

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

PRINTED: 05/26/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145968</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>05/21/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>KEWANEE CARE HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>144 JUNIOR AVENUE</b> <b>KEWANEE, IL 61443</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 441} SS=D	<p>First Certification Revisit to Survey date 4/16/15.</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 professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of</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.

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{F 441}	<p>Continued From page 1 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to prevent cross-contamination and ensure appropriate hand-washing and gloving technique was completed during dressing changes, incontinence care, and administration of a subcutaneous injection for three of nine residents (R12, R15 and R37) reviewed for infection control practices in the sample of nine. Findings include:</p> <p>The facility's Contact Precautions policy (revised 12/09) states, "Wear gloves when entering the room. During the course of providing care for a resident, change gloves after having contact with infective material that may contain high concentrations of microorganisms...ensure that hands do not touch potential contaminated environmental surfaces or items in the resident's room to avoid transfer of microorganisms to other residents or environment."</p> <p>The facility's undated Dressing Change policy states that all Licensed personnel are to remove soiled gloves and perform hand hygiene prior to cleansing a wound and apply a clean dressing.</p> <p>The facility's Perineal Cleansing policy dated 9/21/2010 states that, after performing incontinence care, soiled linen is to be placed in a plastic bag prior to removal from the resident's room.</p>	{F 441}			

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{F 441}	<p>Continued From page 2</p> <p>The facility's Subcutaneous Injections policy dated 10/2006 states, prior to administering the injection, Licensed nursing personnel are to "Cleanse the injection site with an alcohol pad, using friction. Allow to dry."</p> <p>1. R12's current Physician Order Sheet dated 5/17/15 - 6/15/15 documents R12 currently has an order for Contact Isolation Precautions to be maintained. R12's current care plan dated 4/23/15 documents R12 has care plans in place for the following: treatment for an unstageable pressure ulcer on R12's coccyx, a diagnosis of Hepatitis C, and Contact Isolation Precautions are being maintained for MRSA (Methicillin-resisitant Staphylococcus aureus) of R12's coccyx pressure ulcer.</p> <p>On 5/20/15 at 1:25 p.m., E10, Licensed Practical Nurse, preformed a dressing change to R12's coccyx pressure ulcer. E9 and E11, Certified Nursing Assistants, rolled R12 onto R12's right side and assisted R12 to maintain this position throughout the dressing change. E10 removed and discarded R12's current saturated coccyx dressing, changed gloves, and cleansed R12's pressure ulcer with wound cleanser. E10 then changed gloves, placed gauze packing into R12's pressure ulcer, covered the packed area with an absorbent wound pad, obtained a roll of cloth tape located on R12's bedside table, cut a portion of the tape with scissors, removed the paper backing from the tape and began securing the dressing over R12's coccyx. While securing R12's dressing, a portion of the cloth tape became adhered to E10's gloves. At this time, E10 stated, "I'm sorry. I can't do this with these gloves on." E10 then removed E10's gloves, and without performing hand hygiene or donning clean gloves, E10 proceeded to unroll, cut a strip,</p>	{F 441}			

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{F 441}	<p>Continued From page 3</p> <p>remove the backing and apply another strip of cloth tape to R12's coccyx wound dressing with E10's bare hands.</p> <p>On 5/20/15 at 1:45 p.m., E10 verified that E10 should have worn gloves for the entire duration of R12's coccyx pressure ulcer dressing change.</p> <p>On 5/21/15 at 12:54 p.m., E2, Director of Nursing, stated that E2 expects staff to wear gloves at all times while administering care to a resident in Contact Isolation Precautions.</p> <p>2. R37's current Physician's Order Sheet includes an order for pressure ulcer treatment as follows: "Coccyx open area: Cleanse with (a wound cleansing agent), pat dry and apply Calcium Alginate (a medicated wound dressing), Cover with dry dressing daily".</p> <p>On 5/19/15 at 2:10 pm, during R37's pressure ulcer treatment E24, Registered Nurse (RN) washed, rinsed and dried R37's rectal area and buttocks after R37 was incontinent of soft stool. Wearing the same gloves and without performing hand hygiene, E24, RN, used a wound cleansing spray to cleanse R37's pressure ulcer, picked up scissors and cut a small piece of medicated wound dressing and placed it over R37's pressure ulcer. E24, RN then removed E24's soiled gloves, performed hand hygiene and donned clean gloves.</p> <p>On 5/19/15 at 4:00 pm, E24, RN verified that E24 should have removed E24's soiled gloves and performed hand hygiene, donned clean gloves after performing incontinence care and before touching any equipment or dressings for R37's pressure ulcer dressing.</p> <p>3. On 5/19/15 at 2:15 pm E6, Registered Nurse (RN) was assisting E24, RN with incontinence</p>	{F 441}		

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{F 441}	<p>Continued From page 4</p> <p>care and pressure ulcer care for R37. Upon removing R37's soiled underpad and linens used for incontinence care, E6, RN, placed the soiled linens on the floor in R37's room.</p> <p>On 5/21/15 at 1:15 pm, E2 Director of Nursing (DON) verified that, after incontinence care, nursing staff are not to place soiled linen on the floor of the resident's room.</p> <p>4. R15's current Physician's Order Sheet includes a diagnosis of Insulin Dependent Diabetes Mellitus and an order for 5 units of Novalog-Lispro insulin to be administered subcutaneously after lunch.</p> <p>On 5/20/15 at 12:40 pm, E6, Registered Nurse (RN) administered a subcutaneous injection of 5 units of insulin into R15's abdomen without cleansing the injection site prior to administration.</p> <p>On 5/20/15 at 12:55 pm, E6, RN verified that E6 did not cleanse R15's subcutaneous injection site with anything prior to administering R12's insulin injection.</p> <p>On 5/20/15 at 2:10 pm E 2, Director of Nursing verified that Nursing personnel are supposed to cleanse the residents skin at the injection site prior to administering an injection.</p>	{F 441}			