

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

PRINTED: 07/24/2015
FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145697 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/23/2015 |
|---|--|---|---|----------------------|---|
| NAME OF PROVIDER OR SUPPLIER KNOX COUNTY NURSING HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH MARKET STREET KNOXVILLE, IL 61448 | | |
| (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 161 SS=E | <p>Annual Licensure and Certification Survey</p> <p>483.10(c)(7) SURETY BOND - SECURITY OF PERSONAL FUNDS</p> <p>The facility must purchase a surety bond, or otherwise provide assurance satisfactory to the Secretary, to assure the security of all personal funds of residents deposited with the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on Interview and record review, the facility failed to have the resident fund surety bond high enough to cover the amount of money in the Resident Trust Fund. This affects 16 residents who deposited money into the Trust Fund (R1-R2, R6-R7, R9-R10, R12-R14, R16, R19-R22, R25, and R28) in a sample of 24 and 100 residents (R32-R132) on the supplemental sample.</p> <p>Findings include:</p> <p>Facility Resident Fund Surety Bond, dated 10/9/06, which is "continuous until canceled" documents the following: 1. bond in the sum of \$30,000, and 4. The amount of the sum in paragraph one (1) shall be no less than the maximum dollar amount of all resident funds accepted and managed by the facility at any time during the one year period preceding the date of execution of this bond.</p> <p>Facility Resident Trust Fund account statements document the following: 4/1/15- \$34,726.52; 4/2/15- \$34,240.00; 4/3-4/5/15- \$34,133.54;</p> | F 161 | | | |

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 161 | Continued From page 1 4/6-4/7- \$39,360.46; 4/8-4/9/15- \$39,309.57; 4/10/15- \$38,466.65; 4/13/15-\$37,463.09; 4/14/15- \$37,438.09; 4/15-4/20/15- \$37,384.61; 4/21-4/22/15- \$34,724.41; 4/23-4/27/15- \$34,671.44; 4/28-4/29/15- \$33,967.38; 4/30/15-\$34,451.29; 5/1-5/3/15- \$31,349.87; 5/4-5/7/15/15- \$30,615.15; 5/11-5/13/15- \$30,957.14; 5/14-5/17/15- \$30,733.92; 5/18-5/20/15- \$30,706.42; 5/21-5/27/15- \$30,951.20; 5/28/15- \$30,746.05; 5/29/15- \$30,443.85; 6/2/15- \$30,704.32; 6/3-6/9/15- \$30,219.64; and 6/10-6/11/15- \$30,194.64. | F 161 | | | |
| 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; (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 | F 441 | | | |

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| F 441 | <p>Continued From page 2</p> <p>(1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident.</p> <p>(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.</p> <p>(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 infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow their policies to prevent cross-contamination during resident cares for four (R14, R15, R18, and R20) of 21 residents reviewed for incontinence, wound and gastrostomy tube (g-tube) cares in a sample of 24.</p> <p>Findings include:</p> <p>The facility's "Handwashing/Hand Hygiene" policy, revised April 2012, documents handwashing: after coming in contact with a resident's intact skin (e.g. lifting a resident); before and after assisting a resident with toileting; after contact with a resident's excretions or body fluids; after handling soiled linens; and, before</p> | F 441 | | | |

