STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146111	A. BUILDING _____ B. WING _____	08/26/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN GOOD SHEPHERD HOME	101 PRAIRIE MILLS ROAD GOLDEN, IL 62339

(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 371 SS=F	Annual Certification Survey 483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to ensure the sanitizing solution used to sanitize food preparation surfaces in the kitchen was within the parameters of the facility's policy. This failure has the potential to affect all 37 residents in the facility. Findings include: The Policy titled "Policy for use of Sanitation Buckets", no date, states: Purpose: To ensure sanitation of preparation and cooking areas. Procedure: ...1. At beginning of shift, prepare sanitation bucket with a bleach solution of 50 parts per million (ppm). 2. Check dilution with chlorine strips. 3. Correct if not proper ppm... The Manufacturer's instructions titled Controltesting, (1-866-206-1502),TP-101, 100 strips, Precision Chlorine Test Paper states: "Use dry fingers to remove strip of paper from vial, dip strip into solution to be tested, without agitation	F 371		

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 371	Continued From page 1 and compare immediately with color chart of label. This color indicates approximate strength of the solution in parts per million (ppm) available chlorine. TIME OF TEST - 1 SECOND 10 PPM; 50 PPM; 100 PPM; 200 PPM" On 8/24/15 at 11 AM E6(Cook) dipped the test strip into a bucket of sanitizing solution for the kitchen cleaning rags. The result was black in color, indicating 200 ppm of chlorine per the manufacturer's instructions. On 8/26/15 at 9:45 AM E7 (Dietary Aide)dipped the test strip into a bucket of sanitizing solution for the cleaning rags at E6's station and the result was black in color, which indicates 200 ppm of chlorine per the manufacturer instructions. On 8-26-15 at 9:50 AM, E6 (cook)confirmed that the test strip tested black, which is too high, and the solution should have been remixed. According to the Resident Census and Condition of Residents Report, Centers for Medicare and Medicaid Services(CMS) form 672, dated 8/24/15 and signed by E4 (Minimum Data Set Coordinator, 37 residents reside in the facility.	F 371		
F 441 SS=D	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;	F 441		

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F 441	Continued From page 2	F 441		

(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.

This REQUIREMENT is not met as evidenced by:
Based on observation, interview and record review, the facility failed to perform hand hygiene following incontinence care for one of four residents (R2) observed for incontinence care in the sample of 10 and one resident (R15) in the supplemental sample.

Findings include:

The facility's "Hand Hygiene" policy (undated),

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F 441	Continued From page 3	F 441		

states, "Hands should be thoroughly disinfected before and after providing resident care."

On 8/24/15 at 1:05 PM, E3, Certified Nursing Assistant (CNA) provided incontinence care for R2. E3 removed R2's soiled adult brief and without removing gloves, placed a clean adult brief under R2. E3 proceeded to adjust R2's adult brief and pull R2's pants up. E3 then removed gloves without washing hands and began to provide care for R15.

On 8/26/15 at 10:15 AM. E3 stated E3 did not wash hands after providing incontinence care to R2 and proceeding to begin cares R15 on 8/24/15.

On 8/26/15 at 10:17 AM, E2, Director of Nursing (DON) stated E2 expects certified nursing assistants to wash their hands after providing care. E2 confirmed the policy states to disinfect hands before and after providing resident care. E2 stated hand sanitizer is also available in the form of small, pocket size bottles, in the hallways and at the front desk.