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W 455	Continued From page 123 3) E3 (ADON) was interviewed on 06/13/12 at 10:20 A.M. and stated, "I've worked in this capacity of acting Director of Nursing for approximately two weeks. E3 stated, "No," when asked if the facility has protocol governing when contact precautions are discontinued. E3 stated, "It's generally based on when the doctor discontinues the diagnosis". When E3 was asked if the facility's MRSA or Contact Isolation guidelines address how many negative cultures must be obtained before the individual is considered free of MRSA, she stated, "No." 4) Review of the facility's inservice records from Novemeber 2012 through present, no records are noted identifying that staff of the facility have received training in regards to MRSA and/or contact precautions. During the interview with E3 on 06/13/12 at 10:20 A.M., E3 was asked if she had provided training to staff on the facility's policy and/or CDC Guidelines for MRSA and/or Contact Precautions, she stated, "No."	W 455		
W9999	FINAL OBSERVATIONS Licensure Violations: 350.620a) 350.1060a) 350.1060e) 350.1060f) 350.1060j) 350.1080a) 350.1082a)1)2)3)4) 350.1082b) 350.1082c) 350.1082d) 350.1082h)	W9999		

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W9999	Continued From page 124 350.1082i) 350.1210 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.1060 Training and Habilitation Services a) The facility shall provide training and habilitation services to facilitate the intellectual, sensorimotor, and effective development of each resident in the facility. e) An appropriate, effective and individualized program that manages residents' behaviors shall be developed and implemented for residents with aggressive or self-abusive behavior. Adequate, properly trained and supervised staff shall be available to administer these programs. f) There shall be a functional training and habilitation record for each resident, maintained	W9999		

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W9999	Continued From page 125 by and available to the training and habilitation staff. j) Appropriate records shall be maintained for each resident functioning in these programs. These shall show appropriateness of the program for the individual, resident's response to the program and any other pertinent observations and shall become a part of the resident's record. Section 350.1080 Restraints a) The facility shall have written policies controlling the use of physical restraints including, but not limited to, leg restraints, arm restraints, hand mitts, soft ties or vests, wheelchair safety bars and lap trays, and all facility practices that meet the definition of a restraint, such as tucking in a sheet so tightly that a bed-bound resident cannot move; bed rails used to keep a resident from getting out of bed; chairs that prevent rising; or placing a resident who uses a wheelchair so close to a wall that the wall prevents the resident from rising. Adaptive equipment is not considered a physical restraint. Wrist bands or devices on clothing that trigger electronic alarms to warn staff that a resident is leaving a room do not, in and of themselves, restrict freedom of movement and should not be considered as physical restraints. The policies shall be followed in the operation of the facility and shall comply with the Act and this Part. Section 350.1082 Nonemergency Use of Physical Restraints	W9999		

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W9999	Continued From page 126 a) Physical restraints shall only be used when required to treat the resident's medical symptoms or as a therapeutic intervention, as ordered by a physician, and based on: 1) the assessment of the resident's capabilities and an evaluation and trial of less restrictive alternatives that could prove effective; 2) the assessment of a specific physical condition or medical treatment that requires the use of physical restraints, and how the use of physical restraints will assist the resident in reaching his or her highest practicable physical, mental or psychosocial well being; 3) consultation with appropriate health professionals, such as rehabilitative nurses and occupational or physical therapists, which indicates that the use of less restrictive measures or therapeutic interventions has proven ineffective; and 4) demonstration by the care planning process that using a physical restraint as a therapeutic intervention will promote the care and services necessary for the resident to attain or maintain the highest practicable physical, mental or psychosocial well being. (Section 2-106(c) of the Act) b) A physical restraint may be used only with the informed consent of the resident, the resident's guardian, or other authorized representative. (Section 2-106(c) of the Act) Informed consent includes information about potential negative outcomes of physical restraint use, including incontinence, decreased range of motion, decreased ability to ambulate, symptoms of withdrawal or depression, or reduced social contact. c) The informed consent may authorize the use of a physical restraint only for a specified period of time. The effectiveness of the physical restraint in	W9999		

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W9999	Continued From page 127 treating medical symptoms or as a therapeutic intervention and any negative impact on the resident shall be assessed by the facility throughout the period of time the restraint is used. d) After 50 percent of the period of physical restraint use authorized by the informed consent has expired, but not less than five days before it has expired, information about the actual effectiveness of the physical restraint in treating the resident's medical symptoms or as a therapeutic intervention and about any actual negative impact on the resident shall be given to the resident, resident's guardian, or other authorized representative before the facility secures an informed consent for an additional period of time. Information about the effectiveness of the physical restraint program and about any negative impact on the resident shall be provided in writing. h) The plan of care shall contain a schedule or plan of rehabilitative/habilitative training to enable the most feasible progressive removal of physical restraints or the most practicable progressive use of less restrictive means to enable the resident to attain or maintain the highest practicable physical, mental or psychosocial well-being. i) A resident wearing a physical restraint shall have it released for a few minutes at least once every two hours, or more often if necessary. During these times, residents shall be assisted with ambulation, as their condition permits, and provided a change in position, skin care and nursing care, as appropriate. Section 350.1210 Health Service The facility shall provide all services necessary to maintain each resident in good physical health.	W9999		

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Section 350.3240 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 Regulations were not met as evidenced by:

Based on observation, interview, and record review, the facility failed to ensure specific client behavior and facility practice requirements are met, affecting 13 individuals identified by the facility as requiring restrictive techniques for the management of behaviors as evidenced by their failure to ensure that:

1) The use of less intrusive programming techniques have been systematically tried and shown to be ineffective prior to the use of more restrictive techniques for 10 individuals (R1, R12, R13, R15, R17, R22, R25, R26, R27 and R30);

2) Techniques to manage inappropriate behaviors are never used as a substitute for active treatment for 10 individuals (R1, R11, R12, R13, R16, R17, R22, R25, R26, R30 and R34) identified by the facility as requiring restrictive techniques to manage inappropriate behaviors;

3) Physical restraints are used as an integral of the Individual Program Plan (IPP) intended to lead to less restrictive means of managing and eliminating the behaviors for which the restraint is

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W9999	Continued From page 129 applied for 10 individuals (R1, R11, R12, R13, R16, R17, R22, R25, R26, R30 and R34) identified by the facility as requiring restraints and/or restrictive techniques and as applicable, and these restraints are not: a) specific within the individual's program plan; and/or b) used only in response to a specific type and/or severity of behavior; 4). Documentation validates that specific behavioral intervention requirements are present prior to the application of restrictive techniques and that: a) there is documentation which confirms that individuals placed in restraint are checked every thirty minutes when restrictive techniques are applied, b) released from the restraint as quickly as possible when calm, c) a record of these checks and usages are maintained by the facility; d) opportunity for motion and exercise are provided every two hours for at least ten minutes for individuals placed in restraints; and e) that a record of this activity is maintained by the facility for 13 individuals (R1, R11, R12, R13, R15, R16, R17, R22, R25, R26, R27, R30 and R34) identified as requiring restraint usage for behaviors. 5) The facility facility failed to demonstrate that a record of restraint checks and usage is kept for 11 (R1, R12, R13, R15, R16, R17, R22, R25, R26, R30, R34) individuals identified to requre restraints based upon submission of Guardian consents for treatment program/s identifing the continued use of mitts, geri sleeves and helmets used for self injurious behaviors Findings include:	W9999		

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1) R1 was observed on 06/11/13 at 4:00 P.M. during the medication administration pass. He was observed to wear a mitt to his right hand.

