

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

PRINTED: 06/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/12/2015
NAME OF PROVIDER OR SUPPLIER LA SALLE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1380 NORTH 27TH ROAD OTTAWA, IL 61350		
(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 312 SS=D	<p>Annual Licensure and Certification Survey 483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS</p> <p>A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to provide complete incontinence care for two of seven residents (R16 and R2) reviewed for incontinence care in the sample of 15.</p> <p>Findings include:</p> <p>The facility's Incontinence Care Policy (2008) directs staff to "Wipe feces from the resident's skin with the edge of the incontinent product or toilet paper, and Wash the resident's perineal area from front to back with soap and water or incontinence preparation or disposable wipes. Rinse well and pat dry."</p> <p>1. R16's Physician Order Sheet (POS) dated 6/2015 documents diagnoses of Dementia and Muscle Weakness. R16's Minimum Data Set (MDS) dated 5/8/15 documents that R16 is severely cognitively impaired, requires extensive assistance with toileting and is frequently incontinent of bowel. R16's Care Plan dated 5/8/15 documents R16 is totally dependent on</p>	F 312			

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 312	<p>Continued From page 1 staff for personal hygiene and toilet use, and directs staff to "Clean peri (perineal) area after each incontinent episode."</p> <p>On 6/10/15 at 9:10am, E6, Certified Nursing Assistant (CNA), and E7, CNA, provided incontinence care for R16. R16 had an odor of feces and was incontinent of feces. E6 and E7 turned R16 from side to side to remove the feces soiled brief. E7 wiped feces from R16's rectal area and buttocks with the soiled brief. E6 and E7 did not wash R16's rectal area and buttocks. E6 and E7 covered R16 up with a sheet and blanket, placed the foot cradle, elevated R16's feet, and placed R16's call light on R16's chest. E6 and E7 then exited R16's room.</p> <p>On 6/10/15 at 9:20am, E7 stated, "I didn't wash (R16's) bottom because I would have had to go up the hall to get towels and washcloths."</p> <p>2. R2's MDS, dated 5/26/15, documents that R2 is severely cognitively impaired, is totally dependent on staff for toileting and is always incontinent of urine.</p> <p>R2's Current Care Plan documents R2 has potential for skin breakdown due to incontinence and lists an intervention as: "Incontinence care after each episode, follow facility protocol (e.g. soap and water)." R2's Care Plan also documents R2 has functional bladder incontinence related to cognitive status and lists an intervention as: "Wash, Rinse, and dry perineum (after incontinence episode)."</p> <p>On 6/9/15 at 3:05 P.M., E13 (CNA) and E14 (CNA) entered R2's room to perform incontinence care. R2's adult incontinence brief was noted to</p>	F 312			

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F 312	Continued From page 2 be wet with urine. E13 and E14 turned R2 side to side to remove soiled adult incontinence brief and then placed a clean one. No perineal care or washing was performed. On 6/9/15 at 3:22 P.M., E13 stated, "(R2) was wet with urine. I only used the dry part of the (adult incontinence brief) to wipe the resident off." On 6/9/15 at 3:23 P.M., E14 states, "We only clean the peri (perineal) area if there is stool or if it is 75% wet." On 6/11/15 at 2:10 P.M., E2 (DON) stated, "If they (residents) were incontinent in an adult brief, the staff should wash the peri (perineal) area. It's not clean if you just wipe with a clean area of the (adult incontinence brief)."	F 312			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to implement fall interventions for one of eight residents (R17) reviewed for falls in the sample of 15. Findings include:	F 323			

