

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 146167	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2020
NAME OF PROVIDER OF SUPPLIER FOSTER HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP 2840 WEST FOSTER AVENUE CHICAGO, IL 60625	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0676 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. Based on interview and record review, the facility failed to provide showers to three residents (R1, R2, and R3) in a sample size of 3 on a weekly basis to maintain comfort and dignity. Findings: On 8/24/2020 at 11:10am, V7 (Restorative Nurse) stated she changed the number of shower days for R1 from 3 times a week to 2 times a week, to accommodate all of the residents and staffing needs. V7 stated she did not know when she spoke with R1, and did not document in the computer, but she did make him aware of the change. Review of record shows no documentation noted in computer about communication with resident regarding change in shower days. On 8/24/2020 at 1:07pm, R1 stated that on 08/13/2020, he had not received a shower from the morning shift (6:30am-2:20pm) staff. Stated shower schedule had changed from 3 showers to two showers a week. He stated he had to speak with V3 (Director of Nursing) to get the schedule changed back. On 8/24/2020 at 2:26pm, R2 stated getting a shower once a week was okay for her. On 8/24/2020 at 1:39pm, V3 stated the CNA's (Certified Nursing Assistant) are supposed to complete a Shower Day and Skin Attention Form for every shower that they give. On 8/25/2020 at 1:13pm, V3 stated she believes CNA's can also document in POC (Point of Care-section where CNA's chart their tasks) when showers are given. On 8/25/2020 at 1:14pm, V7 stated the CNA charts what activities of daily living (ADL's) tasks (nutrition [amount eaten, fluids and snacks], eating, bathing, toilet use, personal hygiene, locomotion on/off unit, oral care, bed mobility, walk in corridor, transferring, bowel and bladder elimination and walk in room) that they assist a resident with per shift. V7 stated if there is no shower form, then no shower was given for that resident. On 8/25/2020 at 1:47pm, V3 stated in POC when ADL tasks are not completed the tasks will be highlighted in pink. ADL tasks that are completed will be highlighted in green. On 8/25/2020 at 2:00pm, the ADL tasks for R2 and R3 were highlighted in pink on the evening shift (1430-2230) of July 19th and 27th. Resident refusal or resident unavailable was not marked for either day or resident. The ADL task list for R1 was highlighted in pink on the evening shift of 7/27/2020. Resident refusal or resident unavailable was not marked for either day. On 8/25/2020 at 3:19pm, V11 (CNA) stated there was no reason why R2 did not receive a shower on 7/19/2020 and 7/26/2020. V11 stated she doesn't recall if she gave her a shower or not, but if she did, she would have completed a shower form. Late Entry Documentation with created date of 8/25/2020 at 1:39pm, from V7, states resident informed at this time shower days changed from three (3) days a week to two (2) days a week states, That's fine as long as I get my shower. Undated CNA Assignment sheet for 3 CNA's indicates R1 is to receive a shower on Tuesday mornings and Thursday evenings, R2 is to receive a shower on Sundays, and R3 is to receive a shower on Monday evenings and Thursday mornings. Daily Nursing schedule, dated 7/19/2020 and 7/26/2020, list a census of 33 residents for the day, and V11 is the only CNA listed for the evening shift. Shower Day and Skin Attention Form for July and August of 2020 were reviewed for R1, R2, and R3 on 8/24/2020. There was no shower form(s) submitted for R1 on 7/28/2020 and 8/13/2020. There was no shower form submitted for R2 on 7/19/2020 and 7/26/2020. There was no shower form submitted for R3 on 7/27/2020 and 7/30/2020. POC ADL task list for R2 was highlighted in green for the evening of July 19th. POC ADL task list for R3, for the evening shift on July 27th, was highlighted in green. Undated Bathing/Shower Policy states, in part, that bathing/shower is performed by staff in order to maintain resident comfort and dignity. In part 1 it states, in part, that bathing is done at a minimum of once a week or as needed or requested by the resident. Undated job description for Certified Nursing Assistant (CNA) states, in part, that the Certified Nursing Assistant is responsible for providing resident care and support in all activities of daily living. Essential Duties and Responsibilities states in part, provide assistance in personal hygiene by helping with showers and baths.		
F 0725 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based on interview and record review, the facility failed to have sufficient staff to provide resident care and support for three residents (R1, R2, and R3) in a sample size of three. Findings: On 8/24/2020 at 1:07pm, R1 stated that on 8/13/2020 he had not received a shower from the morning shift (6:30am-2:20pm) staff. R1 stated shower schedule had changed from three (3) showers to two (2) showers a week. He stated he had to speak with V3 (Director of Nursing) to get the schedule changed back. On 8/24/2020 at 2:26pm, R2 stated getting a shower once a week was okay for her. On 8/25/2020 at 1:15pm, V7 (Restorative Nurse) stated the CNA (Certified Nursing Assistant) charts what activities of daily living (ADL's) tasks nutrition {amount eaten, fluids and snacks}, eating, bathing, toilet use, personal hygiene, locomotion on/off unit, oral care, bed mobility, walk in corridor, transferring, bowel and bladder elimination and walk in room) that they assist a resident with per shift in POC (Point of Care-section where CNA's chart there tasks). On 8/25/2020 at 1:47pm, V3 (Director of Nursing) stated in POC (Point of Care-section where CNA's chart their tasks) when ADL tasks are not completed the tasks will be highlighted in pink. ADL tasks that are completed will be highlighted in green. On 8/25/2020 at 2:50pm, V1 (Administrator) stated she did not use any agency staff. On 8/25/2020 at 3:14pm, V3 stated that yellow highlighted boxes on the schedule means that staff is needed for that shift. Stated if box is highlighted and empty that means that shift was not covered. Also stated if there was a time next to the name, in the box, it meant that the staff was either leaving at that time or coming in at that time. V3 stated that whoever is listed on the schedule is the person who worked on that day and shift. V3 stated that on July 19th and 26th, the evening shift worked with one (1) nurse and one (1) CNA and said, Yes, they can provide adequate care to all of the residents. On 8/25/2020 at 3:19pm, V11 (CNA) stated there was no reason why R2 did not receive a shower on 7/19/2020 and 7/26/2020. Daily Nursing Schedule, dated 7/19/2020 and 7/26/2020, list a census of 33 residents for the day, and V11 is the only CNA listed for evening shift (1430-2230). On 7/27/2020, evening assignment sheet only has one (1) CNA that working the entire shift and one (1) CNA that stayed until 6:30pm. POC ADL tasks for R2 and R3 was highlighted in pink (indicating not done) on the evening shift (1430-2230) of 7/19/20 and 7/27/20. On 8/25/2020 at 2:36pm, V2 submitted the POC ADL task list for R2, and it was highlighted in green for the evening of July 19th. POC ADL task list submitted for R3, for the evening shift on July 27th was highlighted in green. The ADL task list for R1 was highlighted in pink (indicating not done) on the evening shift of 7/27/2020.		
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.