

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

PRINTED: 07/14/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/10/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>HAMMOND-HENRY DISTRICT HSP</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>600 NORTH COLLEGE AVENUE GENESEO, IL 61254</b>		
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F 000	INITIAL COMMENTS	F 000			
F 170 SS=C	<p>Annual Certification Survey</p> <p>483.10(i)(1) RIGHT TO PRIVACY - SEND/RECEIVE UNOPENED MAIL</p> <p>The resident has the right to privacy in written communications, including the right to send and promptly receive mail that is unopened.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to deliver resident mail on Saturdays for all 35 residents in the facility.</p> <p>Findings include:</p> <p>On 7/9/15 at 10:00am during the resident group interview, R5, R18, R19 and R20 all stated the facility informed them that no mail is delivered on Saturdays.</p> <p>On 7/9/15 at 10:30 am, R4 stated (R4) has never received mail on Saturdays.</p> <p>On 7/9/15 at 1:00pm, E2/DON (Director of Nursing) stated, "The postal service delivers mail to the main hospital on Saturdays, but there is no one here to sort the mail, so the residents do not get their mail until Monday. The residents have been told this."</p> <p>The facility's Mail Room/Mail Circulation policy, documents, "USPS (United States Postal Service), FEDEX (Federal Express) and UPS (United Parcel Service) and any other external</p>	F 170			

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 170	Continued From page 1 mail will not be delivered on Saturdays or Sundays."	F 170			
F 441 SS=E	<p>The Centers for Medicare and Medicaid Services, Resident Census and Conditions of Resident Form dated 07/08/2015 documents the facility's census as 35.</p> <p><b>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</b></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</p>	F 441			

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F 441	<p>Continued From page 2 professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow their hand hygiene policy for three residents (R2,R14, and R17) of ten reviewed for infection control practices in a sample of ten, and one resident (R18) from the supplemental sample.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The facility's current Hand Hygiene Policy undated, documents, "Indications for handwashing include, but are not limited to: 3. before and after performing invasive procedures, 4. before and after direct patient care. Standard Precautions are used for protection of the patient and health care worker. Standard Precautions consists of good handwashing techniques before and after patient contact and after handling contaminated objects."</li> </ol> <p>On 07/08/15 at 2:15 PM, after performing urinary catheter care for R14, E5(Certified Nurses Assistant/CNA), pushed the bedside table away from the side of the bed, grabbed a pillow used for patient positioning, pulled up the sheet and blanket, grabbed the bed alarm string to assure it was in place, and pushed the button on the bed to raise the head of the bed while wearing the same</p>	F 441			

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F 441	<p>Continued From page 3 soiled gloves.</p> <p>On 07/08/15 at 2:20 PM, E5(CNA), stated, "I should have removed my gloves and washed my hands before touching anything."</p> <p>2. On 7/9/15 at 2:15pm, E4 CNA (Certified Nursing Assistant) and E7/ CNA, performed incontinence care for R17. After performing incontinence care, E7 picked up R17's soiled brief, repositioned R17 in bed, pulled up R17's blanket and turned on R17's radio while wearing the same soiled gloves. E4 positioned R17's bed into the low position, grabbed R17's call light cord and placed it within R17's reach, turned off R17's light with the overbed light string and grasped the bathroom doorknob while wearing the same soiled gloves.</p> <p>On 7/9/15 at 2:22pm, E4 and E7 verified they should have removed their gloves and washed their hands prior to touching anything in R17's room.</p> <p>3. On 7/9/15, at 10:40 am, E3 (Certified Nursing Assistant/CNA) and E4 (CNA) put on gloves and assisted R2 to the commode by using a mechanical lift.</p> <p>E4 removed R2's soiled brief, handed it to E3, and E3 disposed of the soiled brief into the trash can, and handed E4 a clean brief.</p> <p>E4 cleansed urine and stool secretions from R2's perineal area. E4 applied the clean brief and pulled up R2's pants. E4 then applied the mechanical lift sling to R2 and assisted E3 with</p>	F 441			

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F 441	<p>Continued From page 4 transferring R2.</p> <p>E3 operated the control buttons of the mechanical lift, adjusted R2's clothing and blanket, then propelled R2's wheelchair.</p> <p>E3 and E4 performed all the cares without changing gloves or performing hand hygiene.</p> <p>4. On 7/9/15, at 11:45 am, E6 (Registered Nurse/RN), was administering eye drops to R18. E6 administered one drop in each eye, without performing hand-hygiene or applying gloves. E6 exited R18's room without performing hand-hygiene.</p> <p>On 7/10/15, at 10:45 am, E1 (Director of Nursing/DON) verified that staff would be expected to perform hand-hygiene: upon entering/exiting a room; after cleansing bowel from an incontinent resident; before touching clothing, wheelchairs and mechanical lifts; and while administering eye drops.</p>	F 441			