

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

PRINTED: 01/29/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145885		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/23/2015	
NAME OF PROVIDER OR SUPPLIER MAYFIELD CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 5905 WEST WASHINGTON CHICAGO, IL 60644			
(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			
	Annual Licensure and Certification Survey						
	Complaints						
	1485725/IL#73857-F252 cited						
	1485658/IL#73781-no deficiency						
	1485401/IL#73482-no deficiency						
	1484902/IL#72944-no deficiency						
	1484601/IL#72605-no deficiency						
	1483007/IL#70804-no deficiency						
F 252 SS=D	483.15(h)(1) SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT			F 252			
	The facility must provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.						
	This REQUIREMENT is not met as evidenced by: Based on observation and interviews, the facility failed to ensure toilet seats for resident's use are cleaned for two of seven sampled residents (R11, R15) and four supplemental residents (R25, R26, R27, R28) reviewed for clean, comfortable homelike environment, in a sample of 24.						
	Findings include:						
	On 1/20/2015 at 10:30am, R11's toilet riser (elevated toilet seat) was soiled with a brown substance. At this time, R11 and E20 (nurse) was present in the area. R11 stated the toilet is often dirty from the other residents. I share the bathroom with my						

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 252	Continued From page 1 roommate and two other residents in the room next door. I complained to the CNAs (nurse aides) and housekeeping about the dirty toilet seat. This bathroom is shared by R11, R15, and R28. E20 did not notify housekeeping to clean the toilet at that time. On 1/20/2015 at 10:40am and on 1/21/2015 at 9:45am the toilet seat in a bathroom shared by R25, R26, and R27 was observed to be soiled with a brown substance. On 1/21/2015 at 9:55am E4 (Housekeeping Supervisor) stated that the bathrooms in resident rooms are cleaned daily and as needed. The nurse or CNA should page housekeeping when bathrooms need to be cleaned.	F 252			
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 (1) When the Infection Control Program	F 441			

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F 441	<p>Continued From page 2</p> <p>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 it's policy on contact isolation precautions for staff identification of a resident on contact isolation and the wearing of personal protective equipment (PPE) during the care and service of residents on contact isolation. This applies to one of five sampled residents (R5) and one supplemental sample resident (R29) reviewed for isolation precautions.</p> <p>Findings Include:</p> <p>On 1/20/15 at 10:50 am E7 certified nurse aide (CNA) said R29 was on contact precaution. There was no personal protective equipment (PPE) in the immediate area. E7 walked into the room without gown and gloves leaned on the bed placed her arm around R29 shoulder's and</p>	F 441			

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F 441	<p>Continued From page 3</p> <p>repositioned R29. E7 then walked out of the room.</p> <p>E7 was then asked if what she had just done was appropriate. E7 then re-entered the room without ppe went to the sink and washed her hands. When E7 came out of the room she was asked why it is important to follow contact precautions E7 stated it is to prevent the spread of infection.</p> <p>On 1/20/15 11:00 am E7 stated R5 was on contact isolation. There was no signage or PPE in the immediate area. When asked where PPE was located E7 said it was normally in a box on the outside of the door and when it is not there we have to get it from the supply room. E7 was asked how anyone know about contact precautions if there is no signage on the door? E7 did not respond.</p> <p>Facility policy for infection, dated August 2012 and entitled Isolation-Transmission-Based precautions had the following information for:</p> <p>c. Gloves and Handwashing</p> <ol style="list-style-type: none"> 1. In addition to wearing gloves under standard precautions, wear clean gloves when entering the room. 2. While caring for a resident, change gloves after having contact with infective material. 3. Remove gloves before leaving the room and perform hand hygiene. <p>d. Gown</p> <ol style="list-style-type: none"> 1. Wear a disposable gown upon entering the contact precautions room or cubicle. 2. After removing the gown do not allow clothing to contact potentially contaminated environmental surfaces. <p>f. Signs</p>	F 441			

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F 441	Continued From page 4 The facility will implement a system to alert staff to the type of precaution resident require This above part of the policy was not implemented.	F 441			