

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

PRINTED: 06/03/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14G157		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/14/2015	
NAME OF PROVIDER OR SUPPLIER HERBSTTRITT HOUSE				STREET ADDRESS, CITY, STATE, ZIP CODE 6300 NORTH RIDGE AVENUE CHICAGO, IL 60660			
(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
W 000	INITIAL COMMENTS			W 000			
	ANNUAL CERTIFICATION SURVEY- FUNDAMENTAL						
	ANNUAL LICENSURE SURVEY						
W 341	INSPECTION OF CARE 483.460(c)(5)(ii) NURSING SERVICES			W 341			
	Nursing services must include implementing with other members of the interdisciplinary team, appropriate protective and preventive health measures that include, but are not limited to control of communicable diseases and infections, including the instruction of other personnel imethods of infection control.						
	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to teach and promote infection control techniques for 3 individuals in the sample (R1, R2 and R4) and 3 individuals outside of the sample (R5-R7). This occurred when: 1) Handwashing was observed to not be demonstrated prior to the dinner meal for R1, R4, R5, R6 and R7 and; 2) Hand soap was not available in the hallway bathroom (Room 22) that is used by individuals and staff when R2 was observed to go into the bathroom and rinse his hands with water only.						
	Findings include:						
	Evening observations were conducted on 5/12/15 beginning at 2:30pm and continuing until 5:45pm in the home. Illinois Department of Public Health (IDPH) Surveyor observed (R1) walk out of the kitchen, sit down at the dinner table, take his hat						

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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W 341	<p>Continued From page 1</p> <p>off and place it on the dinner table in front of him, scratch his head, and lick his fingers without prompting of handwashing prior to eating his meal at 5:10pm. (R2) was observed to go into the hallway bathroom (Room 22) with the door open and rinse his hands with water only prior to eating his dinner meal at 5:00pm. (R4) was observed to touch the couch, chair, wall and scratch his face prior to sitting down at the dinner table without the observation of hand washing at 5:15pm. (R5) was prompted to wash his hands and was observed to go into bathroom (Room 22) with the door open and rinse his hands with water only at 4:45pm to assist with setting the table. (R5) completed setting the table at 4:55pm and began to touch other items in the dining room area without handwashing prior to eating his meal at 5:15pm. (R6) was observed at 5:10pm to put his socks and shoes on in the living room of the home without washing his hands prior to eating his meal and R7 was observed to come directly from the living room of the home while touching his tongue and putting on his shoes without washing his hands at 5:05pm. The facility failed to ensure that soap was made available for use by staff and residents in bathroom (22) and handwashing was done prior to eating the dinner meal to ensure infection control techniques were implemented.</p> <p>An interview was held with E5 (Direct Support Person) on 5/12/15 at 5:15pm in the dining room area of the home and E6 (Cook/Direct Support Person) at 5:10pm. E5 and E6 both confirmed that handwashing was not conducted prior to individuals eating their dinner meal and that soap was not available for use by individuals and staff in bathroom (22).</p>	W 341			