STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016901	A. BUILDING: _____ B. WING _____	05/05/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONAL CARE OF ARL HTS	1200 N ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS, IL 60004

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S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations STATEMENT OF LICENSURE VIOLATIONS: Section 300.696 Infection Control c) Each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings 6) Guideline for Isolation Precautions in Hospitals This requirement was NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to implement their Infection Control policy by failing to ensure family members wear personal protective equipment (PPE) when entering a Contact Isolation room; staff failed to perform hand hygiene after contact with resident in an isolation room; failed to properly disinfect the isolation room. These deficient practices affected one resident (R2) of 5 residents reviewed for infection control. Findings include:	S9999	Attachment A Statement of Licensure Violations	

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S9999	Continued From page 1 R2 is currently on Contact Isolation for Clostridium difficile (C-diff). R2's Physician Order Sheet (POS) dated 04/28/2016 documents an order for Isolation for stool C-diff. On 05/03/2016 at 10:10am, Z3 and Z4 were noticed in R2 ' s room. Z3 wore only gloves and Z4 wore only gown missing the remaining components of PPE. On 05/03/2016 at 12:10pm, no trash can liners for the trash can was noticed inside R2 ' s washroom next to the hand washing sink. On 05/04/2016 at 9:25am, E10(Rehab Therapist) wheeled R2 in to the room, wore gown and gloves before entering in to the room, helped R2 transfer from wheel chair on to a geriatric chair, connected R2 to wall mounted oxygen setting , removed the PPE, walked out of the room without washing hands. On 05/04/2016 at 9:40am, E11(Certified Nursing Assistant-CNA) helped R2 transfer from geriatric chair on to the bed , removed the PPE, grabbed the trash bag, did not bag the trash can with a new liner brought the single lined trash bag into the soiled utility room, dumped in a regular waste bin. E5(Licensed Practical Nurse-LPN) who is in the soiled utility room at the same time along with E11 also confirmed that all the trash bags from resident rooms goes in the regular waste bin. On 05/04/2016 at 11:10am, E12(Physical Therapist-PT) entered R2's room, disconnected R2 from wall mounted oxygen to oxygen tank, helped R2 to use the wash room with the help of a rolling walker, E12 then, removed his PPE, walked R2 to therapy room without performing hand hygiene.	S9999		

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S9999	Continued From page 2 On 05/04/2016 at 11:15am, E13 (Housekeeping Aide) donned a yellow isolation gown, a mask and gloves. E13 picked trash, soiled linen from the bed and the bath room, with the same gloves, opened the lid of the house keeping cart, placed the single lined trash bags and linen bag in to the house keeping cart. At 11:20am, E13 with the same gloves, opened the housekeeping cart brought the green bucket with the disinfectant cleaners, toilet brush and rags in to R2's room. E13 cleaned the inside of the toilet bowl with a toilet brush and with a rag inside first and then outside. After completion, E13 placed the toilet brush back into the green basket. E13 did not disinfect the toilet brush with bleach. E13 did not change gloves and did not perform hand hygiene. E13 used neutral disinfecting cleaner, with the same gloves E13 disinfected sink, faucet, bars for the towels, mirror, shower chair, and hand rails in order. For disinfecting the shower chair and hand rails E13 used the same rag that was used to disinfect R2 ' s toilet. E13 opened the linen storage cabinet and grabbed some clean linen and placed them on the towel bars.E13 used neutral disinfectant cleaner to disinfect the mattress, went in to the linen storage cabinet and grabbed some clean linen to make R2 ' s bed. At 11:40am, E13 disinfected dresser chest, refrigerator and did not disinfect the bottom surface the green basket with the disinfectants and placed it back in the housekeeping cart. At 11:50am, E12 (PT) walked R2 in to the room, helped R2 to sit in geriatric chair, connected R2 to wall mounted Oxygen, and checked R2's pulse. E12 removed PPE, placed it in the trash bin, walked out of R2's room without performing hand hygiene.	S9999		

