

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

PRINTED: 09/06/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145926</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/18/2011</b>
NAME OF PROVIDER OR SUPPLIER  <b>VERMILION MANOR NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>14792 CATLIN TILTON ROAD DANVILLE, IL 61834</b>		
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F 441	Continued From page 39 immersion. Treated surfaces must remain wet for 10 minutes..."  E14, Laundry Supervisor stated on 3-15-11 at 10:40 a.m. that there was no specific policy and procedure in place for decontamination within the laundry department. E1, Administrator supplied a facility policy dated 8-21-07 titled Soiled Linen and Trash Collection that is devoid of written procedures to follow for decontamination.  5. The facility Infection Control Policy does not identify how to handle employee's with communicable diseases. The policy does not address the need to track or document employee communicable disease's.  E2, DON, stated on 3/9/11 at 11:00am that sometimes employee's will tell you they are sick with a cold or flu, but staff do not ask why they are calling in sick. E2 stated they do not track or document employee communicable disease.	F 441			
F9999	FINAL OBSERVATIONS  LICENSURE VIOLATIONS  300.610a) 300.696a) 300.696b) 300.1020a) 300.1020b) 300.1210a) 300.1210a)3) 300.1210b) 300.1210b)3) 300.2220a)1) 300.2330a)2)D)	F9999			

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F9999	Continued From page 40 300.3240a)  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.  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 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.  b) A group, i.e., an infection control committee, quality assurance committee, or other facility entity, shall periodically review the results of investigations and activities to control infections.  c) Each facility shall adhere to the following	F9999			

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F9999	<p>Continued From page 41</p> <p>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):</p> <p>Section 300.1020 Communicable Disease Policies</p> <p>a) The facility shall comply with the Control of Communicable Diseases Code (77 Ill. Adm. Code 690).</p> <p>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. If the facility believes that it cannot provide the necessary infection control measures, it must initiate an involuntary transfer and discharge pursuant to Article III, Part 4 of the Act and Section 300.620 of this Part. In determining whether a transfer or discharge is necessary, the burden of proof rests on the facility.</p> <p>Section 300.1210 General Requirements for Nursing and Personal Care</p> <p>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</p>	F9999			

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F9999	<p>Continued From page 42</p> <p>personal care needs of the resident. Restorative measures shall include at a minimum the following procedures:</p> <p>3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>b) General nursing care shall include at a minimum the following and shall be practiced on a 24-hour, seven day a week basis:</p> <p>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.</p> <p>Section 300.2220 Housekeeping</p> <p>a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall:</p> <p>1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas.</p> <p>Section 300.2230 Laundry Services</p> <p>a) Every facility shall have an effective means of supplying an adequate amount of clean linen for operation, either through an in-house laundry or a contract with an outside service.</p> <p>2) If an in-house laundry service is provided then</p>	F9999			

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F9999	<p>Continued From page 43</p> <p>the following conditions shall exist:</p> <p>D) Clean linen shall be protected from contamination during handling, transport and storage.</p> <p>Section 300.3240 Abuse and Neglect</p> <p>a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act)</p> <p>These Requirements are not met as evidenced by:</p> <p>A.) Based on observation, interview and record review the facility failed to have in place and functioning an effective infection control program to prevent the spread of Clostridium difficile infection for 6 of 24 sampled residents (R's 1, 21, 10, 2, 22, 4) and 10 supplemental residents (R's 77, 45, 46, 78, 16, 80, 59, 82, 81, 84) with Clostridium Difficile infection. The facility failed to effectively clean and disinfect environmental surfaces and resident equipment to control and prevent the spread of Clostridium difficile infection. The facility failed to analyze data related to Clostridium difficile infection, identify trends and implement corrective action. The facility failed to assess and recognize symptoms of loose stools as a potential infection with Clostridium Difficile (R2, R22). The facility failed to demonstrate knowledge of, implement and carry out isolation precautions to prevent cross contamination and the spread of Clostridium difficile infection. Facility staff cross contaminated during direct care R2 and failed to use protective equipment during care of R1. These failures have the potential to impact all</p>	F9999			