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F 323	<p>Continued From page 3</p> <p>R17's Physician Order Sheet (POS) dated 6/2015 documents diagnoses of Left Cerebral Vascular Accident with Right Hemiplegia, Alzheimer's Type Dementia, and Osteoporosis. R17's Minimum Data Set (MDS) dated 3/20/15 documents R17 is severely cognitively impaired and unable to ambulate by self.</p> <p>R17's current Care Sheets and Care Plan dated 3/31/15 document R17 is to have "alarm with blue clip" attached to R17's clothing when R17 sits in wheelchair.</p> <p>R17's Investigative Summary Report dated 6/9/15 documents R17 fell on 6/7/15 at 11:30am. The report documents "At the time of the resident's fall, the alarm was not noted to be clipped to the resident (R17) with the alarm not sounding at the time of the fall, resident falling before staff could arrive to the resident to prevent the fall." The report documents R17 sustained a laceration to nose and a hematoma to left side of head. The report documents R17 was sent to the emergency room at the local hospital. According to the report, E7, Certified Nursing Assistant (CNA), and E8, CNA toileted R17 prior to R17's fall on 6/7/15.</p> <p>On 6/10/15 at 12:12pm, E7 stated that on 6/7/15 E7 and E8, CNA, toileted R17 and then transferred R17 to the wheelchair. E7 stated that (E7) did not attach R17's blue clip alarm to R17's clothing because (E7's) hands were soiled. E7 stated (E7) took the soiled linen to the soiled utility room and did not return to R17's room. E7 stated when E7 left R17's room, E8 was washing E8's hands, so E7 thought E8 would attach the alarm to R17's clothing.</p>	F 323			

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F 323	Continued From page 4 On 6/10/15 at 3:32pm, E8 stated that on 6/7/15, R17 was restless during lunch, so (E8) and E7 toileted R17. E8 stated that (E8) does not remember if the alarm was reattached to R17's clothing following toileting. E8 stated that (E8) returned R17 to the dining room. R17's Emergency Department Report dated 6/7/25 documents Diagnoses as "Accidental Fall From Other Furniture and Nasal Bones, Closed Fracture." R17's Computerized Tomography Facial Bones without Contrast dated 6/7/15 documents "No facial fractures or deformities. Limited evaluation of the mandible...questionable cortical step-off right in the region of the right mandibular angle. In the appropriate clinical setting, changes may reflect a nondisplaced fracture."	F 323			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to promote proper glove use and handwashing technique to prevent	F 371			

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F 371	<p>Continued From page 5</p> <p>cross-contamination. These failures have the potential to affect all 65 residents living in the facility.</p> <p>Findings include:</p> <p>1. On 6/10/15 at 11:50 a.m., E15 (Dietary aide) was making substitution meal sandwiches for the lunch meal with gloved hands. Without removing gloves and/or washing hands, E15 walked to the six door cooler located in the kitchen and opened the top left cooler door. E15 pulled two cans of pickles from the cooler, brought the cans back to the food preparation area and opened the lids. Without washing hands and/or changing gloves, E15 used a plastic spoon in E15's right gloved hand to scoop out two pickles while E15's left gloved index finger was placed directly on top of the pickles to hold them on the spoon. E15 then grabbed the two pickles with E15's left gloved index finger and thumb and placed them on the sandwich. After wrapping the plates with plastic wrap, E15 removed soiled gloves and washed hands.</p> <p>On 6/10/15 at 12:45 p.m., E4 (Dietary Manager) stated, "(E15) should have removed gloves and washed (E15's) hands after touching the cooler."</p> <p>The facility policy "Hand Washing" (undated) guides employees to wash hands before handling foods.</p> <p>The Centers for Medicare and Medicaid Services "Resident Census and Conditions of Resident", form 672, completed by the Facility on 6/9/2015 lists 65 residents are living in the facility.</p> <p>2. On 6-10-15 at 12:15 pm, E6, Certified Nursing</p>	F 371			

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F 371	Continued From page 6 Assistant (CNA), was assisting R1, R2, and R27 in the Dining Room. E6, with bare hands buttered R1's dinner roll and attempted to hand it to R1. E6 adjusted R2's clothing protector and picked up R2's utensil without performing hand hygiene. E6 assisted R1 and R2 with personal utensils, the assisted R27 with cup of drink. E6 performed all tasks without performing hand hygiene. On 6-10-15 at 1:15 pm, E6, CNA stated "I didn't mean to touch her bun (dinner roll) with my bare hand. I didn't realize I didn't wash my hands in between residents and I should have." On 6-10-15 at 3:15 pm, E2, Director of Nursing (DON), stated "The staff should not touch the resident's food unless they have to hand it to them as long as they washed their hands. They shouldn't cross-feed."	F 371			
F 386 SS=D	483.40(b) PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS The physician must review the resident's total program of care, including medications and treatments, at each visit required by paragraph (c) of this section; write, sign, and date progress notes at each visit; and sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician-approved facility policy after an assessment for contraindications. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to follow the facility's policy regarding physician admission orders for	F 386			