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S9999	Continued From page 3 At 11:55am, E13 swept R2's room and bathroom floors with a broom and placed the broom back in the house keeping cart. At 11:58am, E13 mopped the floor of the R2 ' s room and bathroom with a neutral disinfectant cleaner. At 12:00pm, E13 thanked R2, removed her mask, gown and gloves, collected the trash, walked out and steered the house keeping cart in to the hallway. For the entire period of isolation room cleaning, E13 did not change gloves and did not perform handhygiene. At 1:30pm, E13 stated, "I am supposed to change my gloves after cleaning the toilet bowl and each area before going to new area. I should, but I forgot." At 1:38pm, E14 (House keeping Director) stated, "The house keeping staff are supposed to follow our policy." On 05/04/2016 at 1:40pm, E2 (Director Of Nursing-DON) indicated that staff have to wash their hands after contact with a resident with Contact Isolation for Clostridium difficile, before entering and exiting a resident ' s room and coming in contact with resident, and the staff have to wash their hands after removal of the gloves. On 05/05/2016 at 9:18am, E1 (Administrator) indicated that staff have been educated on hand hygiene practice, Infection control practices for a resident on Isolation. Family members have to wear the complete PPE before entering in to the isolation rooms. On 05/05/2016 at 10:38am, E13 demonstrated and stated, "I use the neutral disinfectant cleaner	S9999		

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S9999	Continued From page 4 to clean the floors, including isolation rooms. I use the same for all the rooms, that is why I don't change the water in my cart; I use new mops every time, and never take them back in to the container that has the disinfecting solution for the floors. Facility's policy titled, "Contaminated isolation room cleaning" dated 02/2015 reads that materials needed are U-1 germicidal detergent. Steps to do job in part indicate that use double bag method for trash collection bins. Proper cleaning technique prevents the spread of infection. Facility staff practice did not follow their policy. Manufacturer's guidelines for neutral PH disinfectant cleaners used by the facility for cleaning and disinfecting C-diff rooms do not indicate that they are effective against Clostridium Difficile. (B) Section 300.1210 General Requirements for Nursing and Personal Care 300.1210b)d)2) 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,	S9999		

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S9999	Continued From page 5 seven-day-a-week basis: 2) All treatments and procedures shall be administered as ordered by the physician. This requirement is NOT MET as evidenced by: Based on interview and record review, the facility failed to perform daily weights as ordered by a physician, failed to notify the physician regarding a weight increase and failed to follow the plan of care for one resident (R3) of five residents reviewed for weights in a sample of five. Findings include: R3's Diagnosis Report documents, in part, the following medical diagnoses: Acute Systolic (Congestive) Heart Failure, Lobar Pneumonia and Malignant Neoplasm of Pancreas. On 5/4/16 at 9:15am, R3 stated, "Not sure if they (weights) were done every day. I know they should've been done because I retained fluid around my lung. And my weight went up. They put me on water pills and the doctor told me to watch my weight closely. Because if I gain weight, it could mean I'm building up fluid around my lungs." R3's Minimum Data Set dated 4/26/16 documents a Brief Interview of Mental Status (BIMS) score of 15 out of 15 which indicates that R3 is Cognitively Intact. R3's Physician Order Sheet (POS) dated 5/1/16 documents: CHF (Congestive Heart Failure) - Daily weights at 6:00am using same scale. Call Medical Doctor if there is a 2-3 pound or more difference or more than 5 pounds a week.	S9999		

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S9999	Continued From page 6 A Weights and Vitals Summary for R3 documents that his weight was performed six times from 4/19/16 through 5/3/16: 4/19, 4/22, 4/23, 4/28, 4/29 and 5/3. R3's weights were not performed daily as ordered. R3 ' s Care Plan dated 4/19/16 documents, in part: "Focus: (R3) has potential for fluid deficit related to C-diff (Clostridium difficile) infection and intake of diuretics. Interventions: Weigh daily before breakfast." R3's Weight Summary documents: 4/28/16 - 173.4 pounds. 4/29/16 - 178.2 pounds. According to R3's Nurse's Notes dated 4/28/16 through 4/30/16, Z3 (Physician) was not notified regarding the five pound weight gain as ordered. On 5/3/16, E2 (DON-Director of Nursing) indicated that when weights are performed they are recorded in the computer. E2 stated there was no paper charting available for weights. On 5/5/16, E15 (CNA-Certified Nurse Assistant) and E16 (CNA) indicated that they both work night shift and cared for R3 on a regular basis. E16 stated, "I only weighed (R3) three times." E15 indicated that she never had the opportunity to weigh R3. E15 and E16 indicated when the weights are performed, they are only charted in the computer. On 5/4/16 at 12:12pm, Z3 stated, "Daily weights were ordered because of his CHF. To make sure, steady and not worsens." Z3 was asked how important daily weights were as part of R3's treatment plan. Z3 stated, "Very important because of his weight gain in the past. The weights are integral in allowing us to track if he's retaining fluids. "Z3 indicated that he believes he	S9999		

