

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

PRINTED: 09/10/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145692		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/10/2015	
NAME OF PROVIDER OR SUPPLIER FLORA REHAB & HEALTH CARE CTR				STREET ADDRESS, CITY, STATE, ZIP CODE 232 GIVEN STREET FLORA, IL 62839			
(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, record review, and observations the facility failed to provide a sanitary environment to prevent the spread of infection, and the facility failed to provide aseptic technique during treatment care to ensure prevention of cross contamination among residents receiving nursing care in the facility. This has the potential to affect all 54 residents living in the facility.</p> <p>The findings include:</p> <p>1. The facility's Resident Census and Conditions of Residents form; dated 9/9/2015, documented that the facility had a census of 54 residents. 2.. On 09-08-2015 at 10:25 AM, E9 (Registered Nurse) placed Bacitracin Zinc ointment, Theraworx and 4 inch by 4 inch gauze pads onto R1's bedside table with a paper towel barrier. E9 donned a pair of gloves without first washing her hands. E9 then took the gauze and sprayed the Theraworx onto the gauze pads and left the Theraworx spray bottle on the bed touching R1's leg. E9 then washed R1's penis without washing in a circular motion around the meatus, cleansed the catheter tubing outward and threw the gauze pads into the trash can in R1's room instead of using a biohazard bag. E9 then removed her gloves, did not wash her hands or use alcohol gel, and donned another pair of gloves. E9 applied the Bacitracin Zinc ointment to her gloved</p>	F 441			

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F 441	Continued From page 2 finger, instead of using a cotton tipped swab, and put the ointment into the open area on R1's penis. During the treatment, E9 stated that she couldn't get the ointment to stay around the catheter tubing unless she applied it with her finger. R1's Physician's Orders dated September 2015 document that R1 has a history of Genitourinary Sepsis related to Urinary Tract Infections and Neurogenic Bladder. 3. During an observation on 09/08/15 at 11:40 AM, E9 (Registered Nurse), used a bottle of soap to clean R12's heels. After cleaning R12 's heels, E9 placed the bottle of soap onto R12's bed. The bottle of soap rolled around on R12's bed linens until it stopped directly under R12's heels. E9 did not remove her soiled gloves or wash her hands before starting to apply medication to R12's left foot. The surveyor stopped E9 before she applied the medication and E9 said, "No I did not change my gloves or wash my hands". An undated facility policy entitled Treatment Protocol Guidelines states, staff should wash their hands after removing old dressings, cleansing and before applying a new dressing. 4. The hose was in the hopper water basin in the soiled utility on the B hall on 9/9/15 at 12:45am.	F 441			
F 465 SS=C	483.70(h) SAFE/FUNCTIONAL/SANITARY/COMFORTABLE ENVIRONMENT The facility must provide a safe, functional, sanitary, and comfortable environment for	F 465			

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F 465	<p>Continued From page 3 residents, staff and the public.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure all wall material, floor material, plumbing fixtures, closet doors, window curtains and resident care equipment were cleaned and maintained. This has the potential to affect all 54 residents in the facility.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. The service hall to the rear exit was missing coved mop board on the outside wall near the exit door in a 5 foot area and the door frame for the exit door was deteriorated and rusty 8 inches up from the floor on 9/9/15 at 12:20pm. 2. The B hall common shower room was missing 7 ceramic tile on the divider wall between the second and third shower stalls on 9/9/15 at 12:40pm. 3. The A hall exit door's frame is deteriorated at the base, several inches from the floor on both sides. The right side at the base has a 4 inch by 3 inch area of metal missing. This door was first observed on 9/3/15 at 9:25am. 4. The window curtain was too short to cover the window in room A9 on 9/3/15 at 9:30am. 5. The A hall hopper room was was gouged into the dry wall in a 12 inch by 8 inch area on 9/9/15 	F 465			

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F 465	<p>Continued From page 4 at 9:40am.</p> <p>6. The closet door for room B15 was not on the track and was swinging loose on 9/3/15 at 10:00am. During the same observation, the sink faucet in this room's attached bathroom was leaking and the sink basin was rusty.</p> <p>7. R9's wheelchair was soiled with food debris and dried liquids in the dining room on 9/8/15 at 12:30pm. R9 stated at that time that it needed to be cleaned and that sometimes the staff clean it at night.</p> <p>8. The facility's Resident Census and Conditions of Residents form, dated, 9/9/15 documented the facility had a census of 54 residents.</p>	F 465			