

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145820	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/24/2016
NAME OF PROVIDER OR SUPPLIER HERITAGE HEALTH-MOUNT STERLING			STREET ADDRESS, CITY, STATE, ZIP CODE 435 CAMDEN ROAD MOUNT STERLING, IL 62353		
(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>Original complaint investigation for #1622517/IL85385</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</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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 441	<p>Continued From page 1</p> <p>transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure staff followed operational policies and procedures for infection control during incontinence/pericare, for two of three residents, (R2 and R3) reviewed for incontinence/pericare in a sample of three.</p> <p>Findings include:</p> <p>1.) On 5/20/16 at 9:10 am, E5 (CNA/Certified Nurse Aide) donned gloves and assisted R2 to the bathroom. R2 indicated to E5 that R2 did urinate. E5 assisted R2 to a standing position and began to pull R2's incontinence brief and slacks up when E5 was asked to note a stool smear in the incontinence brief approximately four inches in length. E5 assisted R2 back onto the toilet where R2 had more feces/bowel movement. E5 stood R2 up again and used only toilet paper to wipe oozing feces from R2's rectum. E5 replaced the soiled incontinent brief with a clean one and pulled up R2's slacks. E5 did not provide any pericare after R2 used the toilet. When E5 was asked if R2 should have had any cleansing of the rectum or perineum, R2 stated, " No, I wiped it. That ' s what we do sometimes. I got (R2) clean. "</p> <p>A plan of care dated 5/12/16, documents R2 is able to get on and off toilet but staff must monitor (R2) periodically for proper cleanliness and presentation. A Resident Assessment and Care</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>Screening dated 5/2/16 identifies R2 as being incontinent, requiring one person assist on the toilet and one person assist for hygiene.</p> <p>R2's medical record indicates R2 was treated with antibiotic for Urinary Tract Infections on 4/28/16 due to a culture resulting in E-Coli (Escherichia Coli) bacterium and previously on 4/3/16 for a urine culture which grew Streptococcus agalacitae.</p> <p>2.) A plan of care dated 3/15/16, documents R3 has a self care deficit related to a history of stroke, Dementia and Limited Mobility. Interventions include: staff to assist (R3) to the toilet, assess skin upon removing from toilet, and staff are to provide all pericare if needed and apply skin protectant cream.</p> <p>On 5/20/16 at 9:30 am, E3 (CNA) provided incontinent/pericare for R3. R3 was lying in bed. E3 washed hands, donned gloves and cleansed both the front side and back side of R3 with only one wash cloth to wash with and one wash cloth to rinse both front and back sides. Upon completion of pericare, without removing the dirty gloves, E3 adjusted R3's clothing, pulled up the bedcover, touched E3's own eyeglasses before emptying the pan of dirty water in the bathroom sink next to the toilet stool. Still wearing the same dirty gloves, E3 took a clean paper towel and dried out the wash pan before storing it in the bedside table. E3 was asked if the policy was to change gloves and wash hands after cleaning incontinence and before touching clean items. E3 replied, " No. I did not change gloves or wash my hands during or after the (incontinence care)."</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>A Resident Assessment and Care Screening dated 2/26/16 identifies R3 requires extensive one person assist for both toileting and hygiene.</p> <p>E2 (DON/Director of Nursing) stated at 10:30 am on 5/20/16, (E2) would have thought (E3) would have poured the dirty (incontinence) water into the toilet rather than the sink.</p> <p>The facility policy titled, " Incontinent Care-Male & Female " revised 8/27/16, includes the following: "Objective: 1. To cleanse the perineum. 2. To prevent infection and odors. Procedure (stated in part): 5. Complete hand hygiene and apply gloves. Cleanse areas well with soap and water (or perineal cleanser) on wash cloth. Using a clean part of the cloth, cleanse downward from front to back or top to bottom. 8. Rinse area well. A. Using a clean part of the wash cloth, rinse downward from front to back or to bottom. 9. Pat dry with towel. 10. Remove gloves and complete hand hygiene. 11. Repeat above procedure 7, 8, 9 & 10 when cleansing rectal area."</p>	F 441			