STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON TERRACE CARE CENTER	191 EAST QUEENWOOD ROAD MORTON, IL 61550

(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 21 ADON. .	F 441		
F9999	FINAL OBSERVATIONS LICENSURE VIOLATIONS: 300.610a) 300.696a) 300.1210b) 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	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F9999	Continued From page 22 690) 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. Section 300.1210 General Requirements for Nursing and Personal Care 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. Section 300.3240 Abuse and Neglect a) An owner, licensee, administrator, employee or agent of a facility shall not abuse or neglect a resident. (Section 2-107 of the Act) These requirements were not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure that a resident infected with MRSA (Methicillin Resistant Staphylococcus Aureus) of the sputum maintained a covered airway while out of the room amongst other residents, staff, and visitors; failed to monitor and trend of current facility resident/staff infections; failed to educate staff and visitors on current infections and proper isolation precautions; failed to ensure staff wore protective personal equipment and performed	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

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F9999	Continued From page 23	F9999		

proper hand hygiene when caring for residents in isolation; and failed to clean rooms/equipment used by residents in isolation with appropriate cleansing agents for six of 13 residents (R3,R1,R5,R7,R17 and R19) reviewed for infections in the sample of 24. The lack of infection control practices and knowledge of current trends has the potential to affect all 124 residents residing in the facility, including 19 residents (R1, R3, R5, R7, R12, R14, R15, R16, R17, R19, R21, R32, R33, R34, R35, R36, R38, R39, and R40) identified by E3 (ADON/Assistant Director of Nursing/Infection Control Nurse) as being immunocompromised.

Findings include:

1 Admission Face Sheet for R3 documents date of admission as 04/08/12 and diagnoses of MRSA of the nares/ sputum/wounds, and COPD (Chronic Obstructive Pulmonary Disease). The POS (Physicians Order Sheet) for R3 dated 05/15/121 documents that R3 has End Stage Renal Disease and is receiving dialysis three times weekly.

Weekly wound monitoring form for R3 dated 05/10/12 documents the following wounds: Coccyx stage IV pressure ulcer measuring 8cm (centimeters) by 8.5cm by 2cm; Left foot second toe stage III ulcer measuring 1.7cm by 1.8cm by 1.5cm with serosanguanous drainage; left foot third toe (unstageable) ulcer measuring 0.4cm by 0.7cm by 0.1cm; left foot great toe ulcer (unstageable) measuring 0.6cm by 1.5cm by 0.1cm; left foot plantar ulcer (unstageable) measuring 1.2cm by 0.7cm by 0.1cm; right foot second toe ulcer (unstageable) measuring 0.4cm

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	145686	A. BUILDING _____ B. WING _____	05/18/2012

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F9999	Continued From page 24	F9999		

by 0.7cm by 0.1cm; right foot great toe ulcer (unstageable) measuring 1.1cm by 0.8cm by 0.1cm; and Ischial tuberosity stage III ulcer measuring 3.5cm by 3.2cm by 0.2cm.

Hospital laboratory report dated 05/02/12 documents the following culture results: MRSA of the sputum. Facility Categories of Transmission Based Precautions dated 2001 documents the following: "In addition to Standard Precautions, implement Droplet Precautions for an individual documented or suspected to be infected with microorganisms transmitted by droplets that can be generated by the individual coughing, sneezing, talking. or by the performance of procedures such as suctioning. If transport or movement from the room is necessary, place a mask on the infected individual and encourage the resident to follow respiratory hygiene/cough etiquette to minimize dispersal of droplets."

