

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

PRINTED: 03/31/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145160</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/23/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CAPITOL HEALTHCARE AND REHAB CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>555 WEST CARPENTER</b> <b>SPRINGFIELD, IL 62702</b>		
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F 000	INITIAL COMMENTS	F 000			
F 441 SS=E	<p>Special Focus Survey Incident Investigation to 3/23/15 IL76011. 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</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</p> <p>transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, record review, and interview, the Facility failed to implement handwashing practices, and handle ice for human consumption consistent with accepted standards of practice in order to reduce the potential spread of infection and cross-contamination, for 12 of 26 residents (R1, R3, R16, R17, R18, R19, R20, R21, R22, R23, R24, R25, R26) reviewed for infection control practices in the sample of 26.</p> <p>1. R1's Minimum Data Set (MDS) of 2/23/15 documents that R1 has moderately impaired cognition, is occasionally incontinent of bowel and frequently incontinent of bladder, and requires the extensive assistance of one staff member for hygiene.</p> <p>R1's Blood Culture Laboratory Test of 2/16/15 documents "many streptococcus pyrogenes (Group A)." R1's Blood Culture Laboratory Test of 3/16/15 documents "no growth."</p> <p>R1's Care Plan of 2/5/15 documents "occasionally incontinent. Assist to toilet for bowel movement. Check for incontinence. Clean and dry skin if soiled."</p> <p>R1's Nurse's Monthly Review Documentation of 3/15/15 documents R1 is incontinent of bowel and bladder.</p> <p>On 3/20/15 at 9:32 AM, R1 was sitting on the</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>toilet . E16, Certified Nurse Aide (CNA) was in the bathroom with R1. R1's soiled incontinent brief and soiled pants were lying on the floor. R1 got up off of the toilet and put the saturated/soiled incontinent brief and R1's pants into the garbage. E3, Assistant Director of Nursing (ADON), entered the room. E16 asked R1 where her socks were. R1 stated she took her socks off because they had also gotten wet with urine. E16 performed incontinent care. E16 washed R1 between the buttocks and failed to wash E16's pubic area, buttocks, hips, legs and feet which were soiled with urine. There was feces smeared on the floor towards the back of the toilet, in front of the toilet, on the toilet seat and on the front of the toilet bowl. E16 had R1 stand as E16 wet a towel with water and wiped feces off of the seat of the toilet. E16 then had R1 sit back down onto the toilet seat. E16 left the bathroom area and when she opened the privacy curtain to the bathroom, the bottom of the curtain brushed up against the soiled incontinent wipes that were in the garbage can. When E16 came back into the bathroom, the bottom of the privacy curtain again brushed against the soiled incontinent wipes. E16 assisted R1 in putting on a new pair of pants while R1 sat on the toilet. The bottom of R1's pants was touching the soiled floor. After R1's pants were on, E16 instructed R1 to sit on R8's, R1's roommate, bed. E16 got clean socks for R1 and put them on R8's bedside table and instructed R1 to put the socks on. R1 put the socks onto her soiled feet and stated one sock was too short and took the socks off and placed them onto R8's bedside table. At 9:55 AM, E3 asked E16 if she was done so that E3 could tell E16 what she wrong.</p> <p>On 3/20/15 at 10:25 AM, feces still remained on</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>the toilet bowel and floor of R1's bathroom.</p> <p>On 3/20/15 at 10:45 AM, E17, Housekeeper, went into R1's room with a housekeeping cart. E17 got a spray bottle of bleach water, sprayed it onto the floor and proceeded to clean the bathroom floor with a mop. E17 pulled a disposable disinfectant wipe from a container and wiped feces from the front of the toilet bowel. E17 was not wearing gloves and failed to wash hands. E17 pulled out another disinfectant wipe, wiped down R8's bedside table and proceeded to wipe down R1's bed frame and bedside table. E17 moved the water container on the bed side table and handled R1's books and magazines. E17 wiped the air conditioner and window sill, moved R1's lotion all while using the same wipe, wearing no gloves and not washing hands.</p> <p>The Facility Policy and Procedure for Cleaning Spills or Splashes of Blood or Body Fluids dated 2001 documents, "Spills or splashes of blood or other body fluids must be cleaned and the spill or splash area decontaminated as soon as practical...Staff must wear gloves when cleaning spills or splashes of blood or body fluids."</p> <p>2. R3's Care Plan, dated 3/11/15, documents that R3 has an Activities of Daily Living (ADL) deficit requiring extensive assist with all of R3's daily care.</p> <p>R3's Laboratory Test, dated 3/14/15, documents that R3 has Streptococcal A in the coccyx wound. R3's Physician Order Sheet (POS) documents an order, dated 3/15/15, for "strict isolation - diagnosis of Streptococcus A in wound."</p> <p>On 3/2/15 at 2:30 PM, E27, CNA, performed</p>	F 441			