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F9999	<p>Continued From page 44 179 residents of the facility.</p> <p>Findings include:</p> <p>1. The February 2011 Infection Control Log states R2 was admitted to the facility on 1/29/11, had a positive culture for Clostridium Difficile(C-difficile) on 2/24/11, and is to be in contact isolation. The hospital History and Physical dated 2/28/11 states R2 "presented at the ER (Emergency Room) .....because of vomiting since last week....abdominal cramping....loose stool...positive C. difficile...." The history states R2 was admitted to the hospital for "weakness, which is most likely secondary to her infection in the form of the urinary tract infection and Clostridium difficile colitis...." The laboratory report dated 3/2/11 states R2's stool culture for C-difficile is negative. The hospital transfer sheet dated 3/3/11 states R2 is to be in "contact isolation for MRSA (Methicillin Resistant Staphylococcus Aureus) Nares." The Care Plan dated 3/3/11 states R2 is in "Contact Isolation."</p> <p>On 3/8/11 at 10:00am during the initial tour E2, Director of Nursing (DON), stated that R2 had C-difficile and MRSA of the nares. E2 stated R2 had been treated with Bactroban to the nares for 3 days and had just finished Flagyl yesterday (3/7). E2 stated R2 had no symptoms. On 3/8 and 3/9/11. R2 was sharing a room with 3 other residents who displayed no signs of infection with C difficile (R54, R88, R89). There was no signage on the door, and no gowns/gloves present to indicate that R2 was on any isolation precautions.</p>	F9999			

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F9999	<p>Continued From page 45</p> <p>R2 stated on 3/8/11 at 12:10pm that she had "started having watery stools again today, had 4 today." R2 stated she was using the bedside commode when she needed to use the bathroom. When asked if R2 was having loose stools, E15, RN (Registered Nurse), stated on 3/8/11 at 12:25pm that she was not. This writer then told E15 that R2 had just stated to the writer that she had 4 loose stools that morning.</p> <p>R2 stated on 3/9/11 at 10:00am that she was "still having loose, watery stools, but less than yesterday." At 11:05am R2 stated, "I choked on water, coughed and that made me poop."</p> <p>On 3/9/11 at 11:05am E16, CNA (Certified Nurse Aide), provided bowel incontinence care for R2. Using gloved hands, E16 cleaned R2 with a disposable wipe and a container of perineal wash. Using the same gloves used for the incontinence care, E16 handled the bottle of perineal wash. When finished with the care, E16 removed the gloves and set the bottle of perineal wash on the shelf in the bathroom. The bathroom serviced 2 rooms, with 4 residents residing in each room. When asked who the perineal wash belonged to, E16 stated on 3/9/11 at 11:10am that she "did not know, maybe [R65] placed it in the bathroom." E16 then threw the bottle of perineal wash away. When asked if R2 had any infections, E16 stated she was "not aware of [R2] having any infection."</p> <p>At 11:15am E10, RN, applied Calazine ointment to R2's buttocks. E10 laid the tube of Calazine down on the incontinence pad and also on the bedsheets. E10 then removed her gloves, washed her hands, picked up the tube of</p>	F9999			

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F9999	<p>Continued From page 46</p> <p>Calazine and left R2's room. E10 placed the contaminated tube of Calazine into the treatment cart. When asked if R2 was having loose stools, E10 stated on 3/9/11 at 11:25am that R2 had "C-difficile, but was done with the Flagyl since 3/7." E10 stated, she "was not aware of [R2] having loose stools yesterday, that no one told me."</p> <p>E17, Wound Nurse, stated on 3/9/11 at 12:10pm that she knew that R2 had an "infection in her neck wound, knew she was having loose stools, but was not aware if she had C-difficile or not."</p> <p>E2, DON, stated on 3/10/11 at 9:30am that according to R2's family, she had been having problems with loose stools due to her tube feedings.</p> <p>The Registered Dietician Progress Note dated 3/8/11 does not identify R2 as having any problems tolerating the tube feeding. The note recommends for the continuous tube feeding to be changed to a bolus feeding.</p> <p>The Laboratory Report dated 3/11/11 states that R2's stool culture for C-difficile is positive.</p> <p>2. The Admission Face Sheet states that R1 was admitted to the facility on 2/11/11. The February 2011 Infection Control Log states R1 had a positive culture for C-difficile on 2/19/11, was treated with Flagyl and is in contact isolation. The Laboratory Report dated 3/4/11 states R1's stool culture is positive for C-difficile. The Physician's Order dated 3/4/11 states R1 is to be started on Flagyl 500mg(milligrams) 3 times a day for 10 days and Vancomycin 250mg 4 times a day for 7</p>	F9999			



