STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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 441	Continued From page 20 trending of infections. The Medical Director will be provided a monthly infection control report. On 5/14/10 all Housekeeping staff were inserviced on cleaning products and what items are to used according to the organism. A cleaning product that kills VRE/MRSA and C-Difficile was delivered on 5/14/10. Staff began disinfecting the facility on 5/14/10 with emphasis to the resident's rooms that are currently in isolation and common areas. All resident rooms/entire building will be cleaned by 5/16/10.	F 441		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS 300.610a) 300.1020b) 300.1210a) 300.1210b)3) 300.3240a) Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures, governing all services provided by the facility which 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. These policies shall be in compliance with the Act and all rules promulgated thereunder. These written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, as evidenced by written, signed and dated minutes of such a meeting.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 21 Section 300.1020 Communicable Disease Policies b) A resident who is suspected of or diagnosed as having any communicable, contagious or infectious disease, as defined in the Control of Communicable Diseases Code, shall be placed in isolation, if required, in accordance with the Control of Communicable Diseases Code. Section 300.1210 General Requirements for Nursing and Personal Care a) The facility must 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 assessment and plan of care. 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. b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis: 3) Objective observations of changes in a resident's condition, including mental and emotional changes, as a means for analyzing and determining care required and the need for further medical evaluation and treatment shall be made by nursing staff and recorded in the resident's medical record. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 22 resident. These regulations are not met, as evidenced by the following: Based on observation, record review, and interview, the facility failed to have an effective Infection Control program in place to ensure surveillance of infections and to prevent the spread of infections within the facility. The facility failed to clean and disinfect environmental and resident equipment surfaces to control and prevent the spread of infections. The facility failed to analyze data related to infections, to identify trends and implement correction actions. Staff failed to carry out isolation precautions, prevent cross contamination and obtain repeat cultures in a timely manner for 5 of 7 sampled residents identified by the facility as requiring isolation precautions for infections (R5, R26, R27, R6 and R28), in a total sample of 24. Staff allowed R5 (with an uninfected surgical wound) to reside in the same room with R2 who had an active infection of Methicillin Resistant Staphylococcus Aureus (MRSA). This resulted in R5 developing a MRSA positive infection of the surgical wound. The facility failed to implement isolation precautions once R26 was identified with a Vancomycin Resistant Enterococci (VRE) infection, and failed to maintain VRE isolation precautions with R27. Staff failed to wear protective gowns during resident care (R26, R27, R6), failed to disinfect contaminated equipment used for resident care (R26, R6), and failed to dispose of the soiled gown in a dedicated container. Staff failed to identify and implement specific interventions related to the infection on the care plan (R26). Staff failed to obtain timely culture specimens once antibiotic therapy was	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 23 completed (R27, R28) to determine the need for additional antibiotic therapy. The findings include: A. Disinfection 1. During observations in the North Building on 5-12-10 at 9:00 a.m. Housekeepers were cleaning the dining room using a bleach solution. On 5-12-10 at 4:00 P.M. E12, Environmental Services Director, stated that he had been the Environmental Services Director for about 1 1/2 months and was following the procedures that were in place. E12 stated the primary cleaning agent being used in both the North and South Buildings was bleach. E12 provided a document entitled, "Bleach Mixing Guide" indicating this was the guide facility staff followed for the bleach solution. The guide stated to use 1 ounce of bleach to 5 gallons of water. E12 stated this solution was being used on all surfaces, including resident equipment, with the exception of the floors. E12 stated the floors are cleaned with 5 ounces of bleach to 5 gallons of water (100 parts per million or sanitizing strength). E12 stated staff are using the bleach solution to clean resident toilets. E12 stated the facility is not using a cleaner or commercial disinfectant on the resident contact surfaces. The Director of Nurses (DON), E8, stated on 5-13-10 at 9:00 A.M., that the facility had an inservice on Infection Control presented by an outside source. E8 continued that the presenter had stated that Clostridium Difficile (C. difficile) in the environment (resident contact surfaces) is supposed to be controlled by a solution of one part bleach and nine parts water.