Review of the Individual Program Plan (IPP) dated 07/11/12, R1 has behavior plan to address aggression and his symptoms associated with his diagnosis of depression. No methods are contained within these programs identifying self injurious behaviors, nor the need for him to wear a mitt to his right hand.

The Physician's Order sheet for May 2013 identifies that R1 has orders for, "MAY WEAR MITT TO RIGHT HAND R/T (related to) SELF INJURIES". R1's Physician's Orders for 03/25/13 identifies that he wears the mitt on his right hand to prevent picking of his central venous access device and surrounding skin area(s). R1's hospital reports identifies that a wound vac(vacuum) (device used to promote healing through negative pressure to the wound site) was placed in his left arm on 05/23/13.

E5 (Qualified Intellectual Disability Professional-QIDP) was interviewed on 06/14/13 at 11:30 A.M. and stated that R1's mitt was used to address him, "biting his hand". During the Daily Status Meeting on 06/14/13, E1 (Administrator) stated that R1's mitt is being used as a medical immobilizer to prevent him from picking at his dressing on his arm. E1 also stated that she was unaware of a plan that identifies less restrictive measures such as a long sleeve shirt that could or would be used prior to implementing the mitt when R1 is picking at his left arm.

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W9999	Continued From page 131 On 6/11/13 during observation at 5:20P.M., R1 was immediately cleaned up by staff after finishing his evening meal, taken from the table and the mitt was re-applied to his hands without out evidence of behavior. E5 (Qualified Intellectual Disability Professional-QIDP) was interviewed on 06/14/13 at 11:30 A.M. and stated that R1's mitt was used to address his behaviors of biting his hand. Review of the Individual Program Plan dated 07/11/12, R1 has a behavior plan to address aggression and his symptoms associated with his diagnosis of depression. No methods are contained within these programs identifying self injurious behaviors, nor the need for him to wear a mitt to his right hand. Further review of R1's record does not identify that methods have been developed to address R1's need for the mitt to his right hand in association with his behaviors of picking at his dressing around his wound vac area or picking at his central venous line access, which are healed and/or any other behaviors. Further record review, did not identify any type of restraint record showing that R1 is checked every thirty minutes, released every two hours and/or when calm from his mitt. 2) The Physician's Order sheet dated June 1-30, 2013 identifies that R12 has orders for a, "Protective glove to prevent further injury to RT (right) hand D/T (due to) biting." On 6/11/13 at 5:20 P.M., R12 was immediately cleaned up by staff after finishing his evening	W9999		

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meal, taken from the table and his mitts were re-applied without a clear performance-based link between behavior and the use of restraints. On 6/13/13, E13 and E14 (direct care staff) stated they, "know to put R12 ' s mitts on for 2 hours once he starts hitting or biting" and also stated they knew they "must take R12 ' s mitts off every 2 hours and stay with him for 15 minutes" when he is not wearing his mitts. Neither E13 nor E14 identified the need to monitor R12 every thirty minutes while in restraints.

R12's BDP (Behavior Development Plan) dated 01/09/13 states, "staff will interact with R12 for 15 minutes every hour when his mitts are removed. If R12 refuses to participate by biting his hand/slapping his face, staff should provide verbal and physical prompts for him .... therefore hand over hand should be utilized if necessary for compliance with a hands-on task... Staff should continue to redirect R12 even when he has the mitt on." No methods are identified within this plan which bases the application of the mitt on a demonstrated behavior. Methods do not identify what less restrictive measures are to be attempted by staff prior to the application of the restraint.

3) R13's Physician's Order sheet dated June 1-30, 2013 identifies that he requires 1:1 staff supervision (until further notice), a hard helmet with a face shield during seizures and as needed and protective sleeves as needed.

The BDP dated 04/10/13 identifies that R13 has behaviors of SIB (self injurious behaviors) requiring protective mitts and smearing requiring

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the use of a jumpsuit while sleeping and one to one intervention when in the bathroom. No methods are identified within this plan which identifies that a "jumpsuit" is preferred by this individual. This plan does not identify that less restrictive measures are used prior to the application of the jumpsuit. This plan does not identify that R13 is provided 1:1 supervision during night time hours even though he has physician orders for 1:1 supervision without specificity of time constraints.

No documentation was located identifying that R13 is checked every thirty minutes during the application of his jumpsuit (which prevents him from smearing and/or digging during the night time hours). provided opportunity for motion and exercise and/or released as quickly as possible from his restraint(s) .

On 6/14/13 at 8:30 A.M., E2 (QIDP - Qualified Intellectual Disabilities Professional) was asked for the data/documentation sheets showing restraint checks and/or release. At 10:30 A.M., E1(Administrator) confirmed that the Service goal sheets are now used to document release of the restraints on a two hour basis and is to be done when staff are repositioning and/or toileting the individuals.

Methods within this plan does not identify what less restrictive measures are to be attempted by staff prior to the application of the restraint.

4) R16's behavior plan dated 10/10/12 identifies that R16 has self injurious behaviors which are defined as biting his hands and slapping himself in the face. This plan identifies that a protective

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mitt will be used to guard against skin breakdown and that the mitt covers his hands but does not restrict movement of his arm. Methods within this plan identifies that R16 mitts are maintained on his hands with the exception of release times.

Review of R16's Service Goal sheet/data collection sheet for June 2013 confirms that R16's mitts are maintained on his hands with the exception of his release times which are to completed every two hours. This form does not allow staff to document when the restraint was released, that opportunity for motion and exercise is provided at the time of the release and/or when the restraint is reapplied. There is no area on the goal sheet which identifies that staff check R16 every thirty minutes during the application of the mitts or that R16 is released from his restraints when he is calm or no longer a danger to himself or others.