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F9999	<p>Continued From page 47 days.</p> <p>On 3/8/11 at 10:00am during the initial tour E2, DON, stated that R1 was on her second round of Flagyl for "loose stools"(C-difficile). On 3/8 and 3/9/11, R1 was sharing a room with 3 other residents, who displayed no signs of infection with C difficile (R65, R87, R22). There was no signage on the door, and no gowns/gloves present to indicate that R1 was on any isolation precautions.</p> <p>E18, CNA, stated on 3/8/11 at 12:15pm that R1 had "1 loose stool today, not watery, just normal loose stool, [R1] was incontinent and wears briefs." E18 stated the loose stools are what make R1 incontinent. E18 was not aware of R1 having any infection.</p> <p>On 3/9/11 at 11:25am E16, CNA, repositioned R1 in bed without wearing gloves. E16 then opened the bathroom door, touching the door knob, washed her hands and put on gloves. E16 then removed R1's socks and positioned her feet on a pillow. E16 stated on 3/9/11 at 11:25am that she had also transferred R1 from the chair to the bed and checked R1 to see if she had been incontinent without wearing gloves. E16 stated she "grabbed gloves because [R1's] socks were wet." E16 stated she was not aware of R1 having any infections.</p> <p>E2, DON, stated on 3/8/11 at 3:00pm that R1 has been in the same room as she is currently residing since she was diagnosed with C-difficile. E2 stated they are using "universal precautions on all residents with C-difficile. If they use the bathroom, we give them a bedside commode, if</p>	F9999			

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F9999	<p>Continued From page 48 involuntary we use universal precautions."</p> <p>3. The Admission Face Sheet states R22 was readmitted to the facility on 1/11/11. On 3/8 and 3/9/11, R22 was sharing a room with 3 other residents (R1, R65, R87), one which had a positive stool culture for C-difficile (R1) and the other two (R65, R87) without any known infection.</p> <p>R22 told E10, RN, on 3/9/11 at 11:27am that she had 10 stools yesterday (3/8).</p> <p>R22 stated on 3/9/11 at 2:15pm that she had "10 stools yesterday [3/8], some were watery, and also had abdominal cramping. Some cramping today [3/9], but feeling better, 3 loose watery stools today."</p> <p>The Nurse's Notes dated 3/8/11 at 1:00pm state R22 was complaining of "rectal discomfort" and Preparation H was ordered.</p> <p>E3, ADON (Assistant Director of Nursing), stated on 3/15/11 at 4:05pm that R22 was moved to another room with a new roommate, not displaying any known signs of infection (R48) on 3/9/11.</p> <p>E2, DON, stated on 3/10/11 at 9:30am that R22 was having loose stools because of the Lactulose she takes.</p> <p>The Nurse's Notes dated 3/10/11 at 1:10pm state R22 was having "loose stools" and a stool sample was sent to the laboratory.</p> <p>The Laboratory Report dated 3/10/11 states that</p>	F9999			

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F9999	<p>Continued From page 49</p> <p>R22's stool culture was positive for C-difficile.</p> <p>4. In addition to R2 (C hall) and R1 (C hall), the facility Infection Control Log dated 2/1-2/28/11 identifies the following residents as having positive stool cultures for C-difficile: B hall-R16, R46, R84; C hall-R45, R4, R80; and D hall-R59; E hall-R81, R10. The log identifies that all the residents are in contact isolation.</p> <p>The admission face sheet states R4 was admitted to the facility on 1/6/11. The February 2011 Infection Control Log states R4 had a positive stool culture for Clostridium difficile on 1/28/11.</p> <p>The facility Infection Control Log dated 3/1-3/31/11 identifies R1 and R2 as having positive stool cultures for C-difficile, with both being in contact isolation. The log contained information from 3/1-3/8/11.</p> <p>E2, DON, stated on 3/9/11 at 11:00am they do "contact isolation for all C-difficile residents." When asked what precautions they take for contact isolation, E2 stated, "Universal precautions." E2 stated that none of the residents with C-difficile have been placed in private rooms or cohorted. E2 stated staff are not using gowns or dedicated medical equipment for them. E2 stated if the residents with C-difficile use the bathroom, they are given a bedside commode to use.</p> <p>E1, Administrator, stated on 3/9/11 at 2:55pm that for contact isolation staff are doing handwashing, using gloves, not taking linen and other products from room to room. E1 stated staff</p>	F9999			