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F 386	Continued From page 7 two residents (R20 and R22) of two reviewed for admissions in the sample of 15, and one resident (R25) in the supplemental sample. Findings include: The facility's policy Physician Admission Order (undated), documents "All admitting orders for a resident are written on the initial order sheet. They must be signed by a physician within 72 hours." On 6-10-15 at 9:35 am, the Physician Order Statements (POS) for R22, and R25 were not signed off by each residents respective physician. The POS for R22 documents R22's admission to facility as 6-3-15. The POS for R25 documents R25's admission to facility as 6-5-15. On 6-11-15 at 2:00 pm, R20's POS had no physician signature and documents R20's admission to facility as 6-7-15. On 6-12-15, at 11:00 am, R20's POS had a signature date of 6/11/15. On 6-10-15 at 10:25 am, E2, Director of Nursing (DON), stated that the Physician Order Statements "should be signed (by the physician) within the first three days of the admission date."	F 386			
F 441 SS=E	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an	F 441			

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F 441	<p>Continued From page 8</p> <p>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 -</p> <ol style="list-style-type: none"> (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>(b) Preventing Spread of Infection</p> <ol style="list-style-type: none"> (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>(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: Non-compliance resulted in two deficient</p>	F 441			

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F 441	<p>Continued From page 9 practices:</p> <p>A. Based on observation, interview, and record review, the facility failed to ensure proper hand hygiene to prevent cross-contamination for four of seven residents (R1, R2, R3 and R7) reviewed for incontinence care and for one of one residents (R16) reviewed for wound care in the sample of 15.</p> <p>B. Based on observation, interview, and record review, the facility failed to use good sanitary practices for medical equipment for one resident (R24) in the supplemental sample.</p> <p>Findings include:</p> <p>A. The facility's policy Infection Control - Standard Precautions (dated 2008), documents "Remove gloves after contact with a patient and/or the surrounding environment...using proper technique to prevent hand contamination. Change gloves during patient care if the hands move from a contaminated body-site (e.g., perineal area) to a clean body-site (e.g., face).</p> <p>The facility's "Hand Hygiene" Policy, dated 2008, documents, "Hand hygiene must be performed after touching blood, body fluids, secretions, excretions, and contaminated items...and immediately after gloves are removed."</p> <p>1. On 6-10-15 at 10:37 am, E10 and E11, Certified Nursing Assistants (CNA), performed incontinence care on R1. E1 cleansed R1's perineal area and rectal area then with the same contaminated gloves touched R1's brief, underpants, pants, and shirt. E10 removed E10's gloves then tied up the garbage bag of dirty linen</p>	F 441			

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F 441	<p>Continued From page 10 with E10's hands.</p> <p>On 6-10-15 at 10:45 am, E10 stated "I did not change my gloves after washing (R1) up. I did not wash after I removed my gloves. I should have."</p> <p>2. On 6-11-15 at 1:05pm, E7 and E10, CNAs, performed incontinence care on R7. E7 lowered R7's pants and underpants to remove soiled brief. E7 then changed gloves without performing hand hygiene. E10 cleansed R7's front perineal area using the same area of R7's washcloth for entire area. With the same contaminated gloves, E10 assisted R7 to turn onto R7's side and handed E7 clean washcloths. E7 cleansed R7's rectal area.</p> <p>On 6-11-15 at 1:17 pm, E10 stated "I should have used a clean area of the washcloth for the front sides and middle and should have removed my gloves before touching (R7) and clean washcloths."</p> <p>On 6-11-15 at 1:19 pm, E7 stated "I should have washed after removing dirty gloves and before putting the clean ones on."</p> <p>3. On 6-11-15 at 9:23 am, E3, Assistant Director of Nursing (ADON), performed a dressing change on R16's left heel wound. E3 blotted R16's heel wound with a normal saline towelette in a repetitive circular motion over R16's entire wound using the same area of the towelette. E3 completed the dressing change as ordered per R16's physician. With the same contaminated gloves, E3 turned R16's call light on. E3 removed E3's gloves then quickly put a clean pair of gloves on without performing hand hygiene and touched R16's left leg and toes.</p>	F 441			