On 05/16/12 at 9:50AM E4 (CNA/Certified Nurse Aide) and E17 (CNA) transferred R3 from the bed to the wheelchair using a mechanical lift. After completing the transfer, E17 (CNA) took the mechanical lift from R3's room and placed it in the hallway. E4 (CNA) then removed all personal protective equipment and pushed R3 down the hallway to the dining room. E4 (CNA) did not place a face mask on R3, and did not wash hands prior to leaving the room. Neither E4 or E17 cleansed the mechanical lift prior to placing it in the hallway. At 10:30AM R3 was sitting in the area adjacent to the dining room by E4 (CNA). R3 was actively coughing. R3's cough was loose and congested. R3 did not cover mouth during cough. R3 wiped mouth with a tissue and placed the contaminated tissue on the table surface

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON TERRACE CARE CENTER	191 EAST QUEENWOOD ROAD MORTON, IL 61550

(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	F9999		

during an activity attended by other residents with staff and visitors present. There was no staff intervention or cleaning of the table after R3 left and returned to his room.

On 05/16/12 at 10:20AM E4 (CNA) stated, "I'm not sure what (R3's) infection is. I think it has something to do with wounds. I should have washed my hands before leaving the room. I meant to go back and clean the (mechanical lift) and got busy helping someone else."

On 05/16/12 at 11:00AM R3 stated, "No one told me I had any infection in my spit. I've never worn a mask when I am out of the room or even at dialysis. I used to smoke so I cough a lot. Only time staff wore masks in my room is when you were here."

On 05/17/12 at 1:30PM E3 (ADON/Infection Control Nurse) stated, "Outside of those on dialysis, hospice and with infections, I don't know how many other residents are immunocompromised, probably 25 or 30."

On 05/17/12 at 8:00AM E2 (DON/Director of Nursing) stated, "We should have had a mask on (R3). The staff is supposed to follow the proper guidelines for residents in isolation."

2. R1's POS (Physician's Order Sheet) dated 5-12 shows R1 is in isolation for MRSA (Methicillin Resistant Staphylococcus Aureus) of the nares and has a cushioned lap device to help prevent falls.

On 5-16-12 at 1:15 pm, E16/CNA (Certified Nursing Assistant) took off R1's cushioned lap

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON TERRACE CARE CENTER	191 EAST QUEENWOOD ROAD MORTON, IL 61550

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F9999	Continued From page 26	F9999		

device and placed it on the barrels in the room designated for contaminated linen and trash.

On 5-17-12 at 3:30 pm, E2/DON (Director of Nursing) stated R1's cushioned lap device should not have been placed on the dirty contaminated isolations barrels.

3. Facility Policy, titled "Clostridium Difficile," with a revision date of April 2010, states, "Residents with diarrhea associated Clostridium difficile will be placed on Contact Precautions for the duration of the illness."

Facility Policy, titled "Isolation--Categories of Transmission-Based Precautions," (Contact Precautions section) with a revision date of April 2001, states, "wear gloves when entering the room...change gloves after having contact with infective material....remove gloves before leaving the room and wash hands immediately with an antimicrobial agent or waterless antiseptic agent. After removing gloves and washing hands, do not touch potentially contaminated environmental surfaces or items in the resident's room." The section also states, "wear a gown for all interactions that may involve contact with a resident or potentially contaminated items in the resident's environment." Policy also states, "Examples of infections requiring Contact Precautions include, but are not limited to: ...colonization with multi-drug resistant organisms (e.g. MRSA...VRE [Vancomycin-resistant enterococcus])."

Lab result for R5 dated 3-25-12 documents that a stool culture for R5 was positive for VRE.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON TERRACE CARE CENTER	191 EAST QUEENWOOD ROAD MORTON, IL 61550

(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	F9999		

Lab result for R5 dated 3-27-12 documents that stool culture for R5 was negative for C-Diff.

On 5-15-12 at 8:40 AM, E14/Restorative Nurse stated that R5 had VRE in the urine.

On 5-15-12 at 10:53 AM, E13/LPN (Licensed Practical Nurse) stated that R5 was in isolation for VRE in the urine.

On 5-16-12 at 1:35 PM, E3/ADON (Assistant Director for Nursing/Infection Control Nurse) stated that R5 was in isolation for "C diff."

On 5-16-12 at 3:27 PM, E11/PTA (Physical Therapy Assistant) was in R5's room doing a treatment to R5's pressure ulcer stated that R5 was in isolation for "C diff."