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S9999	Continued From page 7 was notified regarding the weight gain. Z3 indicated that as a response to the five pound weight gain, a chest x-ray was ordered and R3's Lasix (diuretic) was increased. R3's Medical Record documents that the chest x-ray was ordered on 4/27/16 prior to R3's weight gain and the Lasix dosage remained at 40 milligrams without increase. A facility policy dated 8/1/15 and titled, "Physician Orders" documents, in part: "POLICY: The Physician retains control of the resident/patient's medical plan of care and is consulted when changes in condition occur, outpatient appointments with orders or any other situation that requires an alteration to prescribed treatments, medications, or additional tests. A facility policy dated 8/1/14 and titled, "Change in Condition" documents, in part: "POLICY: To keep the physician, who is in charge of medical care, family members/legal representatives, responsible for health care decisions, informed of the resident's medical condition so they may direct the plan of care as needed. 3. Documenting a Change in Condition b) Nurse's Notes should include documentation of the symptoms and observations associated with the change in condition, the date and time of contact with the physician and family member/legal representative. Notes should include clinical assessments and comments on any interventions provided by nursing personnel with the resident's response." (B) Section 300.2090 Food Preparation and Service	S9999		

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S9999	Continued From page 8 300.2090b) b) Foods shall be attractively served at the proper temperatures and in a form to meet individual needs. As referenced in the Illinois Food Service Sanitation Code: Section 750.325 Special Requirements for Highly Susceptible Populations: 750.325b) b) Pasteurized eggs or egg products shall be substituted for raw eggs in the preparation of foods using raw or undercooked shell eggs. This requirement is NOT MET as evidenced by: Based on observation, interview and record review, the facility failed to ensure that pasteurized shelled eggs were used during the preparation of undercooked eggs and failed to ensure that the temperature of the egg was within acceptable range for one resident (R8) in the supplemental sample reviewed for food preparation. Findings include: On 5/4/16, during a tour of the kitchen with E17 (Food Service Supervisor), a box of unpasteurized shelled eggs were on a shelf in the walk in cooler. E17 confirmed that the shelled eggs were unpasteurized. The facility's 2 week Cycle Menu documented: Sunday through Monday: Breakfast - "2 eggs any way you like".	S9999		

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S9999	Continued From page 9 On 5/5/16, R8 requested a sunny side up egg for breakfast. A sunny side up egg consists of cooked egg white and a runny yolk. E18 (Cook) retrieved an unpasteurized shelled egg from the refrigerator. At 7:56am, E18 plated the egg and prepared the plate for service. E19 (Dietary Aid) waited for the plate and prepared to serve R8. E18 was asked if he took a temperature of the sunny side up egg. E18 responded, " No " and retrieved the plate. The temperature of the runny egg yolk was 120 degrees Fahrenheit. E18 again prepared the plate for service. E17 (Food Service Supervisor) was observed removing the unpasteurized shelled eggs from the refrigerator and replaced them with pasteurized shelled eggs. E17 prompted E18 to remake the sunny side up egg. E18 (Cook) stated, "I don't normally temp because she likes them really runny. How I made it, is how she likes it. (R8) eats them every day. It should temp 145 degrees in the center." On 5/5/16 at 8:02am, E17 (Food Service Supervisor) stated, "To be honest, I've never had pasteurized shelled eggs prior to today. E17 (Food Service Supervisor) acknowledged that E18 (Cook) was preparing to serve R8 the sunny side up egg. E17 stated, "That's why I asked him to remake it because I bought pasteurized eggs. " A facility policy with a revision date of 5/5/16 and titled, "Made to Order Eggs" documents, in part: "POLICY: 1.) As an alternative to the regular breakfast entrée a guest may choose to have made to order eggs as their main protein source.	S9999		

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S9999	Continued From page 10 PROCEDURE: 1.) Made to order eggs are prepared with pasteurized eggs and egg yolks. 3. Internal egg temperatures will be 145 degrees." (B)	S9999		