On 6/14/13 at 8:30 A.M.. E2 (QIDP - Qualified Intellectual Disabilities Professional) was asked for the data/documentation sheets showing restraint checks and/or release. E2 stated that that restraint release records have now been added to the toileting and repositioning schedules. At 10:30 A.M., E1(Administrator) confirmed that the Service goal sheets are now used to document release of the restraints on a two hour basis and is to be done when staff are repositioning and/or toileting the individuals . During this interview, E1 confirmed that the toileting and repositioning schedules does not identify that individuals are checked every thirty minutes, released as quickly as possible and/or provided with opportunity for motion and exercise.

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W9999	Continued From page 135 Review of R16's data collection sheet for June 2013 confirms that R16's mitts are maintained on his hands with the exception of his release times. The Goal sheet for SIB (found in the program book) directs staff to "interact with R16 for 10 minutes during each 1 hour period ..... protective mitts will be kept off during this 10-minute period. If R16 tries to bite his hand, staff will verbally and physically intervene." Review of R16's Service Goal sheet/data collection sheet for June 2013 confirms that R16's mitts are maintained on his hands with the exception of his release times which are to completed every two hours. There is no area on the goal sheet which identifies that staff check R16 every thirty minutes during the application of the mitts. Methods within this plan does not identify what less restrictive measures are to be attempted by staff prior to the application of the restraint. 5) R30' s BDP dated 03/13/13 states that self injurious behavior is defined as, "... any time R30 exhibits hitting herself in the head (chin area) or scratches herself... The use of protective mitts will be used to guard against scratching and bruising .... The mitts are to be worn when SIB is present. During observation on 6/11/13 at 12:35 P.M.., R30 was observed with a mitt on and no behaviors were present. E12 (direct care staff) was present in the room and was asked why R30 was wearing the mitt? E12 stated " R30 has the mitt for SIB." E12 was asked if the mitt is ever removed and when? E12 indicated R30 would be due to have the mitt removed soon.	W9999		

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W9999	Continued From page 136 R30's BDP states the mitts cover her hand and wrist (and) do not restrict the movement of her arms .... they will be removed for 15 minutes every 2 hours... she should be receiving one on one active treatment from staff during waking hours at release time." Methods do not identify what less restrictive measures are to be attempted by staff prior to the application of the restraint and/or that R30 should be released from her mitts when calm. 6) R34 who has a Physician's Orders dated June 1 - 30, 2013 which states that she is to wear protective sleeves to both arms to prevent her from biting her wrist. R34's BDP dated 06/12/13 identifies that she has self injurious behaviors defined as biting the back of her arm or wrist. This plan also states that protective sleeves can be applied to prevent R34 from biting her wrist. Review of the methods contained within this plan does not address when these sleeves are to be applied as contingent on her behaviors. The Service Goal sheet dated June 2013 for Toileting, Repositioning, and Fluids, which states,"mitts off every 2 hours for 15 min(minutes)" when offering alternate positioning, fluids and toileting every 2 hours. The Physician's Order sheet and the behavior plan identifies that R34 is to have protective sleeves used to address her self injurious behaviors, rather than mitts. There is no section on this sheet identifying that R34 is checked every thirty minutes by staff during the application of her protective sleeves and/or mitts.	W9999		

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7) Additional examples are available for R17, R22, R25 and R26 whose behavior plans identify the use of protective sleeves and/or protective mitts. These plans do not identify when the mitts are to be applied contingent on the individual's behaviors.

a) R17 whose Physician's Orders dated June 1 - June 30, 2013 identifies that he may use, "soft mitts on both hands PRN (as needed) to protect from SIB such as hitting hands on objects repeatedly and his goal sheet does not identify that he is checked by staff during the restraint application;

The BDP dated 07/11/12 identifies that he has behaviors of hitting, grabbing, slapping, scratching or pinching an object or another resident or staff. This plan goes on to state that R17 may use soft mitts on both hands PRN. Methods defined within this plan does not identify when these mitts are to be applied as contingent on his behaviors;

b) R22 who has Physician Orders for protective sleeves, wrist bands and mitts for self injurious behaviors. R22's behavior plan dated 04/10/13 identifies that he has behaviors of pressing on his larynx with his hand. R22 is to wear a protective sleeve on his right arm during waking hours. This plan does not identify why protective sleeves or wrist bands are applied to address him pushing on his larynx with his hand. This plan does not specify when staff are to apply which restrictive technique, or if the use is contingent on the presence of R22's self injurious behaviors; R22's

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W9999	Continued From page 138 current goal sheets do not identify that he is checked by staff a least every 30 minutes during the restraint application; c) R25 whose BDP dated 2/9/11 (from the program book) identifies Self-Injurious Behaviors as whenever he bites his wrist. This plan also states that he will wear protective sleeves on his right arm during his waking hours. No methods are identified within this plan which bases the application of the mitt on a demonstrated behavior. Methods do not identify what less restrictive measures are to be attempted by staff prior to the application of the restraint; and the current goal sheets do not identify that he is checked by staff a least every 30 minutes during the restraint application; . d) R26 whose BDP dated 04/10/13 identifies Self injurious behaviors as him hitting himself in the face, legs, wrist and arms. Methods within the plan states that protective mitts and sleeve protectors will be used to guard against skin breakdown on his hands, face, and wrist. "The mitts and sleeve protectors cover his hand and wrist and do not restrict the movement of his arms. The mitts are to be worn at all times." No methods are identified within this plan which bases the application of the mitts and sleeve protectors on the presence of self injurious behaviors. Methods do not identify what less restrictive measures are to be attempted by staff prior to the application of the restraints. R26's current goal sheets do not identify that he is checked by staff a least every 30 minutes during the restraint application;	W9999		

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e) R27 whose BDP dated 06/13/12 identifies that she has behaviors of hitting her chin with her knuckles and requires mitts due to the behavior. R27's current goal sheets does not identify that she is checked by staff a least every 30 minutes while she is wearing mitts;

f) R30 whose BDP dated 03/13/13 states that self injurious behavior is defined as, "... any time R30 exhibits hitting herself in the head (chin area) or scratches herself... The use of protective mitts will be used to guard against scratching and bruising .... The mitts are to be worn when SIB is present". R30's current goal sheets does not identify that she is checked by staff a least every 30 minutes during the restraint application;

g) R11 whose BDP dated 06/12/13 states that he wears a protective helmet due to SIB and for falls during seizures. R11's current goal sheets does not identify that he is checked by staff a least every 30 minutes while wearing his helmet; and

h) R15 whose BDP dated 05/08/13 states that he is to wear a helmet and mitts on him when he is engaged in self injurious behaviors. R15's current goal sheets idoes not identify that he is checked by staff at least every 30 minutes during the restraint application.

In review of Individual Program Plans (IPPs) and Behavioral Development Plans (BDPs) for R1, R12, R13, R15, R16, R17, R22, R25, R26, R30, and R34. The IPPs and BDPs fail to address the need to record a clear picture of events prior to, during, and following use. Goal and Service

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sheets do not document what events are taking place prior to, during, and following the use of restraints.

