

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

PRINTED: 11/19/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145701</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/07/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEXINGTON OF STREAMWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>815 EAST IRVING PARK ROAD</b> <b>STREAMWOOD, IL 60107</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 442 SS=D	<p>Complaint Investigation 0894695/IL37870</p> <p>No extended survey was conducted.</p> <p>483.65(b)(1) PREVENTING SPREAD OF INFECTION</p> <p>When the infection control program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interviews and record review the facility failed to follow the facility's policy on isolation precautions by cohorting a resident with ESBL (Extended Spectrum Beta Lactamase) with R2.</p> <p>Findings include:</p> <p>R2's diagnoses include Acute Scrotal Cellulitis, Urinary Retention, Diabetes Mellitus, and R2 has a Gastrostomy tube.</p> <p>During the tour of the facility on 10/24/08 at 10 AM, surveyor asked E6 (Clinical Nurse Manager), why R2 was in an isolation room. E6 stated that R1 (Roommate of R2) has ESBL of urine but R2 does not have the ESBL and is being cohorted with R1. E6 further stated both of them have indwelling catheters and R2 does not use the toilet.</p> <p>Review of facility's policy on ESBL has the</p>	F 442			

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.

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

PRINTED: 11/19/2008  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145701</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>11/07/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>LEXINGTON OF STREAMWOOD</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>815 EAST IRVING PARK ROAD</b> <b>STREAMWOOD, IL 60107</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 442	<p>Continued From page 1 following under General Procedures:</p> <p>#3. The resident will be placed in a private room or cohorted with another ESBL resident. If the ESBL infection is well contained, the resident is cognitively alert and is complacent to restrictions and the roommate is not at high risk for infection, the Assistant Administrator of Clinical Services (AACS ) may make the decision for occupancy in a double room. Contact isolation must be maintained.</p> <p>High risk Residents:</p> <ol style="list-style-type: none"> <li>1. Open wound or decubitus</li> <li>2. Invasive device as IV, Foley catheter, G-tube, wound dressing, tracheostomy</li> <li>3. Diabetes, critically ill or debilitating condition</li> <li>4. Recently with 2 weeks or more of antibiotics</li> <li>5. Immune suppressed</li> <li>6. Burn or surgical residents</li> <li>7. Prolonged hospitalization</li> <li>8. Multi anti-microbials</li> </ol> <p>R2 is high risk as identified by the facility's protocol having both aa indwelling catheter and Gastrostomy tube. R2 has a diagnosis of Diabetes Mellitus, and has been on an antibiotic for the last two weeks.</p>	F 442			