

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

PRINTED: 02/05/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146092	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/04/2015
NAME OF PROVIDER OR SUPPLIER HERRIN REHAB & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1900 NORTH PARK AVENUE HERRIN, IL 62948		
(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 1550534/ IL74659</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, record review and interview facility staff failed to operationalize infection control policies to adequately define infection control practices for three of three residents (R1 , R2 and R5) reviewed who have a rash, in the sample of 5.</p> <p>Findings include:</p> <p>1. During the initial tour on 02/03/15 at 10:00 AM, E2 (Director of Nursing) stated , R1 R2 and R5 have a rash. During the tour and the survey, R1, R2 and R5's rooms did not identify that any special precautions that should be followed before entering their rooms. During an observation with E2 on, 02/03/15 at 2:00 PM , R1's skin had pinpoint red raised areas covering his abdomen, neck, back and arms. R1's skin had numerous red round scabbed areas covering both legs, arms and abdomen. At 1:30 PM on 02/03/15 , R1 was scratching the skin on his arm above and below his left elbow. A doctors Telephone Order dated 01/15/15 noted R1 was to receive Periactin 4 milligrams twice a day for a rash. A Nurses Note dated 01/28/15 notes R1 was treated with Elimite Cream for a rash. A doctors Telephone Order dated 01/28/15 notes a Stromectol Tablet was ordered for R1 because of a rash. R1's Care Plan dated 01/29/15 notes, Contact Isolation precautions should be implemented for possible Scabies.</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>2. On 02/03/15 at 2:10 PM , R2 had raised pink areas on the skin on both of her arms. During this observation , E2 said R2 did have a rash on her back and abdomen but it was no longer there. A doctors Telephone Order dated 01/28/15 , notes a Stromectol Tablet was ordered for R2 because of a rash. R2's Care Plan dated 01/30/15 notes Contact isolation for possible scabies.</p> <p>3. On 02/03/15 at 2:05 PM , R5 was noted to have a pink raised area on the skin on her abdomen. At 1:31 PM, R5 was scratching her left upper arm. R5's Care Plan dated 10/24/14 notes Contact isolation for possible scabies.</p> <p>R1 , R2 and R5 's Nurses Notes, Medical Records and Treatment records did not identify when the rashes appeared or the status of the rashes in January 2015 or February 2015. E2 stated on 02/04/15 at approximately 3:30 PM , that they have no record in January 2015 or February 2015, that identifies what the rashes looked like before and after treatment for R1, R2 and R5.</p> <p>The facilities infection control policy; Nursing Service Administrative Policies 2001 MED-PASS, (Updated July 2011) , page 38 , 4. a. 9. notes implement Contact Precautions for individuals known or suspected to be infected with Scabies. Page 39 f. Resident Care Equipment , 1. notes non critical patient care equipment items such as stethoscopes and sphygmomanometers should be dedicated for use to a single resident to avoid sharing between residents. Or 2. adequately clean and disinfect before use for another resident.</p> <p>Page 39 g. Signs- Use color coded signs and /or other measures to alert staff of the</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>implementation of isolation or contact precautions, while protecting the privacy of the resident.</p> <p>During interviews with E6 and E8 (Registered Nurses) at approximately 1:20 PM on 02/03/15, they stated they were unaware of any resident having a rash in the facility, or any special isolation precautions to follow. At approximately 1:30 PM, on 02/03/15, E8 was in R1's room and said she was unaware that R1 had a rash. E8 said she flushes R1's feeding tube, but does not look at his skin. E8 said she wears gloves when caring for R1, but she does not use any special equipment designated for R1 or follow any special precautions while caring for R1. On 02/04/15 at approximately 3:05 PM, E7 (Certified Nurse Aide) and E9 (Licensed Practical Nurse) said they use the blood pressure cuff and stethoscope that E10 (Certified Nurse Aide) had in her hand when they get vital signs from R1. A few seconds later E7 said "no no. Let me show you what I use." E7 entered a utility room beside the nurses station and pointed to one of two blood pressure cuffs on wheels. E7 said I use that one with the yellow cord for R1's blood pressure. E7 said she does not clean the blood pressure cuff after using it. During an interview with E2, at 2:15 PM, on 02/03/15 she said no special precautions are in place for the residents who have a rash and their rooms don't have special identification.</p>	F 441			