On 6/11/13, observations of R30 at 12:20p.m., during in-house DT programming, and R1 at 4:00p.m. during medication administration pass at the facility; individuals were in mitts without a clear picture of events noted during this restraint application.
Based on 6/11/13 observations at 5:20p.m., R1 and R12 were both immediately cleaned up by staff after finishing their evening meal, taken from the table and mitts were re-applied without a clear picture of events noted prior to this restraint application.

Interview with E12 (DSP- Diresct Support Person) on 6/11/13 at 12:35p.m. regarding R30's restraints, E12 did not identify what events had taken place prior to and/or during the use restraints. E12 did not address that documentation of restraint checks and usage needed to be kept when restraint was applied.
Interview with E13 and E14 (DSPs) on 6/13/13 at 3:00 verified what behaviors needed to be in place for restraints to be applied, but did not address what events needed to be in place during and/or following restraints usage. Neither E13 nor E14 addressed that documentation of restraint checks and usage needed to be kept when the restraint was applied.

On 6/14/13 at 8:30a.m., E2 (QIDP) was asked to gather, copy, and provide: Physician ' s Orders (PO); Behavior Development Plans (BDP); Guardian consents; and documented evidence when restraints are applied and released on all individuals with BDPs utilizing restrictive

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W9999	Continued From page 141 procedures and restraints. No program BDP nor goals sheets were provided to verify what R27's program entailed or what data had been collected. (B) 350.620a) 350.760a) 350.760c)2)6)7) 350.1210 350.1220j) 350.1230b)5)6)7) 350.1230d)1)2) 350.3240a) Section 350.620 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility which shall be formulated with the involvement of the administrator. The policies shall be available to the staff, residents and the public. These written policies shall be followed in operating the facility and shall be reviewed at least annually. Section 350.760 Infection Control	W9999		

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W9999	Continued From page 142 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. c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 350.340): 2) Guideline for Hand Hygiene in Health-Care Settings 6) Guideline for Isolation Precautions in Hospitals 7) Guidelines for Infection Control in Health Care Personnel Section 350.1210 Health Services The facility shall provide all services necessary to maintain each resident in good physical health.	W9999		

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W9999	Continued From page 143 Section 350.1220 Physician Services j) The facility shall notify the resident's physician of any accident, injury, or change in a resident's condition that threatens the health, safety or welfare of a resident, including, but not limited to, the presence of incipient or manifest decubitus ulcers or a weight loss or gain of five percent or more within a period of 30 days. Section 350.1230 Nursing Services b) Residents shall be provided with nursing services, in accordance with their needs, which shall include, but are not limited to, the following: The DON shall participate in: 5) Training in habits in personal hygiene and activities of daily living. 6) Development of a written plan for each resident to provide for nursing services as part of the total habilitation program. 7) Modification of the resident care plan, in terms of the resident's daily needs, as needed. d) Direct care personnel shall be trained in, but are not limited to, the following: 1) Detecting signs of illness, dysfunction or maladaptive behavior that warrant medical,	W9999		

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W9999	Continued From page 144 nursing or psychosocial intervention. 2) Basic skills required to meet the health needs and problems of the residents. Section 350.3240 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 Regulations were not met as evidenced by: A) Based on observation, interview, and record review the facility failed to ensure that individuals of the facility are provided nursing services as based on their needs as evidenced by nursing staff's failure to: 1) Implement the facility's policy, as well as the CDC (Center for Disease Control) guidelines for contact precautions of MRSA (Methicillin-resistant Staphylococcus aureus) for 2 (R1 and R9) individuals with diagnosis of MRSA potentially affecting the other 32 individuals of the facility (R2 - R8, R10 - R34) when they failed to: a) Place individuals requiring Contact Precautions in a single patient room; b) Provide individual dedicated equipment and make proper personal protective equipment	W9999		

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W9999	Continued From page 145 readily available to staff; c) Ensure that gowns were not kept locked in a closet that direct care staff could not access; d) Properly disinfect equipment between the individuals; and e) Treat soiled waste as contaminated waste; B) After R9 was diagnosed with MRSA on 06/11/13, the facility failed to notify R9's physician of a decline in his condition until brought to the attention of the facility by the surveyor. R9 was admitted to the Intensive Care Unit of the hospital on 6/13/13 with diagnosis of Sepsis (blood infection), requiring surgical debridement of his wounds; and 2) Develop and implement a nursing plan of care for 2 individuals with MRSA when they failed to: a) address the need for medical immobilizers for R1, who is identified by the facility as in need of a daily mitt to his right hand to prevent him from picking at his wound vacuum site; and b) address R9's diagnosis of MRSA of his wounds, nursing measures that are to be implemented to prevent transmission of MRSA to others, comfort measures for pain and/or fever and/or other nursing services as ordered by the physician. 3) Develop and implement policy and/or protocol for discontinuing contact precautions for individuals diagnosed with MRSA; and 4) Ensure that nursing staff trains all staff in implementing appropriate protective and	W9999		

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preventative health measures including training all staff on the facility's policy and the CDC guidelines for MRSA and/or Contact Precautions, health and hygiene and infection control measures.

Findings include;

The facility's undated policy for MRSA (Methicillin-resistant Staphylococcus aureus) states,
1. Testing and re-testing for MRSA will be followed as ordered by the physician.
2. The management of a MRSA positive patient should be based on a risk assessment of risks and consequences of transmission to other patients and the clinical needs of the positive patient as determined by the physician.
3. Where possible the MRSA positive patient should be nursed in a single-room (isolation).
4. Where MRSA positive patients are nursed in their rooms (due to a lack of isolation facilities or the patients's underlying clinical condition) strict adherence to infection control precautions is essential to prevent cross infection to other patients.
5. Ensure that disposable gloves and alcohol gel and/hand washing facilities are available for use-Use Universal Precautions.
6. Treat all waste as clinical waste (red bag)
7. Discard linen into red dissolvable bags for laundry
8. Where possible, use single use items for MRSA positive patients.
9. All equipment should be cleaned aftereach use and in between patients. Items that cannot be

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W9999	Continued From page 147 cleaned e.g. boxes of gloves,syringes,packets of swabs, should be discarded as clinical waste. The Centers for Disease Control (CDC) web site for healthcare prevention for individuals with MRSA (www.cdc.gov/mrsa/prevent/healthcare/precautions.html) recommends Contact Precautions be used when the facility deems MRSA to be of special clinical and epidemiological significance. These recommended guidelines include: 1) ... When single-patient rooms are not available, cohort patients with the same MRSA in the same room or patient-care area. When cohorting patients with the same MRSA is not possible, place MRSA patients in rooms with patients who are at low risk for acquisition of MRSA and associated adverse outcomes from infection and are likely to have short lengths of stay. In general, in all types of healthcare facilities it is best to place patients requiring Contact Precautions in a single patient room. 2) Gloving- Wear gloves whenever touching the patient's intact skin or surfaces and articles in close proximity to the patient (e.g., medical equipment, bed rails). Don gloves upon entry of the room or cubicle. 3) Gowning- Don gown upon entry into the room or cubicle. Remove gown and observe hand hygiene before and leaving the patient-care environment. After gown removal, ensure that clothing and skin do not contact potentially contaminated environmental surfaces that could result in possible transfer of microorganism to other patients or environmental surfaces...	W9999		