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 24 E12, Environmental Services Director, stated on 5/18/10 at 9:40am that he attended the inservice on Infection Control presented by the outside source. E12 stated the presenter stated that a 1 part bleach and 10 parts water is supposed to be effective in the environment (resident contact surfaces) for the control of C difficile. E12 stated he did not start using the 1 part bleach and 10 parts water until Wednesday (5/12). E8, DON, stated on 5/18/10 at 1:05pm that the inservice on Infection Control was presented on 4/21/10. 2. Three randomly selected Certified Nurse Assistants (CNA), E10, E13 and E14 were interviewed on 5-13-10 at 10:45 A.M. They each stated that they bathe the residents in the shower using the shower chair or the whirlpool tub. The CNAs were asked if they clean the shower or whirlpool tub between each resident. The CNAs stated that the equipment was sprayed off after each use and that they used a rag and soap to clean the surfaces. The CNAs stated that no disinfectant was available in the shower rooms for their use. On 5-13-10 at 11:00 a.m. the shower chair in the South Building South Hall shower room was not clean. A brown substance was on the seat and on the under side of the chair seat. E8, DON, stated on 5/18/10 at 9:55am that R27 and R6 both receive showers weekly. R27 and R6 both are in contact isolation for VRE (stool) infections.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 25 B. Infection Control Surveillance and Prevention The facility's Antibiotic Log contains the "Diagnosis" and medication ordered for the infection. The information listed under the "Diagnosis" column varies from the actual organism to only the site of the infection, such as urinary tract infection or pneumonia. The log does not contain information identifying if the resident was symptomatic or asymptomatic. There is no analysis of the data to determine the presence of trends and patterns in organisms or location of the infections within the facility. On 5/12/10 at 3:45pm E2, Assistant Administrator indicated she was responsible for the facility's Infection Control Program. E2 said that she had started to track the infections several months ago but was unable to continue. No additional documentation showing an analysis of the data was presented. The Antibiotic Log from 2/1/10 forward, documents six residents with C. Difficile, 5 residents with Vancomycin Resistant Enterococci (VRE) , and 10 residents with Methicillin Resistant Staphylococcus (MRSA) during the past 3 1/2 months. The current Isolation Log shows 16 residents in isolation precautions: seven residents with MRSA (R2, R5, R12, R19, R28, R29 and R34); two residents with C-Difficile (R16 and R28); four residents with VRE (R6, R16, R25 and R27), and 3 residents with Extended Spectrum Beta-Lactamase (ESBL) (R3, R29, and R33). All of these residents reside in the South Building, with the exception of R16 who resides in the North Building. On 5/13/10 at 2:40pm E1, Administrator stated that the facility's Medical Director has not been	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 26 involved with the Infection Control data at this point. E1, Administrator stated that E2, Assistant Administrator (currently responsible for the Infection Control Program) has no clinical or educational training in the area of infection control but rather has an educational background in Social Services. The Resident Census and Condition of Residents Report dated 5/11/10 lists a current census of 123 residents. C. Infection Control Practice 1. The Physician's Order Sheet (POS) dated 5/2010 lists the admission date for R5 to be 2/12/10 with the diagnosis of: Left Ankle Fracture, Open Reduction Internal Fixation at Left Fracture Dislocation on 2/11/10. The assessment dated 2/24/10 states R5 requires extensive assistance with bed mobility, transfers and toileting activities. The same assessment states R5 received surgical wound care and did not have any wound infection. R5's roommate (R2) was confirmed positive for MRSA on 3/18/10. The laboratory reports dated 3/18/10 and 4/27/10 state that R2's wound was positive for the organism of MRSA. Isolation procedures were initiated on 3/18/10 for R2. R5, with an open surgical wound to the left ankle, remained in the room with isolation precautions being done for R2 for MRSA. E5, Registered Nurse (RN) on 5/12/10 at 1:30PM placed on a gown, mask and gloves to do R5's left ankle surgical wound treatment. E5 stated that R5 had a wound culture done on 5/7/10 and the results were positive for MRSA and the	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 27 wound doctor was coming on 5/13/10 to see R5. The laboratory report for