

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>146140</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/07/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>GALENA STAUSS NURSING HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>215 SUMMIT STREET GALENA, IL 61036</b>	
(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 315 SS=D	<p>Annual Licensure and Certification</p> <p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to keep the catheter bag and tubing below the level of the bladder to prevent infections.</p> <p>This applies to 1 of 1 residents (R7) reviewed for indwelling urinary catheters in the sample of 12.</p> <p>The findings include:</p> <p>R7's physician order sheet dated October 2015, states, "R7 has diagnosis of obstructive uropathy, chronic urinary retention, and frequent urinary tract infections."</p> <p>R7 was treated for a urinary tract infection on April 6, 2015, June 13, 2015, July 21, 2015, July 27, 2015, antibiotic change on July 30, 2015 and September 11, 2015.</p>	F 315		

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 315	<p>Continued From page 1</p> <p>On October 6, 2015 at 1:15 PM, R7 was sitting in his wheel chair and his urinary drainage bag was hanging from the top rung on his walker. The urinary drainage bag was above the level of his bladder. E4 Certified Nursing Assistant (CNA) and E5 (CNA) assisted R7 with transferring into bed. R7's urinary drainage bag continued to hang from the top rung of his walker while he transferred from the wheel chair into his bed. While R7 was laying on his bed E4 removed R7's prosthetic legs and E5 held R7's urinary drainage bag at her waist level, about 12 inches above R7's bladder.</p> <p>On October 6, 2015 at 1:15 PM, E5 described R7's urine as, "Cloudy and thick."</p> <p>On October 6, 2015 E2 (Director of Nurses) stated, "I expect the staff to hold the urinary drainage bag below the level of the resident's bladder to prevent the back flow of urine and to prevent infection."</p> <p>On October 7, 2015 at 10:05 AM, E7 (Licensed Practical Nurse) stated, "The urinary drainage bag should be attached to the lower rung on the walker when transferring. The urinary drainage bag should be kept below the bladder to prevent back flow of urine back into the bladder causing potential for urinary tract infections."</p> <p>On October 7, 2015 at 9:45 AM, E4 stated, "We keep the urinary drainage bag lower than the resident's waist so urine does not back up."</p> <p>The facility's Urinary Catheter policy with an effective date of October 14, 2014 states, "Make sure to keep the drainage bag dependent below</p>	F 315			

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F 315	Continued From page 2	F 315			
F 441	the level of the bladder even during transfers."	F 441			
SS=E	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 Personnel must handle, store, process and transport linens so as to prevent the spread of infection.				

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F 441	Continued From page 3  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure blood glucose monitor equipent was cleansed after each use to prevent cross-contamination. This applies to 2 of 2 residents (R5 & R6) reviewed for infection control in the sample of 12 and 8 residents (R14-R21) in the supplemental sample. The findings include: On October 5, 2015 at 11:05 AM E3 (Licensed Practical Nurse) checked R6's blood glucose level in her room. E3 used a disinfectant wipe and wiped the blood glucose monitor down then immediately dried the monitor off with gauze. E3 then checked R15's blood sugar in her room. E3 then used another disinfectant wipe and wiped the blood glucose monitor down and immediately dried it off using a Kleenex from R15's Kleenex box. On October 6, 2015 at 1:50 PM E2 (Director of Nursing) stated, "The blood glucose monitor should be wiped with a disinfectant wipe and let dry, then wipe it again with a towel and plain water to get the bleach off and dry it with a paper towel." On October 7, 2015 at 10:05 AM, E3 stated, "We clean the blood glucose machine with a bleach wipe and let it sit for a few minutes and then dry it off with a paper towel." The facility's disinfectant wipe label states, "To clean, disinfect, and deodorize in one step: Wipe surface with towel until completely wet. Let stand for one minute."	F 441			