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W9999	Continued From page 148 5) Patient-care equipment and instruments/devices- In acute care hospitals and long-term care and other residential settings, use disposable noncritical patient-care equipment (e.g., blood pressure cuffs) or implement patient-dedicated use of such equipment. If common use of equipment for multiple patients is unavoidable, clean and disinfect such equipment before use on another patient... 7) Discontinuation of contact precautions- No recommendation can be made regarding when to discontinue Contact Precautions." As observed and as based on interview, the facility failed to implement their own policy and procedures as well as CDC guidelines for Contact Precautions when caring for R1 and R9 who are diagnosed with MRSA. 1) The Physician Order Sheet (POS) dated June 1-30, 2013 states that R9 is a 34 year old male with diagnoses which include Diabetes Mellitus Type 2 and Moderate Intellectual Disability. A nursing note dated 6/9/13 at 12pm reads, "Consumer noted to have multiple boil type areas to buttocks hips et (and) groin. Red raised areas." The physician on call (Z9) was notified and ordered an antibiotic and that R9 be seen by his physician (E20) the following day. A History and Physical report dated 6/11/13 for 9:33am states that R9 visited his physician for the complaint of "Skin Problems." The section entitled history of present illness reads, "R9's skin problems have been occurring in a persistent pattern for days (Staff present stated that she	W9999		

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does not know how long the area on the buttock has been there but that it began as what appeared to be a pimple.) The course has been increasing." The note goes on to say the lesions are red and painful.

A section titled "Physical Exam" reads, "patient has 3 lesions on his buttocks 1 on his left is slightly red well healed, 1 on upeer (upper) right buttocks healing 1 on lower right buttocks indurated tender and red not draining."

The physician's "Assessment and Plan" reads, "1. MRSA infection".

On 6/12/13 at 4:25 PM, nurse surveyor observed R9 in the facility bathroom with E8 (Direct Support Person/DSP), E10 (DSP), and E14 (DSP) present. There were a total of six lesion type areas noted on R9's lower body (buttocks, thighs and abdomen). The area to his right buttock was open with yellow drainage. This area was surrounded by a much larger area which was red, swollen, and warm to touch. The other five areas were of varying sizes and all were red with small black craters, consistent with necrotic tissue. During the observation E14 removed R9's soiled adult diaper and threw it into a regular, trash can. No red biohazard bag was present in the bathroom during this observation. E10, with gloves still on his hand, opened the door to leave the bathroom area still wearing his soiled gloves. While holding the door open with his leg, E10 took off his soiled gloves and threw them in the trash can.

During observation on 6/13/13 at 6 am, R9's room had a sign posted on the door titled "Contact Precautions." This sign directed staff to

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W9999	Continued From page 150 1) Practice strict hand hygiene. 2) Wear a gown if likely to lean against the patient and when turning, bathing or toileting. 3) Wear gloves with all consumer contact. 4) Place waste and laundry in red biohazard bags. It also states dedicated equipment should be used when possible or to disinfect equipment after use. On 6/13/13 at 6 am, R9 was in bed asleep on his left side with the sheet pulled over his head. R9 was covered but sleeping without clothes and laying on incontinent pads due to his draining wounds and incontinence. R9 shared a room with two other males, R4 and R18 who have not been identified by the facility as having MRSA, which is not in accordance with CDC guidelines. R9's room had one trash can lined with a red, biohazard bag for trash. There was no can with a biohazard bag for disposal of laundry. On 6/13/13 at 6:33am, E17 (Direct Support Person/DSP), was observed dressing R9. E17 put shorts and a shirt on R9 while wearing gloves but no gown. R9 was observed to be lethargic and required E17 to hold him while he was sitting on the side of the bed. E17 then transferred R9 to his wheelchair which required maximum assistance due to R9's lethargy. During this observation, E17 stated R9 has MRSA and is "on contact precautions at all times." E17 also explained R9 was not wearing a protective undergarment so that his wounds could air. The only barrier provided for R9's draining wounds were his nylon shorts. R9 was then pushed down to breakfast with other residents in the "gold cluster."	W9999		

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W9999	Continued From page 151 On 06/13/13 at 712am, R9 was observed to be asleep slumped to his right side in his wheelchair at the dining table. At 7:24am, R9 was observed to still be asleep at the table slumped to his right side in his wheelchair. At 7:30am, E17 reported to E16, LPN, that "(R9) will not eat, drink or even get up. He isn't right today." At 746am, E16 (LPN) came into the gold cluster room where R9 was sleeping in his wheelchair. E16 checked R9's pulse oximetry and, after using on R9, E16 put the machine in his pocket without evidence of any disinfecting. E16 proceeded to take R9's blood pressure with a cloth cuff on R9's left wrist. Per continued observation of R9 on 06/13/13 at 750am, E17 (DSP) took a gait belt which was hanging near the door of the gold cluster room and pushed R9 in his wheelchair back to his bed at the request of E16. E17 (Direct Support Person) then transferred R9 to bed using this gait belt. R9 was lethargic and required maximum assistance. E16 and E17 did not wear a gown while caring for R9. E17 was later observed to return the gait belt to the back of the gold cluster door without evidence of any disinfecting. E16 (LPN) proceeded to flush R9's gastric tube and gave him a bolus feeding since he did not consume his breakfast due to his state of decreased consciousness.	W9999		

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E17 asked if she could leave R9 in bed due to his lethargy and possible pain since he was sitting on many of his wounds. E16 directed E17 to return R9 to his day training area.

At 759 am, E16 (LPN) finished R9's bolus feeding, removed his gloves and took R9's water with syringe, blood pressure cuff, stethoscope and pulse oximeter machine back to the desk. E16 was not observed to wash or sanitize his hands or disinfect the equipment used on R9. At 8:20 AM on 6/13/13, E16 (LPN) was asked if the patient (R9) he had just provided care for was on contact precautions and stated, "Yes". When E16 was asked what R9 was on precautions for, he stated, "I'm not sure, I haven't been here for a couple of days." E16 (LPN) was later interviewed at 820am and was asked if he returned to the desk with the equipment used on R9 including the stethoscope, blood pressure cuff and pulse oximeter. E16 stated yes and pointed to the corner of the nurses station where the pulse oximeter and blood pressure cuff were in a basket. E16 stated the stethoscope was hung on a rack near the patient charts.