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F 441	<p>Continued From page 11</p> <p>On 6-11-15 at 9:45 am, E3 stated "If it was a bigger wound and was draining, I would have used one normal saline wipe to start in the center and go outwards; then use a new one for around the outside of the wound. (R16's heel) still has an open area. It's just dry. My gloves should have come off before I touched the call light." E3 confirmed that E3 should have performed hand hygiene in between the glove change.</p> <p>4. On 6/9/15 at 3:05 P.M., E13 (CNA) and E14 (CNA) entered R2's room to provide incontinence care. With gloved hands, E13 and E14 turned R2 side to side to remove soiled incontinence brief. E13 wiped off R2's perineal area with the soiled brief. E14 then removed soiled brief from under R2 and placed it in the garbage. E14 removed soiled gloves and then assisted in placing on R2's socks and pants without handwashing. E13, while still wearing the same soiled gloves: assisted in placing R2's socks and pants on, tucked the lift sheet under R2, removed R2's oxygen cannula from R2's face, adjusted R2's blankets and pillow, helped guide R2 into the wheelchair, and adjusted the lift sheet under R2. E13 then removed the soiled gloves, opened R2's bedroom door, pushed R2 into the hallway, and then placed oxygen cannula back on R2's face. No handwashing occurred prior.</p> <p>On 6/9/15 at 3:22 P.M., E13 stated, "I should have removed my gloves and washed my hands (after touching the soiled brief)"</p> <p>On 6/9/15 at 3:23 P.M., E14 stated, "I should have washed my hands before touching the clean items."</p> <p>5. On 6/10/15 at 2:30 p.m., E16 (Licensed</p>	F 441			

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(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 441	<p>Continued From page 12</p> <p>Practical Nurse/LPN) entered R3's room to perform colostomy care. After removing the soiled colostomy bag and cleansing the stoma site with a moist toilette, E16 removed soiled gloves. Without performing hand hygiene, E16 opened the side table drawer to obtain soap and carried the soap to the handwashing sink. At this time, E16 performed hand hygiene using the bottle of soap. After performing hand hygiene, E16 applied gloves and grabbed the same soap container to pour soap directly onto a wet washcloth. Using the washcloth, E16 cleansed the stoma site on R3.</p> <p>On 6/10/15 at 2:55 p.m., E16 (LPN) stated, "I should've washed my hand after removing the soiled colostomy bag and soiled gloves, prior to grabbing the soap out of R3's drawer."</p> <p>On 6/10/15 at 3:02 p.m., E3 (Assistant Director of Nursing) stated, "Hands should most definitely be washed after removing soiled gloves and before beginning any other tasks."</p> <p>B. The facility's policy, Nebulizer (undated), documents "Following medication administration, rinse equipment with hot water and place on paper towel to air dry then wash hands."</p> <p>On 6-10-15 at 9:20 am, E12, Licensed Practical Nurse (LPN), administered Pulmicort 0.5mg (milligram)/2ml (milliliter) to R24 by aerosol nebulizer as ordered per R24's physician. Upon completion of the nebulizer treatment, E12 removed the mask with tubing and nebulizer apparatus from R24's face and hung it on the nebulizer machine beside R24's bed.</p>	F 441			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146116	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/12/2015
NAME OF PROVIDER OR SUPPLIER LA SALLE COUNTY NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1380 NORTH 27TH ROAD OTTAWA, IL 61350		
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F 441	Continued From page 13 On 6-10-15 at 9:31 am, E12 stated "Nebulizer equipment is changed out weekly. We use them over again. They are not rinsed out after each use." On 6-12-15 at 9:00 am, E2, Director of Nursing (DON), stated "The nebulizer equipment should be rinsed out and set on a paper towel to air dry after each use."	F 441			