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F9999	<p>Continued From page 50</p> <p>are not using gowns or dedicated medical equipment other than the bedside commode for residents with positive C-difficile cultures. E1 stated none of the residents with positive C-difficile cultures have been placed in private rooms or cohorted.</p> <p>On 3/8/11 E2, DON, provided a list of residents that currently had loose stools or abdominal cramping. The list identifies the following residents: B hall-R100; C hall-R82, R1, R2 and E hall-R10.</p> <p>An updated list of residents identified as currently having either symptoms of, or a positive stool culture for, C-difficile was provided by E2, DON on 3/9/11 and includes the following residents: R2, R1, R21, R77, R45, R46, R10, R22 and R78.</p> <p>E3, ADON, stated on 3/11/11 at 11:10am that the following residents were roommates of residents currently having symptoms of or a positive stool culture for C-difficile and were susceptible to infection: R's 22, 65, 87, 71, 95, 49, 96, 50, 97, 9, 98, 90, 91, 54, 89, 88, 1, 65, 87, 48, 93 and 94. E3 stated the following residents were roommates of residents identified in the February 2011 Infection Control Log as having positive stool cultures for C-difficile and were susceptible to infection: R's 85, 86, 75, 65, 87, 22, 88, 89, 54, 5, 90, 91 and 47.</p> <p>5. A Nosocomial Infection Report dated 2/2011 divides the infections into categories including Skin, Respiratory, Gastrointestinal, Urinary, Fungal, Eye, Ear, Nose and Throat, listing the number of residents included in each category. The report identifies 4 residents as having</p>	F9999			

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F9999	<p>Continued From page 51</p> <p>C-difficile. There is no analysis of the infections, use of surveillance tools to monitor compliance with contact precautions, monitoring of the effectiveness of the infection control program or corrective action plan.</p> <p>E1, Administrator stated on 3/9/11 at 2:55pm, that in the monthly Quality Assurance meeting they discussed the number of infections in each hall, what precautions were being used, handwashing and not taking linens from room to room. E1 stated that E29, Assistant Administrator, talked about the infection (C-difficile) was primarily on the C hall, the continued use of antibiotics, the number of cultures being done and that the infection (C-difficile) did not seem to be clearing.</p> <p>E2, DON, stated on 3/9/11 at 2:25pm there is no documentation done of the monthly analysis of infections. E2 stated there is a discussion in the monthly Quality Assurance meeting covering the nosocomial infection report, looking at whether or not the percentages are going up.</p> <p>The facility "Infection Control General Policies" contains the following information in accordance with the Center for Disease Control Guidelines:</p> <p>*Contact isolation for the duration of the illness is to be used for C-difficile.</p> <p>* "The Infection Report will be initiated under the following conditions:" "Diarrhea(gastrointestinal infection)."</p> <p>* "The Charge Nurse will inform the Infection Control Nurse of any new infections, cultures</p>	F9999			

