

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

PRINTED: 03/13/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145070	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/11/2014
NAME OF PROVIDER OR SUPPLIER COURTYARD HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3601 SOUTH HARLEM AVENUE BERWYN, IL 60402		
(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			
	Complaint Investigation				
F 441 SS=D	1490857/IL68398 - F441 483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS 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. (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. (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. (c) Linens	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>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to follow their contact isolation policy and procedures for 2 of 3 residents (R4,R5) reviewed for infection control in the sample of 8.</p> <p>Findings include:</p> <p>On 3/5/14 at 2:30pm, R4 and R5 resided in the same room, both residents have a diagnosis of C-diff. On 3/10/14 at 12pm, R5 was in the recliner. E8(Nurse Aide) brought R5 back into the room. E8 did not wear gloves or a gown upon entering the room, touching the recliner, touching R5, & touching equipment. E8 then left the room without washing her hands with either antibacterial gel or soap and water. E8 continued down the hallway, to the front information desk, and touched items on the desk. E8 stated "I should have worn gloves and a gown, and washed my hands when leaving the room." E8 washed her hands with soap and water at the sink behind the nurse's station.</p> <p>On 3/10/14 at 1:45pm, E6(Nurse) went into R4's room, wearing only gloves, no gown. While leaning up against R4's bed rail and linen, E6 administered a subcutaneous injection to R4's leg. E6 stated she did not have to wear a gown because she did not provide incontinence care or come in contact with stool.</p> <p>On 3/10/14 at 12:30pm, E2(Director of Nursing)</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>stated that staff needs to wear gloves and a gown when entering a contact isolation room, and must wash hands with soap and water. E2 stated if two residents have the same infection, such as C-diff, they can share a room. E2 stated in-services were completed for infection control and hand washing.</p> <p>Hand Washing and Hand Hygiene Policy - Appropriate hand hygiene is essential in preventing transmission of infectious agents. Infection Control Transmission Based Precaution - Gloves are used to prevent contamination of healthcare personnel hands when having direct contact with residents who are colonized or infected with pathogens transmitted by the contact route. owns/isolation gowns are used to prevent contamination of clothing with blood, body fluids and other potentially infectious materials.</p> <p>Contact Plus Precautions - Hand Hygiene - soap and water only; Gloves - upon entry to the room or all contacts with the resident, equipment and environment; Gowns- wear for all contact with resident, equipment or environment.</p> <p>Contact Isolation Sign outside the door - Anyone entering this room must wear gloves, anyone entering this room must wear a gown.</p>	F 441			