Per continued observation of R9 on 06/13/13 at 8am, E17 (DSP) apologized to R9 for having to get him back up and transferred him back to his wheelchair. Due to his lethargy, R9 was unable to assist with the transfer. E17 was required to use her right knee in supporting R9 while transferring him to his wheelchair. E17's right thigh area came in contact with R9's shorts in the area of his right buttock which had draining wounds identified to have MRSA. E17 was not wearing a gown.

E17 (DSP) was interviewed on 6/13/13 at 8:50am and asked if contact precautions were necessary

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when caring for R9. E17 said yes and said R9 is on Contact Precautions for MRSA. E17 was asked if she used a gait belt to transfer E17 to bed earlier. E17 stated yes. E17 was asked where she obtained the gait belt. E17 stated it was hanging in the gold cluster room by the door. E17 was then asked what she did with the gait belt when she was finished transferring R9. E17 stated she hung the gait belt back up in the gold cluster room. E17 was asked if she then used the same gait belt on R13 to transfer him to the shower room to be changed. E17 stated yes.

At 11am, 6/13/13, R9 was noted to be in his room in his wheelchair, slumped over to his right side asleep. E19 was in R9's room and was asked how he was. E19 stated R9 had been "asleep all morning."

While at the on site day training program, R9 as observed to be walked to the table with one staff and a gait belt. R9 sat down at the end of the table and was verbally prompted to take bites of his lunch. R9 complied but needed several verbal prompts to continue. After consuming a small portion of his lunch, staff assisted R9 with his meal. R9 ate 100% of his lunch.

E3 (ADON) was interviewed on 6/13/13 at 815am and again at 11:45am regarding the assessment by nursing of R9's multiple wounds. E3 stated the facility typically completes a "Weekly Decubitus Report" once a wound is identified. E3 was asked when R9's wound was identified. E3 stated June 9. E3 was asked if a Weekly Decubitus Report was filled out or if the wounds were assessed, measured or recorded for tracking and she stated,"No". E3 was asked how the facility tracked wounds. E3 stated they have "no current

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method to track." E3 was asked if R9's wounds were worsening since the physician documented on 6/11/13 that R9 had 3 areas which looked like boils and as of 06/12/13, now has six areas. E3 responded that she (E3) did not know.

An undated policy titled "Contact Precautions Policy" was provided by E3 (ADON). This policy stated, "Personal Protective Equipment: In the consumer's room, gloves must be worn with all patient contact. Gowns must be used if there is a possibility of the staff member leaning against the consumer in any way. Gloves and gowns must be used in the bathroom during toileting and bathing."

The policy states following for "Room Assignments", first preference is for the consumer to have a private room or be paired with a consumer having the same type of infection. If this is not possible, the consumer can room with other individuals who are not immunocompromised. "Staff will provide the consumers with good hand hygiene. Trash & linen will remain separate. Alcohol gel will be kept in the room, away form the consumers' reach (such as in a closet or inconspicuous container). Staff will use alcohol gel between contact with consumers."

During an interview with E3 (ADON) on 6/13/13 at 10:20 A.M., E3 was asked if gowns are available for staff's use as required for those on contact precautions. E3 stated "Yes, they are here in the closet." The closet was noted to be locked. E3 was asked if the gowns were accessible to staff. E3 stated, "No". E3 was asked if appropriate precautions such as hand washing, gowns and

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gloves were being utilized by the staff for R9 who has MRSA she stated, "No".

During an interview on 6/13/13 at 1110am, E16 (LPN) was asked if R9's physician had been notified of his lethargy and unresponsiveness or if he was being seen for his change of condition.. E16 (LPN) stated, "No, he does this sometimes. If he doesn't eat, we have an order to bolus feed him." E3 (ADON) was sitting next to E16 at the nurses desk and asked the surveyor if they thought R9 needed to go to the hospital.

During observation of R9's skin on 6/13/13 at 12:04pm, it was noted that R9 had 6 areas which were raised and opened, scabbed or necrotic.

R9 had one area on his right ischial tuberosity (right lower back part of the hip bone) with an open, necrotic and draining area which was approximately 4 cm (centimeter) by 3 cm. The area had an undetermined depth due to necrosis (dead tissue) and slough (dead skin) tissue. An area of induration (hardness) extended approximately 5 inches by 6 inches around this lesion. The area was inflamed and edematous (marked by edema/swelling).

The second wound was on the upper outer quadrant on his right buttock. This area appeared red, scabbed and was approximately 0.5 cm by 0.5 cm with an undetermined depth.

R9's third area was on the back of his left upper thigh directly below his buttock. This area was approximately 1 cm by 1 cm with an area of induration measuring approximately 2 cm by 2 cm with an undetermined depth. The wound center appeared necrotic and the wound was draining

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and red.

The fourth area was on his right hip area, appeared red, was like a pimple and measured approximately 0.5 cm by 0.5 cm.

R9's fifth area was located anterior, to his right side of his pubic bone, and measured approximately 1 cm by 1 cm. This wound appeared darker and scabbed.

The sixth noted lesion was on his inner left thigh area and measured approximately 1.5 cm by 1.0 cm. This area appeared reddened with a necrotic center and scant drainage.

At 12:30pm on 06/13/13, E3 (ADON) reported that R9 had been taken to the local emergency room for evaluation.

On 06/14/13 at 16:20, E7, LPN advised that R9 was in the local emergency room and they were administering intravenous (IV) antibiotics. E7 stated R9 was going to be admitted but was unsure of the admitting diagnosis.

At 9:10am, E7 reported that R9 had been admitted to Intensive Care Unit at the local hospital with necrosis, on contact precautions, awaiting a surgical consult and being given two types of IV antibiotics.

On 06/14/13 at 9:30pm, E7 reported that R9 was scheduled that afternoon for surgical debridement of his wounds.

Z10 (charge nurse at a local hospital) reported 6/18/13 at 2pm, that R9 was still a patient in their

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W9999	Continued From page 157 facility and receiving IV antibiotics after surgical debridement of multiple wounds. The charge nurse stated R9 had MRSA of his wounds as well as his blood. 2a) Per Review of the facility residential roster dated 2013, R1 is a 64 year old male functioning at the Moderate level of Intellectual Disabilities. Based on review of hospital records dated 07/2012, R1 has a diagnosis of MRSA in the blood dated and this diagnosis continues. R1 has a wound to his left upper forearm requiring the use of a wound vac (Negative-pressure wound therapy). During observation of the medication pass on 6/11/13 at 4pm, upon entering R1's room a sign is posted on his door stating, " Contact Precautions "*Perform hand hygiene before entering and before leaving room. *Wear gloves when entering room or cubicle, and when touching patient's intact skin, surfaces, or articles in close proximity. *Wear gown when entering room or cubicle and whenever anticipating that clothing will touch patient items or potentially contaminated environmental surfaces. * Use patient-dedicated or single-use disposable shared equipment or clean and disinfect shared equipment (blood pressure cuff, thermometers) between patients." During a G-Tube (Gastronomy) placement check observation, E15 (LPN) had her stethoscope around her neck. The bell of the stethoscope was placed directly onto the skin of R1's abdomen near his G-Tube stoma. Once placement check was confirmed, there was no cleaning before or	W9999		

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after the use of the stethoscope per the facility's policy as observed, either before or after the medication administration was completed. E15 then proceeded to continue the medication pass on two other residents outside the sample (R10 and R33) while using the same stethoscope as used during R1's G-Tube placement check.

