

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

PRINTED: 04/20/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>145881</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/14/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>MID AMERICA CARE CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>4920 NORTH KENMORE</b> <b>CHICAGO, IL 60640</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>Complaint Investigation</p> <p>1681800/IL 84543 - F441</p> <p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</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</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</p> <p>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, interviews and record review, the facility failed to follow their infection control policies in the areas of proper hand hygiene for 1 resident (R2) out of 4 residents reviewed for infection control.</p> <p>Findings include:</p> <p>On 4/13/16 at 11:00 am, E5 (Certified Nursing Assistant) was performing perineal care for R2. E5 had a pair of gloves on. R2 was lying on the left side, facing the door. There was an odorous semi-soft brownish-yellowish substance coming out from R2's rectum and was on R2's buttocks, bed linens and incontinent brief. E5 cleansed R2's perineal area with a towel soaked in water. E5 placed the towel that (E5) used on top of the incontinent brief and then placed the towels and the incontinent brief by the foot area on R2's bed. E5 then took linens off R2 and placed an incontinent brief on R2. E5 also placed a blue-colored unused incontinent cloth pad, which had smears of the semi-soft brownish-yellowish substance, underneath R2. E5 did not perform any hand hygiene before putting on an incontinent brief and pad. E5 looked at the newly placed incontinent brief and said to R2, "oh you went again." E5 took gloves off and washed hands with soap and water in the R2's bathroom. E5 donned a pair of gloves on. E5 took clean towels, wet them with water and placed them on top of</p>	F 441			

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F 441	<p>Continued From page 2</p> <p>R2's bedside table. E5 then took the towels which were on top of the bedside table and cleaned off stool from R2's buttocks and perineal area. E5 then took the towels (E5) used to clean R2 and the incontinent brief off R2 and placed them on R2's bed by the foot of R2's bed. E5 did not change gloves or perform any hand hygiene before putting on a new incontinent brief and a gown on R2. E5 then proceeded to throw the incontinent brief, pad and linens.</p> <p>On 4/13/16 at 11:21 am, E6 (Licensed Practical Nurse) was interviewed on the fourth floor. E6 stated that hand hygiene should be done before and after a procedure, when hands or gloves are soiled.</p> <p>On 4/14/16 at 10:00 am in the conference room, E2 (Director of Nursing) stated that the facility handwashing policy and procedure should be followed accordingly.</p> <p>The facility's 2014 hand washing policy documents in part: All facility personnel must wash their hands for 20 seconds under the following conditions: 3. after handling contaminated objects. 8. before handling clean or soiled dressings/linens/ etcetera. 11. After handling soiled dressings/ linen, contaminated equipment. 12. after contact with blood, body fluids, excretions, secretions, mucous membranes or non-intact skin. 13. After handling items potentially contaminated with blood, body fluids, secretions or excretions. 15. after removing gloves.</p>	F 441			