R5 dated 5/9/10 states a wound culture was done on 5/7/10 and showed "MRSA - Numerous. THIS IS A MULTIPLE DRUG RESISTANT ORGANISM (MDRO) REFER TO INFECTION CONTROL POLICIES FOR ISOLATION PRECAUTIONS." Z1, Physician stated on 5/13/10 at 12:45PM "(R5) will be placed on an antibiotic today for the MRSA. The facility contacted me and stated a wound culture was positive for MRSA for (R5). I expect the facility's main goal is to move the patient with MRSA into a private room or let the patient room with a patient that has the same organism. (R5) will now need contact isolation procedures to be done." E8, Director of Nurses (DON) stated on 5/13/10 at 2:40PM that R5 did not have MRSA before this culture was done. E8, stated R5 should have been moved into another room when (R2) was confirmed positive for MRSA back in March. Facility policy dated 12/29/02 titled "Isolation Precautions Categories" under the section "#4 B Resident Placement" states, "1. Place the resident in a private room. 2. When a private room is not available, a resident with the same infection with the same microorganism, but with no other infection, may be cohorted." 2. The POS dated 5/1-5/31/10 states R26 has diagnoses of Diabetes, Dementia, Right and Left Below the Knee Amputation and a "History of VRE." The Care Plan dated 5/10/10 states that R26 is	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 28 receiving Ampicillin for VRE (stool) infection. The Care Plan documents the following interventions: ".....good handwashing before and after res[resident] contact"; "....contact isolation precautions as appropriate"; "obtain cultures....as ordered." E11, Care Plan Coordinator, stated there was no Care Plan addressing R26's infection with VRE or the need for isolation prior to 5/10/10. The laboratory report dated 2/9/10 states that R26's stool culture has the organism VRE identified in the stool. The hospital "Clinical Consultation" report dated 2/25/10 states that R26 was admitted to the hospital on 2/23/10 for Peripheral Vascular Disease, Ulcer on the foot and Cellulitis. The report documents that R26 has "VRE in the stool, although she has no other area of infection....." The Nurse's Notes dated 3/2/10 state that R26 returned to the facility on 3/2/10. The POS dated 3/2/10-3/31/10 states R26 has an order for Contact Isolation. The laboratory report dated 3/5/10 states that a wound culture of R26's left foot has the organism VRE identified in the wound. The laboratory results dated 3/16/10 and 5/3/10 state that R26's stool culture has the organism VRE identified in the stool. The report dated 5/3/10 has an entry written on the report for a "N.O.[new order] Ampicillin....." The undated Physician's Order on the 5/1-5/31/10 POS states, "Isolation precautions	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 29 until resolved." The Physician's Order dated 5/9/10 states, "Ampicillin 500mg(milligrams) bid[twice daily] [for] 1 week." E8, DON, stated on 5/13/10 at 11:25am that she did not know about the stool culture dated 2/9/10 which stated that R26 had VRE in the stool. E8 stated that R26 was isolated on 3/5/10 for the left foot wound. E8 stated R26 was moved to a room with other residents that had VRE on 3/5/10. E8 stated staff were to be wearing gowns and gloves when providing care for R26. On 5/13/10 at 1:15pm E9 and E10, CNAs transferred R26 to bed using the mechanical lift. E9 provided incontinence care to R26. E9 and E10 wore gloves during the care, but did not wear protective gowns. E9 took the mechanical lift out of R26's room and set it in the hall to be used to transfer other residents. E9 did not clean or disinfect the lift. E9 stated at the time of the observation that she did not know what was to be used to clean the lift. On 5/14/10 at 10:00am there was no dedicated container for trash in R26's room. Soiled protective gowns were observed in an open waste basket. E8, DON, stated at the time of the observation that she had instructed Housekeeping to provide a covered barrel for the soiled linen and a barrel for the trash to be used by staff. 3. R27's 5/10 POS lists diagnoses of Alzheimer Dementia and Diabetes. Assessment dated 1/30/10 shows R27 is continent of bowel and requires staff assistance for toileting. R27 has an order for Contact Isolation.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 30 Results of a stool culture obtained on 12/07/09 show a "Heavy Growth" of VRE. Physician's Order and the 12/09 Medication Administration Record (MAR) document R27 received Ampicillin 500 milligrams (mg) for 14 days, with the last dose given on 12/25/09. Hospital History and Physical shows R27 was hospitalized on 1/12/10 with a temperature of 102 degrees with an "Assessment" of Sepsis secondary to Urinary Tract Infection. The facility 1/10 MAR does not document the administration of any antibiotics. The next stool culture is dated as collected on 2/17/10, with the report listing a "Heavy Growth" of VRE. Physician's Orders indicate R27 was again placed on Ampicillin. The Ampicillin was replaced with Zyvox (antibiotic) 600mg on 