E15 again placed the stethoscope around her neck and was not observed to disinfect this instrument after use. Upon completion of the medication adminstion for R1, R10, R33, there was not observed cleaning of the stethoscope bell which had come into skin contact with each of these individuat, one known to have a MRSA infection.

R1's isolation room was entered on 6/13/2013 at 2:10 PM with E3 (ADON) to observe the Wound Vac dressing change to the left upper forearm. E3 was not observed to wash her hands before entering the room. During the dressing change it was also noted that after the existing dressing had been removed with her gloves on, E3 removed the gloves and exited the room to retrieve scissors. E3 did not wash her hands before exiting and/or after returning to the room per the facility's policy.

Upon returning to the room, E3 placed dressing strips around the wound area that was observed to have active bleeding present without the use of gloves (against the facility's policy) on three separate occasions during this observation. E3 stated" I know I'm supposed to use gloves but I can't do it with these sticky strips." E3 then exited the room for a second time to retrieve more gloves without hand washing when leaving the room and/or before reentering.

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W9999	Continued From page 159 During interview with E3 following the dressing change, the surveyor asked, "What precautions should be used under Contact Precautions." E3 stated, "Gloves- it's just contact precautions, if there would have been more drainage I would have used a gown. He (R1) should have his own blood pressure cuff and stethoscope and thermometer." During observations none of these items were observed. It was observed that this isolation room had a very foul odor noted as well as soiled linens hanging out of biohazard bags. A bathroom was located in R1's isolation room, but the bathroom door was locked. When surveyor asked E3 why the door was locked she stated" I don't know why its locked. I guess it's because he isn't able to use it." E3 (ADON) was interviewed on 06/13/12 at 10:20 A.M. and stated, "No," when asked if the facility has protocol governing when contact precautions are discontinued. E3 stated, "It's generally based on when the doctor discontinues the diagnosis." When E3 was asked if the facility's MRSA or Contact Isolation guidelines address how many negative cultures must be obtained before the individual is considered free of MRSA, she stated, "No." As based on review, the facility failed to implement their own guidelines, as well as the Centers of Disease Control (CDC) guidelines for Contact Precautions when caring for individuals with MRSA in a facility setting. 2b) The Physician's Order sheet for May 2013 identifies that R1 has orders for, "MAY WEAR MITT TO RIGHT HAND R/T (related to) SELF INJURIES". R1's Physician's Orders for 03/25/13	W9999		

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W9999	Continued From page 160 identifies that he wears the mitt on his right hand to prevent picking of his central venous access device and surrounding skin area(s). R1's hospital reports identifies that a wound vac (vacuum) (device used to promote healing through negative pressure to the wound site) was placed in his left arm on 05/23/13. R1 was observed on 06/11/13 at 4:00 P.M., wearing a mitt to his right hand. R1 was not observed to engage in any type of behavior warranting the use of this restraint, nor was he observed to pick at his wound vac area. Review of the Individual Program Plan (IPP) dated 07/11/12 does not identify that methods have been developed to address R1's need for the mitt to his right hand in association with his behaviors of picking at his dressing around his wound vac area or picking at his portacath areas, which are healed and/or any other behaviors. E3 (ADON) was interviewed on 06/13/13 at 10:20 A.M. and stated, "No," when asked if the facility had a plan, policy or protocol for medical immobilizers for R1 regarding his mitt and his current wound vac. E3 stated, "I was told that R1's mitt was used to prevent him from picking at his dressing around the wound vac." When E3 was asked if nursing had developed a plan to address this need, she stated, "No". Additionally, there is no plan located within R1's IPP addressing R9's diagnosis of MRSA of his wounds, nursing measures to be implemented to prevent transmission of MRSA to others, comfort measures for pain, discomfort and/or fever and/or other nursing services as ordered by the physician.	W9999		

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On 6/12/13 at 7:15a.m., during observation, there was a strong BM smell and both R17 and R13 took their " seat pads " out from underneath them and put the " seat pads " over their shoulders, neck, and face. R13's pad had brown stains on it. E17 (Direct Support Person - DSP) removed the " seat pad" R13 had covered himself with and put in the hamper and proceeded to work with other individuals in the gold cluster room.
On 6/12/13 at 8:05a.m., E14 and E17 (DSP) were observed getting R13 up to take him to his room. R13 ' s pants were wet and stained and there was a trail of BM on the floor. While staff were walking with R13, it was noted that he had been incontinent of bowel which soiled the recliner he was sitting in. Feces also fell to the floor while R13 was ambulating, Feces was seen on the floor in the gold cluster room from the chair to the door of the room and down the hall. E19 (DSP/Quality Assurance) began cleaning the chair R13 had been sitting in with a wash cloth and disinfectant solution. No gloves were worn by E19. After E19 had cleaned the chair, he began picking up the feces from the floor, frequently changing wash cloths. E19 put the wash clothes in the hamper and then using another wash cloth with disinfectant to wipe up the floor. No gloves were worn during this observation by E19.

On 06/12/13 at 8:10 am, E19 was interviewed and asked if he should be using gloves when cleaning feces. E19 stated there were no gloves in the gold cluster day training area and that gloves are only used when toileting or bathing. E19 stated, "we clean our hands when done."

On 6/13/13 at 3pm, E13 (DSP) was interviewed

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and stated that gloves are only used "when dealing with bodily fluids." E13 described bodily fluids as blood, urine or feces.

An undated policy titled "Contact Precautions Policy" was provided by E3, Acting Director of Nursing (DON). This policy stated, "Personal Protective Equipment: In the consumer's room, gloves must be worn with all patient contact. Gowns must be used if there is a possibility of the staff member leaning against the consumer in any way. Gloves and gowns must be used in the bathroom during toileting and bathing."