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| F 441 | <p>Continued From page 3 moving from a contaminated body site to a clean body site.</p> <p>1. On 7/22/15, at 10:50 am, E7 (Certified Nursing Assistant/CNA) and E8 (CNA) put on clean gloves, transferred R14 to the bed and began providing incontinence care. E7 removed R14's soiled brief and cleansed R14's perineal area with three washcloths. E7 then handed E8 the soiled washcloths and E8 carried them to the sink area.</p> <p>E7 opened a tube of ointment and applied it to R14's perineal area then placed the ointment tube onto R14's bedside table. E7 and E8 then put on a new brief, pulled up pants, and log rolled a mechanical lift sling underneath R14. E7 and E8 then transferred R14 from the bed to the chair, by using a mechanical lift, and adjusted R14's clothing.</p> <p>E7 and E8 performed all cares without changing the soiled gloves or performing hand-hygiene.</p> <p>On 7/22/15, at 11:00 am, E7 stated that, "I am sure that the policy says to change gloves and wash hands between soiled and clean."</p> <p>2. On 7/22/2015, at 11:30 a.m., E5 (Certified Nursing Assistant), provided incontinence care to R15. E5 washed, rinsed, and dried R5's vaginal area, then rolled R18 on to R18's side. E5 then washed, rinsed, and dried R18's buttocks. E5 did not change gloves at all during R18's incontinence care. After providing incontinence care, without changing gloves, E5 reached in to R18's bedside drawer and removed R18's barrier cream. E5 then applied the barrier cream to E5's unchanged, soiled gloved hand and applied the</p> | F 441 | | | |

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| F 441 | <p>Continued From page 4</p> <p>barrier cream to R18's buttocks.</p> <p>On 7/22/15 at 11:30 a.m., E5 confirmed that E5 should have washed hands and changed gloves during R18's incontinence care. At this same time, E5 stated, "I was worried about putting the cream on (R18's) buttocks and normally have the cream out of the drawer. "</p> <p>3. On 7/22/2015, at 1:15 p.m., E6 (Charge Nurse/Licensed Practical Nurse) provided wound care to R20's inner-upper, buttocks area, wound. In order to expose R20's wound, E6 touched [and held] R20's left buttock. Using E6's right hand, E6 applied collagen to R20's wound. E6 then took E6's left hand off R20's left buttock and without removing [E6's] soiled gloves, E6 reached in to E6's left pocket. E6 then removed a black marker, wrote the date and time on to the clean dressing, and then placed the marker back in to E6's left pocket. E6 confirmed E6 should have removed E6's soiled gloves, and washed [E6's] hands, before reaching in to E6's pocket to pull out the black marker.</p> <p>4. The facility policy Handwashing/Hand Hygiene (revised April 2012), states, "Dry hands thoroughly with paper towels and then turn off faucets with a clean, dry paper towel."</p> <p>The facility policy Flushing and Patency of a Feeding Tube (revised April 2001), states, "Steps in Procedure: Place the equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached. Wash hands and dry thoroughly."</p> <p>On 7/22/15 at 10:35 a.m., E9 (Licensed Practical Nurse/LPN) entered R18's room to provide a gastrostomy tube (G-Tube) water flush. E9 performed hand hygiene in R18's room sink,</p> | F 441 | | | |

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| F 441 | <p>Continued From page 5</p> <p>shutting off the faucet with bare left hand. E9 applied a glove to E9's right hand, while using left bare hand to turn faucet back on to fill water cup to 240 milliliters for the water flush. E9 shut off the faucet with bare left hand, applied left hand glove, shut off both laser alarms with gloved hands and raised the head of the bed using the remote with gloved hands. Without washing hands and/or changing gloves, E9 then carried the water cup and piston syringe to the bedside table. E9 realized the resident's privacy door was open, so E9 stepped away from R18's bedside to close the door wearing the same gloves. Without changing gloves, E9 checked the placement of the G-Tube and performed the G-Tube water flush. After the procedure was complete, E9 carried the equipment back to the sink, removed gloves, washed equipment under the faucet, and performed hand hygiene. After performing hand hygiene, E9 shut off the faucet using bare left hand.</p> <p>On 7/22/15 at 10:53 a.m., E9 (LPN) stated, " I should've had everything setup and then washed my hands. I shouldn't have shut off the faucet with my bare hands.</p> <p>On 7/23/15 at 12:05 p.m., E2 (Director of Nursing) confirmed that E9 (LPN) shouldn't have shut off the water with E9's bare hands and that E9 contaminated E9's hands by touching items in the room after washing E9's hands.</p> | F 441 | | | |