

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

PRINTED: 08/07/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145039</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/05/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>HEARTLAND OF PEORIA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5600 GLEN ELM DRIVE</b> <b>PEORIA, IL 61614</b>		
(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 000	INITIAL COMMENTS	F 000			
F 441 SS=D	<p>Complaint #1423304/ IL71124</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of</p>	F 441			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 441	<p>Continued From page 1 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to prevent cross-contamination during pressure sore treatments for two of four residents (R1, R4) reviewed for pressure sores in the sample of four.</p> <p>Findings include:</p> <p>1. R1's Electronic Medical Record (EMR)/Physician Order Sheet (POS) dated 7/31/14 documents diagnoses of Congestive Heart Failure, Chronic Kidney Disease, and Anemia. R1's Wound Care Specialist Evaluation dated 7/29/14 documents that R1 has a "stage 4 pressure wound of the left heel of at least 178 days duration. There is moderate serous exudate associated with the wound."</p> <p>On 7/31/14 at 11:30 am, E3, Registered Nurse (RN) and Wound Care Nurse, cleansed R1's heel wound. Wearing the same contaminated gloves, E3 tore a piece off of the collagen matrix sheet and applied the torn piece to the wound bed of R1's heel. E3 also touched the roll of tape, (wound) low-flow oxygen tubing and machine, foam dressing, and R1's sock with the contaminated gloves.</p> <p>On 7/31/14 at 11:35 am, E3 stated that she would change gloves after cleaning a wound if the wound had a lot of drainage. E3 stated that only a small amount of drainage was present when E3 cleansed R1's wound.</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>On 8/5/14 at 10:50 am, E2, Director of Nursing (DON), stated that she expects nurses to wash their hands and apply new gloves after cleaning a wound and before applying medications or dressings to a wound.</p> <p>The facility's Dressing Change Policy (12/2009) directs staff to "Cleanse wound... remove gloves and perform hand hygiene...(then) apply...gloves...and apply dressings per physician's orders."</p> <p>2. R4's EMR/POS dated 8/5/14 documents diagnoses of Congestive Heart Failure, Diabetes Type II, and End Stage Renal Disease. R4's Wound Care Specialist Evaluation dated 8/5/14 documents that R4 has a "stage 3 pressure wound of the coccyx of at least 67 days duration." R4's wound culture dated 7/28/14 documents Methicillin Resistant Staphylococcus Aureus.</p> <p>On 8/5/14 at 8:30 am, E3, RN and Wound Nurse, touched R4's gown and bare right leg with her gloved hands (during wound debridement by Z1, Wound Physician), and then applied silver hydrogel to her (E3's) contaminated, gloved, right index finger. E3 then applied the silver hydrogel to R4's freshly debrided coccyx wound with her (E3's) contaminated, gloved, index finger.</p> <p>On 8/5/14 at 10:20 am, E3 stated that she did not change her gloves after touching R4's gown and bare leg and before applying the silver hydrogel directly to R4's freshly debrided coccyx wound, because E3 did not consider R4 "to be contaminated."</p> <p>On 8/5/14 at 10:50 am, E2, DON, stated that E3</p>	F 441			

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F 441	Continued From page 3 should have washed her hands and changed her gloves before applying the silver hydrogel directly to R4's freshly debrided coccyx wound.	F 441		