On 6/12/13 at 4:25 PM, nurse surveyor observed R9 in the facility bathroom with E8 (Direct Support Person/DSP), E10 (DSP), and E14 (DSP) present. There were a total of six areas noted on R9's lower body (buttocks, thighs and abdomen). The area to his right buttock was open with yellow drainage. This area was surrounded by a much larger area which was red, swollen, and warm to touch. The other five areas were of varying sizes and all were red with small black craters, consistent with necrotic tissue. During the observation E14 removed R9's soiled adult diaper and threw it into a regular, trash can. No red biohazard bag was present in the bathroom during this observation. E10, with gloves still on his hand, opened the door to leave the bathroom area still wearing his soiled gloves. While holding the door open with his leg, E10 took off his soiled gloves and threw them in the trash can.

During observation on 6/13/13 at 6am, R9's room had a sign posted on the door titled

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	14G099	A. BUILDING _____ B. WING _____	07/18/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TURNER MANOR	**P.O.BOX 303, 901 OGLESBY ROAD HARRISBURG, IL 62946**

(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
W9999	Continued From page 163	W9999		

"Contact Precautions." This sign directed staff to 1) Practice strict hand hygiene. 2) Wear a gown if likely to lean against the patient and when turning, bathing or toileting. 3) Wear gloves with all consumer contact. 4) Place waste and laundry in red biohazard bags. It also states dedicated equipment should be used when possible or to disinfect equipment after use.

On 06/13/13 at 6:00 A.M., R9 was in bed asleep on his left side with the sheet pulled over his head. R9 was covered but sleeping without clothes and laying on incontinent pads due to his draining wounds and incontinence.

At 6:03am, E18, Licensed Practical Nurse (LPN) entered the room to check R9's blood sugar. E18 reached over R9 to obtain his hand and laid the blood glucose monitoring machine directly on R9's bed sheets while obtaining his blood sample. When E18 finished, she removed and disposed of her gloves, walked out of the room, placed the glucose monitoring machine on her medication cart and proceed to push the cart to the nurses station. E18 did not clean the machine or sanitize her hands. E18 did not wear a gown while in R9's room or sanitize her hands after performing the glucose check.

On 6/13/13 at 7: 46 A.M., E16 (Licensed Practical Nurse/LPN) came into the gold cluster room where R9 was sleeping in his wheelchair. E16 checked R9's pulse oximeter and, after using on R9, E16 put the machine in his pocket. E16 proceeded to take R9's blood pressure with a cloth cuff on R9's left wrist.

At 750 am, E17 (DSP) took a gait belt which was hanging near the door of the gold cluster room

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and pushed R9 in his wheelchair back to his bed at the request of E16 (LPN). E16 asked E17 to remove the dirty incontinence pads from R9's bed. E17 (DSP) left the room to obtain gloves. E16 (LPN) checked R9's gastric tube placement by placing his stethoscope on R9's bare stomach directly above one of R9's open area and then placed it around his neck when finished. E17 (DSP) transferred R9 from his wheelchair to his bed using a gait belt. Neither E16 (LPN) nor E17 wore a gown while caring for R9. At 8 am, E17 transferred R9 back to his wheelchair. Due to R9's lethargy, E17 was required to use her right knee to support R9 while transferring him to his wheelchair. It was noted that during this transfer, E17's right thigh area came in contact with R9's shorts in the area of his right buttock which had draining wounds identified to have MRSA. E17 did not wear a gown. After E17 returned R9 to his day training area, she returned the gait belt to the hanging position where she had found it near the door.

At 7:59 am, E16 (LPN) finished R9's bolus feeding, removed his gloves and took R9's water with syringe, blood pressure cuff, stethoscope and pulse oximeter machine back to the desk. E16 was not observed to wash or sanitize his hands or disinfect the equipment used on R9 prior to or after returning the equipment to the desk at the nurse's station.

E16, LPN, was interviewed on 6/13/13 at 8:20 am and asked if he returned to the desk with the equipment used on R9 including the stethoscope, blood pressure cuff and pulse oximeter. E16 stated yes and pointed to the corner of the nurses station where the pulse oximeter and blood pressure cuff were in a basket. E16 stated the

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W9999	Continued From page 165	W9999		

stethoscope was hung on a rack near the patient charts. E16 was then asked if there were additional pieces of equipment to use on other patients. E16 said yes and demonstrated a container with additional blood pressure cuffs and thermometers. E16 was asked why he didn't leave the contaminated equipment in R9's room per the facility policy. E16 stated he didn't know and that "it wasn't in there when I got here this morning." E16 was also asked if the patient he had just provided care for was on contact precautions. E16 stated yes. E16 was asked what R9 was on precautions for. E16 stated, "I'm not sure, I haven't been here for a couple of days."

E3, Acting DON was interviewed on 6/13/13 at 8:15 am and asked if gowns were available for staff use as required for those on contact precautions. E3 stated "Yes, they are here in the closet." The closet was noted to be locked. E3 was asked if the gowns were accessible to staff. E3 stated no. E3 was asked if appropriate precautions such as hand washing, gowns and gloves were being utilized by the staff for R9 who has MRSA. E3 stated no.

Review of the facility's inservice records from Novemeber 2012 through present, there are no records identifying that staff of the facility have received training in regards to MRSA and/or contact precautions.

E3 (ADON) was interviewed on 06/13/12 at 10:20 A.M. and stated that she had worked in the capacity of acting Director of Nursing at the facility for approximately two weeks. When E3 was asked if she had provided training to staff on appropriate protective and preventive health measures as based on the facility's policy and/or

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W9999	Continued From page 166 CDC Guidelines for MRSA and/or Contact Precautions, she stated, "No." On 6/13/13 at 3pm, E13 (DSP) was interviewed and stated that gloves are only used "when dealing with bodily fluids." E13 described bodily fluids as blood, urine or feces. An undated policy titled "Contact Precautions Policy" was provided by E3, Acting Director of Nursing (DON). This policy stated, "Personal Protective Equipment: In the consumer's room, gloves must be worn with all patient contact. Gowns must be used if there is a possibility of the staff member leaning against the consumer in any way. Gloves and gowns must be used in the bathroom during toileting and bathing." During interview with E3 following the dressing change, the surveyor asked, "What precautions should be used under Contact Precautions." E3 stated, "Gloves- it's just contact precautions, if there would have been more drainage I would have used a gown. He(R1) should have his own blood pressure cuff and stethoscope and thermometer." During observations none of these items were observed. It was observed that this isolation room had a very foul odor noted as well as soiled linens hanging out of biohazard bags. E3 (ADON) was interviewed on 06/13/12 at 10:20 A.M. and stated, "No," when asked if the facility has protocol governing when contact precautions are discontinued. E3 stated, "It's generally based on when the doctor discontinues the diagnosis." When E3 was asked if the facility's MRSA or Contact Isolation guidelines address how many negative cultures must be obtained before the	W9999		

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W9999	Continued From page 167 individual is considered free of MRSA, she stated, "No." (B)	W9999		