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F9999	<p>Continued From page 52</p> <p>obtained.....isolation precautions instituted, symptoms/indicators of infection present....."</p> <p>* Contact Precautions include the following information: "Contact precautions are designed to prevent transmission of pathogens that can be transmitted by direct contact with the patient or indirect contact with contaminated environmental surfaces. Diseases requiring contact isolation include....Clostridium difficile.....Place resident in a private room. If no private room is available, cohort with residents with alike infection.....Wear gloves when entering room....Wear a gown when entering room if clothing contact with resident is expected.....When possible dedicated use of non-critical equipment to single or cohorted residents. If use between residents is unavoidable, then adequately clean and disinfect them before using on other residents.....Rooms of past isolation residents shall be thoroughly cleaned prior to new resident admission."</p> <p>* "When isolation precautions are implemented, the charge nurse on the section where isolation precautions are instituted, shall: Maintain an adequate array of isolation supplies(...gloves, gowns....) near the isolation room"; "Post the notice to report to the nurses' station sign on the room entrance door so that all visitors and personnel will be aware of isolation precautions.....Document actions on medical records."</p> <p>* "The Quality Assurance Committee, through the Infection Control Nurse, will monitor the effectiveness of our work practices and protective equipment..... Surveillance of the workplace to ensure that required work practices are observed</p>	F9999			

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F9999	<p>Continued From page 53</p> <p>and that protective clothing and equipment are provided and properly used.....Improvement in training, work practices, or protective equipment to prevent recurrence....Should the Infection Control Nurse determine that noncompliance is noted; the conditions shall be documented along with corrective actions taken...."</p> <p>6. E14, Housekeeping/Laundry Supervisor, stated on 3-9-11 at 11:45 a.m. that he was unaware of any residents currently having Clostridium difficile (C. diff.) infections within the facility. E14 stated at this time that he would expect to be notified by the Nursing Department of infections or conditions requiring special housekeeping or decontamination procedures. E14 indicated that he first became aware of current Clostridium difficile infections within the facility during discussion with the State Surveyor on 3-9-11 at 11:45 a.m.</p> <p>E14 stated at this time that housekeeping staff have routinely been using two quaternary ammonia disinfectant cleaners (Betco AF79 and Neutral Germicidal Cleaner) to decontaminate environmental surfaces in the facility. E14 indicated that he believed these products to be effective against Clostridium difficile. Manufacturer's product labeling for both products was reviewed with E14 which yielded no documented label claims for effectiveness against Clostridium difficile.</p> <p>E14 stated at this time that he was unaware that these disinfectant cleaners were not effective against Clostridium difficile. E14 expressed that he had limited knowledge regarding decontamination of Clostridium difficile but would</p>	F9999			

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F9999	<p>Continued From page 54</p> <p>research it. E14 stated he was unaware of any facility operating policies related to housekeeping procedures to follow for eliminating Clostridium difficile.</p> <p>E3, Assistant Director of Nursing stated on 3-9-11 at 2:50 p.m. that there have been ongoing cases of residents with diarrhea of known (C. diff.) and unknown etiology and that such residents also use commodes and shower chairs that may be used by others. E3 stated that it is the responsibility of Certified Nurse Aides to decontaminate such equipment after each use. E3 and Certified Nurse Aide, E30 demonstrated and verified that the quaternary ammonia disinfectant cleaners (Betco AF79 and Neutral Germicidal Cleaner) supplied by the housekeeping department are routinely used to decontaminate this equipment throughout the building.</p> <p>On 3-9-11 at 12:00 p.m., E14 stated he had "heard we had C. diff. about one year ago" and at that time instituted the use of disinfecting wipes (CaviWipes XL) which he considered to be effective against Clostridium difficile. E14 stated that the disinfecting wipes were distributed to all housekeepers for use.</p> <p>On 3-9-11 at 12:15 p.m., Housekeepers E22, E23, E24, E25, and E26 were questioned about the use of the disinfecting wipes. E23 and E24 denied ever using the wipes on equipment in resident bedrooms. E22 stated she used the wipes occasionally on some resident bedroom surfaces. E25 stated she used the wipes approximately once a week on some bedroom surfaces. E26 stated she used the wipes about</p>	F9999			