On 5-16-12 at 3:25 PM, E12/CNA (Certified Nursing Assistant) stated that R5 is in isolation for "C diff."

On 5-17-12 at 1:05 PM, E27/CNA stated, "Something in her poop is the best that I can tell you," in response to what R5 is in isolation for.

On 5-16-12 at 1:40 PM, E15/RN (Registered Nurse) stated that R5 is in isolation for "C diff."

On 5-15-12 at 10:53 AM, E5/CNA assisted R5 in transferring to the commode. E5 did not wear gloves or gowns while performing the task. E17/CNA entered the bathroom wearing gloves and washed R5's buttocks after R5 used the commode. While still wearing the same soiled gloves, E17 applied R5's Personal body alarm to the back of R5's shirt. E17 then transferred R5 to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON TERRACE CARE CENTER	191 EAST QUEENWOOD ROAD MORTON, IL 61550

(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	F9999		

the wheelchair and placed R5's catheter bag on the floor. E17 then removed the bucket from the commode, rinsed it in the bathroom sink (pouring the waste into the toilet), and then placed the bucket back into the commode. E17 did not use any disinfecting agent on the commode. E17 then removed gloves and gown and left the room to transport R5 to the dining room. E17 did not wash hands prior to leaving R5's room.

4. Physicians orders for R7 dated 05/14/12 document the following: " Continue isolation precautions for VRE(Vancomycin Resistant Enterococcus." Facility Isolation list dated 05/16/12 documents that R7 is in isolation for VRE of the urine/groin, and MRSA of the wound.

On 5/15/12 at 1:30 pm, E6 (Certified Nursing Assistant/CNA) and E7 (CNA) pushed R7 in residents room. E6 and E7 closed the door and did not have any PPE (personal protective equipment) on. E6 and E7 were unable to state what R7 was in isolation for or what PPE they were to wear. E6 stated she thought the infection was in R6's urine and "since (R7) has a catheter we don't have to wear anything." E6 stated "nothing unless you are going to touch the catheter"and E7 stated "Don't need to put anything on."

On 5/15/12 at 1:36 pm E8 (Licensed Practical Nurse) stated R7 was in isolation for "VRE (Vancomycin Resistant Enterococcus) kind of all over" and to wear gown and gloves in R7's room.

On 5/16/12 at 9:30 am E5 (Certified Nursing Assistant/CNA) took R7 into resident's room. E5 did not have any PPE on. At 9:45 am E5 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON TERRACE CARE CENTER	191 EAST QUEENWOOD ROAD MORTON, IL 61550

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F9999	Continued From page 29 unable to state what type of isolation R7 was in or what PPE was to be worn when caring for R7. On 5/16/12 at 9:35 am E4 (CNA) removed the total mechanical lift from R7's room and moved it across the dining room to another hall. At this time E4 confirmed he had removed the mechanical lift from R7's isolation room. E4 then obtained gloves and wiped the mechanical lift with Lysol foam cleanser. Product label for Lysol does not doucment effective disinfecting for VRE (organism R7 is in isolation for). E4 took the mechanical lift to R3's room. R3's clinical record documents isolation for MRSA of the wound and sputum and the following diagnosis: End Stage Renal Disease requiring dialysis. Infection Control Policy dated 2001 documents that when entering room of residents in droplet isolation wear a mask when working within three feet of the resident. E4 took the lift into R3's room without wearing any PPE. E17 came to assist E4. Neither wore gloves, gown or mask upon initial entry into R3's room. E4 and E17 were unable to state what type of isolation R3 was in or what PPE they were to wear before entering the room. 5. Lab report of stool cultures for R17, dated 3-26-12, documents that R17 was positive for Clostridium difficile, staphylococcus aureus, enterococcus faecium, MRSA, and VRE. On 5-17-12 at 9:40 AM, E18/CNA, E19/CNA, and E20/Social Services were in R17's room with R17 and were not wearing any PPE (personal protective equipment). At that time, E18 confirmed that R17 was in isolation for multiple	F9999		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON TERRACE CARE CENTER	191 EAST QUEENWOOD ROAD MORTON, IL 61550

(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	F9999		

organisms and that all of the staff should have been wearing PPE.

