STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(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) COMPLETE DATE
S 000	Initial Comments Annual Health Licensure Certification Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 300.610a) 300.696 300.1210a) 300.1210b) 300.1210d)5) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.696 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of	S9999	Attachment A Statement of Licensure Violations	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(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) COMPLETE DATE
S9999	Continued From page 1 Communicable Diseases Code (77 Ill. Adm. Code 690) and Control of Sexually Transmissible Diseases Code (77 Ill. Adm. Code 693). Activities shall be monitored to ensure that these policies and procedures are followed. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(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) COMPLETE DATE
S9999	Continued From page 2 pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidence by: Based on observation, interview and record review, the facility failed to ensure that a resident received care and treatment to prevent the development of penile trauma from the use of an indwelling urinary catheter. The facility also failed to clean a resident's genital area after an incontinent episode in a manner that would prevent the potential development of infection and to maintain hygiene. This applies to 2 of 12 residents (R8, R4) reviewed for indwelling urinary catheter and incontinence care in the sample of 14. This failure resulted in R8 sustaining penile trauma, including erosion of the meatus thru the glans to the proximal shaft of R8's penis.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(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) COMPLETE DATE
S9999	Continued From page 3 The findings include: On February 1, 2016 at 2:10 PM, R8 was in his room, sitting in a wheelchair. A strong urine odor was present. R8 said, "I have a catheter strapped to my leg. Sometimes it pulls on my penis." On February 2, 2016 at 8:35 AM, E11 (CNA-Certified Nursing Assistant) was requested to remove R8's incontinence brief and expose R8's indwelling catheter. E11 washed his hands and donned clean gloves and assisted R8 to a standing position before removing R8's incontinence brief to expose R8's genital area and upper legs. R8 had a urinary leg bag attached to his left upper leg with two elastic straps. An anchoring device for the indwelling catheter was located on R8's upper leg, above the urinary leg bag. The urinary leg bag contained clear, yellow urine. It was observed that the urinary catheter had eroded through the tip of R8's penis and now exited from the underside of R8's penis. E11 said, "I empty the leg bag twice a shift." The facility's POS (Physician Order Sheet) generated on February 2, 2015 showed diagnoses that included: High blood pressure, pacemaker, urinary incontinence, and urinary tract infection. The facility's MDS (Minimum Data Set) dated December 15, 2015 showed R8 was readmitted to the facility on September 12, 2015 and R8 is moderately cognitively impaired, and needs extensive assistance with hygiene, bathing and toileting, frequently incontinent of stool, and has an indwelling urinary catheter.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(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) COMPLETE DATE
S9999	Continued From page 4 The facility's POS (Physician Order Sheet) for R8, dated August 1, 2015 through February 2, 2016 showed: "January 5, 2016 11:32 AM: Foley Catheter Due to Urinary Retention - new order." The facility's Care Plan Activity Report for R8 showed: "Effective: September 25, 2015 - (Indwelling) Catheter - Resident at risk for urine infection due to (Indwelling) catheter related to urinary retention. Interventions: (Indwelling) catheter care rendered every shift. (Indwelling) catheter changed monthly." The facility's care plan lacked interventions for anchoring the indwelling catheter to prevent pulling and trauma to R8's penis. The facility's nursing admission nursing assessment dated September 12, 2015 showed R8 had an indwelling urinary catheter, draining clear, yellow to amber urine. Records from the local hospital showed R8's indwelling catheter was placed in the Emergency Department on July 19, 2015. The facility's nursing progress note for R8 dated September 18, 2015 at 7:19 PM showed: "Noted minimal fresh blood on R8's tip of penis. No complaint of pain on penile area as per patient. Informed physician and ordered to apply antibiotic to penile tip twice a day. Ordered carried out." The facility's nursing progress note dated November 9, 2015 at 9:26 PM showed: "At around 6:00 PM, CNA noted laceration/trauma on R8's dorsal part of penis, with minimal bleeding and foul smell. Z1 (NP-Nurse Practitioner) called and ordered antibiotic ointment to site twice a day and R8 for wound consult; orders carried out."	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(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) COMPLETE DATE
S9999	Continued From page 5 On November 18, 2015 at 1:54 PM nursing progress notes showed "...Noted more opening around urethra/penile from indwelling urinary catheter." Z1's (NP) progress note dated November 11, 2015 showed "Antibiotic ointment to penis laceration." Z1's (NP) progress notes dated November 20, 2015 showed, "Penile wound/trauma secondary to indwelling catheter. Continue present management, apply antibiotic ointment to penile wound twice a day, monitor." Z3's (MD) progress note dated November 23, 2015 at 6:15 PM showed "Indwelling urinary catheter induced tear to penis." On November 23, 2015, R8 was seen by Z2 (MD-Urologist) outside the facility. Z2's progress note showed: "Indwelling catheter with erosion of meatus thru the glans to proximal shaft. Impression: Needs better support of catheter to keep tension off it." On February 3, 2016 at 11:30 AM, E2 (DON-Director of Nursing) said the TAR (Treatment Administration Record) shows daily catheter care for R8. The documentation is signed off by the resident's nurse, however, it is the CNA who provides the catheter care, not the nurse." On February 3, 2016 at 2:45 PM, Z3 (MD) said, "R8 was seen by Z2 for damage/trauma to his penis. The urinary catheter should be changed every 4 to 6 weeks. The damage to R8's penis was caused by improper anchoring of R8's indwelling urinary catheter. The problem was related to anchoring the catheter too short, so movement caused trauma to the penile meatus.	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(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) COMPLETE DATE
S9999	Continued From page 6 Anchoring the catheter properly would have prevented permanent injury to R8's penis." On February 4, 2016 at 10:05 AM, E2 (DON) said, "It has not been the facility's practice to use an anchoring device for indwelling urinary catheters. The catheters were not being anchored." The facility's undated policy entitled "Indwelling Catheter Policy" lacked procedures for anchoring the indwelling catheter. The facility's undated policy entitled "Urinary Leg Drainage Bags" lacked procedures for anchoring the indwelling catheter. 2. R4 has multiple diagnoses which included dementia without behavioral disturbances based on the face sheet. R4's records showed that the resident had a history of UTI (urinary tract infection). R4's quarterly MDS (Minimum Data Set) dated November 6, 2015 showed that the resident is moderately impaired with cognition. The same MDS shows that R4 is always incontinent of bowel and bladder functions and would require extensive assistance from staff with regards to personal hygiene and toilet use. On February 2, 2016 at 10:40 AM, E8 (CNA/Certified Nursing Assistant) assisted E7 (CNA) during R4's incontinent care. R4 was awake and was transferred from high back reclining chair to bed. E7 and E8 removed R4's incontinent brief and pants. R4's incontinent brief was soiled with stool and urine. E8 with her gloved hand used a wet wash cloth with shampoo	S9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(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) COMPLETE DATE
S9999	Continued From page 7	S9999		

