STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145465	A. BUILDING _____ B. WING _____	12/18/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JERSEYVILLE NSG & REHAB CENTER	1001 SOUTH STATE STREET JERSEYVILLE, IL 62052

(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	Annual Licensure and Certification Survey 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	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	Continued From page 1	F 441		

infection.

This REQUIREMENT is not met as evidenced by:
Based on observation and record review. the facility failed to change soiled gloves after toileting care for 2 of 7 residents, (R9 and R13) reviewed for infection control in the sample of 20.

Finding Include:

1 On 12/15/15 at 11:53 AM, R9 was assisted to the bathroom by E7, Social Service, and E8, Certified Nurses Aid (CNA). After urinating, R9 was assisted to a standing position by E7 and E8. E8, with gloves on, wiped R9's wet peri area with toilet paper and threw it into the toilet. E8 pulled up R9's pants, assisted R9 to a seated position in the wheelchair and repositioned R9 in the wheelchair while wearing the same gloves used to wipe R9's peri area.

2. R13's MDS, dated 12-14-2015, documented Brief Interview for Mental Status (BIMS) score of 8 (8-12 moderate cognitive impairment), incontinent of bowel and bladder, extensive assistance of two plus persons physical assistance with toileting and hygiene.

On 12-15-2015, at 12:20PM, E3, and E4 (CNA's) transferred R13 from wheel chair to toilet. E3 and E4 left R13 on the toliet, unsupervised. At 12:39PM, E3 and E5 (CNA), entered R13's bathroom, gloved, stood R13 up and E3 wiped R13 anus/perineal area from front to back. E3 did not change her gloves or wash her hands after wiping R13 and then touching R13's transfer

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F 441	Continued From page 2 device, clothing, bare skin and wheel chair with her soiled gloves. E3 stated, on 12-15-2015 at 12:39PM, R13 had urinated during toileting. The facilty's Handwashing/Hand Hygiene policy and procedure, dated 4-2012), documented, in part, "This facilty considers hand hygiene the primary means to prevent the spread of infection."	F 441		