumstances: Upon Physician orders. During medication and treatment administration. During education of the resident/resident representative.	F 514		