and body wash solution to wipe R4's pubic area down towards the perineum, including the bilateral groin. E8 used the same wash cloth to wipe R4's perineal area (wiping from the pubic area down towards the perineum, including the bilateral groin then back) three times without changing and/or folding the wash cloth to use the clean side. E7 and E8 then turned R4 to her left side. E8, using the same wash cloth that she used to wipe R4's perineal area, wiped R4's rectal and buttocks area, three times. E8 repeated the same procedure, using another wet wash cloth (warm water only) to rinse R4, then used another dry wash cloth to dry the area. During this observation, E8 did not separate the labia to clean the area to ensure that urine and feces are removed.

In an interview held on February 4, 2016 at 10:03 AM, E2 (Director of Nursing) stated that for female residents, the staff should separate the labia and the perineal skinfolds to thoroughly clean the area and to prevent potential infection. E2 also stated that a clean wash cloth or the clean side of the wash cloth should be used to wipe the resident's perineal area to prevent potential infection.

The facility's perineal care policy and procedure dated 2002 showed in-part that the purpose of the procedure is to provide cleanliness and comfort to the resident, to prevent infections and skin irritations. The same policy showed that for female residents, " Wash perineal area, wiping from front to back. " "Separate labia and wash area downward from front to back." "Continue to wash the perineum moving outward to and including thighs, alternating from side to side, and using downward strokes." "Rinse perineum thoroughly in same direction, using fresh water and a clean washcloth."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6012595	A. BUILDING: _____ B. WING _____	02/04/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABINGTON OF GLENVIEW NURSING	3901 GLENVIEW ROAD GLENVIEW, IL 60025

(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) COMPLETE DATE
S9999	Continued From page 8 (B)	S9999		