6. R19's POS (Physician's Order Sheet) dated 5-12 documents R19 is in isolation for C-Difficile and was placed on contact isolation.

On 5-17-12 at 10:10 am, E19 (CNA) put gloves on, entered R19's room and assisted R19 back to bed, covering her up with her bed linens. E19 then removed her gloves and left the room without washing her hands.

On 5-17-12 at 1:45 pm, E19 (CNA) assisted R19 to use the bedside commode. After use, E19 removed the commode bucket, took it to the bathroom sink, placed it under the faucet in the sink and then ran water in the bucket before dumping it all in the toilet. E19 then repeated the procedure, flushed the toilet and returned the commode bucket to the commode. E19 did not clean/disinfect the sink, faucet or toilet after emptying the contents of the commode. Facility floor plan documents that R19 shares the bathroom with R1who resides adjacent to R19. On 5-16-12 at 1:15 pm, R1 used same toilet and sink as R19.

On 5-17-12 at 10:10 am, E19 (CNA) put gloves on, entered R19's room and assisted R19 back to bed, covering her up with her bed linens. E19 then removed her gloves and left the room without washing hands.

7. On 5/17/12 at 10:16 AM E9/Housekeeper stated he used Lysol foam (Ammonium Chloride based disinfectant) and Lysol wipes to clean all rooms identified as having infection precautions,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORTON TERRACE CARE CENTER	191 EAST QUEENWOOD ROAD MORTON, IL 61550

(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	F9999		

including those residents identified as having C-Diff (R14, R17, R19, and R40)

On 5/17/12 at 1:15 AM E10/Housekeeper stated she used Dispatch liquid to wipe down the bathrooms in rooms identified as having infection precautions, but uses Lysol foam to wipe down the beds and doors.

On 5/17/12 at 11:10 AM E25/Housekeeping Supervisor verified that Lysol is ineffective against C-Diff and that Dispatch liquid (Sodium Hypochlorite based disinfectant) and Dispatch wipes should be used to clean rooms identified as having infection precautions.

Current CDC (Center for Disease Control) recommendations for "Clinical Practice Guidelines for Clostridium difficile Infection in Adults: 2010 Update by the Society for Healthcare Epidemiology of America and the Infectious Diseases Society of America" state, "Identification and removal of environmental sources of C. difficile...use chlorine-containing cleaning agents or other sporicidal agents to address environmental contamination areas associated with increased rates of CDI (C difficile infection)."

8. Facility Infection Control Policy dated 2010 documents that the facility will document and track all infections.

On 05/16/12 at 3:40PM E2 (DON/Director of Nursing) stated, "We haven't been keeping record of facility infections. I have been here a little over two weeks and cannot find any records monitoring infections. We haven't been recording

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145686	A. BUILDING _____ B. WING _____	05/18/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F9999	Continued From page 32 or tracking any employee illnesses either." On 05/16/12 at 11:00AM E3 (ADON/ Infection Control Nurse) provided a list of residents on isolation which included the following: R1-MRSA/nares; R3-MRSA/wounds; R5-VRE/stool; R7-VRE/urine and groin, MRSA /wound; R12-MRSA/urine; R14-C-Diff; R17-C Diff, MRSA, VRE/Stool; R19-C Diff; R38-MRSA/wound; R39-MRSA/urine; and R40-C Diff. The list did not contain any information about the onset, antibiotic use, type of precautions, or route of acquisition for each resident's infection. On 05/18/12 at 11:15AM E3 (ADON/Assistant Director of Nursing) stated, "I am the infection control nurse. There were no infection control tracking logs when I started 3 months ago. We are supposed to track infections." (B)	F9999		