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F 441	<p>Continued From page 4</p> <p>perineal care on R3 after R3 had been incontinent of feces. E27 washed feces from R3's perineal area, then threw the soiled wash cloth in a plastic bag. E27 did not wash her hands or change her gloves. Still wearing the same soiled gloves, E27 picked up a clean incontinence pad from a chair. E27 then proceeded to roll R3 over on R3's side and place the clean incontinence pad under R3.</p> <p>On 3/25/15 at 9:16 AM, E22, Infection Control Nurse stated "I expect CNA's to wash their hands and change gloves after cleaning feces from residents before touching anything."</p> <p>The Facility's Handwashing/Hand Hygiene Policy, dated August 2012, documents "Employees must wash their hands for at least (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: Before and after direct resident contact (for which hand hygiene is indicated by acceptable professional practice...After handling soiled or used linens, dressings, bedpans, catheters and urinals...after removing gloves or aprons."</p> <p>3. On 3/20/15 at 9:35 AM, R16 was sitting at a table in the 100 Hall West dining room. An empty coffee cup was sitting on the table in front of R16. E15, CNA, entered the dining room, walked over to R16 and picked up R16's coffee cup by the upper rim. E15 then walked over to the handsink, rinsed out the cup, took the cup to another table holding soiled dishes and began to stack and organize soiled dishes. After stacking the soiled dishes, E15 proceeded out into the hallway and began pushing the mechanical lift down the hallway. E15 did not wash her hands our use</p>	F 441			

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F 441	<p>Continued From page 5 hand sanitizer.</p> <p>The Facility policy entitled "Handwashing/Hand Hygiene" documents, "This Facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents and visitors. Employees must wash their hands for at least fifteen (15) seconds using antimicrobial or non-antimicrobial soap and water under the following conditions: After handling soiled equipment or utensils."</p> <p>4. On 3/20/15, at 12:27 PM, during the noon meal on the 4th Floor, the following was noted: A three shelf cart was stationed at the entry to the dining room. The second shelf held a large plastic container 30 inches by 24 inches. The plastic container was full of ice. 10 half-pint cartons of milk were sitting in the ice. E28, CNA, was observed reaching into the ice which was around the milk, with a gloved hand. E28 then took the cubes of ice and placed them into a pitcher of red liquid. E28 stated that the red liquid was fruit punch. E28 proceeded to pour the fruit punch into individual glasses. E28 stated that the punch was for the residents. E28 said that she uses the ice from around the milk because she doesn't know where to obtain fresh ice.</p> <p>During an interview on 3/20/15 at 3:00 PM, E1, Administrator, stated that there are ice machines on every floor and staff should be obtaining clean ice from the ice machine to place into resident's drink. E1 stated that 10 residents eat in the 400 hall dining room, R17 - R26.</p> <p>E5, Food Service Supervisor, and E6, Assistant</p>	F 441			

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F 441	Continued From page 6 Food Service Supervisor, both stated in an interview on 3/23/15 at 2:35 PM that staff should not be using the ice around the half-pints of milk for human consumption. E5 and E6 said that the ice surrounding the milk cartons was not sanitary. Both E5 and E6 stated that the Facility follow the Illinois Food Safety Code in regards to handling ice. E5 said "staff should be using ice scoops and getting ice from the ice machine on the hallway."	F 441			