

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

PRINTED: 07/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 14E579		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2013	
NAME OF PROVIDER OR SUPPLIER TAMMERLANE HEALTH CARE CENTRE				STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SIXTEENTH AVENUE STERLING, IL 61081			
(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=F	<p>Annual Licensure and Certification Survey 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 interview and record review the facility failed to track and trend symptoms of a potentially contagious disease and failed to identify the causative organism of infections throughout the facility.</p> <p>This applies to all 65 residents in the facility.</p> <p>The findings include:</p> <p>1. On 7/9/13 at 9:45 AM, E2 (DON) stated, "Everyone in the facility had the flu at one time or another. We did an infection control inservice with the residents and the staff. We encouraged the staff to stay home if they were sick and if they were coughing they had to wear a mask when they came in. We were not going to make the residents wear masks. We had them seen by the doctor. We didn't put it on the infection control log or notify anyone because no one was put on antibiotics."</p> <p>On 7/9/13 at 1:30 PM, E4 (Infection Control LPN) stated, "We had several residents sick at one time- I don't know how many. We didn't document it. We never have before. We just monitored their temperatures, they were offered masks and they had trays in their rooms. The staff had to wear masks. We track anyone on an antibiotic. I use this (infection control log) as a quick reference for the doctor. I do the trending in my head because I know the facility so well."</p>	F 441			

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F 441	Continued From page 2 The facility's Infection Control Log for August 2012- June 2013 does not document any residents with influenza like symptoms. The log also does not show the causative organism for the infections and does not show where the infections were acquired. The facility policy entitled Influenza, Prevention and Control of Seasonal dated April 2012 states, "The Infection Preventionist will monitor influenza activity. The Infection Preventionist has established procedures for monitoring and reporting influenza activity in the facility. The Infection Preventionist maintains close communication and collaboration with local and state authorities." According to the CMS 672 Resident Census and Conditions, the facility had a census of 65 on 7/8/13.	F 441			