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F9999	<p>Continued From page 55</p> <p>every other day on some bedroom surfaces. None of the respondents were able to accurately state what the product label requirements were for effective cleaning and disinfectant contact time. None of the respondents indicated any awareness of current resident Clostridium difficile infection within the facility or special housekeeping precautions or procedures to follow regarding this pathogen. E14, who was present during the interviews acknowledged and stated he agreed that use of the disinfecting wipes was inconsistent and ineffective.</p> <p>Manufacturer's product labeling for this non-chlorine based disinfecting wipe (CaviWipes XL) specified that it was effective against "Clostridium difficile (vegetative cells only)" when used as directed on hard, non-porous surfaces. This quaternary ammonia-based compound makes no claim as being effective against the pathogenic Clostridium difficile spore. E14 stated on 3-10-11 at 10 a.m. that he could not provide any manufacturer's documentation to support effectiveness against pathogenic Clostridium difficile spores.</p> <p>7. E27 and E28 Laundry Aides stated on 3-15-11 at 9:20 a.m. that soiled linen receptacles were being decontaminated with the quaternary ammonia-based disinfectant cleaner (Betco AF79, Neutral Germicidal Cleaner, CaviWipes XL) supplied by the Housekeeping Department. E27 stated that fecally contaminated linens of residents presumed to be non-infectious are pre-rinsed by nursing staff and are stored in the soiled linen receptacles until being washed. In light of a recent surge in facility residents with loose, watery stools and subsequent diagnosed</p>	F9999			

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F9999	<p>Continued From page 56</p> <p>Clostridium difficile infections, such contaminated linens may be potentially infectious with Clostridium difficile organisms and spores.</p> <p>E27 and E28 stated that they have not been instructed to utilize a chlorine-based disinfectant to effectively decontaminate surfaces within the laundry processing area nor have they been supplied with a chlorine based disinfectant.</p> <p style="text-align: center;">(A)</p> <p>300.2010a)1) 300.3300</p> <p>Section 300.2010 Director of Food Services</p> <p>a) A full-time person, qualified by training and experience, shall be responsible for the total food and nutrition services of the facility. This person shall be on duty a minimum of 40 hours each week.</p> <p>1) This person shall be either a dietitian or a dietetic service supervisor.</p> <p>Section 300.330 Definitions</p> <p>The terms defined in this Section are terms that are used in one or more of the sets of licensing standards established by the Department to license various levels of long-term care. They are defined as follows:</p> <p>Dietetic Service Supervisor - a person who: is a dietitian; or is a graduate of a dietetic technician or dietetic assistant training program, corresponding or</p>	F9999			

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F9999	<p>Continued From page 57</p> <p>classroom, approved by the American Dietetic Association; or is a graduate, prior to July 1, 1990, of a Department-approved course that provided 90 or more hours of classroom instruction in food service supervision and has had experience as a supervisor in a health care institution which included consultation from a dietitian; or has successfully completed a Dietary Manager's Association approved dietary managers course; or is certified as a dietary manager by the Dietary Manager's Association; or has training and experience in food service supervision and management in a military service equivalent in content to the programs in the second, third or fourth paragraph of this definition.</p> <p>These Requirements are not met as evidence by:</p> <p>Based on record review and interview the Dietary Manager does not meet the qualifications of a Dietetic Service Supervisor. The Dietary Manager has been enrolled in the Dietary Managers course for 16 months and is only on lesson 8 of 16.</p> <p>The findings include:</p> <p>On 3-9-11 at 10:00 am, E13, Dietary Manager stated she is not a certified dietary manager. E13 verified she was hired on 4/26/10 as Dietary Manager of the facility. E13 stated she is currently enrolled in the University of North Dakota Dietary Managers Course and is currently working on lesson 8 of 16 lessons. Documentation from the Program Coordinator</p>	F9999			

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F9999	<p>Continued From page 58</p> <p>verified that E13 was enrolled in the course on 11/02/09 thru 5/2/11. E13 stated on 3/11/10 at 4:00 pm that she started the course at a prior facility, but had only completed lesson 1 prior to being hired at the facility. E13 showed documentation that she has completed Six Lessons.</p> <p>E13's preceptor is Z1, Registered Dietitian, who is in the facility every Tuesday.</p> <p>On 3-14-11 at 1:15pm, E13 stated she has received 5 graded lessons back from the school and planned on calling for an extension in April so she could have this fall to complete the lessons. E13 has turned in #6 and has 7 and 8 almost ready to go.</p> <p>E13 did not have a written plan on how she was going to complete the lessons by the extension date. E13 submitted a plan providing the school grants E13 the 6 month extension to complete the lessons until November 2011.</p> <p style="text-align: center;">(B)</p>	F9999			