

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

PRINTED: 08/27/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145239	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 08/21/2014
NAME OF PROVIDER OR SUPPLIER CORNERSTONE REHAB & HC			STREET ADDRESS, CITY, STATE, ZIP CODE 5533 NORTH GALENA ROAD PEORIA HEIGHTS, IL 61614		
(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>First revisit to the annual health of 07/17/14</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, interview and record review the facility failed to perform hand hygiene during peri care for one resident (R7). R7 is one resident in the sample of nine residents that were reviewed for infection control.</p> <p>FINDINGS INCLUDE:</p> <p>On 8/20/14 at 11:50 A.M., E3 (Certified Nursing Assistant) prepared to perform peri care on R7. Without first washing her hands, E3 applied gloves. E3 then removed R7's adult brief that had feces in it and placed it on the floor next to the bed. E3 prepared a wet washcloth with skin conditioner and wiped stool from R7's buttocks. E3 then dropped the washcloth on the floor. Without performing hand hygiene and applying clean gloves, E3 then began wiping R7's peri area with a wet washcloth, starting from the back and going towards the front. E3 repeated this two other times without refolding the washcloth or changing washcloths. E3 then applied cream to R7's bottom and an adult brief. Without removing her gloves or performing hand hygiene, E3 then transferred R7 to (R7)'s wheel chair and positioned (R7) with a pillow under (R7)'s legs. E3 then removed her gloves and washed her hands.</p> <p>On 8/21/14 at 9:50 A.M., E2 (Director of Nurses) stated, "It is our policy while doing peri care to wash from front to back, folding the washcloth over to prevent contamination. Soiled washcloths should be put in a plastic bag, not thrown on the</p>	{F 441}			

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{F 441}	Continued From page 2 floor." The facility policy titled "Perineal Cleansing" dated 9/21/10 instructs staff to, "Wash peri-anal area thoroughly with each stroke beginning at the base of the labia and extending up over the buttocks. Refold cloth, as before, to provide clean area. Place soiled items in plastic bag."	{F 441}			