2/26/10. The 2/10 MAR documents the last dose of Zyvox was given on 3/11/10. The next stool culture is dated as collected on 3/30/10, with results of "Heavy Growth" of VRE. Physician's Order dated 4/2/10 and the 3/10 MAR indicate R27 received Zyvox 600mg twice daily times 14 days, with the last dose given on 4/19/10. The next stool culture is dated as collected on 4/29/10, with results of "Heavy Growth" VRE. Physician's Order of 5/7/10 are for Zyvox 600mg twice daily for 14 days. On 4/13/10 at 11:30 a.m. E8, DON, stated the facility's policy directs staff to obtain repeat stool cultures for VRE 3 days after completion of the antibiotic. When shown the lapses in time between completion of the antibiotics and repeat stool culture specimens, E8 stated the facility had more agency staff than routine staff, which caused the specimens to not be obtained in the correct timeframe. E8 agreed that a delay in obtaining the follow up culture results would allow the organism to proliferate.	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 31 On 5/13/10 at 9:50 a.m. E8 was asked to explain why R27 had been moved from the room designated for VRE isolation. E8 explained that on 5/10/10 a nurse had told E8 that R27 was negative for VRE, so E8 directed staff to move R27 out of the VRE isolation room and into a room with three other residents who were free of infection. Then on 5/11/10 E10, Licensed Practical Nurse (LPN) informed E8 that R27 was positive for VRE and was receiving antibiotic therapy (ordered 5/7/10) for VRE. At that point R27 was returned to the VRE isolation room. E8 stated she based the move on incorrect information. On 5/13/10 at 8:35 a.m. E9, CNA, assisted R27 to the bathroom. R27 urinated. E9 gloved, wiped R27's perineum with toilet paper, and with the same gloves on, handled R27's clothing, wheelchair armrests and call light. E9 did not wear a protective gown when providing this care. When asked what organism staff were isolating, E9 said she thought it was MRSA, but stated she did not know the site of the organism. 4. R6's 5/10 POS lists a diagnosis of Alzheimer Dementia and an order for Contact Isolation. The 4/8/10 MDS shows R6 is dependent upon staff for bed mobility and personal hygiene, is incontinent of bowel, and has an indwelling urinary. Stool culture report, dated as collected on 4/5/10, shows, "Heavy Growth" of VRE. Physician's Order dated 4/7/10 directs antibiotic therapy of Tetracycline 250mg 4 times daily for 7 days. There is no documentation in the medical record of symptoms R6 was experiencing that would	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 32	F9999		

have indicated the need for the stool culture. The 4/10 MAR documents the last dose of Tetracycline was given on 4/14/10. Physician's Orders indicate R6 was started on 10 days of Ampicillin on 4/29/10 for a urinary infection, and received Levaquin 4/15 - 4/17/10 for an Upper Respiratory Infection. There are no additional stool culture reports in the medical record. On 5/12/10 at 4:55 p.m. E8, DON, confirmed the lack of documentation of symptoms in the medical record. E8 stated one of the nurses had told E8 that R6 was having continuous, foul odor stools at the time. E8 stated staff never got a follow up stool culture to determine the effectiveness of the antibiotic therapy. E8 stated it should have been obtained on 4/20/10. E8 stated the facility policy requires 3 negative stool cultures before the resident can be taken off isolation precautions for VRE.

On 5/11/10 at 1:20 p.m. E16 and E17, CNAs, transferred R6 to bed using a mechanical lift. E17 emptied R6's urinary drainage bag. Neither E16 nor E17 wore a protective gown to provide the care. The mechanical lift was not cleaned or disinfected after use, and was not dedicated solely for R6. E17 stated she did not know the name or source of the organism being isolated.

On 5/12/10 at 9:40 a.m. E10, CNA,assisted E10, LPN, during treatment to R6's unstageable pressure ulcer of the coccyx. Neither E10 or E15 wore protective gowns. E15 stated R6 had VRE in her urine and that was the reason for her indwelling urinary catheter.

5. Culture and Sensitivity of R28's stool on 4-21-10 shows positive for the organism Clostridium Difficile. Physician's Order dated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145753	A. BUILDING _____ B. WING _____	05/18/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DANVILLE CARE CENTER	1701 NORTH BOWMAN DANVILLE, IL 61832

(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
F9999	Continued From page 33 4-23-10 directed staff to started R28 on Flagyl (antibiotic) for 10 days. No repeat stool culture report was available. On 5-13-10 at 8:20am E5, LPN, was asked to identify what the type of isolation R28 was currently on. R28 stated, "Contact Isolation, ...the treatment on her buttocks with MRSA for the isolation will be done later." At noon on 5-13-10 E6 stated she had called the lab earlier to find out if a repeat stool culture had been done. E6 stated the lab told her they did not have a repeat culture for the c-difficile. (A)	F9999		